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ALCOHOL AND PROBLEMS DON'T MIX

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IF YOU DRINK BECAUSE OF YOUR PROBLEMS— YOUR PROBLEM MIGHT BE DRINKING

There is no doubt that drinking a little alcohol can take the edge off a difficult day and temporarily reduce stress. After all, alcohol is a sedative hypnotic drug in the same class as prescription sedatives and sleeping aids such as Xanax®, Valium® and Ambien®.

A 5-ounce glass of wine before dinner or having a few 12-ounce beers while watching a football game is commonplace in our culture and for the most part not harmful. There is even evidence that having 1 or 2 alcoholic drinks per day has some health benefits. Although most adults learn to drink responsibly, as many as 10 percent to 20 percent do not. These problem drinkers and alcohol abusers are a very diverse group, yet most have at least one thing in common—they all seem to have problems. Just ask them.

ALCOHOLIC THINKING

Karen, a 35-year-old computer professional whose excessive drinking played a major factor in her divorce, claims that the reason she drinks so much is because her husband left her.

When the consequences of problem drinking arise, problem drinkers quickly blame it on their circumstances—their boss, their spouse, an adversity, illness, etc. The psychology of this thinking is simple. On some level alcohol abusers know that their drinking is having harmful effects on the important things and people in their life, yet drinking makes them feel better. As one woman said, "drinking is a 4-hour vacation from my problems." To continue to drink in spite of the harmful consequences is easier if you can use the problems in your life as an excuse.

The bottom line: Drinking alcohol to cope with a problem always leads to bigger ones.

CHANGING YOUR MOOD

The reason people drink alcohol, regardless of what they may say, is to change their mood. So when we face problems or feel fearful or hurt, alcohol, because of its unique pharmacology, will quickly change our mood. But the change is short-lived. And, here is the catch: The more you drink to change your mood, the more likely you are to lose some control over your life. That could mean that you come to work late with a hangover or do something to a loved one that you regret. As a result, you eventually have more stress and problems in your life, not fewer.

Unfortunately, most problem drinkers never see it this way. Like Karen in the story above, problem drinkers simply know that drinking has an immediate and positive effect on their mood and they enjoy the euphoria alcohol provides. As this

pattern progresses, more and more problems will arise.

WHAT TO DO

Alcohol never solves any problems; it creates them. If you are facing a tough time or are worried about your drinking, talk with someone who will be honest and objective with you. You can also call the toll-free number on this site to speak with a professional who can help you.

By Drew Edwards, EdD, MS

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MANAGING STRESS IN EARLY RECOVERY

There is a clear relationship between stress and substance abuse. Prolonged stress is one of many risk factors associated with addiction. This is partly because mood-altering drugs are fairly available. As well, our culture tends to promote "taking something" to help us calm down or relax.

For those in recovery from addictive disease, issues such as divorce or conflicts at home or work are often associated with increased stress and relapse. It is important to be aware of your overall stress level, but also to become aware of those stressors that are unique to you.

STRESS SYMPTOMS

The symptoms of stress vary among individuals but fall into 4 categories:

- **Thoughts:** self-criticism, difficulty concentrating or making decisions, forgetfulness, preoccupation with the future, repetitive thoughts, fear of failure
- **Feelings:** anxiety, irritability, fear, moodiness, anger
- **Behaviors:** increased or decreased appetite, "snapping" at friends, acting impulsively, persistent smoking, teeth grinding or jaw clenching, being more accident-prone, withdrawal from others
- **Physical symptoms:** sleep disturbances, tight muscles, headaches, fatigue, cold or sweaty hands, back or neck problems, stomach distress, more colds and infections, rapid breathing, pounding heart, trembling, dry mouth

SUGGESTIONS FOR COPING WITH STRESS

While everyone faces stress, it is important for those in recovery to find new ways to cope with it. If not, the risk of relapse is very high. Here are some suggestions:

- **Manage your time.** One of the greatest sources of stress is over-commitment or poor time management. Develop healthy routines. Make a reasonable schedule for yourself and include time for 12-step meetings and other activities related to your recovery. Add some margin for days when everything goes awry.
- **Connect with the right people.** Being by yourself is OK for short periods of time but early recovery requires that

you attain a 12-step sponsor and meet regularly with people who care about you and support your recovery. Likewise, you will need to create some distance between yourself and those who do not fully support your recovery. Some of these people may be friends or co-workers who care about you, but don't understand your addiction or why you must make some drastic changes in your life.

