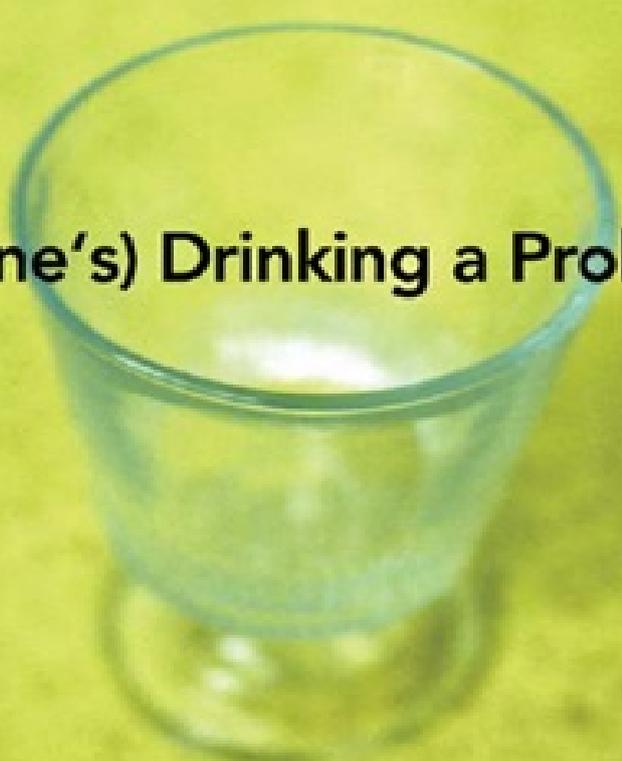


ALMOST ALCOHOLIC

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

A clear, empty glass is centered in the lower half of the image, resting on a yellow surface. The glass is empty and has a simple, slightly tapered shape. The background is a solid yellow color, and the top half of the image is a solid green color.

ROBERT DOYLE, MD, HARVARD MEDICAL SCHOOL
and **JOSEPH NOWINSKI, PhD**

ALMOST ALCOHOLIC

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



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Editor's note

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

HARVARD MEDICAL SCHOOL

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 the 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.

Series Foreword: The Almost Effect

Acknowledgments

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The Almost Effect

I once overheard a mother counseling her grown daughter to avoid dating a man she thought had a drinking problem. The daughter said, “Mom, he’s not an alcoholic!” The mother quickly 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 that guy. He’s *almost* a psychopath!”

Over the years, I’ve heard many variations on this theme. The medical literature currently recognizes many problems or syndromes that don’t quite meet the standard definition of a medical condition. Although the medical literature has many examples of these syndromes, they are often not well known (except by doctors specializing in that particular area of medicine) or well described (except in highly technical medical research articles). They are what medical professionals often refer to as subclinical and, using the common parlance from 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 diabetes, 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 always 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 become full-blown. If you recognize them early, before they become fully developed, and take relatively simple actions, you have a good chance of preventing them. In many instances, there are steps you can try at home on your own; this is especially true with the mental and behavioral health disorders.

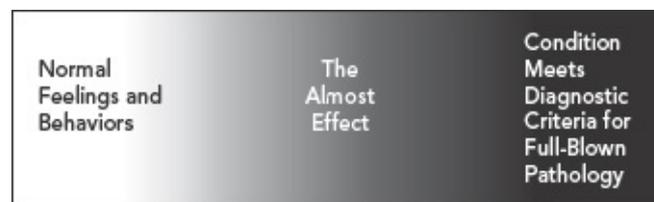
So, what exactly is the almost effect and why this book? *Almost Alcoholic* is one of a series of books by faculty members from Harvard Medical School and other experts. These books are the first to describe in everyday language how to recognize and what to do about some of the most common behavioral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

normal and full-blown pathology. Since this concept is new and still evolving, we're proposing a new term, *the almost effect*, to describe problems characterized by the following 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 conditions occurs along a spectrum, with normal health and behavior at one end and the full-blown disorder at the other. Between these two extremes is where the almost effect lies. It is the point at which a person is experiencing real pain and suffering from a condition for which there are solutions—if the problem is recognized.

