

Alcohol Use Disorders:

A Toolkit for Members and Families



Community Care does not practice medicine or exercise control over the methods or professional judgements by which providers render medical services to members. The information contained in this toolkit is not medical advice. Please consult with your physician for medical advice and treatment.

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How to Use This Document

This has a lot of information and helpful hints about alcohol use and treatment of alcohol use disorder. There is a lot of information in this document, so you don't need to read it all in one sitting. You can click on the information in the Table of Contents to find out more information about each topic. The topics have information and links to click on for more information.

Who is this toolkit for?

This toolkit is for Community Care members who want to learn more about alcohol use. If you are a family member or loved one of someone with an alcohol use disorder, you also might find some information in the document to be helpful.

To contact the authors:

Please email the author, Rebekah Sedlock at sedlockr@ccbh.com with any comments or questions.

If you need immediate assistance, please call the [Community Care Customer Service](#) number for your county of residence, If you are not a Community Care member and need help, please contact your [Single County Authority](#), or SCA, for your county of residence.

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Introduction

With understanding and help, there is hope.

People have been researching how to help families and friends of persons who are struggling because of their use of substances. Education and coaching have proved effective. Knowing what to do and what you can't do is helpful. It is important to understand how hard it is for the person who is struggling with substance use. It helps to support them with positive affirmation and affection, rather than rejection and avoidance. And it is important to understand that any healing process takes time.

Overview of Information on Alcohol Use Disorders

Although alcohol is legal for people aged 21 and older, alcohol use can still create problems for people. In the past, we referred to substance use as “drug and alcohol use.” Alcohol is considered a substance, and people can develop a substance use disorder, or SUD, when drinking alcohol. People can specifically develop an alcohol use disorder, or AUD, even if they don’t think that they are drinking a lot. This document will provide information on alcohol and alcohol use disorder.

Types of Alcohol Consumed

There are many types of alcohol that people consume, the most common being beer, wine, and liquor. A standard beer is 12 ounces and contains 5% alcohol. A standard glass of wine is 5 ounces and contains 12% alcohol. Liquor is typically 1.5 ounces per standard drink and contains 40% alcohol. For more information on a standard drink, including a drink calculator, click [here](#).

The following graphic shows an example of a standard drink:



Source: [National Institute on Alcohol Abuse and Alcoholism](#) (NIAAA)

The amount of alcohol in beer, wine or hard liquor varies widely, therefore, it helps to know the amount of actual alcohol that is in the alcoholic beverage you are drinking. Civilizations throughout the world have been producing beer, mead, and wine for over 5,000 years. In the past 600 years, Europeans began distilling fruits and vegetables with higher alcohol content, which led to both the measurement label "proof" as well as the name distilled spirits or hard liquors (we will use the term distilled spirits for all hard liquors). The proof number on all alcoholic beverages is the level of alcohol in the beer, wine, or hard liquor. The percentage of alcohol is half the number assigned to the proof. For example, a standard 1.5 ounce shot of whiskey or vodka, which tends to be around 80 proof, contains 40% alcohol. Some beer cans/bottles may include the letters ABV (alcohol by volume) instead of a proof number, which is another way of reporting the percentage of alcohol in the can or bottle. The ABV number is the percentage, therefore, a can beer that has an ABV of 8% contains 8% alcohol by volume. The standard drink photo above can help you measure how much alcohol you are consuming.

Data related to blood alcohol content, or BAC, reference standard drinks. If you have a bartender who is heavy handed or you are pouring your own alcohol without measuring it, your BAC and level of intoxication could increase more rapidly than someone who is measuring out their alcohol. If you are at a place that serves drinks with alcohol contents higher than a standard drink or are drinking beverages with more than one distilled spirit in it, your BAC and level of intoxication could increase more rapidly than someone drinking a standard drink.

Even if you drink less than a standard drink, you still could be at risk for a higher BAC or intoxication level than someone who is drinking a standard drink. Alcohol content is only one part of your BAC and level of intoxication. For example, women typically have a greater increase in BAC with the same amount of alcohol consumed compared to men. Likewise, people with smaller body size often have a higher BAC compared to people with larger bodies even if they drink the same amount.

Non-alcoholic beer also has small quantities of alcohol in it. Although 0.5% does not seem like a lot of alcohol, drinking 10 non-alcoholic beers is the same as drinking 1 beer that has a 5% alcohol grade. Some people in recovery stay away from non-alcoholic beer because the look, smell, and taste of the drink are a trigger for them to want a beer with normal alcohol quantity. Non-alcoholic beer can be found in most grocery stores alongside soda selections, which makes it seem less dangerous to consume.

Alcohol is legal, so why is it a problem?

Alcohol is legal for people aged 21 years or older. However, alcohol use can still lead to problems in people's lives. Long term alcohol use can lead to health problems and legal problems.

There are a lot of health problems that emerge because of alcohol use. Some health problems are short term, such as falling, burns, or alcohol poisoning. Some health problems are long term, such as heart issues, digestive problems, cancer, and a weakened immune system. Some health problems are fatal, such as drowning or injury sustained in motor vehicle crashes while intoxicated. For more information on health risks from drinking alcohol, please click [here](#).

Even though it is legal to drink alcohol, it is still dangerous to drive after drinking alcohol. People might think it is okay to drive after having one or two drinks. Even after only one drink a person could receive charges for driving under the influence or have impairment that causes a car crash or traffic-related death. If you are going to be drinking, you should designate a driver that is not drinking. If you are not driving, you should not get into a car being driven by a person who has been drinking and you should encourage your driver to find an alternative way to leave, instead of driving themselves. If you are planning a party, you should make sure that there are things to drink that do not contain alcohol and make sure that people are not leaving your party and driving while impaired. For more information about driving while intoxicated and safety planning, click [here](#).

There are lots of myths associated with alcohol use. These myths include:

- I can drink and still be in control.
- Drinking isn't all that dangerous.
- I can sober up quickly if I have to.
- It's okay for me to drink to keep up with someone else.
- Beer doesn't have as much alcohol as hard liquor.
- I'll be better off if I learn to "hold my liquor."
- I can manage to drive well enough after a few drinks.

To learn more about these myths and the truths behind them, click [here](#).

Patterns of Drinking in the United States

Alcohol use is sometimes seen as a part of everyday life. Some people might have grown up with families that drank alcohol at mealtimes or before bed. Some people might have seen families use alcohol during celebrations or let downs. Some people have learned that alcohol helps loosen them up in various situations. Some people might have drinks while they are at parties or clubs, which might help them feel like dancing or talking to people. Some people might have drinks during sporting events to help them relax while watching the event.

Social media allows people to post pictures of alcohol use, which may make alcohol seem like fun or reinforce that drinking is more common than it is. Social media also allows people to find others that might support their drinking habits. College students might use pictures to promote parties.

Television, movies, and music glamorize alcohol use, but rarely show the negative aspects of drinking alcohol. Some movies made about college experiences make it seem like when you go to college, you will go to parties and have a good time when you are drinking. Movies also highlight that drinking at bars is how to meet people and form a romantic bond. Very rarely do movies show people waking up sick the next day or legal consequences that could result if someone drinks too much. Advertisements include not only alcohol but a certain lifestyle that a person might achieve if they drink that brand of alcohol.

