

# BE Healthy™

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## Alcohol abuse: Playing Russian roulette

It started innocently enough. Richard Chester was 12 years old when his uncle offered him “a little taste.” It wasn’t much, but it was enough to quickly become a problem.

“I liked it,” he said. And that was the problem. He started with cheap wines and beer, and developed a taste for vodka and orange juice. By the time he got to high school, alcohol had started to do its damage. His grades steadily dropped, but he was still able to run track.

In his mind, everything was still good — even though he hid little nips in his gym bag.

“I didn’t care,” he recalls. “My focus was on getting high.”

And that he did. A former track coach hadn’t seen Chester in a while and noticed that he had lost weight, mostly muscle. “What happened to you?” Chester remembers the track coach asking incredulously.

It got worse. A woman, once interested in possible romance, bluntly told him: “You used to be fine. Now look at you.”

Ouch. That hurt so bad that Chester, already shaking from the previous night’s drinking, said he needed to find money “to get a drink.”

At this point, problem drinkers end up in the office of someone like Dr. Tim Benson, the medical director of the McLean Center at Fernside, an alcohol and drug treatment program of McLean Hospital.

“It could be the person has been arrested for drunk driving,” Benson said. “It could be that a loved one asked them to get help. There are a lot of reasons for how they get here. The important thing is that they are here and what we can do to help.”

Benson knows that a variety of factors can contribute to the individual’s

struggle with alcohol, but it is necessary to first understand how the person views his or her drinking.

“I first try to get an assessment,” Benson said, “of not what the friends or the relatives or the courts have to say about a person’s drinking, but rather what the person has to say about their drinking.”

“I ask, ‘OK, such and such a thing has

**“Women who drink more than seven drinks a week and men who drink more than 14 drinks a week may be at risk for alcohol-related problems.”**

— National Institute on Alcohol Abuse and Alcoholism



Alcohol is the most commonly used substance in this country. In 2006, more than 50 percent of the U.S. population aged 12 or older purported to have had at least one drink in the past 30 days.

happened to you, or so-and-so person says you have a problem. Do you think you have a problem?” From that answer, I can gauge on a scale of one to 10 where we are,” Benson said.

The next question, a function of the first answer, goes to the degree to which a person wants to do something about their problem.

“Some people have told me that they know they have a serious problem, but have no idea how to conquer such a part of their lives,” Dr. Benson said. “Others may understand they have a problem but don’t feel they should necessarily do anything about it.”

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), an arm of the National Institutes of Health, women who drink more than seven drinks a week and men who drink more than 14

drinks a week may be at risk for alcohol-related problems.

And for the record, at least according to Benson, varying amounts of alcohol can pose a potential health hazard.

Drinking is more than a social thing.

Alcohol affects every organ in the body. It depresses the central nervous system and is quickly absorbed into the bloodstream. Alcohol is metabolized by the liver but only in small amounts at a time, leaving the excess to circulate throughout the body.

Depending on the amount consumed, the effects of alcohol are almost immediate — loss of inhibition and impaired judgment; dizziness, blurred vision and slurred speech; uncoordinated movements and increased reaction time.

For most people, moderate drinking  
*Chester, continued to page 4*

## Accepting the problem is the first step to recovery

Denial often plays a big part in people who abuse or are dependent on alcohol.

They deny sexual problems. They deny ulcers. They deny that they deny, and tell lies when the truth would do.

Some really believe that they do not have a drinking problem because they drink only on weekends. Others come up with all sorts of drinking myths.

“Beer is good for the kidneys” is one. “Drinking a frappe or milk before a night of drinking” is another. Here’s one of the best lines of denial — “I only drink the best.”

That very well might be true. But what is also true is that alcohol is alcohol. A good shot of whiskey is the same as a taste of cheap wine.

Generally, a drink is defined as a 12-ounce beer, a 5-ounce glass of wine or 1.5 ounces of hard or distilled liquor.

