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## Alcohol Abuse and Addiction



David Andrew Omona  
Uganda Christian University, Mukono, Uganda

### Keywords

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### Introduction

Alcohol is a substance that people have consumed from time immemorial. Numerous examples from ancient literatures and myths allude to alcohol consumption as a part of cultural celebrations. In some societies rituals and ceremonies were not complete without alcohol use. However, “enduring alcohol consumption and the passing down of this habit through generations does not adequately explain why alcohol is consumed” (Freeman and Parry 2006). What certainly have changed over the years are the patterns of alcohol use. Available evidence suggests that the quantity of alcohol consumed is far greater today than in earlier times (Freeman and Parry 2006). The 2004 World Health Organization (WHO) estimate of the people who consume alcohol around the world stands at two billion (World Health Organization 2014).

People take alcohol in three main kinds of beverages. The first category of beverage is beers, made from grains through fermentation and brewing. Normally, beers have between 3%

and 8% alcohol content. The second category of beverages is wines, made through fermentation of fruits such as grapes. Wines contain between 8% and 12% alcohol naturally and up to 21% when fortified by adding alcohol. The third category is that of distilled beverages (spirits), such as whiskey, gin, and vodka, which on average contain between 40% and 50% alcohol. Usually, those who drink may become abusers of or addicted to any of the aforementioned beverages (Nordegren 2002, p. 31).

Although some people use the terms “alcohol abuse” and “addiction” interchangeably, they are not the same. Alcohol abuse is the habitual excessive and destructive pattern of alcohol use, leading to significant social, occupational, or medical impairment (Nordegren 2002, p. 35). Signs of alcohol abuse may include (inter alia):

- Excessive drinking, despite resulting social, legal, or interpersonal problems
- Harmful use of alcohol that results in mental or physical damage
- Alcohol consumption to cope with psychological or interpersonal problems
- Choosing to continue drinking despite alcohol-related illnesses or other physical problems
- Anger when confronted about alcohol use
- Feelings of guilt about alcohol use
- Drinking in the morning to treat hangovers
- Withdrawal symptoms when alcohol consumption ceases (The Recovery Village 2019)

On the other hand, alcohol addiction or alcoholism is a disease that results from dependency on alcohol. It is an extreme form of alcohol use, associated with compulsive or uncontrolled use of alcohol. Therefore, being an alcohol addict means that one has a chronic brain disease that has the potential for both recurrence (relapse) and recovery. In the United States and many other countries, it is very easy to become an alcohol addict, because, unlike cocaine and heroin, which are restricted substances, alcohol is widely available and accepted in many families. Alcohol use may be at the center of social events and closely linked to celebrations and enjoyment (Gateway Foundation 2019). Some of the key symptoms of alcohol addiction, according to the Gateway Foundation (2019) include:

- Increased quantity or frequency of alcohol use
- High tolerance for alcohol or lack of “hang-over” symptoms
- Drinking at inappropriate times, such as first thing in the morning or at church or work places
- Wanting to be where alcohol is present and avoiding situations where there is none
- Changes in friendships, especially choosing friends who also drink heavily and avoiding those who do not drink like them
- Avoiding contact with loved ones
- Hiding alcohol or hiding while drinking
- Dependence on alcohol to function in everyday life
- Increased fatigue, depression, or other emotional issues
- Legal or professional problems such as an arrest or the loss of a job

### **The Extent of the Problem Through the Example of Alcohol Abuse and Addiction in the United States**

Stacy Mosel (2019), quoting from the 2017 United States National Survey on Drug Use and Health (NSDUH), notes that 51% of the population aged 12 and older reported binge drinking in the past month. To have participated in binge

drinking meant that each of the male participants took at least five or more drinks and the female participants took about four or more drinks on at least 1 day in the past month (Mosel 2019). In 2015 alone, as many as 66.7 million people in the United States had participated in binge drinking. Besides the general state as indicated, a 2017 Recovery Brand Survey of America also revealed alcohol to be the most abused drug among people in recovery (Brande n.d). Accordingly, nearly 70% of the people in recovery who sought help did so because of drinking problem. Whereas 71% Americans are reported to be consuming alcohol (NIAAA 2016), more than half of the alcohol in any given year is consumed by the top 10% of drinkers (Brande n.d).