Despite the promotion of alcohol and drinking activities, problem drinking is not as common as people might believe. According to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA), about 65% of people aged 12 or older in the United States drank at least one drink in the past year and 51% drank at least one drink in the past month. About 18% of adults drink at least one alcoholic beverage per day, according to a study by the Alcohol Research Group, and less than 18% drink more than one drink per day. This information shows that daily drinking is not common for most adults and that about half of people aged 12 or above are not drinking during the month.

If you are interested about reading more about the statistics of people drinking, click [here](#). To compare your drinking per week with the national study, click [here](#).

What is binge drinking or heavy drinking?

Some people engage in binge drinking or heavy drinking. Binge and heavy drinking are terms used to describe risky or unhealthy alcohol consumption. The Centers for Disease Control and Prevention, also known as the CDC, states that binge drinking is where a man consumes 5 or more drinks, or a woman consumes 4 or more drinks in 2-hour period. Heavy drinking is defined as binge drinking 5 or more times in the past. This leads to a rapid rise in BAC and intoxication.

About 1 out of 4 people in the U.S. will binge on alcohol, at least once in the past month. About 1 in 17 people in the U.S. (6%) will be heavy drinkers, with five or more binge drinking episodes in the past month.

A rare, but dangerous outcome of binge drinking, referred to as a blackout, can occur when a person consumes a large amount of alcohol in a short period of time. A blackout is when a person cannot remember what happened when they were drinking. Blackouts occur when a person drinks so much that they block their brain’s ability to transfer short-term memories into long-term memories. Sometimes, people have blackouts where they remember bits and pieces of things that happened. Other times, people might not remember anything at all that happened. For more information on blackouts, click [here](#).

Binge drinking and blackouts can lead to unintended consequences. These consequences can be physical, social, or legal.

Physical Consequences	Social Consequences	Legal Consequences
Unexplained bruises	Angry outbursts	Public intoxication
Sexually transmitted diseases	Poor decision-making	Driving under the influence (DUI)
Unplanned pregnancy	Memory loss	Sexual violence
Suicide	Ongoing arguments	Homicide
Poor balance and coordination	Loss of relationships	Assault
Hangover	Domestic violence	Fines
Coma	Job loss	Court-ordered treatment
Seizures	Poor performance in school	Jail time
Mental illness	Family problems	Underage drinking

Although violence and abuse can occur with drinking alcohol, the two are not always related. A person can be violent or abusive without having a drink containing alcohol. When someone drinks alcohol, the violence or abuse can be worse. It is important to know that even if the drinking lessens or stops, the violence and abuse may still happen. The [National Domestic Violence Hotline](#) can help answer any questions about violence and abuse at 1.800.799.SAFE (7233). The [Pennsylvania Coalition Against Domestic Violence](#) is another resource that can help you if you are in a violent or abusive situation.

How do I know if I have a problem?

People enjoy drinking alcohol because it helps them to be social, happy, or relaxed. Other people may drink alcohol to numb painful feelings, like anxiety, shame, guilt, or physical pain. Only a small percentage of people use alcohol at unhealthy levels. About 2 out of 10 people who drink alcohol will experience severe problems, through heavy drinking or by developing an AUD, where the person struggles to stop drinking. People who become heavy drinkers or develop an AUD tend to:

- Start drinking alcohol in their teenage or pre-teen years (those who start drinking after 21 tend to have a lower risk of developing an AUD),
- Have been exposed to a stressful life event in childhood, such as violence or sexual assault from family members, divorce of parents, death of one of the parents, or living in an unsafe area (e.g., high crime area, where violence is common),
- Have one or both parents who have a substance use disorder, or SUD,
- Have a pre-existing mental illness, such as depression, anxiety disorder or eating disorder, and
- Smoke cigarettes or use other tobacco products

Alcohol is legal, which might lead people to think that there is minimal harm with drinking alcohol. Some places promote alcohol use, such as parties, work functions, and sporting events. In some situations, it might be difficult to avoid drinking alcohol. While it is true that some people can drink alcohol and not have problems with alcohol use, there are some people that drink alcohol, and it develops into a problem.

Some people call themselves “functional” when using alcohol, which means that they go to work or school and take care of family responsibilities. Because you are responsible, you might think that drinking alcohol isn’t a problem in your life. Your family might help you justify your alcohol use and say that you work hard and deserve a drink after a stressful day at work. You also might think that since your house is clean and your family is fed that you deserve a drink at the end of the day. These thoughts can lead to alcohol problems if you get into a drinking routine.

Here are some questions to ask yourself if you think you might be at risk for developing a problem with alcohol use:

- Have you drunk more alcohol than you wanted to drink or for a longer time than you wanted to drink?
- Have you tried to stop drinking alcohol but had problems stopping?

- Have you spent a lot of time drinking alcohol or have you been sick because of alcohol use?
- Have you wanted to drink and couldn't think of anything else?
- Has drinking or being sick from drinking interfered with work, family, or school?
- Have you continued to drink alcohol even after your loved ones talked to you about concerns about your drinking?
- Have you cut back or stopped activities or hobbies so that you could drink alcohol?
- Have you drunk alcohol in situations where you might get hurt after drinking? (like driving after drinking, walking in a dangerous area, having unprotected sex)
- Have you continued to drink alcohol even though it makes you feel depressed or anxious or adds to another health problem?
- Have you continued to drink alcohol after having a memory blackout?

If you answered yes to at least one of the questions above, you are at risk of developing the problems associated with alcohol use. [Visit NIAA to complete an interactive checklist and get feedback on your answers.](#)

If you answered yes to any questions and you want to talk to someone about your answers, please call [Community Care Customer Service](#). If you are not a Community Care member, you can contact your primary insurance provider or contact the local [Single County Authority](#), or SCA.

