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# National Institute on Alcohol Abuse and Alcoholism Publications

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## ALCOHOLISM *Getting the Facts*



For many people, the facts about alcoholism are not clear. What is alcoholism, exactly? How does it differ from alcohol abuse? When should a person seek help for a problem related to his or her drinking? The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has prepared this booklet to help individuals and families answer these and other common questions about alcohol problems. The following information explains both alcoholism and alcohol abuse, the symptoms of each, when and where to seek help, treatment choices, and additional helpful resources.

### *A Widespread Problem*

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For most people who drink, alcohol is a pleasant accompaniment to social activities. Moderate alcohol use—up to two drinks per day for men and one drink per day for women and older people—is not harmful for most adults. (A standard drink is one 12-ounce bottle or can of either beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.) Nonetheless, a large number of people get into serious trouble because of their drinking. Currently, nearly 14 million Americans—1 in every 13 adults—abuse alcohol or are alcoholic. Several million more adults engage in risky drinking that could lead to alcohol problems. These patterns include binge drinking and heavy drinking on a regular basis. In addition, 53 percent of men and women in the United States report that one or more of their close relatives have a drinking problem.



The consequences of alcohol misuse are serious—in many cases, life threatening. Heavy drinking can increase the risk for certain cancers, especially those of the liver, esophagus, throat, and larynx (voice box). Heavy drinking can also cause liver cirrhosis, immune system problems, brain damage, and harm to the fetus during pregnancy. In addition, drinking increases the risk of death from automobile crashes as well as recreational and on-the-job injuries. Furthermore, both homicides and suicides are more likely to be committed by persons who have been drinking. In purely economic terms, alcohol-related problems cost society approximately \$185 billion per year. In human terms, the costs cannot be calculated.

## ***What Is Alcoholism?***

Alcoholism, also known as “alcohol dependence,” is a disease that includes four symptoms:

- **Craving:** A strong need, or compulsion, to drink.
- **Loss of control:** The inability to limit one’s drinking on any given occasion.
- **Physical dependence:** Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, occur when alcohol use is stopped after a period of heavy drinking.
- **Tolerance:** The need to drink greater amounts of alcohol in order to “get high.”

People who are not alcoholic sometimes do not understand why an alcoholic can’t just “use a little willpower” to stop drinking. However, alcoholism has little to do with willpower. Alcoholics are in the grip of a powerful “craving,” or uncontrollable need, for alcohol that overrides their ability to stop drinking. This need can be as strong as the need for food or water.

Although some people are able to recover from alcoholism without help, the majority of alcoholics need assistance. With treatment and support, many individuals are able to stop drinking and rebuild their lives.

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Many people wonder why some individuals can use alcohol without problems but others cannot. One important reason has to do with genetics. Scientists have found that having an alcoholic family member makes it more likely that if you choose to drink you too may develop alcoholism. Genes, however, are not the whole story. In fact, scientists now believe that certain factors in a person's environment influence whether a person with a genetic risk for alcoholism ever develops the disease. A person's risk for developing alcoholism can increase based on the person's environment, including where and how he or she lives; family, friends, and culture; peer pressure; and even how easy it is to get alcohol.

## *What Is Alcohol Abuse?*

Alcohol abuse differs from alcoholism in that it does not include an extremely strong craving for alcohol, loss of control over drinking, or physical dependence. Alcohol abuse is defined as a pattern of drinking that results in one or more of the following situations within a 12-month period:



- Failure to fulfill major work, school, or home responsibilities;
- Drinking in situations that are physically dangerous, such as while driving a car or operating machinery;
- Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk; and
- Continued drinking despite having ongoing relationship problems that are caused or worsened by the drinking.

Although alcohol abuse is basically different from alcoholism, many effects of alcohol abuse are also experienced by alcoholics.

## *What Are the Signs of a Problem?*

How can you tell whether you may have a drinking problem? Answering the following four questions can help you find out:

questions can help you find out:

- 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 (as an “eye opener”) to steady your nerves or get rid of a hangover?

One “yes” answer suggests a possible alcohol problem. If you answered “yes” to more than one question, it is highly likely that a problem exists. In either case, it is important that you see your doctor or other health care provider right away to discuss your answers to these questions. He or she can help you determine whether you have a drinking problem and, if so, recommend the best course of action.

Even if you answered “no” to all of the above questions, if you encounter drinking-related problems with your job, relationships, health, or the law, you should seek professional help. The effects of alcohol abuse can be extremely serious—even fatal—both to you and to others.

## *The Decision To Get Help*

Accepting the fact that help is needed for an alcohol problem may not be easy. But keep in mind that the sooner you get help, the better are your chances for a successful recovery.

