



# Alcohol & Drugs

eLibrary  
Reference  
Materials

---

1.1 Introduction	<a href="#"><u>4</u></a>
1.1.1 Reason for Using Drugs And Alcohol	<a href="#"><u>4</u></a>
1.1.2 Drinking	<a href="#"><u>4</u></a>
1.1.3 Drug Use	<a href="#"><u>4</u></a>
1.1.4 Two Types of Substance Use Problems	<a href="#"><u>5</u></a>
1.2 Substance Abuse Risks	<a href="#"><u>6</u></a>
1.2.1 How Do You Know When There Is A Problem	<a href="#"><u>6</u></a>
1.2.2 Common Excuse to Drink Or Use	<a href="#"><u>7</u></a>
1.2.3. Substance Use And Relationships	<a href="#"><u>7</u></a>
1.2.4 How To Tell If You are Having Problems With Alcohol	<a href="#"><u>7</u></a>
1.3 Substance Abuse And Post-Traumatic Stress	<a href="#"><u>9</u></a>
1.3.1 Post-Traumatic Stress Reactions	<a href="#"><u>9</u></a>
1.3.2 Drinking And Using Drugs To Cope With Combat Stress	<a href="#"><u>10</u></a>
1.3.3 Breaking The Connection	<a href="#"><u>10</u></a>
1.3.4 Sleep Problems And Substance Abuse	<a href="#"><u>10</u></a>
1.3.5 Developing Healthy Coping Skills	<a href="#"><u>11</u></a>
1.4 Making Healthy Choices About Drugs And Alcohol	<a href="#"><u>11</u></a>
1.4.1 What Is Moderate Drinking?	<a href="#"><u>11</u></a>

1.4 Making Healthy Choices About Drugs And Alcohol (cont.)	
1.4.2 Putting Moderate Drinking Into Action	<a href="#"><u>12</u></a>
1.4.3 Blood Alcohol Concentration (BAC)	<a href="#"><u>13</u></a>
1.4.4 Blood Alcohol Concentration And Effects	<a href="#"><u>14</u></a>
1.4.5 Tips For Safe Drinking	<a href="#"><u>14</u></a>
1.4.6 Tips For Getting Home Safely	<a href="#"><u>15</u></a>
1.4.7 Caring For A Friend Who Has Had Too Much To Drink	<a href="#"><u>15</u></a>
1.5 Abstinence: When Safe Use is NO Use	<a href="#"><u>16</u></a>
1.5.1 Staying ‘Clean’	<a href="#"><u>16</u></a>
1.5.2 Identifying Triggers	<a href="#"><u>17</u></a>
1.5.3 How Can I Have Fun If I Can’t Drink Or Use?	<a href="#"><u>18</u></a>
1.6 Getting Help To Quit	<a href="#"><u>18</u></a>
1.6.1 Who To Contact For Help	<a href="#"><u>18</u></a>
1.6.2 Getting Help For Both Substance Use And Combat Stress/PTSD	<a href="#"><u>19</u></a>
1.6.3. Medications For Substance Use Issues	<a href="#"><u>19</u></a>
1.7 Willing To Cut Back, But Not Quit Entirely	<a href="#"><u>20</u></a>
1.8 References	<a href="#"><u>21</u></a>

## 1.1 INTRODUCTION

In this chapter, you will learn about drug and alcohol use and abuse.



### 1.1.1 Reason For Using Drugs And Alcohol

People often drink or use drugs to relax, celebrate, or socialize with others. But people may also use alcohol or drugs to:

- Help fall or stay asleep.
- Manage stress and tension.
- Numb emotional pain.
- Ease physical pain.
- "Drown out" worries.
- Forget problems.
- Decrease sadness.
- Relax around others.
- Avoid upsetting thoughts and memories.
- "Take the edge off."
- Cope with depression.

### 1.1.2 Drinking

Most service members keep their drinking under control. But excessive drinking can lead to relationship problems, work troubles, and financial or legal difficulties.

Problem drinking can take different forms, including heavy drinking and binge drinking. People with a heavy drinking problem continue to drink even after serious consequences, like getting a DUI, getting fired, or destroying a marriage. Binge drinkers have five or more drinks at a time. Binge drinkers are 21 times more likely to damage property, get injured in accidents, act violently, have risky sex, drive drunk, or break the law.

### 1.1.3 Drug Use

Illegal drug use and prescription drug misuse are on the rise among service members. Nearly seven percent of service members report that they abuse illegal or prescription drugs. According to military substance use counselors, the most commonly abused drugs are marijuana, "uppers" (methamphetamines and cocaine), and prescription painkillers (Vicodin and Oxycontin).

