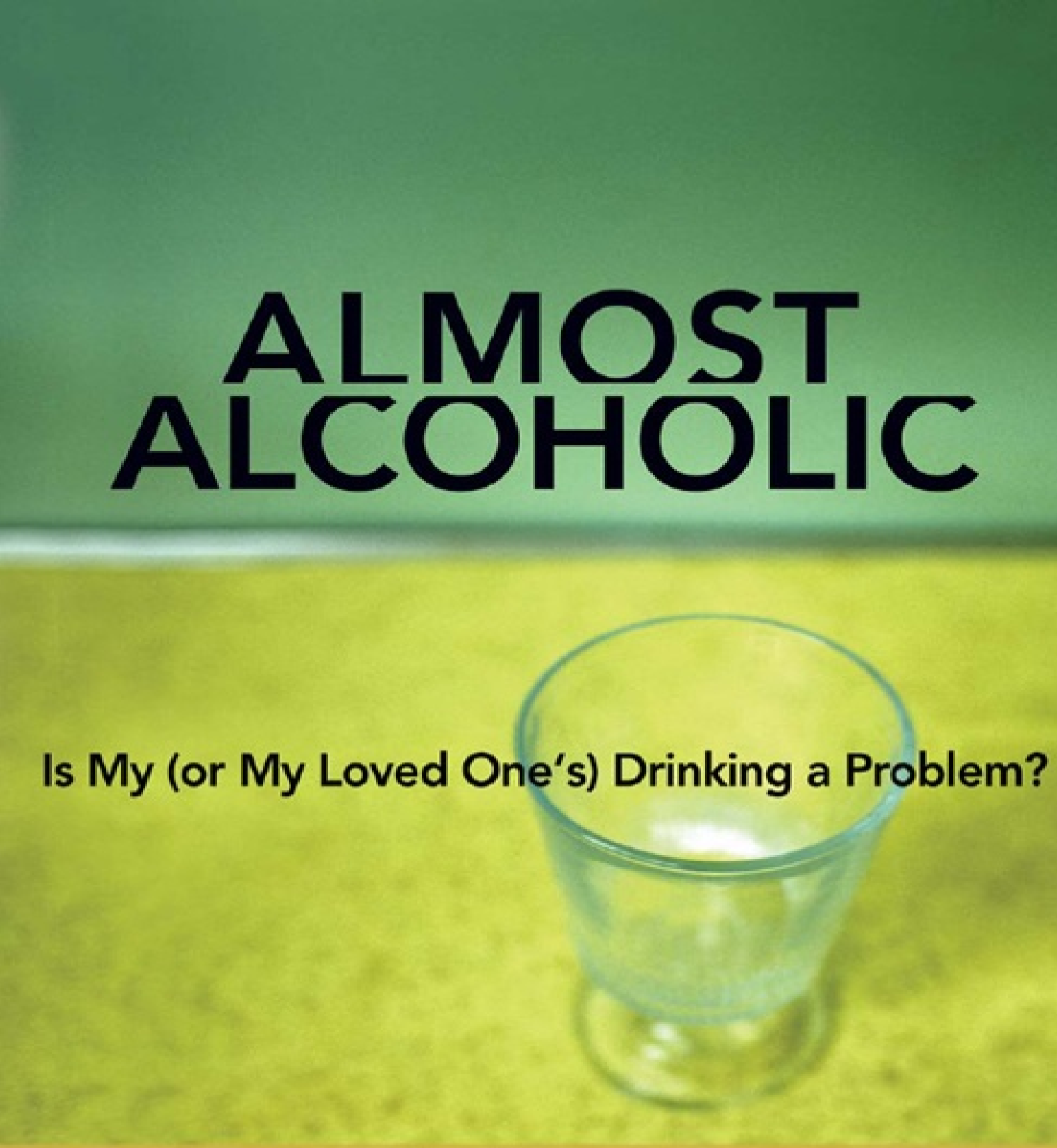
ALMOST ALCOHOLIC



Is My (or My Loved One's) Drinking a Problem?

ROBERT DOYLE, MD, HARVARD MEDICAL SCHOOL
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The names, details, and circumstances have been changed to protect the privacy of those mentioned in this publication.

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Harvard Health Publications
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Trusted advice for a healthier life

***The Almost Effect*™ series** presents books written by Harvard Medical School faculty and other experts who offer guidance on common behavioral and physical problems falling in th spectrum between normal health and a full-blown medical condition. These are the first publications to help general readers recognize and address these problems.

For Angelina, Frances, Sandra, Ellen, and Elizabeth from R. D.

and

for Maggie, Becca, and Greg from J. N.

contents

The Almost Effect

I once overheard a mother counseling her grown daughter to avoid dating a man she thoug had a drinking problem. The daughter said, "Mom, he's not an alcoholic!" The mother quick responded, "Well, maybe not, but he *almost* is."

Perhaps you've heard someone, referring to a boss or public figure, say, "I don't like th guy. He's *almost* a psychopath!"

