UNDERSTANDING YOUR DIAGNOSIS

Alcohol Addiction

Also called Alcohol Use Disorder

Drinking has taken more control than you want it to. This is a health condition, and it responds well to treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 10 adults a year	Late teens to mid-20s	Yes - several ways that work	About 29 million US adults

What this is

- Alcohol use disorder means drinking keeps causing problems and is hard to cut back, even when you want to stop.
- It is a medical condition that changes how your brain handles reward and stress. It is not a lack of willpower.
- It comes in mild, moderate, and severe forms. You do not have to hit a bottom to deserve help starting right now.
- Getting this diagnosis is not a judgment about your character. It is a starting point for care that really works.

What it can look and feel like

- You drink more, or for longer, than you meant to, even when you promised yourself just one or two.
- You have tried to cut down or stop more than once, and it has not held the way you hoped it would.
- A lot of your day goes to drinking, getting alcohol, or feeling rough and slow the next morning.
- You feel strong urges to drink, especially when you are stressed, lonely, bored, or around old drinking cues.
- It takes more alcohol than it used to for you to feel the same effect, so your usual amount does little.
- When you go without, you feel shaky, sweaty, sick to your stomach, or anxious, and you cannot sleep.
- Drinking is causing trouble at work, at home, or with your health, and you find you keep drinking anyway.

What is happening in your brain and body

- Alcohol boosts GABA, a brain chemical that calms you down, and blocks glutamate, one that revs you up.
- Over time your brain pushes back the other way, so without alcohol you feel wired, shaky, and anxious.
- Alcohol also releases dopamine, a reward chemical, which teaches your brain to want alcohol again and again.
- Later on, drinking is less about feeling good and more about not feeling awful. That shift is a brain change.
- Alcohol is hard on the liver, stomach, heart, and nerves, and it lowers thiamine, a vitamin your brain needs.

What can make it more likely

- Genes explain about **half** of the risk, which is why drinking problems often run in families through no one's fault.
- Starting to drink young, especially in the teen years, raises the odds that drinking becomes a problem later on.
- Stress, trauma, grief, chronic pain, and loneliness push drinking up, because alcohol works fast on all of them.
- Anxiety, depression, PTSD, and trouble sleeping often come first, and drinking to treat them tends to make them worse.

What to expect

- Most people get better. Many cut back or stop for good, and treatment works far better than going it alone.
- Setbacks are common and they are not failure. They are information about what needs more support next time.
- Sleep, mood, and anxiety usually improve a lot within **2 to 4 weeks** of stopping, even if the first days are rough.
- Your goal can be quitting or cutting back. Both are real goals, and you and your care team can choose together.

What helps

Treatment works. Most people get better.

Talking therapies

- **Motivational interviewing** is a few calm conversations about what you want, with no lectures and no pressure.
- **Cognitive behavioral therapy** helps you spot your risky moments and build a plan for each one, over 12 or so sessions.
- **Contingency management** gives you small rewards, such as vouchers, for meeting goals, and it works surprisingly well.
- **Couples or family therapy** can help the drinking and the relationship at once, which individual work alone often misses.
- Groups like AA, SMART Recovery, and Women for Sobriety are free, and going regularly clearly helps people stay well.

Medicines

- **Naltrexone** blunts the reward and the urge to keep drinking. You can start it even if you are still drinking.
- **Acamprosate** helps your brain settle back down after you stop, and it is often chosen if your liver is strained.
- **Disulfiram** makes you feel very sick if you drink, and it helps most when someone you trust watches you take it.
- **Topiramate** and **gabapentin** are not officially approved for this, but the evidence is good, especially with anxiety.
- These medicines are not crutches and not a swap of one habit for another. Your prescriber sets the dose with you.

Everyday things that help

- Stopping heavy drinking suddenly can be dangerous, so tell a doctor before you quit and get it done safely.
- Protect your sleep, eat regularly, and ask about a thiamine (vitamin B1) supplement, which protects your memory.
- Move your body most days. Even a walk lowers stress and cravings, and it helps your sleep come back faster.
- Plan for the hard hours ahead of time: who you will call, where you will go, what you will drink instead.
- SAMHSA's free helpline, **1-800-662-4357**, finds treatment near you at any hour, in English or Spanish.

Get help right away if

- Do not stop heavy drinking on your own. Sudden withdrawal can cause seizures and can be deadly.
- Get emergency care for shaking, fever, confusion, seeing things, or a seizure after your last drink.
- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.

Questions to ask your care team

- *Is it safe for me to stop drinking at home, or do I need medical help?*
- *Which medicine for alcohol use fits me best, and what side effects should I watch for?*
- *Should my goal be quitting completely, or cutting down to start with?*
- *What do I do if I drink again, and how do I reach you that same week?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

MedlinePlus. (2024). *Alcohol use disorder (AUD)*. National Library of Medicine. https://medlineplus.gov/alcoholusedisorderaud.html

National Institute of Mental Health. (n.d.). *Substance use and co-occurring mental disorders*. National Institutes of Health. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health

National Institute on Alcohol Abuse and Alcoholism. (n.d.). *NIAAA alcohol treatment navigator*. National Institutes of Health. https://alcoholtreatment.niaaa.nih.gov/

National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Understanding alcohol use disorder*. National Institutes of Health. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA's national helpline*. https://www.samhsa.gov/find-help/helplines/national-helpline

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.