- **Talk it out.** Bottled-up emotions increase frustration and stress. Share your feelings with your sponsor, pastor, rabbi, supportive friends and family members. If necessary, seek professional help.
- **Get physical.** Physical activity plays a key role in both reducing and preventing stress. Physical activity can relieve tension, relax you and energize you. Find something you enjoy and make regular time for it. Running, walking, weight lifting, swimming, playing tennis and playing golf are all good options if you are fit enough for exercise. Talk with your doctor about any health concerns you have before starting an exercise program.
- **Eat well; sleep well.** Well-rested and well-nourished bodies are better prepared to cope with stress. Like a car running low on gas, if you are running on fumes from lack of sleep or are not eating right, you will be less able to go the distance when dealing with stressful situations. Alcoholics Anonymous uses the acronym HALT to remind those in recovery that they should try to avoid becoming too:
 - hungry
 - angry
 - lonely
 - tired

These factors have been shown to increase the risk of relapse. Also avoid consuming too much caffeine and sugar.

- **Get some gratitude.** Early recovery is wrought with challenges and frustrations so it is easy to get negative. Commit to actively acknowledging the positive things in your life. People who purposefully embrace gratitude have less stress and depression than those who do not. Gratitude can raise your spirits and help you begin to see your life and recovery in a new, more balanced way.

If you need help coping with stress or substance abuse recovery, speak with a mental health professional.

By Drew Edwards, EdD, MS

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WHEN SUBSTANCE ABUSE, DEPRESSION OR ANXIETY DISORDERS OCCUR TOGETHER

For years, conventional wisdom held that individuals with alcohol and drug problems frequently act and sound depressed and/or anxious due to withdrawal from the addictive substance or the interpersonal distress and social disruption caused by their addictive lifestyle. As a result, symptoms of anxiety and depression are often dismissed or viewed as temporary by health care professionals.

Recent research has turned conventional wisdom on its head. According to the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, researchers reported that:

- Approximately one-tenth, or 19.4 million, of American adults have a substance abuse disorder—either an alcohol or drug use disorder or both
- More than 9 percent, or 19.2 million, of adults have an independent mood disorder, such as major depression, dysthymia, manic disorder and hypomania
- Twenty-three million, or 11 percent, have an independent anxiety disorder, such as panic disorder, generalized anxiety disorder, and specific and social phobias.
- Approximately 20 percent of persons with a current substance use disorder experience a mood or anxiety disorder within the same time period.
- Conversely, about 20 percent of persons with a current mood or anxiety disorder experience a current substance use disorder.

The prevalence of mood and anxiety disorders cited above excludes transient symptoms of depression or anxiety that are common during alcohol and/or drug withdrawal or intoxication. These conditions usually improve rapidly without psychiatric treatment once a person stops using the substance.

The research sends a clear message: Health care professionals cannot assume that the presence of a mood or anxiety disorder is due to substance intoxication or withdrawal, or that symptoms of depression or anxiety will abate when the individual stops abusing drugs or alcohol. On the contrary, these findings suggest that treatment professionals should aggressively assess and treat mood and anxiety disorders when they occur with substance abuse. Why? Because untreated depression and anxiety cause personal suffering and also trigger relapse and a host of problems for both the patient and family members.

CASE IN POINT

Consider Connie, who at age 33 and at the behest of her family decided to quit drinking. After a three-day detoxification at a local mental health facility, she returned to work and began attending outpatient treatment and Alcoholics Anonymous (AA) on a daily basis. Although her family life had stabilized, she struggled with feelings of fear and despair. Her treatment counselor and friends in AA assured her that this was a normal part of recovery and advised her to keep coming to meetings and “working her program.” She did.

Within three weeks she was so depressed that she couldn't get out of bed and was contemplating suicide. Her husband took her to a psychiatrist who diagnosed her depression and started her on a medication plan. Within a few weeks, Connie's mood had improved remarkably and she was able to complete her outpatient treatment and continue her recovery in AA. In addition, and equally important, Connie continues to see her psychiatrist every month to monitor her depression and manage her medication.

If you are concerned about feelings of depression, excess worry or substance abuse, call your employee assistance program (EAP) or your doctor. Professionals can provide information that will help you assess and address any of these concerns.

Sources: Regier DA, Farmer ME, Rae DS, et al: Comorbidity of mental disorders with alcohol and other drug abuse. Results from the Epidemiologic Catchment Area (ECA) Study. (1990) *Journal of the American Medical Association*. 264:2511-2518; Kessler RC, Crum RM, Warner LA, et al: Lifetime co-occurrence of DSM-III-R alcohol abuse and dependence with other psychiatric disorders in the national comorbidity survey. (1997) *Archives of General Psychiatry* 54:313-321.

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ALCOHOL: WHAT YOU DON'T KNOW CAN HARM YOU

If you are like many Americans, you may drink alcohol occasionally. Or, like others, you may drink moderate amounts of alcohol on a more regular basis. If you are a woman or someone older than the age of 65, this means that you have no more than one drink per day; if you are a man, this means that you have no more than two drinks per day. Drinking at these levels usually is not associated with health risks and can help to prevent certain forms of heart disease.