Over the years, I've heard many variations on this theme. The medical literature current recognizes many problems or syndromes that don't quite meet the standard definition of medical condition. Although the medical literature has many examples of these syndrome they are often not well known (except by doctors specializing in that particular area medicine) or well described (except in highly technical medical research articles). They a what medical professionals often refer to as subclinical and, using the common parlance fro the examples above, what we're calling *the almost effect.*

For example:

- Glucose intolerance may or may not always lead to the medical condition of diabete but it nonetheless increases your risk of getting diabetes—which then increases your risk of heart attacks, strokes, and many other illnesses.
- Sunburns, especially severe ones, may not always lead to skin cancer, but they alway increase your risk of skin cancer, cause immediate pain, and may cause permanent cosmetic issues.
- Pre-hypertension may not always lead to hypertension (high blood pressure), but it increases your risk of getting hypertension, which then increases your risk of heart attacks, strokes, and other illnesses.
- Osteopenia signifies a minor loss of bone that may not always lead to the more significant bone loss called osteoporosis, but it still increases your risk of getting osteoporosis, which then increases your risk of having a pathologic fracture.

Diseases can develop slowly, producing milder symptoms for years before they becom full-blown. If you recognize them early, before they become fully developed, and tak relatively simple actions, you have a good chance of preventing them. In many instanc there are steps you can try at home on your own; this is especially true with the mental a behavioral health disorders.

So, what exactly is the almost effect and why this book? *Almost Alcoholic* is one of a seri of books by faculty members from Harvard Medical School and other experts. These boo are the first to describe in everyday language how to recognize and what to do about some the most common behavioral and emotional problems that fall within the continuum betwe

normal and full-blown pathology. Since this concept is new and still evolving, we'
proposing a new term, *the almost effect,* to describe problems characterized by the followi
criteria.

The problem

1. falls outside of normal behavior but falls short of meeting the criteria for a particular diagnosis (such as alcoholism, major depression, antisocial personality disorder, or substance dependence);
2. is currently causing identifiable issues for individuals and/or others in their lives;
3. may progress to the full-blown condition, meeting accepted diagnostic criteria, but even if it doesn't, still can cause significant suffering;
4. should respond to appropriate interventions when accurately identified.

The Almost Effect

All of the books in The Almost Effect™ series make a simple point: Each of these conditio
occurs along a spectrum, with normal health and behavior at one end and the full-blow
disorder at the other. Between these two extremes is where the almost effect lies. It is th
point at which a person is experiencing real pain and suffering from a condition for whic
there are solutions—*if* the problem is recognized.

Recognizing the almost effect not only helps a person address real issues now; it also ope
the door for change well in advance of the point at which the problem becomes severe.
short, recognizing the almost effect has two primary goals: (1) to alleviate pain and sufferi
now and (2) to prevent more serious problems later.

I am convinced these problems are causing tremendous suffering, and it is my hope that th
science-based information in these books can help alleviate this suffering. Readers can fi
help in the practical self-assessments and advice offered here, and the current research a
clinical expertise presented in the series can open opportunities for health care professiona
to intervene more effectively.

I hope you find this book helpful. For more information about other books in this serie
visit www.TheAlmostEffect.com.

Julie Silver, MD
Assistant Professor, Harvard Medical School
Chief Editor of Books, Harvard Health Publications

acknowledgments

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Normal and Abnormal Drinking

We are two doctors—a psychiatrist and a psychologist—who have worked as mental healt professionals for many years. In addition, each of us has pursued further training in the are of substance abuse. We were privileged to have learned from experts in some of the be treatment centers in the world, including the Betty Ford Center and the Hazelden Foundatio

By way of introduction, Dr. Rob Doyle is a psychiatrist who works for Harvard Universi Health Services. Besides providing mental health medical care to Harvard students, he involved in research and is a frequent speaker at workshops and conferences. Dr. Jo Nowinski, a clinical psychologist, works for the University of Connecticut Health Center. H also is involved in research in substance abuse treatment and has trained many clinicians the interventions he has developed.

In this book, we will share an important revelation that we have learned from ou collective experience. This revelation has not been described in other books or even in th medical literature. Nevertheless, it has enormous impact on the lives of millions of peopl Here's what we've discovered: the men and women who have been diagnosed as alcoh dependent—or, more simply, alcoholic—represent but the tip of the iceberg of a much larg segment of the population whose lives are negatively impacted by alcohol use. One way think of those who carry an official alcohol-related diagnosis is that they fit fairly neatly int a diagnostic "box" defined by various objective symptoms. But what about this other group- the much larger part of the iceberg that lies below the waterline? Though not technicall alcoholics, these men and women—young, middle-aged, and older adults—nevertheless ar experiencing problems related to their drinking. There is pain and suffering going on that undiagnosed—and untreated—simply because it hasn't really been described or defined.

We call these people "almost alcoholics" and this is the first book that identifies an explains this condition. The "almost" concept is a paradigm shift in the way we look alcohol use. Put simply, the "almost alcoholic" does not drink normally but also wouldn't b labeled an "alcoholic." Because this is a new concept to many people, they often don't see th connection between their drinking and the various problems it is causing. Similarly, th doctors or other professionals they consult with may not connect the dots either. The result that quite a few of these men and women will continue to suffer the consequences of the drinking—consequences that not only affect them directly, but have a powerful ripple effe and cause considerable suffering to those around them as well. Such consequences ma include failed romantic relationships, alienation of children and parents, careers marked b underachievement, declining health, and emotional problems. Eventually, for some of thes people, their drinking will progress to the point where they will be diagnosed as alcoholi and will hopefully get help. But even if they don't reach this point, the significan unaddressed suffering of the person who is almost alcoholic can be relieved by recognizin the problem and then addressing it.