And who hasn’t had a drink or two?

Of the three categories of substance abuse, alcohol is the most common.

According to the 2006 National Survey



Richard Chester has been sober for 30 years. As a Certified Employee Assistance Professional and Licensed Alcohol/Drug Counselor 1, he now spends his time helping others work through their addictions.

on Drug Use and Health, more than half of all persons interviewed aged 12 or older reported having at least one drink in the past 30 days. In comparison, 30 percent of the same population admitted to tobacco use, and 8 percent admitted to illicit drug use.

More troubling is the incidence of binge drinking — five or more drinks at the same time or within a couple of hours of each other. During 2006, almost one-fourth of all persons surveyed aged 12 or older participated in binge drinking. Furthermore, a large percentage of binge drinkers did not perceive the risk of their behavior.

Heavy use of alcohol — five or more drinks on the same occasion on each of five or more days in the past 30 days — was also common. Heavy drinking was reported by almost 7 percent of the same population, or 17 million people.

Drinking is pervasive, but more com-

mon in men, those between the ages of 21 and 25, and whites.

Richard Chester knows about alcoholism. He is now a Licensed Alcohol/Drug Counselor 1 for Partners HealthCare and has worked there for the last 13 years. He is also a Licensed Mental Health Counselor and Certified Employee Assistance Professional.

Chester has also worked as a substance abuse coordinator at MCI-Shirley, a counselor at a halfway house for substance abusers, and has led group therapy sessions for court-referred driving while intoxicated (DWI) clients.

Chester readily admits that he is an alcoholic.

The biggest hurdle, he says, is getting people to accept that they have a problem. More often than not, those with a problem tend to blame their predicament on others. “It’s always someone else’s fault,” Chester says.

Until those issues are resolved, explained Dr. Timothy Benson, medical director of the McLean Center at Fernside, the real work cannot begin. “What I have seen is that a lot of people who are having a problem with alcohol have a hard time

*Denial, continued to page 4*

April is Alcohol Awareness Month

# Heavy drinking: A common but destructive habit

For many people, alcohol is often a part of socializing, celebration and even relaxation. However, it is important to acknowledge and understand the effects of excessive alcohol use on a person's body and personal life. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a division of the U.S. Department of Health and Human Services, excessive alcohol use can lead to an increased risk of health problems and is the third leading lifestyle-related cause of death for people in the United States each year.

## Alcohol abuse

If heavy drinking is leading to health, work or relationship problems, it has become a form of alcohol abuse. Experts say that alcohol abuse is marked by one or more of the following problems: continuing to drink despite alcohol-related problems; indulging in hazardous behavior such as drinking and driving; or failing to fulfill work, school or home obligations because of heavy drinking.

According to the Centers for Disease Control and Prevention, national surveys found that over half of the adult U.S. population drank alcohol in the past 30 days. Approximately 5 percent of the total population drank heavily and another 15 percent of the population engaged in binge drinking. Binge drinking is defined as drinking in a single occasion more than three drinks for women and four drinks for men. One drink equals one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine or 1.5 ounces of 80-proof distilled spirits. In 2005, there were approximately 75,000 deaths attributed to excessive alcohol use.

In the United States alone, 17.6 million people — about one in every 12 adults — abuse alcohol or are alcohol dependent. Research has shown that people who begin drinking at an early age (14 or younger) have at least a five times greater risk of developing alcohol problems at some point in their lives compared to someone who waits until 21 or older to try alcohol.

## Impact of overindulging

Excessive alcohol use can result in alcohol abuse and alcohol dependence. The two disorders can have serious consequences, affecting an individual's health and personal life, as well as having an impact on society at large. Stud-

ies show that problem drinking increases the incidence of domestic violence and job loss, as well as the likelihood of serious conflict with partners, children and friends. The risk of automobile crashes, drownings, on-the-job accidents, homicide and suicide are more prevalent among alcoholics.