A latest report from The Recovery Village (2019) corroborates the above statistics. Quoting from the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) latest statistics on alcohol addiction in America, The Recovery Village’s report shows that:

- 86.4% of adults aged 18 and over report that they drank alcohol at some point in their lifetime.
- 70.1% of adults report drinking within the last year and 56.0% report drinking within the last month.
- 26.9% of adults report binge drinking within the last month.
- 15.1 million adults 18 or older have an alcohol use disorder.
- Only 6.7% of people with an alcohol use disorder received treatment.
- More than 10% of American children live in a household where at least one parent has a drinking problem.
- Alcohol abuse is a leading risk factor in contracting mouth, esophagus, pharynx, larynx, and liver and breast cancer.
- It is estimated that every 5 h a college student dies from alcohol-related unintentional injuries (The Recovery Village 2019).

Indeed, the above statistics is indicative of the increasing challenges of alcohol abuse and

addiction in the United States. The World Health Organization (2014, pp. 7–11) attributes drinking patterns in the United States to factors such as age, gender, familial risk factors, socioeconomic status, economic development, culture and context, and alcohol control and regulation.

Looking at age, in 2014, for example, more than 16 million adults, an equivalent to 7% of American adult population, had an alcohol use disorder. Besides, over five million were involved in risky alcohol drinking such as binge drinking, a precursor to alcohol abuse. Like adults, children between the age of 12 and 20 years are also victims of alcohol abuse in the United States. According to NIAAA (2006), the children in that age group have also reported drinking a few sips of alcohol. The U.S. Department of Health and Human Services (HHS) (2017, p. 2) reports that about 10% of 12-year-olds say they have used alcohol at least once. By age 13, the rate of alcohol use doubles. The truth, however, is that children who start drinking before age 21 do so when they are about 13–14 years old. Such children start to drink with the help of adults in one form or another, given that they cannot legally buy alcohol on their own. The worry that this brings is that, compared to adults who started to drink at around 21 years of age, children who begin drinking before the age of 15 are four times more likely to develop dependence on alcohol and other drugs (NIAAA 2006). As such, Brande (n.d) opines, “the younger a person begins to drink, the more likely they will . . . engage in harmful behavior.” Although the rate of binge and heavy alcohol drinking among the underage reduced drastically between 2002 and 2014, above five million youth indicate binge drinking, and 1.3 million report heavy drinking (Brande n.d).

In regard to gender, studies in America show that more men (10.6 million) than women (5.7 million) suffer from alcohol abuse and addiction (Brande n.d). Unfortunately, in spite of this, women bear the brunt of alcohol-related challenges such as abusive relationships, indecent sexual advances, and depression compared to men (NIAAA 2015b).

In relation to culture and context, high-risk drinking rates are reportedly higher among ethnic

minorities, particularly Native Americans and Hispanics. Chertier and Gaetano (2010) approximated 27% Native American women and almost 20% Black women as daily heavy drinkers. Whether the socioeconomic status of those concerned or the level of economic development in their communities helps to explain this or not is a subject of debate as well as for further research.

Looking at alcohol abuse and addiction from a family dynamics perspective, in 2017, an estimated 76 million children of alcoholics lived in the United States. In 2012, more than 10% of children lived with a parent with an alcohol problem (Brande n.d). This implies that such children are predisposed to become alcohol abusers and addicts, given their proximity to alcoholic beverages.

Regarding the level of economic development, socioeconomic status, and alcohol control policies, working adults, for example, are found more predisposed to alcohol abuse and addiction than those who are not working. To the extent, 1 in 10 or 88,000 working adults succumb to death each year, that is, 1 in 10 deaths among working adults (The Surgeon General’s Report 2016, p. 1). The developments in their personal income level, coupled with the non-stringent application of alcohol control policies given that these people are adults, contribute to this outcome.

## Stages of Alcohol Abuse and Addiction

Milhorn (1994) and Kristeen Cherney (2016) list six and five stages of alcohol abuse and addiction, respectively. While Milhorn (1994) refers to these as the pre-alcoholism stage (binge drinking), the early alcoholism stage, the acute stage, the early chronic stage, the late chronic stage, and the death stage; Cherney (2016) refers to them as occasional abuse and binge drinking, early abuse stage, problem drinking, alcohol dependence, and addiction and alcoholism.