In this book, we help you understand what it means to be an almost alcoholic—wheth

that term applies to you or to someone you care about—and we give you some practica proven suggestions on what you (or your loved one) can do about it. If you are concerne about another person, we encourage you to share this book with him or her. You mig suggest keeping a journal to answer the questions that appear in the book; they are designe to help people assess and make good decisions about their drinking.

Either way, let's start by taking a look at cultural values around alcohol use, and with th as background, we can begin to explore the difference between almost alcoholics and tru alcoholics.

Social Drinking, Almost Alcoholics, and Alcoholics

Drinking alcoholic beverages—at least in a social context—has been part of many cultures fo centuries. The United States is no exception. You need only turn on a Sunday afternoo football or baseball game on television to witness a seemingly endless array of commercia showing men and women having a great time together, snacking and downing cold beer Those images convey that drinking is a normal, fun social activity. Indeed, for many peop pizza and beer, cocktails, or wine and cheese—enjoyed in the company of friends, at th ballpark, at a happy hour, or in a sports bar—are a routine part of a normal social life.

Okay, if you're not an alcoholic and social drinking is a normal part of life—what's th problem? Why write this book? Very simply, because we've learned that a certain percentag of those men and women who are enjoying themselves watching games and drinking co beers (or enjoying wine and cheese with friends) will at some point cross a line—a line the will most likely not recognize—and become what we're calling almost alcoholics. The reaso they will not realize what they have done is that the line separating normal social drinkin from being almost alcoholic is not bright and sharp, but is more of a gray area that peop can venture into before they know what's happened.

We know that some people who start drinking will never be "normal" or social drinke and will go on to become true alcoholics. What does that mean? Essentially, it means tw things. First, the true alcoholic will inevitably reach a point where one drink is never enoug Once true alcoholics reach this stage, when they start drinking, they rarely stop until they' drunk. Second, alcoholics do not feel normal without some amount of alcohol circulating their bloodstream. As soon as their blood alcohol level gets low, they start craving a drin And since one drink is never enough, stopping once they've started drinking is not an optio These constitute two of the core "symptoms" that have classically defined alcoholism. The are key elements in the diagnostic "box" that most professionals (and insurance companie use to decide who needs treatment for alcohol dependence.

Of course, alcoholism is not diagnosed simply by these two concepts. There is a longer li of criteria, put forth by the American Psychiatric Association and the American Medic Association. In the next chapter, we list these criteria and compare them to our criteria fo almost alcoholism. Alcohol dependence represents one extreme on a spectrum that rang from normal social drinking to true alcoholism. Alcoholism is a much more severe proble and is associated with much more severe consequences than *almost* alcoholism, whic occupies a large "zone" between normal social drinking and alcoholism.

As two mental health professionals specializing in treating people with alcohol and dru

problems, we have diagnosed and worked with many true alcoholics. We know they have disease and need help. Many of them recover and go on to lead very productive lives. B this book is about almost alcoholics and, although this condition has not been well studie we estimate that for every alcoholic who fits the official diagnostic criteria for alcoholis there are many others who "almost" fit the criteria and are, therefore, *almost* alcoholic Their problems are usually not as severe as the problems faced by alcoholics, but they a nonetheless real and can have devastating effects on the lives of almost alcoholics and th people around them.

Our clinical experience is supported by research conducted by the National Institute o Alcohol Abuse and Alcoholism. According to the NIAAA, the percentage of Americans wh may not be alcoholics but whose self-reported drinking is enough to qualify them as havi problems that can be linked to drinking has been on the increase for at least a decade.[1] It among this group of people that we find the *almost alcoholics*.

Drinking Is Seldom the Reason People Seek Help

When almost alcoholics come to one of our offices, it is usually *not* for help with what the see as a drinking problem. Rather, they may be having trouble managing a teenage child. O they may complain that their marriage seems in danger from too much fighting and too litt sex. Sometimes they come to us because they've been feeling depressed or anxious for a lo time or have been suffering from chronic insomnia. Many of them have said that a few drin at the end of the day helped them to relax or fall asleep, only to find in time that the drin no longer produced this effect.

You will meet some of these people in this book. The case examples are drawn from ou own professional experience, but we have changed names and other identifying features protect the privacy of those involved. Some characters are composites.

Some almost alcoholics seek help for a medical issue, again without seeing the connectio between drinking and their symptoms. Matt was one of these people. A forty-five-year-o sales executive, Matt considered himself successful—at least in his work. Divorced and wi an eight-year-old daughter, Matt spent a lot of time on the road, so much so that he said, think of airports as my office." He was as connected as anyone we'd heard of and wa capable of hosting online meetings while waiting for his flight to board.