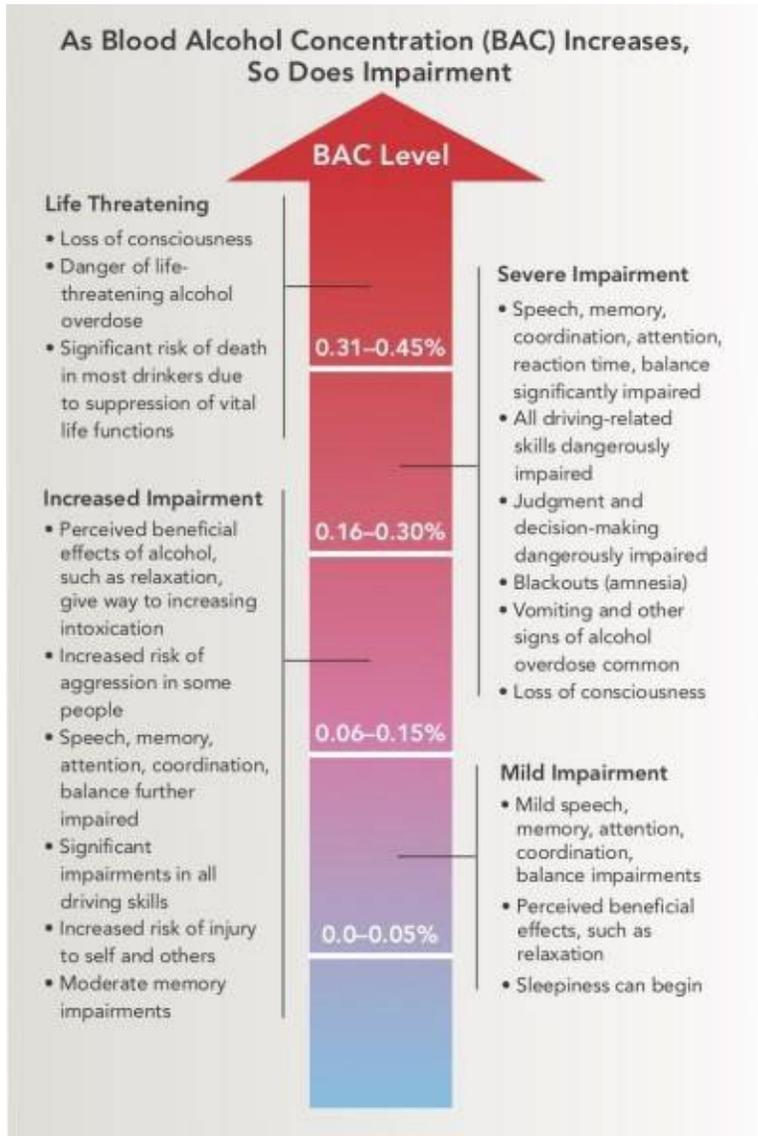
Impact of Alcohol on Your Body

Alcohol impacts several parts of your body, including your brain, your heart, your liver, your blood, and your pancreas. Using alcohol can increase your risk for developing several types of cancer. Your immune system decreases when you drink alcohol, which means that you might be more likely to get sick than people who do not drink. For more information about how your body is impacted by alcohol use, click [here](#). Many of the health effects of alcohol are reversible if alcohol use is discontinued but long-term use could lead to irreversible health effects.

Mortality, otherwise known as the death rate, associated with alcohol consumption is rising in the U.S. More people are dying from heavy alcohol drinking today than in the past 20 years, due mostly to liver disease. You can learn more about alcohol use and mortality rates [here](#).

Can I overdose on alcohol?

Alcohol is a depressant. This means that it slows down your central nervous system which controls your heart rate, blood pressure, breathing, and temperature. If you ingest a lot of alcohol for your body type, then you are at risk of overdose. Overdose depends on your blood alcohol content, or BAC. Your body starts to slow down as your BAC increases. The following graphic shows what can happen as your BAC increases.



Source: [NIAAA](#)

For more information about your BAC and what happens to your body, click [here](#).

If you drink too much at once, your body will start shutting down because your liver cannot break down the alcohol at the same rate your body is consuming the alcohol. When this happens, your other body parts start to absorb the alcohol. There are factors, such as age gender, body size, tolerance, amount drunk, other substance use, and health conditions that impact the rate that your liver breaks down the alcohol. For more information about this, click [here](#).

If you drink a household item that contains alcohol, you are at a higher risk of overdose. Some household items have much higher concentrations of alcohol than beer, wine, or liquor, while others have types of alcohol that should not be ingested. Types of alcohol found in household products include ethanol, isopropanol, benzalkonium chloride, and methanol. Drinking a small amount can cause serious damage, including death, to adults and children.

Hand sanitizer has the highest concentration of alcohol, which is up to 95%. The high percentage of alcohol is toxic to adults but is even more dangerous to children. It is important to keep household items away from children. Some of these products, such as rubbing alcohol or hand sanitizer, contain isopropyl alcohol, which is not meant for ingestion. Ingesting isopropyl alcohol can lead to minor problems, such as stomach irritation, diarrhea, and vomiting or major problems like seizures or death. If you think someone might have ingested a household product, you should call Poison Control immediately. You can reach your local poison control center by calling the Poison Control Help hotline at 1.800.222.1222. To save the number in your mobile phone text POISON to 797979. For more information about hand sanitizer, please click [here](#) for data from the National Poison Data System, American Association of Poison Control Centers.

What does an overdose look like?

Overdoses start when your BAC increases faster than your body processes alcohol. Even when you stop drinking, your BAC can increase depending on how much alcohol you drank. For more information about an alcohol overdose, click [here](#).

If you think someone might have overdosed on alcohol, you need to call 911

Signs of an Overdose:

- Changes in mental status, like confusion
- Unable to stay conscious or difficult to wake up
- Vomiting
- Seizures
- Breathing problems (either slow or irregular)
- Slow heart rate
- Pale or blue skin, which might be clammy
- Low body temperature
- No gag reflex (which means that people can choke on their vomit)

immediately. If you try to “sober” them up, you might cause more damage to them with cold showers, hot coffee, or walking it off. When you call 911, it is important to provide as much information as possible, which might include:

- How much and what the person drank
- Any other substances consumed besides alcohol
- Any medications the person is taking
- Any allergies or existing health conditions

A person that overdosed on alcohol is at risk of falling or choking. It is important to keep them low to the ground and raise their head slightly. Since they could fall out of a chair, you want to prop them up on the ground. If they are too difficult to prop up, you want to turn them on their side to prevent choking. For more information about helping someone that might have overdosed on alcohol, click [here](#).

Safety and Alcohol Use

If you are using alcohol, it is important to use it safely. Drinking any amount of alcohol can cause impairments. Safe alcohol use includes not having more than 1-2 drinks per day, not driving while or after drinking, and not drinking on an empty stomach.

If you take medications or have other health problems, you should talk to your doctor about what happens if you drink alcohol. Some medications stop working if alcohol is mixed and some medications may get stronger if you drink alcohol. Some health problems, like hepatitis C, may put you at higher risk for medical problems when drinking.

Sometimes, people might use opioids (like heroin or painkillers), benzodiazepines (like Ativan® or Klonopin®) or gabapentin (also known as Neurontin) while they are using alcohol. The use of these medications with alcohol can increase the likelihood of an overdose because the medications are also depressants. Combining depressants can lead to your central nervous system shutting down. This means that your breath and pulse slow down, and your brain will not get enough oxygen.

Driving a vehicle after drinking increases your risk of getting into an accident. About 25% of deaths related to alcohol use involve a vehicle crash. The legal amount of alcohol in your system is a BAC less than or equal to 0.08. Having 1 drink can put you above the legal limit, so it is safer to find other transportation when you drink alcohol.

Alcohol Death Statistics:

- About 25% of deaths related to alcohol use involve a vehicle crash
- About 20% of deaths related to alcohol use involve a gun

Using a firearm when drinking can be dangerous or even deadly. Alcohol use is involved in about 37% of firearm homicides and 35% of firearm suicides. People are 4 to 6 times more likely to shoot themselves or have a firearm suicide completion if they consume alcohol. Someone with heavy drinking is 14 times more likely to shoot themselves than a person that does not drink. People who have a firearm and drink are also more likely to accidentally shoot themselves than people who don't drink alcohol. To read a study about alcohol and firearms, click [here](#).

