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FamilyGrowth Reports

By Larry E. Quicksall, LCSW

Alcoholism Basics

Introduction

Recently, I had a family come to see me due to problematic drinking in a family member. They did not have to share very much before I had determined the man was likely alcoholic. As I began sharing with them my thoughts on diagnosis, I was met with a litany of reasons why he couldn't be an alcoholic. To this response, I began to provide education to this family on what alcoholism is and isn't, and when I had finished they all agreed, including the family member in question, that he was alcoholic.

This family, as others before, left me with the belief that many people do not clearly understand alcoholism. In this report, I will try to provide you with a basic understanding of alcoholism and how it is displayed in the alcoholic.

What is Alcoholism?

First, if you've seen one alcoholic, you have only seen one alcoholic. Alcoholics come in a variety of flavors, which is one of the reasons why it can be confusing to understanding the disease. Some alcoholics drink daily, while others only a couple of times a year. Some drink and get into fights, while others are friendly and jovial when they've had too much. Some lose their jobs, families, and lives, while others keep things running fairly smooth. So, with all these differences, what do alcoholics have in common?

A colleague of mine who has worked in the addiction field for over 25 years describes an alcoholic as one who cannot accurately predict his pattern of drinking. In other words, a **non-alcoholic** can consistently choose among three options when it comes to drinking:

1. He can choose not to drink,
2. He can choose to drink only a certain amount, or
3. He can choose to drink until he is thoroughly drunk.

On the other hand, an **alcoholic cannot accurately predict** the outcome if he chooses to drink: he may only have one drink or he may get drunk -- he simply cannot accurately predict his behavior.

The DSM-IV, the Diagnostic and Statistical Manual of Mental Disorders, looks at the use of alcohol from the prospective that a person can be in three different states:

- A state of intoxication,
- A state of abuse, or
- A state of dependence.

Alcoholism falls under a **state of dependence** where the person's body has adjusted to having alcohol in it on a relatively regular basis. This physiological dependence is evidenced by either requiring more alcohol to reach the same effect of intoxication, or by experiencing withdraw symptoms when unable to drink.

With this definition of dependence in mind, we can see alcoholics exhibit their drinking behaviors in a variety of ways. For example, some alcoholics drink daily while some only a few times a year; some alcoholics only drink beer, some only drink hard liquor, and some will drink anything with alcohol in it including mouthwash or aftershave. Some alcoholics maintain jobs while others cannot, and some still have their families while others have burned all their family bridges.

How Does One Become Alcoholic?

One question I am frequently asked is "How does someone become alcoholic?" That's a good question, because the answer can be confusing. Alcoholism is a disease that appears to run in families, which then extends the question to include whether alcoholism is based in heredity or environment. In these cases the answer may be "yes" and "yes." Some alcoholism predisposition appears to be genetically based as evidenced by studies of children from the same family being raised apart from their birth family and

from each other. We can also see the influence of the environment when family members learn how to use alcohol as an inappropriate coping method from the alcoholics in the family. Sometimes you can see alcoholism develop in an individual with no family history of alcoholism at all. These individuals appear to have drunk too much too often for too long.

Acetaldehyde Metabolism and THIQ

What causes a person drink in an alcoholic manner? Research over many years has looked at a variety of possible factors from flaws in the personality development to an "alcoholic gene." To me, one of the most fascinating areas of research is the development of the substance known as Tetrahydroisoquinoline, or THIQ for short. THIQ is a molecule that can occur as a part of the metabolism process of alcohol.

Anytime someone drinks alcohol it is broken down and metabolized by the liver at a rate of approximately one ounce per hour (depending upon the health of the person's liver). Ethyl alcohol is first broken down into the substance acetaldehyde, which is a fairly nasty toxin to the body. The body quickly breaks acetaldehyde into acetate and water.

All people break down alcohol by this method; however, some people apparently add an additional step. During this metabolism process some people's bodies take the acetaldehyde and transform it into THIQ, and according to this research, THIQ is the addicting substance that causes alcoholism. Apparently, THIQ attaches itself to specific receptor sites in the brain mimicking the effects of endorphin, the "good feely" chemical in the brain that is very similar to narcotics. THIQ fills the endorphin receptor sites, but because of its molecular shape, the body is unable to remove it from the site or break it down. Consequently, THIQ fills more and more receptor sites leading the person to demonstrate what we see as alcoholic drinking behaviors. Because THIQ appears to be permanently stuck in the endorphin receptor sites, this is why alcoholism appears to be a permanent condition that is only treated by abstaining from all alcohol. As a recovering alcoholic once told me, ***"Once a cucumber becomes a pickle, it is always a pickle and can never go back to being a cucumber!"***

How Do You Successfully Treat Alcoholism?