Matt made an appointment with his doctor when he noticed, to his considerable distres that his hands and feet "tingled" and sometimes became numb. His doctor sent him to se several specialists, including a hematologist, a rheumatologist, and a neurologist. Initially, th tests all came out clear, but then he had nerve and muscle studies (sometimes referred to a EMGs or electromyograms) to test for nerve damage. These tests revealed injury to th nerves in his hands and feet, called a *peripheral neuropathy*. There are many things that ca cause a peripheral neuropathy, including alcohol. In most cases, so-called alcohol neuropathy takes a long time to become evident, which is why a doctor might not suspect in a man of forty-five. However, some cases of alcohol-related neuropathy have bee associated with acute and rapidly progressive onset.

After getting these test results, Matt's doctor met with him for nearly an hour and did a in-depth assessment. It was during that assessment that Matt disclosed that he'd been in th

habit of drinking three or four beers a day—plus an occasional cocktail or two—every da except those days when his daughter visited with him, which given his extensive busine travels amounted to no more than five or six days a month. Moreover, he'd been drinkir that much for many years. But he never missed a day of work, never had a blackout, and wa able to "hold his liquor" well so that people around him never realized he was in fa intoxicated.

Being just forty-five, it had never occurred to Matt that he could be suffering from seriou medical problems due to his drinking, and the possibility only emerged when his docto conducted a thorough inquiry. When his doctor referred Matt back to the neurologist wi this added information, further tests revealed that Matt was indeed suffering from peripheral neuropathy that was most likely caused by his drinking. Matt's doctor also to him there was a chance that his neuropathy could be arrested, and perhaps even reversed, b only if Matt abstained from drinking. Given the dire situation he found himself in, Ma decided to do just that. A year later, he was able to report to his doctor that, while he st had occasional bouts of numbness or tingling in his hands and feet, they had indeed becom less frequent and severe since he'd stopped drinking.

Social Drinking and Almost Alcoholic Drinking

Matt's story and many others like his have brought this large group of previous undiagnosed individuals to our attention. As diverse as their stated reasons for seeking he may be, the common denominator for many of these people could be described as "soci drinking gone over the line." In other words, they've crossed into that gray area th separates normal drinking from alcoholic drinking.

Although there's a strong correlation between their alcohol use and the problems we hav described, our experience is that most almost alcoholics see no connection between th problems and their drinking. They are unable to "connect the dots." We're not reall surprised, for two reasons. First, because little has been written about crossing the lin separating normal social drinking from almost alcoholic drinking, it represents a new an novel concept to most people.

The second reason is that this change—moving from normal social drinking to almo alcoholism—doesn't happen suddenly. Rather, it typically is a slow and insidious change, or that is so subtle and gradual as to be virtually undetectable to those who are experiencing (as well as to those who are close to them). From what we have seen, this process can tak years and can be so gradual that those affected never see a reason to consult with a doctor c counselor, much less change their drinking behavior. Yet others around them—spouses, oth family members, friends, colleagues, employers—often do see the problems caused by th drinking, even if they don't recognize the drinking as a contributing factor. Sometimes it pressure from these people that drives the almost alcoholic (reluctantly) to give us a call.

• • •

What are we asking of you, the reader? Basically, we are asking you to keep an open mind a you read this book. We are not saying that social drinking will always lead to proble drinking, and we are not trying to put labels on people where there isn't a problem. Instea our goal is to recognize, acknowledge, and support people who are experiencing—and causin

—real suffering with their almost alcoholic drinking. What we are saying is that we kno
there is a gray zone beyond social drinking, and this gray zone is the place where some soci
drinkers become almost alcoholics. We want to help you decide whether that has happened
you or to someone you love. If it has, we have some strategies that may help.

Part 1

Understanding the Almost Alcoholic

What Is *Almost Alcoholic*?

Geraldo, thirty-eight, had worked in the commercial real estate development field sinc graduating college with a degree in business management. His employer had offices ar developed properties in the New England area. For many years the firm did nothing b grow, and Geraldo advanced along with it. He was now in charge of overseeing the budge for new projects in three states. There was only one problem: for the last three years th number of new projects that the company was able to win contracts for had steadi dwindled as the US economy sank into a protracted slump.

Part of Geraldo's job involved traveling to the various project sites. There, he'd get a sens for whether the project was on schedule, which in most cases also meant that it would be o budget. His employer had found that being on site was the best way to monitor this activit It was a strategy that had proven successful over time.

When Geraldo traveled, he lived on an expense account. The company put him up moderately priced hotels and paid a reasonable daily stipend for food. Geraldo also could o some entertaining of customers, mostly taking them to dinner or out for drinks. It was in th context that Geraldo found himself becoming an almost alcoholic.

Geraldo's drinking was not excessive—at least not in his own mind. And if you were to as the customers he entertained, it's doubtful that any of them would say he ever got drun Nevertheless, Geraldo, who ten years earlier was someone who would only drink a cockta or two on weekends, was now a man who had one or two cocktails almost every night- whether he was traveling or not. Was this a problem? Not from Geraldo's point of view. He never, for example, even considered that he might be a "problem drinker." On the oth hand, Geraldo's habit of fixing himself a cocktail (and then a second) as soon as he got hom from the office meant that he usually preferred to watch the news on television instead o helping with or overseeing his two preteen daughters' homework. Between his business trav and his "cocktail hour," Geraldo's interaction with his daughters had dwindled steadily. H wife had started to notice and had remarked on it more than once.