Using tools or heavy machinery during or directly after drinking alcohol can be dangerous. Alcohol use impacts your vision, judgement, concentration, coordination, and reaction time. The impact may cause you to have problems picking up and using objects. You could end up hammering your hand instead of a nail or fall off of a ladder. With heavy machinery, you could end up crashing the machine or knocking something over which might hurt yourself, someone else, or cause damage property. To read a study published by the National Institute on Drug Abuse (NIDA), click [here](#).

Alcohol and Suicide

Drinking alcohol increases your risk of depression and suicide. In the United States, 22% of deaths by suicide involve alcohol and 30-40% of suicide attempts involve alcohol. Most suicide attempts with alcohol use are impulsive, meaning that they are not planned. For people who are thinking about suicide, alcohol use can relax a person's thinking so that they follow through with a suicide attempt. Suicide attempts when people drink alcohol usually involve lethal items, like a firearm, which means that a person is more likely to die.

For more information about alcohol and suicide, click [here](#).

If you have thoughts of suicide or know someone who is thinking about suicide, call your local emergency phone number (commonly 911 in most areas). If you want more information about suicide outside of alcohol use, you can [visit Community Care's Suicide Prevention page](#).

Alcohol Use Increases Suicide Risk:

- Alcohol use leads to mental health crisis
- Alcohol use leads to increase in aggression
- Alcohol use provides motivation to attempt suicide and leads people to believe that suicide will not be painful
- Alcohol use can stop people from using coping skills and choose suicide to stop the pain

What if I am drinking alcohol but I need opioid pain medication?

Sometimes people have surgeries, injuries, or medical conditions that require pain management. It is important to be honest and upfront with your doctor about your substance use, so that your doctor can safely manage your pain. Having an active alcohol use disorder or being in recovery does not stop a doctor from prescribing opioid medications if medications are needed for pain management. Non-opioid medications, such as ibuprofen or acetaminophen, can cause damage to your liver or stomach if taken with alcohol. It is important to be honest about alcohol use when you talk to your doctor about pain, so that you get the best medication for your body.

Some people use alcohol or painkillers to help with physical and emotional pain. Your doctor might talk to you about both types of pain and make recommendations to manage that pain. Be honest when talking with your doctor about pain and alcohol use. Sometimes alcohol use makes painkillers not work to manage pain and can cause a person's body to shut down, due to mixing two types of depressants. For more information about pain management and alcohol use, please click [here](#).

Alcohol and Medical Marijuana

Using alcohol with any cannabis product, including medical marijuana, can be dangerous. Combining alcohol and cannabis enhances the effects of the substances. You might like the feelings you get from combining the substances, but the combination could be deadly. Alcohol interferes with your body's ability to process THC in cannabis, which means that you can get intoxicated even from a small amount of cannabis use. Also, cannabis suppresses vomiting. If you are binge drinking while using any cannabis product, your body's natural triggers to stop using, such as vomiting, are not present. This could cause you to not pay attention to how much you are drinking and could lead to death. For more information on alcohol and cannabis, click [here](#).

How do I stop the cravings for alcohol?

The best way to manage the cravings for alcohol is to take prescribed medications. There are three kinds of medication that help stop cravings when someone has an alcohol use disorder. The three medications approved by the FDA are acamprosate, disulfiram, and naltrexone. Any person that prescribes medication can write you a prescription for these medications. These medications work in different ways to stop cravings to alcohol.

- Naltrexone blocks the effects of alcohol and helps to reduce cravings. Naltrexone is the most common medication for AUD and can be taken either as a daily pill or through an injection that can last up to 28 days. The injection tends to be more effective than taking pills daily, as people don't have to remember to take the pills, but both forms can be helpful, depending on what you and your doctor decide.

Naltrexone can be taken while a person is drinking alcohol. Naltrexone cannot be taken with prescription opioids and would force someone into opioid withdrawal if taken with an opioid.

- Acamprosate decreases your cravings to use alcohol. Acamprosate blocks some receptors in your brain and activates others. It is safe for people who have liver damage caused by drinking. You can still take this medication if you drink alcohol, but you need to let your doctor know immediately. In some cases, you can take both naltrexone and acamprosate to lower your urge to drinking alcohol. You should consult with your doctor to see what will work best for your situation.
- Disulfiram blocks how your body processes alcohol, which means that you will get sick if you drink alcohol while taking disulfiram. Disulfiram is rarely used anymore, due to having many more side effects than naltrexone or acamprosate and tends to work only for those who are highly motivated to avoid alcohol. Moreover, disulfiram will react to any food items that contain alcohol, including vanilla extract, mouthwash, or over-the-counter medications that contain alcohol.

The NIAAA and the Substance Abuse and Mental Health Services Administration, also known as SAMHSA, created a guide on medications for AUD, which is found [here](#).

Regardless of which medication is best for you, it is important to take the medication as prescribed. For tips on how to remember to take your medication, please click [here](#).

If you are on medication, you should tell all your health care providers about all your medications. It is important to let your health care providers talk to each other, so that they know all your medication and they can help monitor you if your medication is not working like it should. For information about the importance of letting your health care providers talk to each other, click [here](#).

If you talk with your doctor and need additional help or resources, Community Care can help you. Community Care can also help you be a better advocate while you are talking to your primary care doctor or behavioral health provider. Please call the [Customer Service](#) number associated with your county of residence.

What should I tell my doctor?

You should tell your doctor about your alcohol use, even if you are not interested in stopping use. Alcohol use can sometimes lead to a misdiagnosis, if your doctor or behavioral health provider doesn't know that you are drinking alcohol. Alcohol can also interfere with some medications you might be taking, either making them not work or may cause you to have a negative reaction to the medication. Your doctor might need to change your medication so that it is still effective, even if you drink alcohol.

It's also important to talk to your doctor about alcohol use if you are considering or need surgery. Alcohol can interfere with your response to the anesthesia or other medication used before, during, or after the surgery. Alcohol use can also impact the way that your body heals after surgery. Because alcohol is a blood thinner, you might bleed a lot during and after the surgery. Stopping alcohol abruptly during a hospitalization might lead to severe withdrawal. Your body might take a long time to heal or not heal the way it needs to if you are drinking alcohol before and after the surgery.

Talk with your doctor about your alcohol use and how you want to stop using. If you are interested in starting medication for an AUD, let your doctor know. Talk with your doctor about which medication would work best for you. Also let your doctor know about any other substances you might be using. Some people talk with their primary care physician (PCP) or behavioral health provider about referrals. Sometimes, your PCP or behavioral health provider might not understand the treatment of AUD.

If you need help getting information and referrals or want more information about how to talk to your doctor about your substance use, Community Care can help you. Community Care can also help you be a better advocate while you are talking to your primary care doctor or behavioral health provider. Please call the [Customer Service](#) number associated with your county of residence.

Sometimes, it helps if you have a [written plan](#) for what you want to talk about with your doctor.

Can I stop drinking on my own?

If you are drinking alcohol daily, it is dangerous to stop alcohol abruptly, which is sometimes called "cold turkey." If you or a loved one is drinking and want to stop, you should always talk to a doctor first. Stopping alcohol use on your own, without consulting a doctor, can lead to withdrawal symptoms. Doctors can help you stop drinking with medication and monitoring. Some people might be able to take medication in their house to stop drinking. Some people might need to go to a residential setting or hospital to stop drinking. The type of treatment to stop drinking depends on how much you drink, any medication you take, and any physical or mental health diagnoses you have.