Since we cannot apparently remove the THIQ from a person's brain, how do we successfully treat alcoholism? The only method I have seen that has effectively and successfully treated alcoholism is abstinence. Because of how the person now processes alcohol, they simply cannot consume alcohol ever again. This may seem harsh to some, but that is the reality of the situation.

If our plan is to pursue abstinence, we need to answer the question, how does an alcoholic quit drinking? This is where, in my opinion, each person's planned road to recovery needs to be specifically tailored to his or her unique situation, history, and resources. I believe this is where the alcoholic and their family need to seek the advice of a competent substance abuse treatment professional. Everyone has heard the stories of somebody's uncle's best friend just quitting "cold turkey," as well as the stories of so-and-so falling off the wagon over and over and over again. A substance abuse counselor can help the alcoholic and family to carefully examine what is likely needed to ensure the best chances of success.

When I help my clients at this phase in the treatment process, I often ask several questions to get as clear a picture as I can of the entire situation. Some of the questions I ask are as follows:

- ***How long has the person been drinking in an alcoholic fashion?***
- ***How many times have they tried to quit drinking before?***
- ***What kind of success have they had in the past?***
- ***How much alcoholism is there in the family? Which family members?***
- ***What problematic behaviors typically occur when the person drinks?***
- ***How has the person rationalized their drinking patterns?***
- ***How has the family rationalized the alcoholic's drinking patterns?***
- ***Does the alcoholic really want to stop drinking?***
- ***Does the family really want the alcoholic to stop drinking?***
- ***How much is the alcoholic willing to sacrifice to stop drinking?***

- *How much is the family willing to sacrifice to help the alcoholic stop drinking?*
- *How much insight does the alcoholic appear to display into his drinking patterns?*
- *How much insight does the family appear to display into the alcoholic's drinking patterns?*

As you can see, many of my questions are directed towards the family. The reason for doing so is because I have seen family members undermine an alcoholic's sobriety as much as the alcoholic himself! The family has the potential of being either the biggest support or worst enemy of the recovering alcoholic. As the counselor, I need to know whether the family I am working with friend or foe! The treatment approach I recommend varies from person to person, but the most common elements that I usually include are the following:

- Attending and actively participating in Alcoholics Anonymous
- Continually Working the 12 Steps of Alcoholics Anonymous
- Meeting with an AA sponsor on a regular basis
- Providing ongoing education on alcoholism to the alcoholic and family
- Counseling to reinforce what the person learns through Alcoholics Anonymous
- Counseling to address parallel problems in their marriage and family, and to address other issues that may have been uncovered during the assessment process
- Replacing the elements of their "***culture of addiction***" with the element of a "***culture of recovery***."

In some situations, the alcoholic is unable to maintain any length of sobriety due to the severe nature of the disease. In these cases the person may likely require detoxification and residential treatment for several weeks to get ahead of their disease process and drinking patterns. Residential programs generally include daily AA meetings, daily group counseling, individual counseling anywhere from daily to once every 3 or 4 days, and intensive "homework" and reading assignments to give them the best chance of success. When a person leaves residential treatment they are linked with a treatment professional who will continue the work that was started in the residential facility. They are also often given the

challenge of "90 Meetings in 90 Days," where they are to attempt to attend 90 AA meetings in their first 90 days of recovery. If they pull this one off, they have a very good shot at a future life filled with recovery instead of relapse.

Conclusion

In summary, alcoholics come in many shapes and sizes, and the illness can manifest in a wide range of drinking and behavioral patterns. Alcoholism appears to have both genetic and environmental components that can lead to and maintain alcoholic behaviors. While treatment methods vary somewhat, abstinence is at the core of all successful recovery programs. Finally, positive family support in the recovery process is essential for long-term change.

About the Author

Larry E. Quicksall is a Marriage & Family Therapist and founder of Christian Counseling Associates of Effingham and FamilyGrowth Publishing. He received his Bachelors of Arts degree in Psychology from Eastern Illinois University and his Master of Social Work degree from the University of Illinois. He received his Clinical Social Worker license in 1993.

Larry has worked extensively in several fields of practice including substance abuse prevention, crisis intervention, severe mental illness, terminal illness and hospice care, parental coaching, and marital growth and restoration. He is also a member of the adjunct faculty of Lake Land College where he has taught in the field of psychology since 1991. Larry is a professional speaker and trainer in the human services field, and you can view his counseling & speaking website at www.FamilyGrowth.org.