The bad economy was also creating added stress on Geraldo at work. In order to kee making a profit and avoid possible layoffs, the firm needed to be sure it could reap maximu profits from each of its remaining projects. This meant the pressure was on Geraldo, and on way he responded was to drink one or two glasses of wine at lunch when he was traveling, addition to his regular cocktails. Again, did that make Geraldo an alcoholic? No. On the oth hand, and while he did not really notice it, Geraldo was not as cognitively sharp and on th ball after lunch as he was before lunch. And that had led to a couple of projects falling behin both in terms of schedule and cost. Geraldo knew these slips could mean trouble for him they weren't corrected. That worry was starting to keep him up at night.

We would describe Geraldo as an *almost alcoholic,* and he definitely could use some hel Let's look at why.

Two Kinds of People, or Many Different Shades?

Some people believe there are only two kinds of people in the world: alcoholics an nonalcoholics. The generally accepted criteria for diagnosing people with alcohol use issu has supported this concept. Moreover, many people also believe that we are either bor alcoholics or we are not. This has been a prevailing view for a long time, and although th statement may seem dramatic to some, it does have some basis in reality. That basis is th fact that those who hold these beliefs tend to be people who have experienced or witnesse the most severe symptoms and/or the most severe consequences of drinking. Thes symptoms and consequences include the following:

- Being unable to stop drinking, beginning from the first time he or she had a drink
- Repeatedly having blackouts (i.e., not remembering the next day what happened) after having only a few drinks
- Being arrested multiple times for driving while intoxicated
- Becoming violent on more than one occasion when drinking

We know from our own clinical experience that there are people who develop sever alcohol drinking patterns and behaviors such as the ones just described. Of those people wh are admitted into inpatient alcohol treatment programs, a large majority have experience problems such as those just described. They are true alcoholics. Fellowships such a Alcoholics Anonymous were founded by and for these very people—the so-called hopele cases. It isn't hard to understand, then, why some people (including many health ca professionals) conclude that there are only two kinds of people in the world: alcoholics an nonalcoholics. If we were to draw a picture of such a vision of "the drinking world" it woul look like this:

The Drinking World

Anyone who drinks heavily is at risk for adverse health consequences, but some peop appear to face a heightened risk for developing alcohol-related health problems. The reaso appears to be largely biological, although environmental factors also likely play a role in th difference. In support of this biological argument, researchers have found, for example, tha people differ in how their bodies metabolize alcohol. Since our biological makeup determined at birth, there is some truth in the idea that we have certain traits that make u more (or less) vulnerable to the effects of alcohol.

Our discovery of the almost alcoholic came through our many years of working not onl with people who had the kinds of drinking problems just described, but also with a muc larger group of people with a variety of drinking patterns that didn't meet the criteria fo alcoholism. As noted earlier, the majority of this larger group came to us not because the were concerned (or because others had expressed concern) about their drinking, but for hel

with some other problems. The connection between the problems they sought help for ar their drinking emerged only later. Let's look at a couple more examples.

Jennifer's Story

Jennifer, age forty-one, was married with two children, an eleven-year-old son and a nin year-old daughter. Jennifer's was a typical, two-income contemporary family. She had middle-management job in a large real estate development and management company, whi her husband, Dan, worked in the information technology department of a large university. A was true for most of the couples they knew, they struggled with balancing the demands o work with those of parenting, not to mention housekeeping. They enjoyed their life in comfortable suburban community with good schools and access to recreation; at the sam time, both Jennifer and Dan sometimes expressed that they found life on a "treadmil difficult.

Dan and Jen had met in college during their junior year and married a year aft graduating. As college students, they'd enjoyed partying as much as most of their friends, b had never gone "over the top" with it. They'd each known the occasional hangover, especiall as freshmen, and both enjoyed meeting friends for tailgating parties at football games aft graduation.

Jen did not drink at all during her pregnancies. However, after her second child was bor and after she returned to work following a six-week maternity leave, she joined Dan in h routine of sipping a glass of wine while they "decompressed" after work. That mean unloading the kids, making dinner, supervising homework, getting ready for the next da and so on. Then after the kids were in bed, Jen would have a second glass of wine, an sometimes a third. She told us that for a number of years this was an effective way for her t release the stress that built up over the course of the day. She also felt that the third glass o wine helped her sleep better.

When Jen sought therapy, it was not because of her drinking—which she still regarded a normal, and indeed helpful, given her high-pressure lifestyle. Jen was referred by he primary care physician, with whom she had shared her concerns about not sleeping well. No sleeping well left her feeling "wired" the next day. That pattern then led her to fe increasingly depressed, which was reflected in a shortened temper (especially with th children), chronic feelings of fatigue, and a complaint from Dan that their sex life wa "evaporating." She'd asked her doctor about sleeping medications, or perhaps a antidepressant. The doctor said she would consider that, but first she wanted Jen to talk wi a counselor.

* * *

Jen is a good example of this large group of people whom we have come to know well in ou offices, people whose drinking emerges as a factor in their presenting problems. She did *n* make an appointment with a counselor because she was worried about her drinking. Neith had Dan made any connection between his wife's sleep problem, fatigue, and lack of intere in sex with her drinking (at least not so far).