Alcohol abuse and alcoholism negatively affect the body both immediately and in the long term. Immediate effects of alcohol use include difficulty walking, poor balance, slurring of speech, impairment of peripheral vision and generally poor coordination (accounting in part for the increased likelihood of injury). The most serious consequence of binge drinking, alcohol poisoning, is potentially fatal.

According to SAMHSA, when excessive amounts of alcohol are consumed, the brain is deprived of oxygen, shutting down the voluntary functions that regulate breathing and heart rate.

If a person is known to have consumed large quantities of alcohol in a short period of time, symptoms of alcohol poisoning include vomiting, unconsciousness, cold, clammy, pale or bluish skin and slow or irregular breathing (less than 8 breaths a minute or 10 or more seconds between breaths).

The long-term effects of excessive drinking can be seen in the nervous system and changes to blood cells throughout the body. A decrease in the number of white blood cells, which are important for fighting infections, can result in a weakened immune system. As a result, alcoholics have an increased risk for infections. Heavy drinking can also have a significant impact on the heart including an increase in heart size, weakening of the heart muscle, abnormal heart rhythms, a risk of blood clots forming within the chambers of the heart and a greatly increased risk of stroke.

## A self-test

Answering the following four questions using the letters CAGE can help you find out if you or a loved one has a drinking problem:

- Have you ever felt you should **C**ut down on your

drinking?

- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover, as an **"E**ye-opener"?

Answering "yes" to one question suggests a possible alcohol problem. More than one "yes" means it is highly likely that a problem exists. If you think that you or someone you know might have an alcohol problem, it is important to see a doctor or other health care provider right away. They can help you determine if a drinking problem exists and plan the best course of action.



## Treatment and prevention

While the effects of excessive alcohol use are quite serious, recovery is possible. For those who abuse alcohol — drink alcohol in excess but are not addicted to it — often professional counseling and support can solve the problem. For those who are dependent on alcohol, the treatment is more extensive.

The first step of treatment is detoxification and involves helping the person stop drinking and ridding his/her body of the harmful and toxic effects of alcohol. Since the person's body has become accustomed to alcohol, he/she will need to be supported through withdrawal in a medically monitored, supervised setting. After cessation of drinking has been accomplished, the next steps involve rehabilitation, or helping the patient avoid ever taking another drink. The best programs incorporate family into the therapy, as the family has undoubtedly been severely affected by the patient's drinking.

In order to prevent alcohol abuse entirely, people must be aware of the risks involved in consuming alcohol. As the first instance of intoxication usually occurs during the teenage years, prevention education must begin at a relatively young age. The people who are most at risk for alcoholism are those who have a family history of alcoholism, consume alcohol early or frequently, tend to drink to drunkenness, experience blackout drinking, allow alcohol use to interfere with school work, or come from a poor family environment or history of domestic violence.

For more information on alcohol awareness, visit the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov), or Blue Cross Blue Shield of Massachusetts' web site at [www.ahealthyme.com/topic/home](http://www.ahealthyme.com/topic/home).

## There's no such thing as a silly question. Especially in health care.

At Blue Cross Blue Shield of Massachusetts, we are committed to working with hospitals and physicians to improve health care quality and safety. Patients, too, can play an important role by following these guidelines from the U.S. Agency for Healthcare Research and Quality:

1. Ask questions if anything is unclear.
2. Keep a list of medications that you take.
3. Get the results of any tests or procedures.
4. Ask questions about your surgery.



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## Prevention

Although it is difficult to pinpoint the exact cause of excessive drinking, it is wise to be aware of factors that may increase the risk of alcohol abuse or dependence.



Know your family history. Alcoholism tends to run in families.

Warn your children of the consequences of early and heavy drinking. Children who begin to drink by the age of 16 or earlier have a higher risk of alcoholism.



Seek help for emotional disorders. Depression, anxiety or low self-esteem may make you more likely to abuse alcohol.