The pre-abuse and addiction stage (Milhorn 1994) or occasional abuse and binge drinking (Cherney 2016) covers a person’s drinking history from the time of first drinking until before serious drinking starts. Throughout this stage, a gradual

increase in alcohol intake in both frequency and quantity becomes manifest (Milhorn 1994, p. 33). In most cases, such type of drinking occurs among people aged between 18 and 34, a phenomenon that is twice as common among men than women in the United States. Among 12- to 17-year-olds, 5.3% reported binge drinking in the past month, with 0.7% reporting heavy alcohol use in the past month. While not everyone who binge drinks has an alcohol use disorder (AUD), binge drinking can be a very significant risk factor for the development of an AUD. Furthermore, the US NSDUH reports that more than 14 million people aged 12 and older had an AUD in 2017, with AUD occurring in 7% of males and 3.8% of females aged 12 and older (Mosel 2019).

The early abuse and addiction stage (Milhorn 1994), the early alcoholic stage, or increased drinking stage (Cherney 2016) is the stage where signs and symptoms of addiction such as blackouts, sneak drinks, drinking before a social gathering, gulping drinks, avoiding talking about drinking, frequent blackouts, and getting drunk before the evening are manifest (Milhorn 1994, pp. 34–35).

The acute stage (Milhorn 1995) or problem drinking (Cherney 2016) is the stage of the worsening of the previous symptoms leading to the loss of control over drinking. At this stage, the abuser is on a slippery slope to addiction and eventually takes to solitary drinking, fantasizes about drinking, loses self-esteem, engages in extravagant behavior, becomes aggressive, experiences surges of remorse, goes through periods of salience, and walks out of friends and employers (Milhorn 1994, pp. 35–38).

The early chronic stage (Milhorn 1994) or alcohol dependence (Cherney 2016) is a stage where “physical and mental distortion arising out of the long abuse of body and mind” takes place (Milhorn 1994, p. 38). At this stage, the addict dejects family, experiences great self-pity, and attempts to blame the community for his/her state. Also, the addict’s poor health becomes evident, and, if married, decrease in sexual energy sets in. The addict starts to drink in the early morning because of fear, frustration, and a sense of remorse (Milhorn 1994, pp. 38–40).

The late chronic stage (Milhorn 1994) or addiction and alcoholism (Cherney 2016) is the stage where the addict “experiences total social isolation from . . . people . . . as well as gross physical deterioration with marked susceptibility to disease and ever increasing mental confusion” (Milhorn 1994, p. 40). The addict’s ability to hold a job is impaired, and he/she is no longer able to hide drinking habits. The addict drinks more and more alcohol to reach the required state of intoxication and develops irrational fears. As the stage progresses, the body of the addict starts to shake; she/he drinks in order to relieve the symptoms of drinking, may turn to be religion out of desperation, and eventually develops an attitude of indifferent resignation by becoming bitter and resistant to any effort to change his/her way of life (Milhorn 1994, pp. 40–42).

The death stage is the stage that comes due to constant drunkenness. Deaths results from suicide, accident, or alcohol-related health problems (Milhorn 1994, p. 42).

Whereas an abuser who stops alcohol abuse might not move through all of the above listed stages (up to the late chronic stage), an addict moves through all of them. An abuser of alcohol may, nonetheless, also die as a result of alcohol abuse, especially due to road accidents or suicide.

## **Causes of Alcohol Abuse and Addiction**

There are many causes of alcohol abuse and addiction. Josh McDowell and Bob Hostetler (1996) attribute alcohol abuse and addiction to physiological factors, family and cultural background, and outside influence.

Based on their studies, they argue, numerous studies support the view that alcohol abuse and addiction stem from physiological sources. Accordingly, they assert that some people may possess an inborn predisposition toward alcohol use. Whereas such predisposition is not easily seen in the people who had never experimented with alcohol, those who do will experience a different reaction to alcohol than many of their friends (McDowell and Hostetler 1996, p. 391).

Quoting psychologist Gary Collins, McDowell and Hostetler (1996) present three models in their attempt to explain alcohol abuse and addiction from the vantage point of background. They refer to these models as the parental model and models focusing on the role of parental attitude and cultural expectations, respectively.

- (a) The parental model, focusing on the impact that the parents' behavior has on children. For example, if children grow up seeing their parents drinking, they will either copy this or avoid to do so, given the experience they have had with their parents who have been abusing or addicted to alcohol.
- (b) Parental attitude: parental permissiveness and parental rejection can both stimulate alcohol use and abuse. For instance, when parents do not care whether or not their children drink, and express no concern about the dangers of alcohol, misuse of alcohol by children often follows.
- (c) Cultural expectations: If a culture is tolerant to drinking, then it follows that instances of the emergence of many alcohol abusers and addicts in that cultural group is likely. On the other hand, a culture that restricts alcohol use is likely to have fewer people abusing and getting addicted to alcohol (McDowell and Hostetler 1996, pp. 391–392).