Was Jen an alcoholic? No. She would not have enough of the symptoms to meet th accepted criteria for any of the alcohol-related diagnoses. She was not someone for who

one drink was never enough. Nor did she drink frequently enough to maintain a certain lev of alcohol in her body. She'd never experienced a blackout. And so on. Yet she was clear experiencing symptoms—such as disturbed sleep, chronic fatigue, depression, and outburs of anger—that true alcoholics also often report. The answer, for Jen, was that at some poi she had crossed over the line that separates normal social drinking from almost alcohol drinking. The good news, for her, was that this discovery became an opportunity to reasse her drinking (along with the stress that appeared to be driving it) and make some decision In the end, she made some changes not only about her drinking, but also about how to cop with the stresses she faced and how to create some balance in her life. She'd had that balan once, as a college student and as a newlywed, but it had gotten uneven as her life becam packed with more and more responsibilities.

Let's look at a second example.

Marcus's Story

Marcus, nineteen, had done well in high school despite struggling with attention defic hyperactivity disorder (ADHD). He'd avoided alcohol during those years—he'd been warne that his ADHD medication didn't mix well with liquor—but once he got to college, he bega drinking, usually in binges and in the company of friends.

At first, the downside of Marcus's drinking was fairly subtle: his grades slipped a bit and h sometimes missed classes the morning after drinking. On the upside, he became mo outgoing when he drank and was less shy than he'd been through his high school years. complicating factor for Marcus's situation was his age: drinking in the college-age populatio typically involves a great deal of binge drinking, which is often organized around drinkin games. (*Binge drinking* is defined by the National Institute of Alcohol Abuse and Alcoholism a a drinking pattern corresponding to five or more drinks for a male and four or more for female within about two hours, resulting in a blood alcohol level of .08 percent or more One such game is "beer pong" in which opponents try to bounce a Ping-Pong ball into on another's full glass of beer. When your opponent lands his (or her) ball in your beer, yo have to drink it all. Then another round begins.

Marcus found games like beer pong fun. It was socially acceptable and an easy way for hi to overcome his shyness. Being drunk also made it easier for him to talk to girls, whic further reinforced his behavior.

By the middle of his second semester at school, though, Marcus was in danger of flunkin one course and was barely passing three others. To make matters worse, after drinking wa too much one Friday night at a fraternity party, he got into a fight with a guy who thoug Marcus was flirting with his girlfriend. Words were exchanged, but instead of it ending there Marcus shoved the guy and then punches were thrown. Fearing it could lead to a braw someone dialed 911 for the campus police.

In accordance with the college's zero-tolerance policy toward violence on campus, Marcu was barred from living on campus the following semester. While he did manage to avo flunking out, he finished that first year with a grade-point average that jeopardized h chances of getting into the pharmacy school he'd always dreamed of attending.

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Marcus is another example of someone who has crossed the line and entered the gray area o almost alcoholic drinking. Did this young man see the connection between the negativ consequences he was experiencing and his drinking behavior? No. The only reason he soug counseling was because, in lieu of a suspension for the rest of that semester, Marcus wa offered the option of enrolling in an anger management program at the student counselin center. This is a typical intervention, and not at all unique to Marcus. As we have learned, is common for authorities (and even loved ones) to focus on a single incident—in Marcus case, his aggressive behavior—and to identify it as the problem, while ignoring the conte (binge drinking) in which it had occurred. This is more evidence that almost alcoholics hav until now remained a largely invisible segment of the population.

Research consistently shows that people tend to drink the heaviest in their late teens an early- to mid-twenties. Young adults, both male and female, are especially likely to bing drink. For some of these youths, such drinking may lead to other serious problems. Fo example, some studies have shown that a region in the brain associated with learning an memory—the hippocampus—is smaller in people who began drinking as adolescents. An studies of teens who were treated for alcohol withdrawal showed that they were more likel to have memory problems than adolescents who did not drink.[2]

Unfortunately, what some college students consider social drinking may include variou binge-drinking "games." Not every college student binge drinks, but this behavior tends to b fairly widespread and relatively tolerated by peers on college campuses. It is not uncommo for students to get drunk to the point of passing out. Because of that social context, and als because his drinking was mostly limited to weekends, Marcus viewed his own drinking a normal. He thought he was just doing what a lot of other students did, so how could he hav a drinking problem? The reality is that most college students who binge on alcohol will pa through this phase and emerge in adulthood as normal social drinkers. Some of the heavie drinkers may suffer some memory or learning problems connected to their earlier alcoho use, although they may never make this connection themselves. A few will go on to becom full-blown alcoholics. And some, like Marcus, will become almost alcoholics.

Marcus's experiences—getting into a fight and struggling with academics—were clear consequences of his drinking, yet by themselves they would not have qualified him for diagnosis of alcoholism. In other words, he didn't fit into the accepted diagnostic "box Marcus was a client of Dr. Doyle, and it's important to note that if Dr. Doyle had complete cleared Marcus of having a drinking problem, that young man could well have concluded th the negative things that were happening to him were just a matter of bad luck—being in th wrong place at the wrong time—and decide that there was no need to change his drinkin behavior. Things could well have continued to go downhill from there. However, by talkin about that larger group of people who lie "below the waterline" in terms of their drinkin and by introducing Marcus to the concept of the almost alcoholic, Dr. Doyle was able to ope the door that allowed Marcus to see the connection between his drinking and i consequences. From there they could discuss whether Marcus ought to consider doin something about his drinking, even if he was not an alcoholic.