If you and your doctor determine that you can stay at home and stop drinking, your doctor may write you a prescription for a medication for AUD. Home-based care is sometimes referred to as home-based withdrawal management. If you or a loved one is consuming extremely high levels of alcohol daily, a residential setting or hospital may be needed for withdrawal management (you may be more familiar with the term detox). Residential settings and hospitals will monitor your vital signs and keep you safe, while your body is processing the alcohol out of your system. It is important to be honest about your alcohol use, so that your doctor can make an appropriate referral if it is not safe for you to stop drinking on your own, with or without the help of medication.

The chart below contains symptoms of alcohol withdrawal. If you see any of these symptoms after you or someone you know has stopped drinking, you should call your doctor for medical advice. If a person is having severe symptoms or confusion, call 911 or take them to the nearest emergency department. If you or someone you know wants to stop drinking but doesn't know how, you can call Community Care [Customer Service](#) to get referrals.

Common Symptoms	Other Symptoms	Delirium Tremens
Anxiety or nervousness	Sweaty, clammy skin	Agitation
Depression	Enlarged (dilated) pupils	Fever
Fatigue	Headache	Seeing things (visual hallucinations)
Irritability	Insomnia (sleeping difficulty)	Feeling things (tactile hallucinations)
Jumpiness or shakiness	Loss of appetite	Seizures
Mood swings	Nausea and vomiting	Severe confusion
Nightmares	Pale appearance (pallor)	
Not thinking clearly	Rapid heart rate	
	Hand or body shakes (tremors)	

For more information about alcohol withdrawal, you can click [here](#).

What should I expect when I start taking medication for an alcohol use disorder?

When you start taking medication, you may start on a lower dose to make sure your body does not have a negative response to the medication. The doctors will also want to find out how you feel once you start taking your medication. The first couple days that you take your medication, you might feel sick or be tempted to drink to find out what happens if you drink with your medication. If you have a negative reaction to the medication, you should inform your provider.

How long will I have to take medication?

You will take the medication as long as you and your treating physician indicate that you need it. It might be for a year or it might be for the rest of your life. Medications for AUD are just like any other medication that you might take for diabetes, high blood pressure, or depression. Short term medications, like antibiotics, are used to cure infections. Long term medications, like those used for diabetes, high blood pressure, or AUD, are used to help reduce symptoms. Talk with your doctor if you feel you no longer need medication. Just because you start to feel better and no longer have symptoms, does not mean that you should stop taking the medication. That means that the medication is working, and you should keep taking it.

Is medication safe and effective for youth and young adults?

The FDA has not approved any medications for AUD for adolescents. Trials have been done on a small scale, so the doctor will decide with the adolescent and family which medication will be best for the adolescent if medication is recommended. If you would like to read an article on medication for adolescents with AUD, click [here](#).

Is medication safe and effective for the elderly population?

Medications for AUD are safe and effective for the elderly population. Medications for AUD may interact with other medications or complicate other existing health conditions, so the elderly population might receive a lower dose of the medication or require additional lab work to make sure that they don't have a negative reaction to their medication. For this reason, it is important that your doctors can talk to each other, so they can make the best treatment decision based on all your medical conditions.

What if I am pregnant or have a newborn baby?

No amount of alcohol is safe when you are pregnant. Alcohol passes from blood through the umbilical cord, which reaches the baby. Alcohol use during pregnancy increases the risk for miscarriage, stillbirth, or the baby to be born premature. An additional significant risk of alcohol use during pregnancy is that the baby will develop fetal alcohol spectrum disorder. Fetal alcohol spectrum disorder includes physical problems, behavioral problems, or learning problems that a baby or child experience because of alcohol use during pregnancy. Click [here](#) for more information about fetal alcohol spectrum disorder.

Medications for AUD are not shown to be safe for people who are pregnant or breastfeeding. However, your doctor might decide that the benefits of taking the medication outweigh the risks of negative consequences and might prescribe medication for you. If you have questions about care for AUD during and after your pregnancy, you can call Community Care [Customer Service](#) and speak with a Care Manager who specializes in prenatal and postnatal care.

Treatment for Alcohol Use Disorders

There is help for people with AUD. Most treatment for AUD comes in the form of talk therapy or medication therapy.

What is the difference between talk therapy and medication therapy?

There are two types of effective therapy for an AUD: 1. talk therapy and 2. medication therapy. Talk therapy is when you meet with a therapist in a group or individual setting and discuss relapse prevention skills. If you have been in treatment before, you may have heard the therapist talk about CBT or DBT, which are both forms of talk therapy. Medication therapy is used to help people with an AUD manage the desire to use alcohol with medication. For additional social support, you could attend a mutual support meeting (like 12-step or SMART Recovery), which we are going to talk about later in this document.

Sometimes people who have immigrated do not get help because of translation issues. If you go to a treatment provider for help, they are required to get a translator to speak to you. Other times, immigrants may be afraid to seek help, because they think they are at risk of being deported. In Pennsylvania, it is illegal for a treatment provider to tell anyone you are in treatment without your permission, unless it is an emergency, and you cannot give permission.

Talk therapy and medication therapy combined have the best outcomes for people. People who receive medication (acamprosate, disulfiram, or naltrexone) and talk therapy at the same time, stay in treatment longer and are less likely to return to alcohol use than people who receive talk therapy without medications. Talk therapy can also be used to address any other substance misuse patterns. Sometimes, people progress from alcohol to another substance, like marijuana or opioids. A specific type of talk therapy, known as relapse prevention, can help you manage your urges, including the possible desire to use other substances.

Treatment outcomes, which may include length of time in treatment and no return to alcohol use, improve the longer that people remain on their medications for AUD. Some people think that medication for AUD is only needed temporarily, but if the medication is working, a person should not stop taking it. Medication for AUD is the same as medication for high blood pressure or diabetes – the symptoms are reduced because the medication is working. Medications will help you stop drinking alcohol and can also help you with urges and cravings. Talk therapy, combined with medications, can help address urges and cravings by teaching skills to help manage the urges and cravings.

Should I go to a mutual support meeting?

Participating in mutual support meetings is one of the most effective ways of avoiding alcohol for those who wish to abstain from alcohol. People who attend mutual support meetings also have better outcomes from treatment. Combining professional treatment (talk therapy), medications and mutual support meetings will improve your chances of learning how to live without alcohol or other substances.

Some people in recovery or struggling with alcohol use find attending a 12-step meeting to be helpful. Examples of 12-step meetings are Alcoholics Anonymous or Narcotics Anonymous. Some meetings are closed, which means that only people that use substances can attend. Alcohol use is required for closed Alcoholics Anonymous meetings. However, any substance use, including alcohol use, is permitted at closed Narcotics Anonymous meetings. Most meetings are open, which means that anyone can attend, even if they do not use substances. There are three types of 12-step meetings:

- **Discussion Meeting:** The group agrees on a couple of topics and people in the meeting take turns sharing about the topic.
- **Lead Meeting:** In this meeting, there is a speaker that talks about their recovery journey. The speaker may mention substance use, but the focus is on how to start the recovery process and continue in the recovery journey when faced with triggers.
- **Big Book Meeting:** In this meeting, the group leaders pick a section of the Narcotics Anonymous or Alcoholics Anonymous book and they discuss that section during the meeting

Depending on your comfort level with sharing your experience and where you are in your recovery journey, you might like some meetings better than others. If you try one meeting and you do not like it, do not get discouraged. It might have been the wrong meeting for you. You might want to try a couple different meetings and different types of meetings before deciding if 12-step meetings would support you in your recovery.