Misusing drugs can have severe consequences, like jail time or a dishonorable discharge. Even if they don't get caught, few people use drugs in moderation. For most people, their drug use gets out of control and causes problems in many areas of life.

### 1.1.3 Drug Use (cont.)

#### **Prescription Drug Use:**

In some cases, physicians prescribe pain medicine to service members for real problems, like a drug to control pain from an injury. These cases are harder to define as "misusing" or "abusing" drugs, because the medication was prescribed for a valid medical reason. But taking more medication than prescribed can become a serious problem. Some people use prescription medications to numb themselves or escape from stress and painful feelings. These drugs can also lead to depression, trouble thinking clearly, and addiction. Painkillers mixed with other drugs or alcohol can also lead to overdose or death.

IF YOU OR SOMEONE YOU KNOW IS MISUSING PRESCRIPTION MEDICINE, TALK WITH A HEALTH CARE PROVIDER ABOUT ADJUSTING THE PRESCRIPTIONS AND FINDING HEALTHY WAYS TO COPE.

You may be abusing prescription drugs if you:

- Take more medication than your physician prescribed.
- Run out of the medication early.
- Use the medication longer than prescribed.
- Take the medication to get high or feel better emotionally.

### 1.1.4 Two Types of Substance Use Problems

There are two types of substance use problems: substance dependence and substance abuse.

**Substance dependence** is a pattern of use that includes three or more of the following in a twelve-month period:

1. Using more of the substance to get the same effect, or getting less effect from the same amount of substance.
2. Withdrawal when substance use stops. Symptoms of withdrawal:
  - Headache
  - Nausea or vomiting
  - Stomach pain
  - Shakes or jitters
  - Chills, sweats, or fevers
  - Anxiety or panic attacks
  - Hard time falling asleep
  - Cravings for the substance
  - Difficulty controlling the amount of the substance used.
  - Difficulty stopping or decreasing use.
  - Spending a lot of time getting and using the substance, or getting over its effects.
  - Giving up important activities or responsibilities due to substance use.
  - Continuing to use substance, despite knowing the harm it can cause.



## 1.1.4 Two Types of Substance Use Problems (cont.)

**Substance abuse** is a pattern of use that includes one or more of the following in a twelve-month period:

1. Having problems with family, friends, at school, or at work.
2. Being high or drunk in dangerous situations (such as while driving).
3. Getting into trouble with the law because of substance use.
4. Arguing or fighting with others while using.

## 1.2 SUBSTANCE ABUSE RISKS

Alcohol and drugs may seem to make things better. Substances may help you sleep, forget your problems, or feel more relaxed. But alcohol and substances have substantial risks for your personal health, well-being and relationships.



ALCOHOL AND DRUGS HAVE SHORT-TERM BENEFITS THAT DON'T LAST.

LONG-TERM MISUSE OF ALCOHOL AND DRUGS CREATES SERIOUS PROBLEMS.

### 1.2.1 How Do You Know When There Is a Problem?

If you are concerned about a possible substance use problem, look for difficulties in these areas:

- Work/School
- Relationships
- Family
- Money
- Physical Health
- Mental Well-being
- Spirituality
- Self-respect
- Legal Record

If you think you may have a drug or alcohol problem, ask yourself:

- Have my family or friends commented on how much or how often I drink or use alcohol?
- Have I been feeling guilty about my drinking or drug use?
- Have I been drinking more or using more drugs over time?
- Have I tried unsuccessfully to cut down on alcohol or drugs?
- Does my drinking or drug use affect my abilities as a parent, employee, or student?
- Do I use in situations that are dangerous, like driving or operating machinery?
- Lately, do I need more alcohol or drugs to get the same effect?
- Do I use alone when I'm angry, sad, bored or lonely?
- So I use when I'm reminded of upsetting deployment memories?
- Does my using ever make me late for work?
- Does my family worry about my drinking or drug use?
- Do I ever use after telling myself I won't?
- Have I ever forgotten what I did while drinking or using?

If you answered "yes" to one or more of these questions, it may be time to look at how much you're using. Try cutting back with help from friends, family, community groups (like Alcoholics Anonymous/ Narcotics Anonymous) or a professional.

## 1.2.2 Common Excuses To Drink Or Use

Do any of these sound familiar?