Limit the amount of alcohol that you drink. Moderate drinking is one drink a day for females and people 65 and older, and two drinks a day for males.



# Alcohol Abuse

## Questions & Answers

### 1. Is it safer to drink beer or wine than hard (distilled) liquor?

No. On average, a 12-ounce beer has the same amount of alcohol in it as a 5-ounce glass of wine or a 1.5-ounce shot of 80-proof liquor. So it's not automatically safer to drink one or the other.

### 2. Is it all right for pregnant women to drink?

No. Drinking during pregnancy can harm a newborn. The effects of drinking during pregnancy on the developing fetus range from mental retardation and problems with organ development and function, to hyperactivity and learning or behavioral problems as a child. Many of these effects can last for the child's entire life. It is not clear exactly how much alcohol will definitely cause such problems, but it is certain that if a woman avoids alcohol completely during pregnancy, they can be prevented. It is also important for women who are breastfeeding to avoid alcohol as well.

### 3. If a person drinks heavily but is able to continue working, does that mean he or she does not have a drinking problem?

No. A person may be able to hold a steady job and avoid legal and other problems related to alcoholism, but may still be suffering from alcoholism. If a person demonstrates the symptoms of alcoholism, but is still able to avoid these negative effects, he or she may be termed a functional alcoholic. That being said, the body is always damaged by alcohol use.

### 4. Is there a cure for alcoholism?

There is effective treatment for alcoholism. Usually alcohol abuse can be treated with a brief intervention or education, but alcoholism requires more serious treatment, including detoxification at a hospital or rehabilitation facility (if severe), in addition to medications or support groups. In some extreme cases, medication can be prescribed to assist with alcohol withdrawal. Other medicines can be used later in treatment, when a patient has become sober, to lessen their cravings for alcohol. The longer a patient is successfully treated, the easier it becomes for them to remain sober. Counseling is the most effective and common form of treatment, and the one that is most recognized is Alcoholics Anonymous. Many patients relapse at least once, and some several times, before becoming sober in the long term. It is important to know that relapses are not failures, and patients should try to stop drinking again as soon as possible and seek help if they need it.

### 5. Is alcoholism a disease?

Yes. Alcoholism is a chronic disease — an addiction — that can worsen over time. Like many other diseases, alcoholism progresses along an expected path, has known symptoms, and can be caused by both family history and lifestyle influences.

### 6. Can a problem drinker simply cut down?

If a person has been diagnosed with alcoholism, it will not be effective to simply cut down on their intake — they must quit drinking altogether to recover successfully. This has been proven by several research studies. A person who isn't an alcoholic, but who has experienced problems related to drinking, may be able to simply cut back. This is only possible if that person can always stay within the limit they have set for themselves. Otherwise, it will be necessary for that person to also quit drinking totally.

### 7. Is alcoholism hereditary?

Alcoholism does run in families. A person's family history however, is not the only predictor for developing alcoholism. Lifestyle and environmental factors can either contribute to the development or prevention of alcoholism. Choices of friends, stress levels and the availability of alcohol can cause people, even those without a genetic or family history of the disease, to become an alcoholic.

*Elizabeth Donahue of the Disparities Solutions Center assisted in the preparation of these responses.*

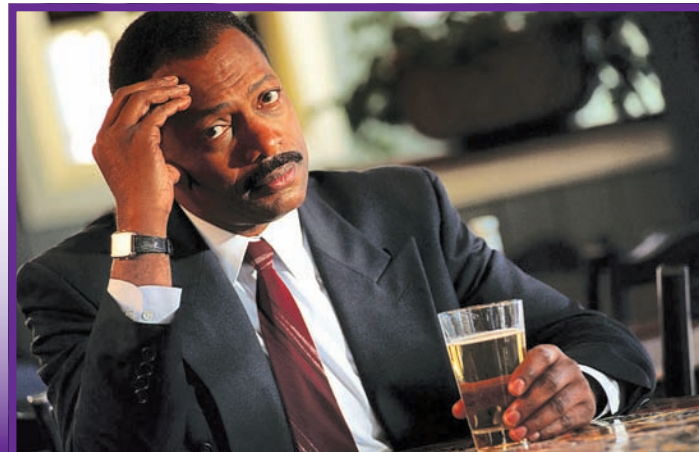


Joseph R. Betancourt, M.D.  
Director of the Disparities  
Solutions Center, Massachusetts  
General Hospital

