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Thinking about Drinking -

Many people drink alcohol, and most of them never experience serious harm or problems from doing it. Many others, however, do find at some point in their lives that their drinking is becoming risky or creating problems, and so they decide to cut down or quit. Some find that they need help to do so and seek professional consultation or attend mutual-help groups such as Alcoholics Anonymous. Many others cut down or quit drinking on their own.

Perhaps you're reading this book because you wonder whether you're drinking too much and ought to cut back. Problems related to drinking rarely spring up overnight, but rather build up gradually over a period of months or years. Often family members or others become concerned well before the drinker him- or herself does. Judging from our four decades of research, if you (or a loved one) are wondering whether you might be drinking too much, there is probably good reason for concern.

This book provides step-by-step guidance for deciding how much you will drink and then for reaching your chosen goal. The research-tested methods that we offer here are the best we know to help you moderate your drinking. We also offer suggestions for how to proceed if you find you have difficulty maintaining moderation, including the option of not consuming alcohol at all.

Overdrinking, Dumb Drinking, Harmful Drinking, and Dependent Drinking -

Why is it that it can take so long for people to realize they're drinking too much and to do something about it? One obstacle, we believe, has been the

WHAT WOULD YOU GUESS?

What percentage of American men and women currently drink no alcohol at all in a typical month? What's your best estimation?

___ percent of American men are nondrinkers.

___ percent of American women are nondrinkers. -

Make a guess! The answers appear on page 9.

label “alcoholic.” When this term came into prominence a century ago, the belief emerged that either you are an alcoholic or you aren't: if you are, then there's nothing you can do about it except to stop drinking; and if you aren't, then you have nothing to worry about and can drink as much as you please. Furthermore, because “alcoholic” is a sticky label that carries a lot of social stigma. People tend to resent it and often endure many harsh consequences of overdrinking rather than accepting the label. Consequently, they take no action until their situation becomes very serious indeed.

This was pretty much the public view of alcoholism when the ideas in this book first saw print in 1976. Within that understanding, there would be no one to use a book like this: If you are alcoholic, then it's too late for moderation. If you're not alcoholic, then you don't need it. Or so popular thinking went at the time.

A lot more is known now about the many ways in which overdrinking can harm your physical, psychological, spiritual, and family health. If you're interested, Appendix A briefly summarizes current scientific reasons to be careful about alcohol. It is also clearer now just how many people are experiencing personal harm from their drinking. Those who fit the common stereotype of alcoholism account for only a small minority of alcohol-related health and social problems. They are but the tip of an immense iceberg.

In any event, we're not focused on labels here. We offer no slick test to tell you whether you “are” or “aren't.” Instead, we want to help you think objectively about your drinking and how it may affect you.

Overdrinking

Perhaps the most common question is simply whether you drink *too much*. At relatively low levels of use, alcohol has no harmful effects for most

people and may even offer some health benefits. Drinking above these safe limits, however, results in a rather steep increase in the rates and risk of a host of health and social problems. If your drinking exceeds safe limits, it may be termed “risky” or “hazardous,” even if you have not yet experienced any significant negative consequences. We prefer the term “overdrinking” for its parallel to the term “overeating.” “Overdrinking” applies only to the level or amount of drinking and does not imply the presence of any harm, problems, or dependence. It applies equally to a man who most days has a six pack of “light” beer between work and bedtime, a woman who drinks a bottle of wine once or twice a week, and the person whose daily fare is a fifth of scotch.

So how much is too much? The U.S. National Institutes of Health have recommended limits of one drink per day for women and two drinks per day for men.¹ (We will define what “one drink” means in Chapter 4.) A further general recommendation is not to drink every day but to give your body a rest from alcohol on at least one or two days a week.

Wow! Only one or two drinks a day? You may view that as an incredibly small amount of alcohol. Yet there are good reasons for these medically recommended limits. For most of the health problems described in Appendix A, risk levels are no different at zero, one, or two drinks per day. Above that level, however, risks for cancers, hypertension, stroke, and heart disease climb significantly: the more drinks per day, the higher the risk of serious health problems.²

These are just averages, of course. Most people who gamble do lose money, and a very few win big. That is why gambling establishments are so profitable. In the same way, the more you overdrink, the more likely you are to “lose” by developing significant physical, emotional, or social problems. A few people are fortunate and become that uncle or aunt, hero or grandparent who drank like a parched horse (or smoked two packs of cigarettes a day, or ate bacon cheeseburgers and butter-fried eggs all the time) for decades and still died at a ripe old age. It happens. As any life insurance actuary knows, however, mortality prediction statistics are dauntingly accurate for all of us collectively, even though it’s more difficult to predict the longevity of any one particular person. Like smoking or

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overeating, overdrinking shortens life by as much as 10 to 15 years on average and can also detract greatly from quality-of-life years through disability, chronic disease, mental impairment, and harm done to family and other relationships.

