

Alcoholism

RESTORING HOPE TO ALL AFFECTED BY DRUG ADDICTION THROUGH EDUCATION, ADVOCACY AND SUPPORT.

Alcohol addiction is a very serious and sometimes life threatening dilemma. Not only is it difficult for the addict, it is extremely hard on those around them who care about them. For the addict, admitting they have an addiction problem can be difficult. However painful this may be, it must be acknowledged as the first gradient to overcoming the problem. The next hurdle is being willing to seek & accept help from an addiction professional. It can be hard for an addict to confront the fact that they can not do it alone. Once this fact is accepted, it is time to seek the appropriate professional treatment. Drug rehab programs based on the social education modality are highly successful. This means that individuals who are recovering from Alcohol addiction are not made wrong for their past



indiscretions, but are taught how to avoid future ones. They are provided with knowledge on how to change their lives and how to live comfortably without Alcohol. Receiving treatment for addiction should be done in a safe & stable environment that is conducive to addiction recovery. Research studies show that residential treatment programs of at least 3 months in duration have the best success rates. 3 months may seem like a long time, but one day in the life of an individual addicted to Alcohol can feel like an eternity. Addiction is a self imposed hellish slavery. The chains can be broken people do

it everyday. You can be free!

Drug rehabilitation is a multi-phase, multi-faceted, long term process. Detoxification is only the first step on the road of addiction treatment. Physical detoxification alone is not sufficient to change the patterns of a drug addict. Recovery from addiction involves an extended process which usually requires the help of drug addiction professionals. To make a successful recovery, the addict needs new tools in order to deal with situations and problems which arise. Factors such as encountering someone from their days of using, returning to the same environment and places, or even small things such as smells and objects trigger memories which can create psychological stress. This can hinder the addict's goal of complete recovery, thus not allowing the addict to permanently regain control of his or her life.

Almost all addicts tell themselves in the beginning that they can conquer their addiction on their own without the help of outside resources. Unfortunately, this is not usually the case. When an addict makes an attempt at detoxification and to discontinue drug use without the aid of professional help, statistically the results do not last long. Research into the effects of long-term addiction has shown that substantial changes in the way the brain functions are present

long after the addict has stopped using drugs. Realizing that a drug addict who wishes to recover from their addiction needs more than just strong will power is the key to a successful recovery. Battling not only cravings for their drug of choice, re-stimulation of their past and changes in the way their brain functions, it is no wonder that quitting drugs without professional help is an uphill battle.

Q) What are some of the facts about alcohol and its use in life?

A) Alcohol -- including beer, wine, and hard liquor -- are the most commonly used and widely abused psychoactive drug in the country. Alcohol

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is the most widely tried drug among teenagers. Over 50% of 8th graders and 8 out of 10 12th graders report having tried alcohol. Many teenagers report binge drinking -- in 1995, 30% of 12th graders surveyed reported binge drinking (5+drinks in a sitting) in the previous 2 weeks. Even young teens report irresponsible use of alcohol -- 25% of 8th graders have been drunk.

Alcohol use is widespread, although the per capita consumption has varied from decade to decade. While U.S. consumption of alcoholic beverages increased after World II, since 1981 it has declined slightly. But even with declines in alcohol use, two of three American adults drink alcoholic beverages. About half of all alcohol consumed in this country is ingested by heavy drinkers, estimated to be between 6.5 and 10 percent of the total population. The extent and frequency with which these individuals drink cause serious health and behavioral problems—disrupting their own lives and that of their family, friends, and employers—and also extracts a heavy societal toll.

Alcohol use is involved in:

One-half of all murders, accidental deaths, and suicides

One-third of all drowning, boating and aviation deaths

One-half of all crimes

Almost half of all fatal automobile accidents

The health problems associated with alcohol include brain damage, cancer, heart disease, and cirrhosis of the liver.

Q) What about ingestion and its effects?

A) Alcohol is a potent nonprescription drug sold to anyone over the national legal drinking age. This drug is a tranquilizer and a member of the family of sedative-hypnotic drugs.

Temperate and occasional users of alcohol who are in normal health do not appear to suffer negative effects from use of alcohol.

Consumed in substantial amounts, alcohol's toxicity may be because it acts as a foreign substance in the body's metabolism. The short-term expression of this toxicity is felt as a hangover. The long-term toxicity may develop into alcoholism and alcohol-related diseases such as cirrhosis.