## A closer look

Alcohol is the most commonly used substance in this country and the third leading lifestyle-related cause of death. More than 80,000 deaths a year are attributed to alcohol due to medical illnesses and unintentional accidents. Only tobacco and poor diet and inactivity account for more lifestyle-related causes of death.

Excessive drinking can result in alcohol abuse or alcohol dependence. Both conditions interfere with one's physical and mental health as well as social, family or job responsibilities. Alcohol dependence, or alcoholism — the more serious of the two — is a chronic illness that can be treated, but not cured. Although the rate of heavy drinking is lower in blacks than in whites, blacks often suffer more serious health and social consequences as a result of their drinking.



## Signs and Symptoms

### Alcohol Abuse

- Failure to fulfill major responsibilities at work, school or home
- Driving while under the influence (DUI)
- Legal problems associated with alcohol use — drunk driving, physical abuse
- Continued drinking despite problems that are caused or worsened by alcohol

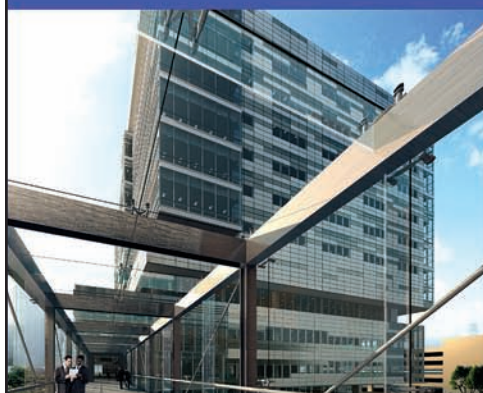
### Alcohol Dependence/Alcoholism

- Same as those for alcohol abuse
- Strong craving for alcohol
- Inability to limit drinking
- Need to drink increasing amounts to feel its effects
- Withdrawal symptoms when stopping drinking — nausea, sweating, shakiness

*Source: Centers for Disease Control and Prevention*



## BRIGHAM AND WOMEN'S HOSPITAL



*Carl J. and Ruth Shapiro Cardiovascular Center  
— Opening in May*

## Do you know your risk for cardiovascular disease?

Through an easy non-invasive screening you can learn your blood pressure, cholesterol and glucose levels and how they may impact your risk for cardiovascular disease. Brigham and Women's Hospital is offering free screenings near you, to celebrate the opening of our new Carl J. and Ruth Shapiro Cardiovascular Center.

**Monday, April 28**  
**Monday May 5**  
Southern Jamaica Plain Health Center  
640 Centre Street, Jamaica Plain

**Tuesday, April 29**  
Roxbury Tenants of Harvard,  
Flynn House Senior Center  
805 Huntington Avenue, Boston

**Wednesday, April 30**  
Back of the Hill Apartments  
100 S. Huntington Avenue, Jamaica Plain

**Friday, May 2**  
Boston City Hall

**Friday, May 2**  
**Friday, May 16**  
Martha Eliot Health Center  
75 Bickford Street, Jamaica Plain

**Tuesday, May 6**  
Parker Hill/Fenway Neighborhood  
Service Center  
714 Parker Street, Roxbury

**Friday, May 9**  
Whittier Street Health Center  
1125 Tremont Street, Roxbury

**Monday, May 12**  
**Thursday, May 15**  
Brookside Community Health Center  
3297 Washington Street, Jamaica Plain

**Tuesday, May 13**  
Massachusetts State House  
Nurses Hall, Boston

**Thursday, May 15**  
North American Indian Center of Boston  
105 South Huntington Avenue, Boston

Get screened this Spring. Register by calling **1-800-BWH-9999** or go online at [www.bringamandwomens.org/cvscreenings](http://www.bringamandwomens.org/cvscreenings)