True Alcoholism

Although two physicians, Scotsman Thomas Trotter and American Benjamin Rush, had fir talked about alcoholism as a medical condition in the early nineteenth century, it wasn't unt the book *Alcoholics Anonymous* was published in 1939 that the idea that alcoholism was disease with both physical and mental causes began to take hold. It took until 1956 for th American Medical Association to recognize alcoholism as a disease with biological an environmental factors. Until then—and still all too often today—the loss of control that characteristic of alcoholic drinking was seen as a moral failing or a weakness of will rath than a symptom of a chronic but treatable disease. Today, in its *Diagnostic and Statistic Manual of Mental Disorders (DSM-IV-TR),* the American Psychiatric Association recogniz alcohol abuse and dependence as disorders with genetic, neurological, and environment factors.[3]

What are the criteria for being officially diagnosed as an alcoholic? The outset of th chapter offered something of a litmus test. Alcoholics, for example, can't stop drinking onc they start. But there are also more detailed answers to the question that are worth looking a These answers can help us better understand what separates the alcoholic from the almo alcoholic.

The following are symptoms that professionals have considered to be classic indications alcoholism. The source of this information is the National Institute of Alcohol Abuse an Alcoholism, whose website is a valuable resource: www.niaaa.nih.gov.[4]

- *Craving.* This means just what it says—a strong need, or urge, to drink. The urge to have a drink is never far from consciousness, and alcoholics may become impatient o irritable when they don't have access to alcohol.
- *Tolerance.* This refers to a tendency to need to drink more and more alcohol over time to get the same effect. For example, when an alcoholic first starts out drinking, he or she may feel "tipsy" or "relaxed" after only two drinks. After drinking steadily for a couple of years, it may take four or five drinks to reach that same point of relaxation. This person is said to have developed a "tolerance" for alcohol. Ironically some people take pride in their ability to "hold their liquor," meaning they can drink a great deal without passing out or falling down. They may take pride in being "the last man (or woman) standing" at a party, but in truth their disease is progressing an is probably already damaging their bodies.
- *Withdrawal.* This refers to symptoms that people in the more advanced stages of alcoholism experience when they totally *stop* drinking alcohol. These symptoms include sweating, a racing pulse, hand tremors, nausea and vomiting, anxiety, insomnia, and possibly seizures and delirium tremens (DTs), which can be fatal. An alcoholic in an advanced stage of the disease has to drink enough so that his or her body is never completely alcohol-free to avoid some or all of these severe and potentially life-threatening withdrawal symptoms, depending on the stage of their disease.
- *Inability to control or stop use.* Alcoholics are engaged in a prolonged and losing inner battle to limit their drinking. Some techniques they try might include drinking wine or beer instead of hard liquor, drinking only on weekends, or having only one

cocktail before dinner. Every time they attempt to impose such a rule on themselves however, they soon break it.

In addition to the aforementioned formal criteria that are used to diagnose a alcoholic, professionals often look for the following telltale signs:

- *Being preoccupied with drinking.* The person may start thinking about having that pre-dinner cocktail around lunchtime. He or she typically worries that the supply of liquor may be running low and makes sure to buy extra. Often, he or she hides an "emergency" bottle to avoid going without a drink.
- *Giving up other activities.* True alcoholics would rather drink than do just about anything else. This means they are likely to turn down invitations for events where liquor will not be available. Most will spend less and less time with nondrinking friends and gradually narrow their social sphere and range of interests. Alcohol becomes their best friend, pushing aside other friends and even lovers.

Below are the current official criteria (symptoms) published by the America Psychiatric Association in its diagnostic manual (*DSM-IV-TR*) that are used to diagnos a person as being "substance dependent," or in this case, an alcoholic. To qualify fo that diagnosis, a person must have manifested *three or more* of these symptoms in twelve-month period:

- Tolerance: a need for markedly increased amounts of alcohol to achieve intoxication or the desired effect, *or* markedly diminished effect with continued use of the same amount of alcohol.
- Withdrawal: physical symptoms such as sweating, diarrhea, etc., *or* using another substance (tranquilizers, etc.) in an effort to avoid withdrawal.
- Drinking in larger amounts *or* over a longer period of time than was intended.
- A persistent desire *or* unsuccessful efforts to cut down or control drinking.
- Preoccupation: a great deal of time and effort is spent obtaining alcohol and maintaining a supply, including possible hidden supplies.
- Important social, occupational, and/or recreational activities are given up or reduced in favor of drinking.
- Drinking continues despite the knowledge of having a persistent or recurrent physica or psychological problem that is likely to have been caused or exacerbated by drinking (diabetes, hypertension, etc.).

A second diagnostic category, alcohol abuse, is recognized by the *DSM-IV-TR* whe the following occur within a twelve-month period, but without the other criteria fo dependence, e.g., tolerance, withdrawal, and compulsive behavior:

- Recurrent alcohol use resulting in failure to fulfill major role obligations, e.g., repeated absences, suspensions or expulsions from school or work, neglect of childre or household, etc.