But did you know that even moderate drinking, under certain circumstances, is not risk free? And that if you drink at more than moderate levels, you may be putting yourself at risk for serious problems with your health and problems with family, friends and co-workers? This article explains some of the consequences of drinking that you may not have considered.

WHAT IS A DRINK?

A standard drink is:

1. one 12-ounce bottle of beer* or wine cooler
2. one 5-ounce glass of wine
3. 1.5 ounces of 80-proof distilled spirits

*Beer ranges considerably in its alcohol content, with malt liquor being higher in its alcohol content than most other brewed beverages.

DRINKING AND DRIVING

It may surprise you to learn that you don't need to drink much alcohol before your ability to drive becomes impaired. For example, certain driving skills—such as steering a car while, at the same time, responding to changes in traffic—can be impaired by blood alcohol concentrations (BACs) as low as 0.02 percent. (The BAC refers to the amount of alcohol in the blood.) A 160-pound man will have a BAC of about 0.04 percent one hour after consuming two 12-ounce beers or two other standard drinks on an empty stomach. And the more alcohol you consume, the more impaired your driving skills will be. Although most States set the BAC limit for adults who drive after drinking at 0.08 percent to 0.10 percent, impairment of driving skills begins at much lower levels.

INTERACTIONS WITH MEDICATIONS

Alcohol interacts negatively with more than 150 medications. For example, if you are taking antihistamines for a cold or allergy and drink alcohol, the alcohol will increase the drowsiness that the medication alone can cause, making driving or operating machinery even more hazardous. And if you are taking large doses of the painkiller acetaminophen and drinking alcohol, you are risking serious liver damage. Check with your doctor or pharmacist before drinking any amount of alcohol if you are taking any over-the-counter or prescription medications.

INTERPERSONAL PROBLEMS

The more heavily you drink, the greater the potential for problems at home, at work, with friends and even with strangers. These problems may include:

1. arguments with or estrangement from your spouse and other family members
2. strained relationships with co-workers
3. absence from or lateness to work with increasing frequency
4. loss of employment due to decreased productivity
5. committing or being the victim of violence

ALCOHOL-RELATED BIRTH DEFECTS

If you are a pregnant woman or one who is trying to conceive, you can prevent alcohol-related birth defects by not drinking alcohol during your pregnancy. Alcohol can cause a range of birth defects, the most serious being fetal alcohol syndrome (FAS). Children born with alcohol-related birth defects can have lifelong learning and behavior problems. Those born with FAS have physical abnormalities, mental impairment and behavior problems. Because scientists do not know exactly how much alcohol it takes to cause alcohol-related birth defects, it is best not to drink any alcohol during this time.

LONG-TERM HEALTH PROBLEMS

Some problems, like those mentioned above, can occur after drinking over a relatively short period of time. But other problems—such as liver disease, heart disease, certain forms of cancer and pancreatitis—often develop more gradually and may become evident only after long-term heavy drinking. Women may develop alcohol-related health problems after consuming less alcohol than men do over a shorter period of time. Because alcohol affects many organs in the body, long-

term heavy drinking puts you at risk for developing serious health problems, some of which are described below.

- **Alcohol-related liver disease.** More than 2 million Americans suffer from alcohol-related liver disease. Some drinkers develop alcoholic hepatitis, or inflammation of the liver, as a result of long-term heavy drinking. Its symptoms include fever, jaundice (abnormal yellowing of the skin, eyeballs and urine) and abdominal pain. Alcoholic hepatitis can cause death if drinking continues. If drinking stops, this condition often is reversible. About 10 percent to 20 percent of heavy drinkers develop alcoholic cirrhosis, or scarring of the liver. Alcoholic cirrhosis can cause death if drinking continues. Although cirrhosis is not reversible, if drinking stops, one's chances of survival improve considerably. Those with cirrhosis often feel better, and the functioning of their liver may improve, if they stop drinking. Although liver transplantation may be needed as a last resort, many people with cirrhosis who abstain from alcohol may never need liver transplantation. In addition, treatment for the complications of cirrhosis is available.
- **Heart disease.** Moderate drinking can have beneficial effects on the heart, especially among those at greatest risk for heart attacks, such as men older than the age of 45 and women after menopause. But long-term heavy drinking increases the risk for high blood pressure, heart disease and some kinds of stroke.
- **Cancer.** Long-term heavy drinking increases the risk of developing certain forms of cancer, especially cancer of the esophagus, mouth, throat and voice box. Women are at slightly increased risk of developing breast cancer if they drink two or more drinks per day. Drinking may also increase the risk for developing cancer of the colon and rectum.
- **Pancreatitis.** The pancreas helps to regulate the body's blood sugar levels by producing insulin. The pancreas also has a role in digesting the food we eat. Long-term heavy drinking can lead to pancreatitis, or inflammation of the pancreas. This condition is associated with severe abdominal pain and weight loss and can be fatal.