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

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

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

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

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Normal and Abnormal Drinking

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

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

In this book, we will share an important revelation that we have learned from our collective experience. This revelation has not been described in other books or even in the medical literature. Nevertheless, it has enormous impact on the lives of millions of people. Here's what we've discovered: the men and women who have been diagnosed as alcohol dependent—or, more simply, alcoholic—represent but the tip of the iceberg of a much larger segment of the population whose lives are negatively impacted by alcohol use. One way to think of those who carry an official alcohol-related diagnosis is that they fit fairly neatly into 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 technically alcoholics, these men and women—young, middle-aged, and older adults—nevertheless are experiencing problems related to their drinking. There is pain and suffering going on that is 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 and explains this condition. The “almost” concept is a paradigm shift in the way we look at alcohol use. Put simply, the “almost alcoholic” does not drink normally but also wouldn't be labeled an “alcoholic.” Because this is a new concept to many people, they often don't see the connection between their drinking and the various problems it is causing. Similarly, the doctors or other professionals they consult with may not connect the dots either. The result is that quite a few of these men and women will continue to suffer the consequences of their drinking—consequences that not only affect them directly, but have a powerful ripple effect and cause considerable suffering to those around them as well. Such consequences may include failed romantic relationships, alienation of children and parents, careers marked by underachievement, declining health, and emotional problems. Eventually, for some of these people, their drinking will progress to the point where they will be diagnosed as alcoholics and will hopefully get help. But even if they don't reach this point, the significant unaddressed suffering of the person who is almost alcoholic can be relieved by recognizing the problem and then addressing it.

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

that term applies to you or to someone you care about—and we give you some practical, proven suggestions on what you (or your loved one) can do about it. If you are concerned about another person, we encourage you to share this book with him or her. You might suggest keeping a journal to answer the questions that appear in the book; they are designed 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 that as background, we can begin to explore the difference between almost alcoholics and true alcoholics.

Social Drinking, Almost Alcoholics, and Alcoholics

Drinking alcoholic beverages—at least in a social context—has been part of many cultures for centuries. The United States is no exception. You need only turn on a Sunday afternoon football or baseball game on television to witness a seemingly endless array of commercials 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 people, pizza and beer, cocktails, or wine and cheese—enjoyed in the company of friends, at the 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 the problem? Why write this book? Very simply, because we've learned that a certain percentage of those men and women who are enjoying themselves watching games and drinking cold beers (or enjoying wine and cheese with friends) will at some point cross a line—a line they will most likely not recognize—and become what we're calling almost alcoholics. The reason they will not realize what they have done is that the line separating normal social drinking from being almost alcoholic is not bright and sharp, but is more of a gray area that people can venture into before they know what's happened.

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

Of course, alcoholism is not diagnosed simply by these two concepts. There is a longer list of criteria, put forth by the American Psychiatric Association and the American Medical Association. In the [next chapter](#), we list these criteria and compare them to our criteria for almost alcoholism. Alcohol dependence represents one extreme on a spectrum that ranges from normal social drinking to true alcoholism. Alcoholism is a much more severe problem and is associated with much more severe consequences than *almost* alcoholism, which occupies a large “zone” between normal social drinking and alcoholism.

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

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. But this book is about almost alcoholics and, although this condition has not been well studied, we estimate that for every alcoholic who fits the official diagnostic criteria for alcoholism, there are many others who “almost” fit the criteria and are, therefore, *almost* alcoholics. Their problems are usually not as severe as the problems faced by alcoholics, but they are nonetheless real and can have devastating effects on the lives of almost alcoholics and the people around them.

Our clinical experience is supported by research conducted by the National Institute on Alcohol Abuse and Alcoholism. According to the NIAAA, the percentage of Americans who may not be alcoholics but whose self-reported drinking is enough to qualify them as having problems that can be linked to drinking has been on the increase for at least a decade.¹ It is 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 they see as a drinking problem. Rather, they may be having trouble managing a teenage child. Or they may complain that their marriage seems in danger from too much fighting and too little sex. Sometimes they come to us because they’ve been feeling depressed or anxious for a long time or have been suffering from chronic insomnia. Many of them have said that a few drinks at the end of the day helped them to relax or fall asleep, only to find in time that the drinks no longer produced this effect.