- “At least I don’t use hard drugs”
- “I can control myself if I want to; I just don’t want to!”
- “I only drink beer (wine), and everyone else does it.”
- “I’ve never missed a day of work (or school).”
- “I’m not an alcoholic– alcoholics drink all day, every day.”
- “I don’t need help, I can handle it myself.”
- “I gave it up for 3 weeks last year so I’m fine.”
- Sure, I drink a lot, but I can stop whenever I want.”
- “I don’t drink every day.”

## 1.2.3 Substance Use and Relationships

It’s hard to have healthy relationships if you regularly get drunk or high. Here’s a list of relationship problems caused by substance abuse:

- Fighting and arguments
- Loved ones feel rejected by someone who’s always drunk or high
- Secrets and lies that damage trust and intimacy
- Poor choices that affect loved ones and cause them worry
- Communication problems
- Children confused and hurt by aggressive behavior, emotional distance, or inconsistency
- Families affected by accidents and arrests
- Family violence and accidents
- Higher risk of driving under the influence with family members in the car

## 1.2.4 How To Tell If You’re Having Problems With Alcohol

Some people find drinking more relieves stress - have you noticed this in yourself? If so, try to get a sense of whether your pattern of drinking is dangerous or causing problems. Answer these questions honestly—they’re meant to help you assess your drinking. Then score your answers. You may want to print or write these questions out.

### **Quantity-Frequency Measure:**

- On average, how many days during the week do you drink?
- On a typical day when you drink, how many drinks do you have?
- Multiply the first number by the second number

## 1.2.4 How To Tell If You're Having Problems With Alcohol (cont.)

**HOW TO MEASURE YOUR SCORE:** Sgt. Jones says he drinks a six-pack of beer on Friday, Saturday, and Sunday nights. This is 3 days a week, with 6 drinks on each day. To calculate the score, we multiply 3 x 6 to get a score of 18.

Your substance use could be a problem if your score is:

**Men** - 14 or more ; **Women** - 7 or more

The number for women is lower because their bodies have a lower percentage of water than men's bodies, less of the enzyme that breaks down alcohol, and a different hormonal make-up. As a result, alcohol remains concentrated in a woman's body longer than in a man's body.

If your score indicates your drinking may be a problem, ask yourself these **CAGE** questions: Over the past year...

- C** - Have you felt you should **CUT** down on your drinking or drug use?
- A** - Have people **ANNOYED** you by criticizing your drinking or drug use?
- G** - Have you ever felt **GUILTY** about your drinking or drug use?
- E** - Have you ever had an **EYE-OPENER**— drunk or used first thing in the morning to steady your nerves?

If you answered yes to 1 or 2 of the CAGE questions might be experiencing **alcohol abuse**. If you answered yes to 3 or 4 of the CAGE questions, you might be experiencing **alcohol dependence**.

If your score on the quantity-frequency measure was *more than 14 for men, or 7 for women*, and you answered yes to *three or four of the CAGE questions*, it's likely you are experiencing **substance dependence**. Substance dependence is serious. It can affect your mood, functioning at work, relationships, health and more. Substance dependence requires professional help (see **Services to Help You Quit** section of this chapter).

If your score on the quantity-frequency measure was *more than 14 for men, or 7 for women*, and you answered yes to *one or two of the CAGE questions*, it's likely you are experiencing **substance abuse**. Substance abuse can affect your work, your relationships, your emotions, and your health. It can also lead to substance dependence, so you should talk about your drinking with a healthcare professional while you still have control. See the **Services to Help You Quit** section of this chapter.

Drugs and Alcohol  
can **DAMAGE**  
your relationships.  
  
Substance misuse  
**always** leads to  
hurt loved ones  
and lost time that  
can **never** be  
regained.

## 1.3 SUBSTANCE ABUSE AND POST-TRAUMATIC STRESS



There is a strong link between traumatic events and substance use problems. Many trauma survivors use alcohol or drugs to relieve stress, depression, and upsetting memories.

Struggling to cope with a traumatic event doesn't always lead to problems with alcohol or drugs. However, service members who experienced combat and other traumatic events are more likely to have problems with alcohol and drugs. These substances make it more difficult to deal with stress and trauma.

### 1.3.1 Post-Traumatic Stress Reactions

Combat stress, or Post Traumatic Stress Disorder (PTSD), is a set of emotional challenges that occur after someone has been through a traumatic or stressful event.

**There are four main types of Post-Traumatic Stress reactions:**

1. **Re-experiencing the trauma:**

Flashbacks, nightmares, memories you can't erase, or intense emotional and physical reactions to trauma reminders (being triggered).

2. **Emotional numbing:**

Feeling distant from others, wanting to be alone, not having many emotions, or not being interested in activities you once enjoyed.