## Complications

- Liver damage
- Cardiovascular problems — high blood pressure, heart failure, stroke
- Brain and nervous disorders — dementia
- Cancer — esophagus, larynx, liver
- Birth defects in infants born to women who drink
- Sexual dysfunction
- Nutritional deficiencies and digestive damage

— up to two drinks per day for men and one drink per day for women and older people — cause few or no problems.

But long-term binge or heavy drinking takes a toll and can lead to the development of chronic diseases, neurological impairments and social problems. Alcohol can cause high blood pressure and heart failure; cancer of the mouth, esophagus, larynx and liver; dementia and disordered thinking; depression; numbness of the hands and feet; and inflammation of the pancreas and lining of the stomach.

Hepatitis and cirrhosis of the liver — the irreversible destruction and scarring of the liver — are serious complications, with often fatal outcomes.

Although blacks have comparable and even lower rates of heavy or binge drinking and alcohol dependence than whites, they often experience more adverse health consequences of alcohol. Cancer of the esophagus and larynx is more common in blacks than whites, especially for those who smoke as well. In addition, African Americans — even those who do not drink — have a higher incidence of cardiovascular diseases, such as high blood pressure, stroke and heart failure — all complications of overindulgence in alcohol.

Heavy drinking can lead to risky sexual behaviors. The increased incidence of HIV is partly attributed to unprotected sex, sex with multiple partners and increased risk of sexual assault due to the influence of alcohol.

Often, substance abuse goes hand-in-hand. Those who abuse alcohol are more likely to abuse illicit drugs and smoke heavily as well.

A study cited by the NIAAA found that “people who are dependent on alcohol are three times more likely than those in the general population to be smokers.”

What’s worse is that alcohol is the third leading lifestyle-related cause of death in the United States. Tobacco and obesity are the first two.

By 25, Chester had already fallen off a roof, was well acquainted with blackouts and very familiar with morning shakes, and knew he had a problem.

He was an alcoholic.

“It gets pretty intense,” he said. “You drink with people you can’t stand. Your spiritual values change. It gets progressively worse as you go along. You compromise your values to continue drinking. After a while you stop going to school, stop working, you just waste time. Then you get to the point when you don’t care anymore and begin to make excuses or offer explanations.”

Indifference is one thing; becoming a potential danger to society is another.

The National Highway Traffic Safety Administration determined that in 2006, more than 35 percent of all traffic fatalities were alcohol-related. Alcohol is also a leading trigger for acts of violence such as domestic abuse and homicide.

In 2003 alone, excessive alcohol use caused over 2 million hospitalizations and over 4 million emergency room visits. It is estimated that the yearly economic cost of alcohol misuse in this country is \$185 billion.

Heavy drinking falls into two categories — alcohol abuse and alcohol addiction or dependence,

commonly referred to as alcoholism. Nationally, in 2005-2006, almost 8 percent of the population, or 19 million people, abused or were dependent on alcohol.

Those who abuse alcohol continue to drink after failing to fulfill responsibilities at school, work or home; drink and drive and have legal problems related to alcohol, such as physical abuse.

Addiction to alcohol, on the other hand, is a chronic disease for which there is no cure. An alcoholic demonstrates the same behavior as an abuser, but lacks the ability to limit or stop drinking. He or she craves liquor, and requires increasing amounts to feel its effects.

More significant, the alcoholic becomes ill when attempting to stop.

Delirium tremens — a state of confusion and visual hallucinations — is a medical emergency, and can result in death if treatment is not rendered.

Alcohol abuse can lead to alcohol dependence.