- Recurrent use in situations that are physically hazardous, e.g., driving, operating machinery, etc.
- Recurrent legal problems related to drinking.
- Continued use despite persistent or recurrent social or interpersonal problems.

Since alcohol abuse has specific diagnostic criteria but does not meet the criteria fo alcoholism, we see it as having its own subcategory at the extreme end of the severity rang of almost alcoholism.

Now, let's look at Jen and Marcus in light of the criteria used to diagnose alcoholism Despite Jen's regular consumption of wine, and despite Marcus's binge drinking at weeken parties, neither had yet developed much tolerance for alcohol. Jen had been drinking thre glasses of wine a night for years, and Marcus didn't drink other than his binges at partie Also, when they were sober, neither experienced any withdrawal symptoms. They did no suffer from any physical or psychological problems that they could connect to drinking, no did their lives revolve around drinking. Neither had been unsuccessful stopping drinkin simply because it had never occurred to either of them to do so. So we might answer "don know" to the question of whether either of these individuals could stop drinking for a perio of time, if they made that decision.

As for being preoccupied with drinking, Jen admitted that she looked forward to her win at night. On the other hand, she did not think about it during her lunch break or drive hom faster so she could have that first drink—both of which are common experiences fo alcoholics. In other words, she didn't really *crave* alcohol. Marcus, meanwhile, did not reall think about drinking or look forward to it with anticipation. Rather, heavy drinking wa simply part of the weekend social scene he was accustomed to. Also, neither he nor Jen ha given up friends or activities in order to drink, nor had they hidden a stash of liquor away i case they ran out. Finally, with the exception of Marcus not meeting role obligations, neithe he nor Jen had the recurrent problems that define alcohol abuse. The bottom line, then, that using the official criteria, a professional asked to assess Marcus or Jen would have t conclude that, although both were drinking above low-risk levels, neither was an alcoholi Such a pronouncement could, in turn, very well lead both of them to conclude that they d not have to consider changing their drinking behaviors. The question is whether such decision would be in their best long-term interests.

Almost Alcoholic: Five Key Signs

Although Jen and Marcus, like every other almost alcoholic we have worked with, may no have met the required number of the official diagnostic criteria to qualify them as alcoholic their drinking was marked by five key signs that they were almost alcoholics:

1. You continue drinking despite at least some negative consequences.
2. You look forward to drinking.
3. You drink alone.

4. You sometimes drink to control emotional and/or physical symptoms.
5. You and your loved ones are suffering as a result of your drinking.

Let's examine each of these signs in more detail.

1. You continue drinking despite at least some negative consequences.

This first sign we have discovered is shared by true alcoholics *and* those who drink more tha they should but not enough to be considered an alcoholic. In fact, this is the hallmark of th criteria for alcohol abuse in the American Psychiatric Association's *DSM-IV,* where negativ consequences are defined as affecting work, family, legal status, physical safety, and soci life.

Take our real estate developer, Geraldo, for example. True, he would probably not b diagnosed as alcoholic. But was drinking causing problems for him? Yes it was, both at hom and in his work. And what about Marcus? As a college student given to hard partying, he als would not meet all of the criteria to be considered an alcoholic. Yet he's still in trouble, an the connection between his troubles and his drinking is clear, at least when viewed from a objective perspective. If his drinking continues at its current pace, he is likely to experienc even more serious consequences and might eventually find that he is among the estimated 1 to 12 percent of the US population who meet the criteria needed to be diagnosed as alcoh dependent. The question is, should Marcus wait until he receives such a diagnosis befo seeking help? Because that wait could scuttle his future. For an almost alcoholic, even a sho delay can cause long-term problems.

Now let's look at Jen. She's been a steady drinker for years. She does not always drin until she gets drunk; rather, she usually stops after three glasses. Yet three glasses a nigh every night for years, can lead to physical harm. One common effect can be a gradu disruption of what is called our "sleep architecture," or the various cycles our sleep goe through. There is, for example, rapid eye movement (REM) sleep, so named because ou eyelids tend to move rapidly when we are sleeping at this level. We also dream during RE sleep. From REM sleep, we move to other levels, culminating in so-called deep sleep. It during this deep sleep that our brains "cleanse" themselves, allowing us to wake the ne morning feeling refreshed.

When Jen first started drinking, she may, as she claimed, have felt that it helped he unwind and relax after a long day of work and parenting. Yet by the time she went to he doctor seeking relief from chronic insomnia and fatigue, her sleep architecture had ver likely been altered by her years of drinking.[5] One sign of this was the way that Jen describe her sleep: she said often fell asleep quickly, only to wake up in the wee hours of the mornin unable to get back to sleep. Most likely, she was not getting nearly enough deep sleep, an that was driving her fatigue, as well as the low-grade depression she complained of.

Although we can't say that Jen was an alcoholic according to the official criteria, was sh an almost alcoholic? According to our first critical criterion, the answer would be a unequivocal yes. Like Marcus, Jen may not be able to (or want to) see the connectio between her daily drinking and its consequences for her mental health. But the connectio viewed from the outside, is clear. Before they are willing to accept help, people like Jen an Marcus need to understand that they may not be alcoholics, but they are not normal soci