Regarding outside influence, peer pressure (McDowell and Hostetler 1996) and pressure from advertisement (Snyder 2006) are the major sources of outside influence. In their opinion many people, especially youth, may be, or feel, pressurized to drink alcohol because they see it as the social norm or the norm of a particular age or social/cultural grouping. The pressure to conform, especially amongst youth, is a well-documented psychological phenomenon. Given that some people may feel (or fear that they may be) excluded from or ostracized by the group if they do not partake in alcohol consumption, they tend to join those who abuse alcohol so they can fit in the group. In a like manner, some people resort to alcohol abuse and thereby become addicts due to the pressure from advertising. Whereas the alcohol

industry claims that alcohol advertising is meant to raise brand awareness and not aimed at promoting additional consumption (especially drinking amongst youth), there is clear evidence that advertising does increase alcohol consumption (Snyder 2006). In that, in an attempt to imitate those shown in the advertisements, the imitators themselves engage in alcohol consumption.

The fact that some people regard alcohol as a social lubricant is also significant. They may resort to drinking alcohol, because they think alcohol drinking disinhibits defenses and facilitates “good company.” According to them, through the process of drinking alcohol, social sharing, bonding with other people, and a connectedness among consumers are realized, an experience that those who are drinkers of non-alcoholic beverages cannot gain. Unfortunately, as they take alcohol to relax, converse more easily, and mix socially with others, they end up becoming frequent abusers and subsequently, possibly, addicts.

The use of alcohol during ritual performance by Native Americans also contributes to alcohol abuse and addiction. Since alcohol has a “mystique” not shared by nonalcoholic beverages, its use in traditional rituals appears to add to the aura of special occasions. To the extent, some rituals are not complete minus sharing in alcoholic beverages. Unfortunately, the frequency of participation in such rituals and sharing in alcoholic beverages increases people's propensity to abuse alcohol and eventually become addicted to it.

Some people in the United States abuse alcohol and thereby become addicts because they think drinking alcohol is a part of life and even an expected behavior. To the young, it shows a transitional stage in life, the stage of the coming of age and identifying with the “status quo.”

Seeing alcohol as a reducer of stress, dulling the pain of poverty or hardship in life can also lead to alcohol abuse and addiction. Whereas research suggests that drinking alcohol can reduce stress in certain people and under certain circumstances, it may not be true that taking alcohol can dull the pain of poverty or hardship in life (Sayette 1999). Yet, some people attribute their alcohol drinking

habits to this. As time goes by, such people often end up becoming alcohol abusers, if not addicts.

Consumption of alcohol to exude “macho” behavior among men can also lead to alcohol abuse and addiction. For whatever reason, there are men who try to consume large amounts of alcohol as a sign of their strength and manliness. Whereas the display of behaviors such as drinking more than anyone else or more quickly than anyone else are often regarded as admirable masculine qualities, they can end up being a path to abusing or getting addicted to alcohol. In some situations, the same can also hold in the case of women, given changing gender roles and some women seeking similarly to “prove” themselves by developing binge-drinking patterns.

Alcohol abuse and addiction may also result from taking alcohol for enjoying a state of intoxication and maintaining a state of inebriation. Many people in the United States take alcohol simply so as to enjoy the feeling of intoxication and inebriation, leading to states of drunkenness not necessarily intended when starting to drink. Since some people lack information regarding the impact and effects of alcohol, and drink without knowing the dangers, they may slip into becoming frequent abusers and eventually addicts.

## Effects of Alcohol Abuse and Addiction

Alcohol abuse and addiction constitute a physical, psychological, socioeconomic, and health threat. In the *Handbook on Counseling Youth: A Comprehensive Guide for Equipping Youth Workers, Pastors, Teachers, Parents*, McDowell and Hostetler (1996, pp. 392–394) enumerate several effects of alcohol abuse and addiction. Among other pertinent points, they raise the issues of anguish, confusion and disorientation, low self-esteem, personal distortion, loss of control, arrested maturity, guilt, alienation, remorse, and despair as some of the effects of alcohol abuse and addiction on the individuals directly concerned. These they explain as follows:

- Anguish: abusers and addicts of alcohol frequently experience a combination of physical

and mental pain. They wonder if they are going crazy, fearing that they have lost control or will lose control soon. They become frustrated about their life.