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

Some almost alcoholics seek help for a medical issue, again without seeing the connection between drinking and their symptoms. Matt was one of these people. A forty-five-year-old sales executive, Matt considered himself successful—at least in his work. Divorced and with an eight-year-old daughter, Matt spent a lot of time on the road, so much so that he said, “I think of airports as my office.” He was as connected as anyone we’d heard of and was 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 distress, that his hands and feet “tingled” and sometimes became numb. His doctor sent him to see several specialists, including a hematologist, a rheumatologist, and a neurologist. Initially, the tests all came out clear, but then he had nerve and muscle studies (sometimes referred to as EMGs or electromyograms) to test for nerve damage. These tests revealed injury to the nerves in his hands and feet, called a *peripheral neuropathy*. There are many things that can cause a peripheral neuropathy, including alcohol. In most cases, so-called alcohol-related neuropathy takes a long time to become evident, which is why a doctor might not suspect it in a man of forty-five. However, some cases of alcohol-related neuropathy have been 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 the

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

Being just forty-five, it had never occurred to Matt that he could be suffering from serious medical problems due to his drinking, and the possibility only emerged when his doctor conducted a thorough inquiry. When his doctor referred Matt back to the neurologist with 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 told him there was a chance that his neuropathy could be arrested, and perhaps even reversed, but only if Matt abstained from drinking. Given the dire situation he found himself in, Matt decided to do just that. A year later, he was able to report to his doctor that, while he still had occasional bouts of numbness or tingling in his hands and feet, they had indeed become 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 previously undiagnosed individuals to our attention. As diverse as their stated reasons for seeking help may be, the common denominator for many of these people could be described as “social drinking gone over the line.” In other words, they've crossed into that gray area that separates normal drinking from alcoholic drinking.

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

The second reason is that this change—moving from normal social drinking to almost alcoholism—doesn't happen suddenly. Rather, it typically is a slow and insidious change, one that is so subtle and gradual as to be virtually undetectable to those who are experiencing it (as well as to those who are close to them). From what we have seen, this process can take years and can be so gradual that those affected never see a reason to consult with a doctor or counselor, much less change their drinking behavior. Yet others around them—spouses, other family members, friends, colleagues, employers—often do see the problems caused by the drinking, even if they don't recognize the drinking as a contributing factor. Sometimes it is the 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 as you read this book. We are not saying that social drinking will always lead to problem drinking, and we are not trying to put labels on people where there isn't a problem. Instead, our goal is to recognize, acknowledge, and support people who are experiencing—and causing

—real suffering with their almost alcoholic drinking. What we are saying is that we know there is a gray zone beyond social drinking, and this gray zone is the place where some social drinkers become almost alcoholics. We want to help you decide whether that has happened to 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 since graduating college with a degree in business management. His employer had offices and developed properties in the New England area. For many years the firm did nothing but grow, and Geraldo advanced along with it. He was now in charge of overseeing the budget for new projects in three states. There was only one problem: for the last three years the number of new projects that the company was able to win contracts for had steadily 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 sense for whether the project was on schedule, which in most cases also meant that it would be on budget. His employer had found that being on site was the best way to monitor this activity. It was a strategy that had proven successful over time.

When Geraldo traveled, he lived on an expense account. The company put him up in moderately priced hotels and paid a reasonable daily stipend for food. Geraldo also could do some entertaining of customers, mostly taking them to dinner or out for drinks. It was in this 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 ask the customers he entertained, it's doubtful that any of them would say he ever got drunk. Nevertheless, Geraldo, who ten years earlier was someone who would only drink a cocktail 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 other hand, Geraldo's habit of fixing himself a cocktail (and then a second) as soon as he got home from the office meant that he usually preferred to watch the news on television instead of helping with or overseeing his two preteen daughters' homework. Between his business travels and his “cocktail hour,” Geraldo's interaction with his daughters had dwindled steadily. His 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 keep making a profit and avoid possible layoffs, the firm needed to be sure it could reap maximum profits from each of its remaining projects. This meant the pressure was on Geraldo, and one way he responded was to drink one or two glasses of wine at lunch when he was traveling, in addition to his regular cocktails. Again, did that make Geraldo an alcoholic? No. On the other hand, and while he did not really notice it, Geraldo was not as cognitively sharp and on the ball after lunch as he was before lunch. And that had led to a couple of projects falling behind both in terms of schedule and cost. Geraldo knew these slips could mean trouble for him if 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 help. Let's look at why.

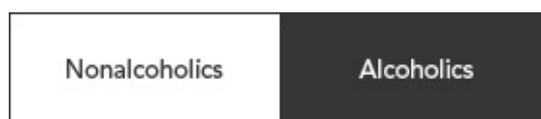
Two Kinds of People, or Many Different Shades?