Unlike carbohydrates, fats, and proteins, which can be manufactured by the body, alcohol is an introduced substance that is not synthesized within the body. It is a food because it supplies a concentrated number of calories, but it is not nourishing and does not supply a significant amount of needed

nutrients, vitamins, or minerals—these are empty calories.

Most foods are prepared for digestion by the stomach so that their nutrients can be absorbed by the large intestine, but 95 percent of alcohol is absorbed directly through the stomach wall or the walls of the duodenum and the small intestine.

Various factors affect the speed of alcohol's absorption into the body:

Watery drinks such as beer are absorbed more slowly.

Foods (especially fatty foods) delay absorption. Carbonated beverages speed up the emptying of the stomach into the small intestine, where alcohol is absorbed more quickly.

The drinker's physical and emotional state (fatigue, stress) and individual body chemistry unpredictably affect absorption.

Gender: women have less alcohol dehydrogenase, which breaks down alcohol in the stomach, so more alcohol is absorbed into the bloodstream.

Alcohol moves from the bloodstream into every part of the body that contains water, including major organs like the brain, lungs, kidneys, and heart, and distributes itself equally both inside and outside of cells. Only 5 percent of alcohol is reduced from the body through the breath, urine, or sweat; a larger portion is oxidized or broken down in the liver.

In the liver:

Alcohol is broken down in steps by enzymes until only carbon dioxide and water remain as by-products.

Alcohol is processed at the rate of 0.3 ounce of pure ethanol per hour (less than 1 ounce of whiskey), and unprocessed alcohol circulates in the body. (The alcohol from two cocktails—each about 1.5 ounces—ingested before dinner is still present in the body, in a diminished amount, 3 to 4 hours later.)

The liver's fixed rate of alcohol breakdown means that drinking coffee or taking a cold shower does not speed the sobering process. Therefore, giving coffee to a person who is drunk may produce a wide-awake drunk, a chilling prospect if the drunk and friends are deluded into thinking the drinker is sober enough to drive a car.



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Stimulates and agitates, initially producing euphoria.

Depresses and sedates, producing calmness and tranquility.

Anesthetizes

Induces a hypnotic state and sleep

Alcohol quickly depresses inhibitions and judgment. As inhibitions are released the drinker may feel friendlier, more gregarious, and more expansive. The suggestion to “have a drink and loosen up” is based on the biology of alcohol in the body. Sexual inhibitions may be released, which gives alcohol the reputation as an aphrodisiac; in fact, alcohol impairs sexual function and performance, and eventually blunts desire. Increased consumption may produce “Jekyll” and “Hyde” personality changes in drinkers, leading to aggressiveness and cruelty. Radical mood changes (such as bouncing from euphoria to self-pity) are also typical characteristics of intoxication.

Alcohol adversely affects motor ability, muscle function, reaction time, eyesight, depth perception, and night vision. Since these are the abilities needed to operate a motor vehicle and since even moderate amounts of alcohol impair these abilities, drivers should never— NEVER—drink and drinkers should not drive.

As a drinker continues to drink, alcohol depresses lung and heart function, slowing breathing and circulation. Death can occur if alcohol completely paralyzes breathing. However, this state is seldom reached because the body rejects alcohol by vomiting, or the drinker becomes comatose before he or she can consume a fatal dose. Acute alcohol overdose leading to death occurs most often in situations such as bars or college fraternities where individuals may be encouraged to ingest large amounts of alcohol rapidly.

A hangover is a combination of physical symptoms:

Headache: Blood vessels in the head, dilated by alcohol, painfully stretch as they return to their normal state.

Upset stomach: Alcohol irritates the gastric lining, leading to acute gastritis.

Dehydration: Alcohol acts as a diuretic, stimulating the kidneys to process and pass more water than is ingested.

Hangover is a withdrawal state. If you medicate this withdrawal with more alcohol, the alcohol will continue to circulate in the blood and will not be perceptually eliminated. Taking amphetamines (uppers) merely masks hangover symptoms.

The best prevention for a hangover is abstinence.

Q) What are the physical effects of alcohol abuse?

A) Since alcohol so easily permeates every cell and organ of the body, the physical effects of chronic alcohol abuse are wide-ranging and complex. Large doses of alcohol invade the body’s fluids and interfere with metabolism in every cell. Alcohol damages the liver, the central nervous system, the gastrointestinal tract, and the heart. Alcoholics who do not quit drinking decrease life expectancy by 10 to 15 years.

