When is it Too Much?

Alcohol-related problems — which result from drinking too much, too fast, or too often — are among the most significant public health issues in the United States.

Many people struggle with controlling their drinking at some time in their lives. Approximately 17 million adults ages 18 and older have an alcohol use disorder (AUD) and 1 in 10 children live in a home with a parent who has a drinking problem.

Does Treatment Work?

The good news is that no matter how severe the problem may seem, most people with an alcohol use disorder can benefit from some form of treatment.

Research shows that about one-third of people who are treated for alcohol problems have no further symptoms 1 year later. Many others substantially reduce their drinking and report fewer alcohol-related problems.

Signs of an Alcohol Problem

Alcohol use disorder (AUD) is a medical condition that doctors diagnose when a patient’s drinking causes distress or harm. The condition can range from mild to severe and is diagnosed when a patient answers “yes” to two or more of the following questions.

In the past year, have you:

› Had times when you ended up drinking more, or longer than you intended?
› More than once wanted to cut down or stop drinking, or tried to, but couldn’t?
› Spent a lot of time drinking? Or being sick or getting over the aftereffects?
› Experienced craving—a strong need, or urge, to drink?
› Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
› Continued to drink even though it was causing trouble with your family or friends?
› Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
› More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
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› Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?

› Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?

› Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or sensed things that were not there?

If you have any of these symptoms, your drinking may already be a cause for concern. The more symptoms you have, the more urgent the need for change. A health professional can conduct a formal assessment of your symptoms to see if an alcohol use disorder is present.

**Options for Treatment**

When asked how alcohol problems are treated, people commonly think of 12-step programs or 28-day inpatient rehab, but may have difficulty naming other options. In fact, there are a variety of treatment methods currently available, thanks to significant advances in the field over the past 60 years.

Ultimately, there is no one-size-fits-all solution, and what may work for one person may not be a good fit for someone else. Simply understanding the different options can be an important first step.

**Types of Treatment**

**Behavioral Treatments**

Behavioral treatments are aimed at changing drinking behavior through counseling. They are led by health professionals and supported by studies showing they can be beneficial.

**Medications**

Three medications are currently approved in the United States to help people stop or reduce their drinking and prevent relapse. They are prescribed by a primary care physician or other health professional and may be used alone or in combination with counseling.

**Mutual-Support Groups**

Alcoholics Anonymous (AA) and other 12-step programs provide peer support for people quitting or cutting back on their drinking. Combined with treatment led by health professionals, mutual-support groups can offer a valuable added layer of support.

Due to the anonymous nature of mutual-support groups, it is difficult for researchers to determine their success rates compared with those led by health professionals.

**Starting With a Primary Care Doctor**

For anyone thinking about treatment, talking to a primary care physician is an important first step—he or she can be a good source for treatment referrals and medications. A primary care physician can also:

› Evaluate whether a patient’s drinking pattern is risky

› Help craft a treatment plan

› Evaluate overall health

› Assess if medications for alcohol may be appropriate