- Confusion and disorientation: there is high level of confusion in a person who abuses or is addicted to alcohol. It becomes difficult for such persons to focus their minds; thus they routinely forget the names of people, places, details, and appointments. In some instances, such people experience blackouts, which is an indication that their condition is getting worse.
- Low self-esteem: alcohol abusers and addicts usually experience a fatal blow to their self-esteem because of the mess their lives are in. They feel worthless when they compare themselves with their peers, especially those who are in a better state. To attract recognition, they do queer things to draw people’s attention to their existence.
- Personal distortion: abusers and addicts become careless to the extent that even people who knew them fail to recognize their past selves in them, as they no longer hold their former values and interests. They do not care about the way they look, how they dress, and how they conduct themselves.
- Loss of control: alcohol abusers and addicts tend to lose control of their drinking habits. Rather than controlling the level of their drinking, drinking controls them. They fail to control their emotions, at times crying for nothing or laughing even when there is nothing to laugh at.
- Depression: alcohol abusers and addicts sooner or later get depressed, having developed a sense of worthlessness. In their depression, they can easily do harm to themselves, their families, or other persons around them. In an attempt at trying to regain a grip to life, to get out of powerlessness, self-pity, and paralysis of the mind, they may take to more drinking, in a vicious circle, feeding back into their depression.
- Arrested maturity: the emotional and, in some respects, even the physical development of those who start abusing alcohol early or become addicts while young might be stunted.

- They may not develop the judgment and coping skills required to get to, and succeed in, the adult stage, and this can easily make them distressed, angered, moody, and easily offended, and they may seek attention similarly to children in the process of growing up.
- Guilt and shame: most alcohol abusers and addicts have a sense of guilt that usually lingers around in their minds in a persistent manner. Such guilt come about because they know in their drunken state that at times they do things that they would not want to identify with when they are sober. Such guilt and shame make them feel not loved.
  - Remorse: some alcohol abusers and addicts develop a sense of regret for the lies, insults, and fights they got involved in in their drunken state and how this may have hurt their mates and caused embarrassment to the people around them.
  - Alienation and isolation: this becomes complete when the abuser or addict seeks to be by oneself, in their own world. By this stage, those concerned are usually dangerous to themselves and the community, because no one understands what goes on in their minds.
  - Despair: worries usually take a toll on alcohol abusers and addicts given the imagined hopelessness in which they see themselves. They tend to look at life as though it has no meaning and feel that they have come to the end of the road. Committing suicide is a possible outcome in this stage.

Alcohol abuse and addiction can result in health complications. The most common health complications resulting from alcohol abuse and addiction are:

- Heart disease, high blood pressure, irregular heartbeat, and stroke
- Liver disease: liver inflammation, including alcoholic hepatitis, fibrosis, and cirrhosis
- Acute kidney failure and chronic kidney disease
- Pancreas inflammation and the swelling of blood vessels that prevent proper digestion
- A suppressed or reduced immune system leading to increased susceptibility to infection, including diseases such as tuberculosis and pneumonia
- Ulcers
- Diabetes complications
- Sexual malfunctions
- Bone loss
- Vision impairment
- Increased risk of cancer of the breast, mouth, esophagus, throat, larynx, stomach, pancreas, colon and rectum
- Short- and long-term effects on the brain, disrupting the brain's communication pathways that influence mood, behavior, and other cognitive functions
- Birth defects in the children of abusers and addicts (Mosel 2019)

Alcohol abuse and addiction lead to death. In the assessment of the Centers for Disease Control and Prevention (CDC), drunk driving takes 28 lives every day in the United States alone. Drinking is also associated with an increased incidence of suicide and homicide. About 1,825 college students aged 18–24 die from unintentional injuries related to alcohol, per annum (NIAAA 2015a). The statistics given by Brande (n.d) on deaths resulting from alcohol abuse and addiction are similarly quite alarming. According to her:

- About 1/3 of deaths resulting from alcohol problems take the form of suicides and such accidents as head injuries, drowning incidents, and motor vehicle crashes.
- About 20% of suicide cases in the United States involve people with alcohol problems.
- In 2014, as many as 30% of the country's fatal traffic incidents were related to alcohol-impaired driving.
- Among youth, underage drinking is responsible for more than 4,300 deaths each year and 189,000 emergency room visits for alcohol-related injuries and other conditions.
- Excessive drinking was responsible for 1 in 10 deaths among adults between 20 and 64 years (Brande n.d).