Some people want to talk with people about recovery but are uncomfortable going to 12-step meetings. SMART Recovery is a different type of mutual support group that looks at substance use as a disease and focuses on how to stay in recovery based on research, rather than working through the steps. If you are uncomfortable with 12-step meetings, you may want to try a SMART Recovery meeting to see if it is a better fit for you.

Millions of people have achieved recovery from an AUD by attending either a 12-step meeting, such as Alcoholics Anonymous or a non-12-step meeting, such as SMART recovery. You can go to meetings in person or online. To find a mutual support meeting, you can click [here](#).

What does my family need to know about my therapy?

When you go to therapy, regardless of which level of care you enter, your treatment provider will probably recommend that your family be involved in treatment. Typically, families get involved to offer support through your recovery journey. Family involvement does not always mean that families attend therapy and talk about everything that happened while you were actively using substances. Most times, families are involved to make sure you have a safe place to stay during and after treatment, as well as making sure that families understand what you need while you are attending treatment and aftercare.

For your treatment provider to talk to your family about your care, you will have to sign a Release of Information, which is sometimes referred to as a ROI. If you do not sign a ROI, then your treatment provider is not able to give your family any information about you, including if you receive treatment with the agency. When you sign a ROI, you can decide what information is shared. Sometimes, treatment providers might recommend that you sign a ROI for a family member just to let them know that you are in treatment and safe. Other times, treatment providers might recommend that your family comes to the agency to participate in therapy with you. It is your decision on what you want to share with your family and what you want your treatment provider to share. If you don't want to share information with your family, you might want to consider signing a ROI for someone else to let them know that you are safe and in treatment.

If you are a family member or loved one of someone drinking and you need assistance or resources, please contact the Community Care's [Customer Service](#) line. If you know someone who is drinking and you want to talk about it, you can contact Al-Anon, which is a group for families and loved ones of people who drink. They offer online and in person meetings. For more information on Al-Anon, click [here](#).

for your county of residence. If you have other insurance or no insurance, please contact the Single County Authority, or SCA, for your county of residence. SCA phone numbers are found [here](#).

How does stigma impact me?

You may have heard of the word stigma or that an SUD is a stigmatized disease, but you may not realize the impact of stigma on your ability or readiness to seek treatment.

Stigma is a label of shame or disgrace that people place on other people or themselves, based on an attribute (e.g., skin color, ethnicity, where you live, what you eat, sexual orientation, religious background, income, or acquired disease). People with an SUD are often stigmatized for having the disease of addiction.

Stigma associated with an SUD usually includes the following assumptions that people with SUDs:

- caused the disease, i.e., it's their fault
- can stop the use of alcohol or other substances at any time,
- are choosing not to stop,
- are not motivated to change,
- cannot be trusted.

The impact of this stigmatizing and inaccurate view of people with an SUD can occur through three elements of the person's life:

- **Public Stigma:** If you are feeling shame about having an SUD, it may be the impact of public or social stigma associated with people who suffer from an SUD. Most of your feelings of shame about your SUD may come from the stigma and misinformation about SUDs and how the disease occurs. Public stigma can impact social policies, such as the war on drugs and mass incarceration of people who have an SUD.
- **Self-Stigma:** You may not realize that you are already feeling and experiencing the impact of self-stigma. The most dangerous outcome of stigma is that you may begin to believe some of the shaming statements that were made by others. You may believe that you are unmotivated to change or that you are weak and should be able to stop on your own. The most dangerous aspect of self-stigma is that you may feel that you don't deserve effective treatment and that you should stop using alcohol or other substances on your own. You may also view yourself as hopeless or helpless because you cannot stop on your own.
- **Structural Stigma:** Even if you take the important step of asking for help, you may encounter another level of stigma, referred to as structural or organizational stigma. Many institutions adopt policies and procedures that are based on stigma, such as denying access to care to people with an SUD or removing them from treatment once an SUD is detected. Unfortunately, even SUD treatment providers develop policies based on stigma, such as discharging people from treatment if they relapse, even though SUD is defined as a relapsing disease.

If you want to learn more about stigma, click [here](#).

How to Overcome the Impact of Self-Stigma

There are several things that you can do to lower the impact of self-stigma:

- Stop referring to yourself as an “alcoholic” and, instead, refer to yourself as a person who has an AUD; if you keep calling yourself an alcoholic, you may begin to believe that you cannot stop being one.
- Ask family members and friends to also refer to you as a person who has an AUD, instead of an “alcoholic” or other negative label; people are more likely to recover with positive social support and less likely to recover when criticized or shamed.
- If you want to stop using alcohol, you are motivated! Motivation is needed, but not enough to stop using alcohol - talk therapy and possibly medications are needed to stop using alcohol.
- You deserve all lifesaving medications, like acamprosate, disulfiram, or naltrexone. Medications are used to treat all chronic health conditions, including your AUD. Medications are lifesaving treatment options you may need to be on for many years.
- Recovery is a marathon, not a sprint; very few people will achieve recovery after one treatment episode; most will need many months or years to achieve sustainable recovery.
- People do not ask for an SUD and no one can predict that they will acquire an SUD; approximately 20% of people who use alcohol and other substances will develop an SUD.
- No one wants to develop a chronic disease or struggle with excessive weight; however, most Americans struggle to improve diet or increase healthy activities. Recovery from an SUD is possible, just like losing weight or managing diabetes is possible, but it’s difficult to change, regardless of the type of chronic health condition.
- People with an SUD are as motivated to seek treatment as those with other chronic health conditions, however, only 11% of people with an SUD receive treatment each year, while over 60% of those with diabetes receive treatment each year.

How does alcohol impact African American people?

African American people start drinking alcohol later in life and consume less alcohol than Caucasian people. African American culture promotes social use of alcohol without reaching intoxication. In fact, African American culture tends to show signs of disapproval towards people who drink too much. Involvement with a church seems to decrease the amount of alcohol use by African American people.

Despite drinking less alcohol than Caucasian people, African American people have more problems with alcohol use than Caucasian people. African American people are more likely to be faced with legal problems because of drinking than Caucasian people, even if the same amount of alcohol is consumed in the same setting. When income, education, occupation, and employment status were equal between African American and Caucasian people, consequences were experienced at a higher rate by African American people than Caucasian people.

Low-income African American men are at the highest risk of developing an alcohol use disorder, which is thought to be due to discrimination, racism, age, lack of a job, and financial instability. High income African American men are less likely to develop an alcohol use disorder than Caucasian men with high income.

African American people are more likely to drink alcohol to reduce stress than Caucasian people. For people who manage stress through avoidance, African American people were more likely to drink more alcohol than Caucasian people. However, if African American people start to feel physical symptoms from stress, alcohol consumption decreases.