Any concerns you may have about discussing drinking-related problems with your health care provider may stem from common misconceptions about alcoholism and alcoholic people. In our society, the myth prevails that an alcohol problem is a sign of moral weakness. As a result, you may feel that to seek help is to admit some type of shameful defect in yourself. In fact, alcoholism is a disease that is no more a sign of weakness than is asthma. Moreover, taking steps to identify a possible drinking problem has an enormous payoff—a chance for a healthier, more rewarding life.

When you visit your health care provider, he or she will ask you a number of questions about your alcohol use to determine whether you are having problems related to your drinking. Try to answer these questions as fully and honestly as you can. You also will be given a physical examination. If your health care provider concludes that you may be dependent on alcohol, he or she may recommend that you see a specialist in treating alcoholism. You should be involved in any referral decisions and have all treatment choices explained to you.

## *Getting Well*

### **Alcoholism Treatment**

The type of treatment you receive depends on the severity of your alcoholism and the resources that are available in your community. Treatment may include detoxification (the process of safely getting alcohol out of your system); taking doctor-prescribed medications, such as disulfiram (Antabuse®) or naltrexone (ReVia™), to help prevent a return (or relapse) to drinking once drinking has stopped; and individual and/or group counseling. There are promising types of counseling that teach alcoholics to identify situations and feelings that trigger the urge to drink and to find new

teach alcoholics to identify situations and feelings that trigger the urge to drink and to find new ways to cope that do not include alcohol use. These treatments are often provided on an outpatient basis.

Because the support of family members is important to the recovery process, many programs also offer brief marital counseling and family therapy as part of the treatment process. Programs may also link individuals with vital community resources, such as legal assistance, job training, childcare, and parenting classes.



## Alcoholics Anonymous

Virtually all alcoholism treatment programs also include Alcoholics Anonymous (AA) meetings. AA describes itself as a “worldwide fellowship of men and women who help each other to stay sober.” Although AA is generally recognized as an effective mutual help program for recovering alcoholics, not everyone responds to AA’s style or message, and other recovery approaches are available. Even people who are helped by AA usually find that AA works best in combination with other forms of treatment, including counseling and medical care.

## Can Alcoholism Be Cured?

Although alcoholism can be treated, a cure is not yet available. In other words, even if an alcoholic has been sober for a long time and has regained health, he or she remains susceptible to relapse and must continue to avoid all alcoholic beverages. “Cutting down” on drinking doesn’t work; cutting out alcohol is necessary for a successful recovery.

However, even individuals who are determined to stay sober may suffer one or several “slips,” or relapses, before achieving long-term sobriety. Relapses are very common and do not mean that a person has failed or cannot recover from alcoholism. Keep in mind, too, that every day that a recovering alcoholic has stayed sober prior to a relapse is extremely valuable time, both to the individual and to his or her family. If a relapse occurs, it is very important to try to stop drinking once again and to get whatever additional support you need to abstain from drinking.

## Help for Alcohol Abuse

If your health care provider determines that you are not alcohol dependent but are nonetheless involved in a pattern of alcohol abuse, he or she can help you to:

- Examine the benefits of stopping an unhealthy drinking pattern.
- Set a drinking goal for yourself. Some people choose to abstain from alcohol. Others prefer to limit the amount they drink.
- Examine the situations that trigger your unhealthy drinking patterns, and develop new ways of handling those situations so that you can maintain your drinking goal.

Some individuals who have stopped drinking after experiencing alcohol-related problems choose to attend AA meetings for information and support, even though they have not been diagnosed as alcoholic.

## *New Directions*

With NIAAA's support, scientists at medical centers and universities throughout the country are studying alcoholism. The goal of this research is to develop better ways of treating and preventing alcohol problems. Today, NIAAA funds approximately 90 percent of all alcoholism research in the United States. Some of the more exciting investigations focus on the causes, consequences, treatment, and prevention of alcoholism:

- **Genetics:** Alcoholism is a complex disease. Therefore, there are likely to be many genes involved in increasing a person's risk for alcoholism. Scientists are searching for these genes, and have found areas on chromosomes where they are probably located. Powerful new techniques may permit researchers to identify and measure the specific contribution of each gene to the complex behaviors associated with heavy drinking. This research will provide the basis for new medications to treat alcohol-related problems.
- **Treatment:** NIAAA-supported researchers have made considerable progress in evaluating commonly used therapies and in developing new types of therapies to treat alcohol-related problems. One large-scale study sponsored by NIAAA found that each of three commonly used behavioral treatments for alcohol abuse and alcoholism—motivation enhancement therapy, cognitive-behavioral therapy, and 12-step facilitation therapy—significantly reduced drinking in the year following treatment. This study also found that approximately one-third of the study participants who were followed up either were still abstinent or were drinking without serious problems 3 years after the study ended. Other therapies that have been evaluated and found effective in reducing alcohol problems include brief intervention for alcohol abusers (individuals who are not dependent on alcohol) and behavioral marital therapy for married alcohol-dependent individuals.