The exact cause of alcoholism is not always known, but several factors come into play — including stress, depression and social and cultural demands. Family history and genetics also play a role.

One thing is clear: A significant barrier to treating alcoholics is the inability of a person to recognize their problem with drinking — denial. Most people don’t know they have a drinking problem.

Chester was one of them.

“It takes a lot of courage to stop,” he said.

The final straw for him came when he saw

blood in his vomit.

“I thought to myself, ‘Why is this pink? I wasn’t drinking Wild Irish Rose,’” he recalled. “My life started flashing in front of me. It scared the living daylights out of me.”

He went cold turkey.

He suffered through a real bad period for four days. He was shaky, but had no hallucinations. It took about a month to get back to normal. He stayed away from his drinking buddies. He never drank again.

“The hard part about drinking again is that you don’t know when the compulsion will hit you,” he explained. “That’s why people make the mistake of thinking that they can hold their liquor. You might be able to have one or two and be all right, but once the compulsion to drink kicks in again, you can’t control it. It’s like playing Russian roulette.”

Chester, 57, has been clean and sober now for 30 years.

He is now a mental health counselor and works with alcohol-addicted people.



**Timothy G. Benson, M.D.**  
Medical Director, The McLean Center at Fernside  
Instructor in Psychiatry, Harvard Medical School



**Even a small amount of alcohol can harm the baby of a woman who drinks while pregnant. Alcohol can cause fetal alcohol syndrome, one of the leading causes of mental retardation.**

## Do you think you might have a drinking problem?

### The Alcohol Use Disorders Identification Test

1. How often do you have a drink containing alcohol? (0) Never (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week	6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more	7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year
5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year

A score of 8 or more generally indicates harmful or hazardous drinking.

TOTAL

Source: National Institute on Alcohol Abuse and Alcoholism

## CALL FOR HELP!

Help Line	Organization	Services
617-426-9444	Alcoholics Anonymous	Support group
617-292-5065 800-327-5050	Massachusetts Substance Abuse Information and Education	Referrals and education
888- 4AL-ANON 888-425-2666	Al-Anon and Alateen	Support group for family members of recovering alcoholics
800-662-HELP	Substance Abuse and Mental Health Services Administration	Referrals for treatment
800-527-5344	American Council on Alcoholism	Support and information
800-622-2255	National Council on Alcoholism and Drug Dependence	Information
800-729-6686	National Clearinghouse for Alcohol & Drug Information	Educational materials and referrals

## denial

continued from page 1

admitting that they are unable to control it,” Benson says. “They struggle with the notion of surrendering because to them surrendering means giving up the fight.”

But as Benson rightly points out, for many, surrendering to the delusion of control is the first real step to fighting back.

For blacks, alcoholism presents a different set of problems.

What has been shown in recent studies, Benson says, is that there is not much of a difference in drinking among the races, but the social, legal and workplace consequences are often felt more severely among African Americans.

And given the general unhealthiness of many blacks, the medical consequences can be more profound.

Part of the solution is figuring out what triggers an individual to seek alcohol as an answer, temporary to be sure, for ongoing stresses. Though not a clinical term, the notion of self-medicating is

widespread.

By all accounts, some people should not drink at all. Doctors have not determined a safe level of drinking for pregnant women. Women who drink while pregnant increase their risk of fetal alcohol syndrome, irreversible defects that can include serious physical, mental and behavioral problems in the baby. Fetal alcohol syndrome is one of the leading causes of mental retardation in this country.

A quick self-assessment can start the process: Do you drink to relax or forget unpleasant things? Are you annoyed by criticism of your drinking or does drinking make you feel guilty? Do you drink in private or buy alcohol at different stores to hide your habit? Do you feel that you need a drink in the morning to get yourself going?

Programs, such as Alcoholics Anonymous and Al-Anon/Alateen for family members of alcoholics, can be helpful — and a lifesaver.