To read a study about the impact of alcohol use on African American people, click [here](#).

How does alcohol use impact the Hispanic/Latino population?

While many Hispanic/Latino populations don't drink alcohol as much as non-Hispanic populations, about 9.5% of people who are Hispanic/Latino have an alcohol use disorder during their life. Close to 10% of people who are Hispanic/Latino need treatment for alcohol use. Out of those 10%, a little more than 9% enter treatment. This is lower than the percentage of non-Hispanic people that enter treatment. Also, people who are Hispanic/Latino are less likely to attend a mutual support group.

Men who are Hispanic/Latino are more likely to drink alcohol than women who are Hispanic/Latino. Caucasian men who are also Hispanic/Latino are more likely to develop alcohol-related liver disease than all other ethnic or racial groups. Men who are Hispanic/Latino who have education beyond high school, are working full-time, or come from a Dominican background have higher risks of consuming alcohol.

There are additional risk factors for alcohol use in women who are Hispanic/Latino. Women who are Hispanic/Latino have a higher risk of alcohol use if they are aged 18-44, born in the United States, have a primary language of English, have education beyond high school, working full time, or come from a Dominican background.

Sometimes, Hispanic/Latino people do not get help because of translation issues. If you go to a treatment provider for help, they are required to get a translator to speak to you.

For more information on how the Hispanic/Latino population is impacted by alcohol use, click [here](#).

How does alcohol use impact the LGBTQIA+ population?

People in the LGBTQIA+ population are at an increased risk for alcohol use and to develop an alcohol use disorder. The increased risk is due to chronic stress experienced because of their sexual orientation or gender identity and expression and the development of negative coping skills to address the stress.

From 2016-2019, at least 60% of adults in the LGBTQIA+ population have used alcohol, with at least 10.5% having an alcohol use disorder. Alcohol use is present in 3 out of every 5 people in the LGBTQIA+ population with a SUD.

Youth in the LGBTQIA+ population have an earlier onset than youth who are heterosexual. Young lesbian and bisexual women drink more than young heterosexual women but increases in drinking over time is similar in both groups of women. Young men drink at the same rate regardless of sexual orientation but young men who are gay or bisexual increase drinking more rapidly than young men who are heterosexual. Young people who are bisexual have the highest drinking rates compared with young people who are gay, lesbian, or heterosexual.

If you are interested in reading more about alcohol use in the LGBTQIA+ population, please click [here](#).

How does alcohol use impact youth and young adults?

Alcohol impacts youth and young adults, who are people under age 21. The human brain is fully developed around age 25, and alcohol use can interfere with full brain development. Alcohol is most dangerous for youth and young adult brain development in relation to memory and learning. Alcohol interferes with the brain's ability to process and store memories, which makes it difficult to learn new things. Youth and young adults who drink are at a greater danger to kill brain cells than adults. Because the brain is not fully developed in youth and young people, they may not feel the depressant effects of alcohol, like slowed breathing and heart rate. This places youth and young people at a risk to drink more alcohol than adults in less time.

In addition to physical damage to the brain, alcohol can cause impairment with making social decisions. Youth and young adults are more likely to feel pleasurable effects of alcohol than adults, like being relaxed in social situations, putting them at risk to drink more. Alcohol impacts judgement, including time management, attention span, and the ability to choose appropriate behaviors. Coordination is impacted by alcohol, which makes drinking and driving a risky behavior. Alcohol impacts a person's ability to respond to stress, which can lead to poor stress management as an adult.

When looking at high school students, 29% report drinking alcohol and 14% report binge drinking. 5% of people in high school reported driving after drinking alcohol and 17% of high school students report riding in a car with a driver that consumed alcohol. Female high school students are more likely to drink alcohol and binge drink than male high school students.

Problems experienced by youth and young adults:

- Educational problems (like absences or lower grades)
- Social problems (like fighting or lack of participation in activities)
- Legal problems (like driving under the influence, physically hurting someone while drunk, and underage drinking charges)
- Physical problems (like hangovers or illnesses)
- Unwanted, unplanned, and unprotected sexual activity
- Disruption of normal growth or sexual development
- Physical and sexual violence
- Increased risk of suicide and homicide
- Alcohol-related motor vehicle crashes and other unintentional injuries, such as burns, falls, or drowning
- Memory problems
- Misuse of other substances
- Changes in brain development that may have life-long effects
- Alcohol poisoning

Several studies show that drinking alcohol as a youth and young adult can lead to problems with alcohol as an adult.

For more information on how alcohol use impacts youth and young adults, click [here](#).

How do I know if my child is using alcohol?

There are several ways to tell if a child is using alcohol:

- Mood changes, especially with anger and irritability
- Defensiveness during conversations
- Problems in school, such as poor attendance, low grades, disciplinary actions
- Not following family rules
- Changes in friends and you don't know the new friends
- Loss of energy, interest in appearance, and participation in activities
- Finding alcohol or smelling alcohol
- Physical signs, including bloodshot eyes, slurred speech, and coordination problems
- Mental signs, including memory problems and poor concentration

For more information to tell if your child is drinking, click [here](#).

How does alcohol use impact older adults?

Alcohol impacts older adults. With age, your body processes alcohol differently. So even if you drink at the same rate as when you were younger, you might get drunk faster or have more problems while drinking. Sometimes, alcohol use with older adults is overlooked because the same problems that happen with alcohol use can happen as a person gets older. If you are drinking alcohol, it is important to talk to your doctor about how much you drink, so that you don't get misdiagnosed.

Older adults are at an increased risk to drink alcohol due to feelings of loneliness. Loneliness might be felt due to a person losing their partner or friends through death, retirement from work, or lack of contact with children and other supports. Studies show if older adults have fewer social contacts, they are at a higher risk to drink alcohol. Loneliness can also lead to depression, which is another risk factor for drinking in older adults. In one study, older adults with depression and multiple chronic health conditions were five times more likely to drink alcohol than older adults who had multiple chronic health conditions but no depression. When older adults drink, they are more prone to accidents. Use of alcohol increases the risk of injury. Alcohol impacts balance, which may lead to falls and bone fractures. The risk of having a car crash increases at age 55, and alcohol use increases the risk of crashing a car. Additionally, older adult drivers are more seriously injured in car crashes than younger drivers.

For more information about alcohol use and the elderly, click [here](#).

How does alcohol impact veterans?

Alcohol is the most common substance used by veterans, even when compared to cigarette use. 80.2% of all veterans with an SUD drink alcohol and 7% of veterans with an SUD are combining alcohol with another substance. Mental health diagnosis also contributes to binge drinking for veterans. In 2018, 28.1% of veterans with any mental health diagnosis engaged in binge drinking, compared to 24% of veterans binge drinking with no mental health diagnosis. Out of the veterans with a mental health diagnosis, 34.5% of veterans with a serious mental illness, or SMI, engaged in binge drinking.

Substance use also increases the risk of suicide for veterans. Veterans with an SUD are about 8 times more likely to have serious thoughts of suicide compared to veterans without an SUD. Veterans with an SUD are about 11 times more likely to develop a suicide plan than veterans without an SUD. Veterans with an SUD are about 23 times more likely to attempt suicide than veterans without an SUD.

