



## So you have a drinking problem. What can you do?

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Last month I described how excessive drinking can affect practically every organ in the body from head to toe. So, what can you do if you or your family member is drinking excessively?

First things first. You have to identify and admit that there is a drinking problem. This is easier said than done for individuals and families. How do you know that the amount of alcohol you drink or someone in your family drinks is excessive and problematic? When you think that you drink more than you intend to, then it is time to get a consultation. Another simple guideline established by National Institute of Health is that if a man drinks more than four drinks in one day and more than 14 drinks in a week or if a woman drinks more than three drinks in a day and more than seven drinks in a week, it is considered heavy at-risk drinking. A consultation should be sought to assess the degree of problem and need for any treatment.

So, who can you see for an evaluation? You can see a psychiatrist, especially one who specializes in addiction or an addiction counselor. Sometimes it might be best to contact a hospital or a program to assess the

problem. Once a determination has been made that the individual has drinking problem or what is called alcohol use disorder, various options are available to address the problem.

The first step generally is detox. Detox involves washing out the addictive substance (alcohol in this case). When alcohol is stopped the individual experiences withdrawal symptoms (shaking, nervousness, insomnia, agitation, craving to drink again and so on). A medication is given that can control these symptoms to make the individual feel comfortable.

Detox is generally done as an inpatient in a hospital. If the individual meets the criteria, detox can also be done as an outpatient. The individual spends a few hours a day at a treatment facility and then goes home every day. At the facility, person receives medication and is observed by nurse and participates in group counseling sessions. Some of the medications commonly prescribed during detox to control the withdrawal symptoms are lorazepam and chlordiazepoxide. Individual is given vitamin supplements and receives other general medical care as needed. Typically, detox lasts for about a week or so if there is no further complication and if the person does not have other underlying medical and psychiatric

problems.

If the individual has been a very heavy drinker, the person may experience delirium tremens when alcohol is stopped. This is a very serious form of withdrawal and has to be managed and treated in a hospital. It can be life threatening.

After detox, treatment team makes recommendations for rehab (short for rehabilitation). Again, this can be outpatient or inpatient. The severity of problem and sometimes financial consideration will determine inpatient (residential) vs outpatient rehab. The inpatient rehab is typically for a minimum of 30 days, but some people (especially those with multiple relapses) need much longer periods of residential rehabs to improve chances of recovery. There are many long-term inpatient rehab facilities across the country.

There are several medications available to help chances of recovery and decrease risk of relapse. One such medication commonly prescribed is naltrexone (ReVia). It is also available as an injection (Vivitrol) which is given once a month. This is usually started about a week or 10 days after alcohol consumption has been stopped and if the person is not taking any opiate medications. The other medication is acamprosate. The 3<sup>rd</sup> medication is

disulfiram (Antabuse). When the person drinks while on Antabuse, it causes severe reaction making the person feel very sick. The idea is that this will deter the person from drinking alcohol. Antabuse used to be prescribed more commonly a few decades ago and is not prescribed commonly now. Some experts believe that it does not help the problem much and it can also pose a risk to health. There are other medications that your doctor may prescribe also.

Besides medications, psychotherapy and alcohol counseling, attending Alcoholics Anonymous (AA) meetings help with the recovery. Every town across the country has at least one AA meeting (often more than one location). These meetings are free and confidential. There is also a South Asian AA meeting in Iselin, NJ. Check [www.samhin.org/alcoholics-anonymous](http://www.samhin.org/alcoholics-anonymous) for information on this meeting. For those who don't want to attend AA meetings they can attend SMART Recovery meetings.

Families of alcoholics can benefit from attending Al-Anon meetings. Attending these meetings helps to understand the nature of alcohol problem and learn strategies to cope with an alcoholic in the family.

Alcohol use disorder is best seen as a chronic relapsing medical condition. Just like a diabetic can have

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unstable blood sugars for a variety of reasons even when the individ-

ual is in treatment, an alcoholic can have a relapse. The key is to focus on recovery and not just feel bad about the relapse. One needs

to move forward and do what is needed to recover again. Hope should never be lost.

People often ask if families can force an individual into treatment. This generally does not work. Occasionally, a threat of separation or other family consequence may motivate the individual to seek treatment. Usually, external pressures can help to get the person in treatment e.g. threat of losing a job or legal trouble like DUI and the individual is required to seek treatment.

In conclusion, remember, Alcohol addiction is a medical disease and there are treatments available. So, don't judge the person with a drinking problem. It is not a moral failure. Encourage the person to seek treatment. Treatments do work!



### South Asian Alcoholics Anonymous

The First Presbyterian Church of Iselin

1295 Oak Tree Road  
Iselin, NJ 08830

Note: Entrance on Middlesex Avenue

**AA Meetings (FREE) Every Thursday**  
8:00 p.m. - 9:00 p.m.

"AA Meetings for anyone with drinking problem and a desire to quit."