Alcohol abuse and addiction also affect the general behavior of abusers and addicts, leading to slurred speech, motor impairment, confusion, and memory problems which are just a few of the common consequences of alcohol consumption in the short-term. This can make drinkers more prone to accidents, injuries, and violent behavior. Alcohol is a factor in more than half of fatal burn injuries, drownings, and homicides. It is also a significant factor in moderate to severe injuries, suicides, and sexual assaults.

Heavy drinking may also result in risky sexual behaviors such as unprotected sex, which can lead to unintended pregnancy and infection with sexually transmitted diseases. These effects of alcohol addiction can have lifelong consequences.

Alcohol abuse and addiction is a significant contributing factor to high levels of violence in general and domestic violence in particular (Wood 2000, p. 28). As alluded to already in the case of birth defects in the children of abusers and addicts, alcohol consumption thus has considerable effects not just on the consumers themselves. In this sense, “second-hand drinking” or the second-hand implications of drinking are further cause for concern, contributing to the multifaceted threat of the alcohol epidemic (Cassella 2019).

### **How Alcohol Abuse and Addiction Is Being Addressed: The Example of the United States**

There are several ways the US government, private health associations, and individuals have in place to address the challenges of alcohol abuse and addiction. When alcohol abuse and addiction manifests in some people, a public health systems approach (see the entry on “► [Health Systems](#)”) in handling substance misuse and its consequences aims to:

- Define the problem through the systematic collection of data on the scope, characteristics, and consequences of substance misuse.

- Identify the risk and protective factors that increase or decrease the risk for substance misuse and its consequences and the factors that could be modified through interventions.
- Work across the public and private sector to develop and test interventions that address social, environmental, or economic determinants of substance misuse and related health consequences.
- Support broad implementation of effective prevention and treatment interventions and recovery supports in a wide range of settings.
- Monitor the impact of these interventions on substance misuse and related problems as well as on risk and protective factors (HHS & Office of the Surgeon General 2016, p. 4).

The above is but a procedural description of how the challenge is handled from identification to intervention and monitoring in a holistic sense, including with a view to prevention. In practice, it is often the people concerned who seek help from treatment centers. The National Survey on Drug Use and Health (NSDUH) notes that more than 2.4 million people of age 12 or older received substance use treatment in 2017 for alcohol use (American Addiction Centers Editorial Staff 2019).

The centers for alcohol treatment are set to help individuals who are addicted or who abuse alcohol in a number of ways. According to the National Institute on Drug Abuse (2019), while some of the treatment centers require an individual to stay at the center for a specific amount of time, others offer outpatient treatment. Besides, there are centers that offer both long- and short-term treatment options. Darla Burke (2017) suggests a couple of different medications that may help with alcohol abuse and, by extension, addiction. These are the following:

- Naltrexone (ReVia) is used only after someone has detoxed from alcohol. This type of drug works by blocking certain receptors in the brain that are associated with the alcoholic

“high.” This type of drug, in combination with counseling, may help decrease a person’s craving for alcohol.

- Acamprosate is a medication that can help re-establish the brain’s original chemical state before alcohol dependence. This drug should also be combined with therapy.
- Disulfiram (Antabuse) is a drug that causes physical discomfort (such as nausea, vomiting, and headaches) any time the person consumes alcohol (Burke 2017).

Although people react to treatment differently, by and large, administering such medication has assisted people in addressing alcohol abuse and addiction. Detoxification, referred to above, is a set of interventions used to keep a person safe as they readjust to a lack of alcohol in the body (Substance Abuse and Mental Health Services Administration 2015b). Medical detoxification is essential to treat someone who has been dependent on alcohol and is now trying to come out of the challenge. This can help address the delirium that often comes as a result of withdrawal. Thereafter, therapy treatment can follow. The National Institute on Drug Abuse (2019) asserts that during therapy sessions patients can explore the reasons behind their excessive alcohol consumption as well as what they can do to overcome their abusive behavior. Some people seek the services of Alcoholic Anonymous (AA) therapists for counseling and rehabilitation. This, when blended with aftercare, will lead alcohol abusers and addicts to recovery with time.

## Conclusion

Given the first-hand as well as the second-hand implications of alcohol abuse and alcohol addiction, there is a need for a concerted effort from all stakeholders to respond to the dangers involved, to rescue those concerned at the present time from a future of very drastic consequences. As Dennis Thombs (2006, p. 7) argues, because alcohol abusers and addicts “are seen as suffering from an illness, the logical conclusion is that they

deserve compassionate care, help, and treatment.” Importantly, this approach is also vital from the perspective of those suffering from the implications of excessive alcohol consumption by others.

## Cross-References

- [Health Systems](#)

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