One problem here is that these various outcomes

are probabilities. It is not *certain* that if you overdrink it will harm you or cause your premature death. It only *might* do so. If you knew for certain that the very next drink would kill you, chances are you wouldn't take it, but it's not that simple. Sustained heavy drinking (or smoking or overeating) will have dreadful consequences for some, some negative consequences for most, and no negative outcomes for some proportion of people during their lifetimes. Because there is no way to know for sure ahead of time which of these three groups would be yours, it's a matter of deciding which of the many available risks in life you choose to take.

Dumb Drinking

Certain kinds of harm do not require years of excess but can occur with a single occasion of overdrinking. Many of these have to do with drinking too much for conditions. What may be a reasonably safe amount of alcohol in one situation can have tragic results under other circumstances. In plain language, this is dumb drinking.

A classic example is drinking before driving. Even relatively small amounts of alcohol can subtly impair perception, judgment, attention, and other mental functions that are crucial for safe driving. The trouble, of course, is that it is hard to perceive when your perception is impaired or to judge when your judgment has been compromised. In the United States, the legal limit that defines "drunk" driving has declined over the years from 0.15 to 0.10, and now 0.08 g% (grams of alcohol per 100 milliliters [ml] of blood). Even at these lowered levels, however, there is clear impairment of the complex skills needed for safe driving. Other nations have made it illegal to drive at 0.02 or 0.03 g%, and scientific evidence shows reduction in alcohol-related fatalities when impaired-driving laws enforce these lower limits.

The only truly safe level of alcohol in the bloodstream when driving is *zero*. Our counsel is that if you are going to be driving, plan any drinking so that the alcohol has been *completely* eliminated from your body before you start the engine. In Chapter 4, we show you how to do this.

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Driving isn't the only activity that can be dangerously impaired by even moderate drinking. In search of a Christmas tree, one of our graduate students headed off to the mountains equipped with a chain saw. He felt completely unaffected by the two beers he drank while searching for the

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perfect tree, but with a small misjudgment he narrowly escaped cutting off his toes. Flying an airplane, swimming or boating, skiing, or using power tools—these are just a few examples of situations in which any drinking is hazardous. It takes only one such occasion to trigger a tragedy, and the newspapers are filled with them every year.

Rapid-paced drinking—such as occurs in drinking games, contests, or hazing—is another example of dumb drinking. It overrides normal judgment about how much is too much and opens the door for foolish risk taking.

Unfortunately, dumb drinking can take an almost infinite number of forms. Drinking before or during certain social situations holds potential for harm. For example, a substantial majority of date rapes occur when one or both people are under the influence of alcohol, a fact that also holds for other kinds of physical violence. Under the influence of alcohol, people are generally more likely to take risks, to do or say things that they wouldn't if sober, sometimes with long-lasting consequences, embarrassment, or guilt. Again, it's a matter of probabilities. On any one occasion of drinking, the chances of a tragic outcome are usually quite small. The trouble is, it can take only one instance of dumb drinking to change a life forever.

With rapid drinking, there is also a very real risk of dying from alcohol overdose. It is possible to drink enough to stop breathing, and this risk increases when combining alcohol with certain other drugs. The lethal dose level varies and can be much lower for children and youth.

Harmful Drinking

A third question to ask yourself, beyond how much you drink and in what potentially risky situations you drink, is the extent to which alcohol may already be causing problems or otherwise harming you or those around you. There are various inventories of the troubles that can pile up over time in relation to overdrinking. There is one in Chapter 3, and we've included a longer one in Appendix B. If you're on the fence as to whether you need to do anything about your drinking, an honest self-evaluation with these questionnaires can help you tally up the ways in which drinking may be causing harm, or at least starting to do so. Information is also provided in Appendix B to let you compare yourself with people seeking professional help for alcohol problems. If, on the other hand, you already know that your drinking is causing harm to you or others, there may be no particular need to visit Appendix B.

Harmful drinking has also sometimes been called “problem drinking”

or “alcohol abuse,” terms that can get in the way of taking an honest look at yourself. With regard to the first, people sometimes get hung up on whether they “have a drinking problem.” What matters is not whether you merit a label, but rather what is happening in your life with regard to drinking and what, if anything, you choose to do about it. Alcohol “abuse” sounds both moralistic and odd. “Alcohol abuse,” one witty colleague quipped, “is mixing single-malt scotch with root beer.” We prefer the term “harmful drinking” because it describes exactly what is happening: it is drinking in a way that causes or contributes to harm.