Some people believe there are only two kinds of people in the world: alcoholics and nonalcoholics. The generally accepted criteria for diagnosing people with alcohol use issues has supported this concept. Moreover, many people also believe that we are either born alcoholics or we are not. This has been a prevailing view for a long time, and although the statement may seem dramatic to some, it does have some basis in reality. That basis is the fact that those who hold these beliefs tend to be people who have experienced or witnessed the most severe symptoms and/or the most severe consequences of drinking. The 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 severe alcohol drinking patterns and behaviors such as the ones just described. Of those people who are admitted into inpatient alcohol treatment programs, a large majority have experienced problems such as those just described. They are true alcoholics. Fellowships such as Alcoholics Anonymous were founded by and for these very people—the so-called hopeless cases. It isn't hard to understand, then, why some people (including many health care professionals) conclude that there are only two kinds of people in the world: alcoholics and nonalcoholics. If we were to draw a picture of such a vision of “the drinking world” it would look like this:

The Drinking World



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

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

with some other problems. The connection between the problems they sought help for and 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 nine-year-old daughter. Jennifer's was a typical, two-income contemporary family. She had a middle-management job in a large real estate development and management company, while her husband, Dan, worked in the information technology department of a large university. As was true for most of the couples they knew, they struggled with balancing the demands of work with those of parenting, not to mention housekeeping. They enjoyed their life in a comfortable suburban community with good schools and access to recreation; at the same time, both Jennifer and Dan sometimes expressed that they found life on a "treadmill" difficult.

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

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

When Jen sought therapy, it was not because of her drinking—which she still regarded as normal, and indeed helpful, given her high-pressure lifestyle. Jen was referred by her primary care physician, with whom she had shared her concerns about not sleeping well. Not sleeping well left her feeling "wired" the next day. That pattern then led her to feel increasingly depressed, which was reflected in a shortened temper (especially with the children), chronic feelings of fatigue, and a complaint from Dan that their sex life was "evaporating." She'd asked her doctor about sleeping medications, or perhaps an antidepressant. The doctor said she would consider that, but first she wanted Jen to talk with a counselor.

...

Jen is a good example of this large group of people whom we have come to know well in our offices, people whose drinking emerges as a factor in their presenting problems. She did not make an appointment with a counselor because she was worried about her drinking. Neither had Dan made any connection between his wife's sleep problem, fatigue, and lack of interest 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 the accepted criteria for any of the alcohol-related diagnoses. She was not someone for whom

one drink was never enough. Nor did she drink frequently enough to maintain a certain level of alcohol in her body. She'd never experienced a blackout. And so on. Yet she was clearly experiencing symptoms—such as disturbed sleep, chronic fatigue, depression, and outbursts of anger—that true alcoholics also often report. The answer, for Jen, was that at some point she had crossed over the line that separates normal social drinking from almost alcoholism. The good news, for her, was that this discovery became an opportunity to reassess her drinking (along with the stress that appeared to be driving it) and make some decisions. In the end, she made some changes not only about her drinking, but also about how to cope with the stresses she faced and how to create some balance in her life. She'd had that balance once, as a college student and as a newlywed, but it had gotten uneven as her life became 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 deficit hyperactivity disorder (ADHD). He'd avoided alcohol during those years—he'd been warned that his ADHD medication didn't mix well with liquor—but once he got to college, he began 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 he sometimes missed classes the morning after drinking. On the upside, he became more outgoing when he drank and was less shy than he'd been through his high school years. A complicating factor for Marcus's situation was his age: drinking in the college-age population typically involves a great deal of binge drinking, which is often organized around drinking games. (*Binge drinking* is defined by the National Institute of Alcohol Abuse and Alcoholism as a drinking pattern corresponding to five or more drinks for a male and four or more for a 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 one another's full glass of beer. When your opponent lands his (or her) ball in your beer, you 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 him to overcome his shyness. Being drunk also made it easier for him to talk to girls, which further reinforced his behavior.

By the middle of his second semester at school, though, Marcus was in danger of flunking one course and was barely passing three others. To make matters worse, after drinking way too much one Friday night at a fraternity party, he got into a fight with a guy who thought 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 brawl, someone dialed 911 for the campus police.

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

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

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

Unfortunately, what some college students consider social drinking may include various binge-drinking “games.” Not every college student binge drinks, but this behavior tends to be fairly widespread and relatively tolerated by peers on college campuses. It is not uncommon for students to get drunk to the point of passing out. Because of that social context, and also because his drinking was mostly limited to weekends, Marcus viewed his own drinking as normal. He thought he was just doing what a lot of other students did, so how could he have a drinking problem? The reality is that most college students who binge on alcohol will pass through this phase and emerge in adulthood as normal social drinkers. Some of the heaviest drinkers may suffer some memory or learning problems connected to their earlier alcohol use, although they may never make this connection themselves. A few will go on to become 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 a 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 completely cleared Marcus of having a drinking problem, that young man could well have concluded that the negative things that were happening to him were just a matter of bad luck—being in the wrong place at the wrong time—and decide that there was no need to change his drinking behavior. Things could well have continued to go downhill from there. However, by talking about that larger group of people who lie “below the waterline” in terms of their drinking and by introducing Marcus to the concept of the almost alcoholic, Dr. Doyle was able to open the door that allowed Marcus to see the connection between his drinking and its consequences. From there they could discuss whether Marcus ought to consider doing something about his drinking, even if he was not an alcoholic.