If you or someone you know has been drinking heavily, there is a risk of developing serious health problems. Because some of these health problems are both reversible and treatable, it is important to see your doctor for help. Your doctor will be able to advise you about both your health and your drinking.

If you or someone you know needs help or more information, contact your employee assistance program.

Resources

Al-Anon Family Group Headquarters
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
www.al-anon.alateen.org

Alcoholics Anonymous (AA) World Services
475 Riverside Drive, 11th floor
New York, NY 10115
(212) 870-3400

www.alcoholics-anonymous.org

National Council on Alcoholism and Drug Dependence (NCADD)

244 East 58th Street, 4th floor

New York, NY 10022

(800) NCA-CALL

www.ncadd.org

National Institute on Alcohol Abuse and Alcoholism

5635 Fishers Lane, MSC 9304

Bethesda, MD 20892-9304

(301) 443-3860

www.niaaa.nih.gov

Source: National Institute on Alcohol Abuse and Alcoholism, <http://ncadi.samhsa.gov/govpubs/ph326x/>

WHEN PEOPLE WITH ALCOHOLISM FUNCTION WELL: A HIDDEN PROBLEM

Many wouldn't expect these two realities to co-exist in the same person at the same time: a high level of functioning AND alcoholism. Yet it happens. Some people with alcohol problems fly under the radar and hide their drinking excesses fairly well. But they still suffer from a very serious and potentially life-threatening condition.

Could you or a loved one fit this description?

WHAT IS "HIGH-FUNCTIONING"

Alcohol dependence is characterized by:

- increased tolerance
- presence of withdrawal symptoms
- drinking more and for longer than you intended
- giving up or reducing social or other activities in order to drink
- many unsuccessful efforts to cut down or control drinking

This definition cuts a pretty wide swath. It includes those who, at first glance, do not appear to be in distress or out of control as a result of drinking. Some who are dependent upon alcohol appear to be functioning very well, and, in many cases, even excelling in some visible aspect of their life.

Many go to work everyday, attend church or synagogue, have families, exercise regularly, eat well, look good, don't usually make fools of themselves in public, and/or have avoided legal problems. Yet they are drinking "alcoholically" and not without consequence.

ALL SHAPES AND SIZES

People with alcoholism who function at a high level come in all shapes and sizes. Take the example of a well-paid executive who works long hours. When he is not working, he drinks—a lot. His family is grateful for the wonderful lifestyle his career provides and they don't think they should expect much else from him. In other words, he is placed on a pedestal and left alone with his drinking. Friends and neighbors marvel at how successful he is, which further feeds his denial and fuels his alcoholism.

As with other people with alcoholism, these high functioners fail to see the extent to which their drinking affects others. The fact that they "function" and are able to provide material needs, or achieve in other aspects of their life or career, and still drink alcoholically is confusing for family members. Deep down they know something is wrong. But they're not sure how to confront someone who has many fine qualities and is providing so well.

Because their families usually remain silent, these problem drinkers believe that their drinking only impacts themselves. They believe their hard work and accomplishments have earned them the right to drink or reward themselves.

STILL A FAMILY DISEASE

One of the best ways to see the symptoms of alcoholism is to look closely at the quality of the closest relationships. Here is where the truth emerges.

- Spouses speak of their loneliness, feelings of rejection, embarrassment and verbal abuse. When they try to confront the person with alcoholism, they are frequently accused of being unappreciative of all that is done for them.
- Children describe feeling emotionally distant from and embarrassed by the alcoholic parent.
- Close friends and co-workers will describe mood swings that remain hidden from the casual observer.

This conspiracy of silence only enables the disease to progress.

PHYSICAL DEPENDENCE

These people may or may not be physically addicted to alcohol. This is largely because, like many with alcoholism, they don't drink on a daily basis. But it is not how much or how often one drinks—it is what happens when one drinks that determines one's relationship with alcohol.

Unlike alcohol abusers who occasionally misuse alcohol, those with alcoholism routinely experience loss of control, hangovers, relationship problems and even blackouts as a result of their drinking. But they are good at covering it up, or are surrounded by enablers who help them cover up.

BLESSING OR CURSE

The problem is that the high level of functioning is really a façade, which keeps these individuals from experiencing painful consequences that may change their life. For example, the threat of a divorce or job loss is just the thing that forces many people with alcoholism into getting help. Being protected by one's status or money may sound like a good thing, but

the reality is people with alcoholism who achieve at a high level (and their families) may actually suffer longer as a result.

WHAT TO DO

If you are worried about your drinking or a loved one's drinking, explore the resources on this site and/or call the toll-free number on this site and talk with a health professional.

By Drew Edwards, EdD, MS

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