Alcohol also can impair vision, impair sexual function, slow circulation, cause malnutrition, cause water retention (resulting in weight gain and bloating), lead to pancreatic and skin disorders (such as middle-age acne), dilate blood vessels near the skin causing “brandy nose,” weaken the bones and muscles, and decrease immunity.

The liver breaks down alcohol in the body and is therefore the chief site of alcohol damage. Liver damage may occur in three irreversible stages.

Fatty Liver. Liver cells are infiltrated with abnormal fatty tissue, enlarging the liver.

Alcoholic Hepatitis. Liver cells swell, become inflamed, and die, causing blockage. (Causes between 10 and 30 percent mortality rate.)

Cirrhosis. Fibrous scar tissue forms in place of healthy cells, obstructing the flow of blood through the liver. Various functions of the liver deteriorate with often fatal results. (Found in 10 percent of alcoholics.)

A diseased liver:

Cannot convert stored glycogen into glucose, thus lowering blood sugar and producing hypoglycemia. It inefficiently detoxifies the bloodstream and inadequately eliminates drugs, alcohol, and dead red blood cells.



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Cannot manufacture bile (for fat digestion), prothrombin (for blood clotting and bruise prevention), and albumin (for maintaining healthy cells).

Alcohol in the liver also alters the production of digestive enzymes, preventing the absorption of fats and proteins and decreasing the absorption of the vitamins A, D, E, and K. The decreased production of enzymes also causes diarrhea.

Q) What about the brain and central nervous system?

A) Alcohol profoundly disturbs the structure and function of the central nervous system, disrupting the ability to retrieve and consolidate information. Even moderate alcohol consumption affects cognitive abilities, while larger amounts interfere with the oxygen supply to the brain, a possible cause of “blackout” during drunkenness. Alcohol abuse destroys brain cells, producing brain deterioration and atrophy, and whether the organic brain damage and neuropsychological impairment linked to alcohol can be reversed is unknown. Alcohol also alters the brain’s production of RNA (a genetic “messenger”), and serotonin, endorphins, and natural opiates whose function may be linked to the addictive process.

A neurological disorder sometimes referred to as “Wernicke-Korsakoff’s Syndrome” can result from vitamin B deficiencies produced by alcoholism and the direct action of alcohol on the brain. Symptoms of this condition include amnesia, loss of short-term memory, disorientation, hallucinations, emotional disturbances, double vision, and loss of muscle control. Other effects include mental disorders such as increased aggression, antisocial behavior, depression, and anxiety.

Q) What else does alcohol use do to the body?

A) Large amounts of alcohol may inflame the mouth, esophagus, and stomach, possibly causing cancer in these locations, especially in drinkers who smoke. Alcohol increases the stomach’s digestive enzymes, which can irritate the stomach wall, producing heartburn, nausea, gastritis, and ulcers. The stomach of a chronic drinker loses the ability to adequately move food and expel it into the duodenum, leaving some food always in the stomach, causing sluggish digestion and vomiting. Alcohol may also inflame the small and large intestines.

Moderate daily drinking reportedly may be good for the heart, but clearly for many the risks outweigh the benefits. Even one binge may produce irregular heartbeats, and alcohol abusers experience increased risk of high blood pressure, heart attacks, heart arrhythmia, and heart disease. Alcohol may cause cardiomyopathy (a disease of the heart muscle). Cessation of drinking aids recovery from this condition.

Q) What is Fetal Alcohol Syndrome?

A) Fetal Alcohol Syndrome (FAS) is a cluster of irreversible birth abnormalities that are the direct result of heavy drinking during pregnancy.

Alcohol, like most other drugs, passes easily through the mother’s placenta and into the fetal bloodstream. In the fetus, the alcohol depresses the central nervous system and must be metabolized by the immature liver of the fetus, which cannot effectively process this toxic substance. The alcohol stays in the fetus’s body for a prolonged time (even after leaving the mother’s body) and the unborn child remains intoxicated, possibly suffering withdrawal symptoms after the alcohol is no longer present.

Children born with fetal alcohol syndrome typically are smaller in size, have smaller heads, and suffer deformities of limbs, joints, fingers, and face, as well as heart defects. They may also have cleft palate and poor coordination.

In some children, FAS does not appear until adolescence, when they exhibit hyperactivity and learning and perceptual difficulties. These impairments are symptomatic of minimal brain dysfunction (MBD), which affects between 5 and 19 percent of schoolchildren, according to a study by the National Institute of Alcohol Abuse and Alcoholism. Studies of children with FAS

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