True Alcoholism

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

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

The following are symptoms that professionals have considered to be classic indications of alcoholism. The source of this information is the National Institute of Alcohol Abuse and 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 or 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 and 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 an 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 American Psychiatric Association in its diagnostic manual (*DSM-IV-TR*) that are used to diagnose a person as being “substance dependent,” or in this case, an alcoholic. To qualify for that diagnosis, a person must have manifested *three or more* of these symptoms in a 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 physical 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* when the following occur within a twelve-month period, but without the other criteria for 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 children 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 for alcoholism, we see it as having its own subcategory at the extreme end of the severity range 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 weekend parties, neither had yet developed much tolerance for alcohol. Jen had been drinking three glasses of wine a night for years, and Marcus didn't drink other than his binges at parties. Also, when they were sober, neither experienced any withdrawal symptoms. They did not suffer from any physical or psychological problems that they could connect to drinking, nor did their lives revolve around drinking. Neither had been unsuccessful stopping drinking simply because it had never occurred to either of them to do so. So we might answer "don't know" to the question of whether either of these individuals could stop drinking for a period of time, if they made that decision.

As for being preoccupied with drinking, Jen admitted that she looked forward to her wine at night. On the other hand, she did not think about it during her lunch break or drive home faster so she could have that first drink—both of which are common experiences for alcoholics. In other words, she didn't really *crave* alcohol. Marcus, meanwhile, did not really think about drinking or look forward to it with anticipation. Rather, heavy drinking was simply part of the weekend social scene he was accustomed to. Also, neither he nor Jen had given up friends or activities in order to drink, nor had they hidden a stash of liquor away in case they ran out. Finally, with the exception of Marcus not meeting role obligations, neither he nor Jen had the recurrent problems that define alcohol abuse. The bottom line, then, is that using the official criteria, a professional asked to assess Marcus or Jen would have to conclude that, although both were drinking above low-risk levels, neither was an alcoholic. Such a pronouncement could, in turn, very well lead both of them to conclude that they did not have to consider changing their drinking behaviors. The question is whether such a 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 not have met the required number of the official diagnostic criteria to qualify them as alcoholics, 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 than they should but not enough to be considered an alcoholic. In fact, this is the hallmark of the criteria for alcohol abuse in the American Psychiatric Association's *DSM-IV*, where negative consequences are defined as affecting work, family, legal status, physical safety, and social life.

Take our real estate developer, Geraldo, for example. True, he would probably not be diagnosed as alcoholic. But was drinking causing problems for him? Yes it was, both at home and in his work. And what about Marcus? As a college student given to hard partying, he also would not meet all of the criteria to be considered an alcoholic. Yet he's still in trouble, and the connection between his troubles and his drinking is clear, at least when viewed from an objective perspective. If his drinking continues at its current pace, he is likely to experience even more serious consequences and might eventually find that he is among the estimated 10 to 12 percent of the US population who meet the criteria needed to be diagnosed as alcohol dependent. The question is, should Marcus wait until he receives such a diagnosis before seeking help? Because that wait could scuttle his future. For an almost alcoholic, even a short delay can cause long-term problems.

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

When Jen first started drinking, she may, as she claimed, have felt that it helped her unwind and relax after a long day of work and parenting. Yet by the time she went to her doctor seeking relief from chronic insomnia and fatigue, her sleep architecture had very likely been altered by her years of drinking.⁵ One sign of this was the way that Jen described her sleep: she said often fell asleep quickly, only to wake up in the wee hours of the morning unable to get back to sleep. Most likely, she was not getting nearly enough deep sleep, and 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 she an almost alcoholic? According to our first critical criterion, the answer would be an unequivocal yes. Like Marcus, Jen may not be able to (or want to) see the connection between her daily drinking and its consequences for her mental health. But the connection, viewed from the outside, is clear. Before they are willing to accept help, people like Jen and Marcus need to understand that they may not be alcoholics, but they are not normal social

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