- **Medications development:** NIAAA has made developing medications to treat alcoholism a high priority. We believe that a range of new medications will be developed based on the results of genetic and neuroscience research. In fact, neuroscience research has already led to studies of one medication—naltrexone (ReVia™)—as an anticraving medication. NIAAA-supported researchers found that this drug, in combination with behavioral therapy, was effective in treating alcoholism. Naltrexone, which targets the brain's reward circuits, is the first medication approved to help maintain sobriety after detoxification from alcohol since the approval of disulfiram (Antabuse®) in 1949. The use of acamprosate, an anticraving medication that is widely used in Europe, is based on neuroscience research. Researchers believe that acamprosate works on different brain circuits to ease the physical discomfort that occurs when an alcoholic stops drinking. Acamprosate should be approved for use in the United States in the near future, and other medications are being studied as well.
- **Combined medications/behavioral therapies:** NIAAA-supported researchers have found that available medications work best with behavioral therapy. Thus, NIAAA has initiated a large-scale clinical trial to determine which of the currently available medications and which behavioral therapies work best together. Naltrexone and acamprosate will each be tested separately with different behavioral therapies. These medications will also be used together to determine if there is some interaction between the two that makes the combination more effective than the use of either one alone.

In addition to these efforts, NIAAA is sponsoring promising research in other vital areas, such as fetal alcohol syndrome, alcohol's effects on the brain and other organs, aspects of drinkers' environments that may contribute to alcohol abuse and alcoholism, strategies to reduce alcohol-related problems, and new treatment techniques. Together, these investigations will help prevent alcohol problems; identify alcohol abuse and alcoholism at earlier stages; and make available new, more effective treatment approaches for individuals and families.



## Resources

For more information on alcohol abuse and alcoholism, contact the following organizations:

**Al-Anon Family Group Headquarters, Inc.**

1600 Corporate Landing Parkway  
Virginia Beach, VA 23454-5617

Phone: (757) 563-1600; Fax: (757) 563-1655

Email: [WSO@al-anon.org](mailto:WSO@al-anon.org)

Internet address: <http://www.al-anon.alateen.org>

Makes referrals to local Al-Anon groups, which are support groups for spouses and other significant adults in an alcoholic person's life. Also makes referrals to Alateen groups, which offer support to children of alcoholics. Free informational materials and locations of Al-Anon or Alateen meetings worldwide can be obtained by calling the toll-free number (888) 425-2666 from the United States or Canada, Monday through Friday, 8 a.m.-6 p.m. (e.s.t.).

**Alcoholics Anonymous (AA) World Services, Inc.**

475 Riverside Drive, 11th Floor  
New York, NY 10115

Phone: (212) 870-3400; Fax: (212) 870-3003

Email: via AA's Web site

Internet address: <http://www.aa.org>

Makes referrals to local AA groups and provides informational materials on the AA program. Many cities and towns also have a local AA office listed in the telephone book. *All communication should be directed to AA's mailing address: AA World Services, Inc., Grand Central Station, P.O. Box 459, New York, NY 10163.*

**National Council on Alcoholism and Drug Dependence, Inc. (NCADD)**

20 Exchange Place, Suite 2902  
New York, NY 10005

Phone: (212) 269-7797; Fax: (212) 269-7510

Email: [national@ncadd.org](mailto:national@ncadd.org)

HOPE LINE: (800) NCA-CALL (24-hour Affiliate referral)

Internet address: <http://www.ncadd.org>

Offers educational materials and information on alcoholism. Provides phone numbers of local NCADD Affiliates (who can provide information on local treatment resources) via the above toll-free, 24-hour HOPE LINE.

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

Scientific Communications Branch  
6000 Executive Boulevard, Willco Building, Suite 409  
Bethesda, MD 20892-7003

Phone: (301) 443-3860; Fax: (301) 480-1726

Email: [niaaaweb-r@exchange.nih.gov](mailto:niaaaweb-r@exchange.nih.gov)

Internet address: <http://www.niaaa.nih.gov>

Makes available free informational materials on all aspects of alcoholism, including the effects of drinking during pregnancy, alcohol use and the elderly, and help for cutting down on drinking.

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