Dependent Drinking

Finally, there is the concept of alcohol dependence. Some people think of this as being unable to stop drinking without suffering symptoms of alcohol withdrawal: shakiness, sweating, rapid heartbeat, and such. To be sure, it’s possible to become physically addicted to alcohol in this way, but alcohol dependence is much larger than withdrawal. Many alcohol-dependent people do not feel shaky or sick when they stop drinking.

In the broadest sense, dependence is the process whereby a drug (in this case alcohol) gradually takes over more and more of your life. You spend more money buying alcohol, more time drinking and recovering from its effects. Consequently, people and activities with which you once spent more time begin to fall away. You spend more time with heavier drinkers and less time in places where there is no alcohol. Perhaps the idea of a party without alcohol makes you uncomfortable or just seems “inconvenient.” You’re not sure how you would deal with certain situations without alcohol, such as getting to sleep or feeling frustrated or down. From time to time you make an attempt to cut down or quit, but rather quickly go back to the familiar pattern. In short, alcohol slowly becomes central to your life.

A Word about Labels

Some people react so negatively to labels such as “problem drinker” and “alcoholic” that they avoid taking an honest look at what is actually happening to them. If you haven’t noticed already, we are careful not to use such labels for people. We talk about harmful or problematic *drinking*, but not harmful or problem *drinkers*. It may seem like a small difference, but it’s not. Labeling people can be pejorative and can get in the way of needed

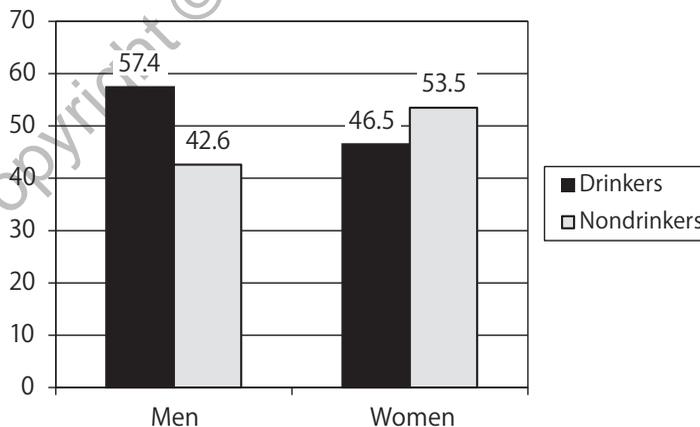
change. Taking an honest look at your drinking can be hard if you think you might have to call yourself “alcoholic.” When we ask drinkers to tell us how alcohol has caused problems for them, they usually can give us a long list; yet the very same people, when asked, “Are you a problem drinker?” say “No.” Taking a close look at what you are doing does not have to evoke shame or blame. We urge you not to worry about personal labels and consider instead what is actually happening in your life with regard to alcohol.

What to Do?

One reasonable solution, if you’re having problems related to alcohol, is to stop drinking altogether. As with smoking, many people choose to refrain from alcohol. Sometimes this is the wisest and even the easiest solution.

ALCOHOL FACTS

In annual surveys of the U.S. population, a “current drinker” is defined as anyone who had at least one drink containing alcohol within the past month. These percentages have changed relatively little over the past two decades. As of the 2010 national survey, these were the percentages:



Source: U.S. Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health.

For people whose liver has been damaged by alcohol or disease, further drinking can be life threatening, and abstinence would be the wisest course. Those who have already overcome a drinking problem by becoming totally abstinent are also well advised to stay that way. After all, this is a way to know for sure that alcohol is not going to harm you. About one-third of American adults don't drink at all (see Chapter 4), and almost half drink less often than once a month.

Not everyone who overdrinks, however, chooses to stop drinking altogether. Like moderation, abstinence can be challenging to maintain. Even after treatment with an abstinence goal, an average of three out of four people drink again at some time.³ Others would simply prefer to continue drinking if they can do so safely. For these and other reasons, people seek to reduce and manage their own drinking without stopping completely. Chapter 2 is designed to help you decide whether this is what you want to do, and Chapter 3 offers some questions that you can answer for yourself from which we can tell you about the likelihood that moderation will work for you. This book was written specifically for people who want to give moderation a try and is designed to help you do five things:

1. Understand how alcohol affects your body and mind, and when your risk of harm becomes significant.
2. Become aware of factors that may be contributing to your overdrinking and the extent to which drinking may be controlling you.
3. Understand what you get out of drinking that may interfere with your successfully cutting down or quitting.
4. Learn what you can do before and while you drink, to prevent overdrinking and related harm.
5. Learn new ways to do for yourself whatever alcohol does for you.

But that's getting ahead of the story.