For more information about veterans, substance use, mental health, and suicide, click [here](#).

How does criminal justice involvement impact my alcohol use?

Alcohol use leads to increased involvement in the criminal justice system. 40% of people on probation, in state prisons, or in local jails report using alcohol when they committed a crime. Driving while intoxicated is the most common charge. Domestic violence risk increases with alcohol use, as 29% of people incarcerated at the federal level and 40% of people incarcerated at the state level admit to domestic violence involving alcohol.

For more statistics on alcohol use and criminal justice involvement, click [here](#).

How does mental health impact my alcohol use?

Your mental health can impact alcohol use. The most common mental health diagnoses that co-exist with alcohol use are major depressive disorder, bipolar disorder, anxiety disorder, conduct disorder, and antisocial personality disorder. Sometimes it is difficult for providers to determine if a person has both a mental health disorder and an AUD, if the alcohol use may be causing the mental health symptoms, or if the mental health disorder is causing a person to drink. Alcohol use can lead to complications in getting an accurate mental health diagnosis and might make medications not work properly. Your health care provider might ask a lot of questions about your life history, to get a more accurate diagnosis and to get medications that will help you. Sometimes, the medications might be for mental health only. Sometimes, the medications might be for AUD only. Sometimes, you might get medications for both mental health and AUD.

If you want to read a research article about mental health and alcohol use, please click [here](#).

Other Concerns with Helping a Loved One

Some people we love might be dealing with alcohol use and we might feel helpless. We can see what alcohol use is doing to our loved one and not know how to help them. We might have suggested that our loved one get help and we might have been met with opposition, yelling, or physical harm. Sometimes, we can't get our loved one to get help, but we can get help for ourselves. If you are a Community Care member and you want help for yourself or a loved one, please call [Customer Service](#).

How do I live life without alcohol?

Once people start their recovery journey, they might look for ways to avoid alcohol completely. If you or someone you love wants to avoid alcohol completely, you may need to make sure common household items you buy are alcohol-free. Using items containing alcohol could trigger a person's senses (taste, smell, touch, sight, and sound) and lead them back into drinking or using other substances.

An important part of stopping a behavior, such as drinking alcohol, includes finding a replacement behavior to do instead. Sometimes, we might spend a lot of our time drinking, and when we stop, we aren't sure what to do with our free time. Finding a hobby or getting involved in other activities is a good way to spend time without drinking alcohol. Some hobbies or activities might be cost-free, such as attending mutual support meetings, reading, geocaching, gardening, building a puzzle, meditation, hiking, running, or walking. You can check with your local library to see if they offer any free activities, like a book club or a game night. Other hobbies or activities might have a cost, such as coloring, crafting, going to a gym, going to a scrapbooking, photography, card games, or bowling. You also might be interested in participating in local volunteer events, like sorting food in a food pantry or walking dogs at an animal shelter.

If alcohol is not available in common forms of wine, liquor, or beer, cravings may make a person feel desperate and consume household products containing alcohol. The most common forms of household items that people ingest are cough syrup, mouthwash, and vanilla extract. Consuming these items are especially dangerous because they have a higher alcohol content than most drinks containing alcohol.

Many common household items and over the counter medications contain alcohol. Alcohol is easy to identify in some items, such as shaving cream, flavored extract, perfume, and cologne. Some things that you might not realize, like hygiene products, windshield wiper fluid, and bug spray have small or large quantities of alcohol in them. These household items are found in convenience stores, pharmacies, and grocery stores and rarely require age verification to purchase.

Ingesting any household items can cause a person to get sick and possibly need to go to the emergency department. If you think someone might have ingested a household product, you should call Poison Control immediately at 1.800.222.1222 or get help online at [Poison Control](#).

Community Care Customer Service

If you have questions about your care or how to get care, you can always call Customer Service at the number below for your county.

Adams	1.866.738.6849	Luzerne	1.866.668.4696
Allegheny	1.800.553.7499	Lycoming	1.855.520.9787
Bedford	1.866.483.2908	McKean	1.866.878.6046
Berks	1.866.292.7886	Mifflin	1.866.878.6046
Blair	1.855.520.9715	Monroe	1.866.473.5862
Bradford	1.866.878.6046	Montour	1.866.878.6046
Cameron	1.866.878.6046	Northumberland	1.866.878.6046
Carbon	1.866.473.5862	Pike	1.866.473.5862
Centre	1.866.878.6046	Potter	1.866.878.6046
Chester	1.866.622.4228	Schuylkill	1.866.878.6046
Clarion	1.866.878.6046	Snyder	1.866.878.6046
Clearfield	1.866.878.6046	Somerset	1.866.483.2908
Clinton	1.855.520.9787	Sullivan	1.866.878.6046
Columbia	1.866.878.6046	Susquehanna	1.866.668.4696
Delaware	1.833.577.2682	Tioga	1.866.878.6046
Elk	1.866.878.6046	Union	1.866.878.6046
Erie	1.855.224.1777	Warren	1.866.878.6046
Forest	1.866.878.6046	Wayne	1.866.668.4696
Greene	1.866.878.6046	Wyoming	1.866.668.4696
Huntingdon	1.866.878.6046	York	1.866.542.0299
Jefferson	1.866.878.6046	All Counties	
Juniata	1.866.878.6046	TTY (Dial 711) Request	1.833.545.9191
Lackawanna	1.866.668.4696	En español	1.866.229.3187

If you are not a Community Care member, you can call your primary insurance provider. You can also call the Single County Authority, or [SCA](#), to get a treatment referral. You can also visit [Pennsylvania Get Help Now](#) or call them at 1-800-662-HELP (4357).

Resources

General Information on Alcohol Use Disorders

- [Shatterproof](#) is an organization that provides education on substance use and recovery. Shatterproof also focuses on reducing stigma for people with substance use disorders.
- [SAMHSA](#) is a resource that helps support people in recovery. Their website provides information on substance use and information on treatment.
- [National Institute on Drug Abuse \(NIDA\)](#) is an organization that provides education on substance use and how it affects people. They have information on a lot of substances that people use and the impact of substance use on a person.
- [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#) is an organization that provides research on the impact of alcohol use and someone's health.
- [Nemours](#) is a nonprofit organization that promotes the health of youth and young people and has information on how to talk to children of any age about alcohol use.
- [Talk it Out](#) is an organization that provides [facts about underage drinking](#), as well as ways to start conversations with youth and young adults about drinking behaviors.

Medicine for Alcohol Use Disorders

- [Information on disulfiram](#)
- [Information on acamprosate](#)
- [Information on naltrexone](#)

Short Educational Videos about Alcohol Use Disorders

- [Disease Model of Addiction](#)
- [How alcohol use impacts a person and their family](#)
- [Alcohol tolerance and withdrawal](#)

Mutual Support Groups

- [Alcoholics Anonymous](#) is a group run by people in active recovery.
- [SMART Recovery](#) is a type of mutual support group that focuses on recovery through science, not the 12 steps.
- [Full list of online mutual support groups on Community Care's website](#)
- [Al-Anon](#) is a support group for family members of people who drink alcohol.