3. **Avoidance:**

Avoiding activities, people, or places that remind you of the trauma; avoiding talking or thinking about the trauma.

4. **Increased arousal:**

Having a hard time sleeping and concentrating, being irritable, on guard and "jumpy," or having intense responses to being startled (hitting the dirt).

### 1.3.2 Drinking and Using Drugs To Cope With Combat Stress

To cope with these challenging reactions, service members often turn to substances to "self-medicate." But alcohol or drugs only provide *temporary* relief to painful memories and feelings. And those substances produce a lot of downsides:

- Trouble concentrating
- Trouble coping with memories of trauma
- Nervousness and paranoia
- Fewer positive feelings
- Feeling edgy and on guard
- Depression
- Conflicts with family members and friends
- Increased risk for violence
- Restless sleep
- Problems dealing with life stress
- Feeling numbed out
- Not wanting to be around people
- Increased anger and irritability
- Increased risk for suicide
- Reduced productivity at work
- Increased risk of accidents



### 1.3.3 Breaking the Connection

Some service members think, "I'm not willing to cut back right now, I just want to focus on getting rid of my combat stress." Unfortunately, it doesn't work that way. Substance use affects combat stress, and combat stress can lead to substance abuse, so don't ignore the link between the two.

### 1.3.4 Sleep Problems and Substance Abuse

Many Service Members who have combat stress reactions also have the following sleep problems:

- Trouble falling asleep
- Waking up often
- Restless sleep
- Nightmares

Substances may help you fall asleep or avoid nightmares, but they may also make you more irritable and "on guard." Drinking or smoking pot often make it harder to get a restful night's sleep. Alcohol may help you fall asleep, but it prevents you from getting restful sleep. As the alcohol wears off, the body wakes up over and over again during the night. This contributes to feeling hung over, tired and irritable the next day.

**COMBAT STRESS AND PTSD ARE A *NORMAL* REACTION TO ABNORMAL EVENTS.**

**FORTUNATELY, THERE ARE *HEALTHY WAYS* TO MANAGE OR OVERCOME THESE SYMPTOMS WITHOUT USING ALCOHOL OR SUBSTANCES.**

### 1.3.5 Developing Healthy Coping Skills

Your reactions may seem worse and more intense when you don't have substances to numb your feelings. So you need an arsenal of coping skills to deal with your PTSD or combat stress reactions *without* using drugs or alcohol. You can:

- Practice relaxation exercises or slow, relaxing breathing.
- Learn other stress management skills.
- Fill your schedule with fun activities that don't involve drinking or using drugs.
- Talk to a trusted friend or family member.
- Learn anger management skills, like taking a timeout or assertive communication.
- Develop healthy bedtime habits and routines.
- Exercise regularly.
- Eat healthy foods.
- Avoid sugar and caffeine.
- Write about deployment memories and experiences.
- Develop and maintain a spiritual life.
- Talk to a professional and get some help.

## 1.4 MAKING HEALTHY CHOICES ABOUT DRUGS AND ALCOHOL

In this section, you will learn how to make healthy choices about alcohol and drugs by learning about moderate drinking, tips for safe drinking, and the effects of your blood alcohol concentration.



### 1.4.1 What is Moderate Drinking?

It is important to know how much drinking is too much, or "when to say when." For most adults, consuming a moderate amount of alcohol is not harmful and will not lead to alcohol-related problems.

Moderate alcohol use means:

- Up to two drinks per day for men
- Up to one drink per day for women
- Up to one drink per day for older adults

One drink means:

- A 12-ounce bottle of beer
- A 5-ounce glass of wine
- 1.5 ounces of 80 proof distilled liquor

**NOTE:** Moderate alcohol use is not safe for everyone.



## TO REFUSE DRINKS YOU CAN SAY:

- “I’m driving.”
- “No, thanks.”
- “I have something to do in the morning.”
- “I’m training for a marathon/triathlon/ other sporting event.”
- “I drank too much last night so I’m taking it easy tonight.”
- “I’m taking a break from drinking for a couple of weeks.”
- “I have too much work to do in the morning.”
- “I’m allergic to alcohol.”
- “If I have another one, I’ll fall asleep. I’ll get a coffee or a soda instead.”
- “I have an important meeting tomorrow.”
- “I’m OK for now.” (keep a half-filled cup even if you’re not drinking.)
- “I’m taking medication that I can’t mix with alcohol.”
- “I’m trying to lose weight.”
- “I had a migraine headache earlier.”
- “I’m pregnant.”
- “Thanks but I’ve already had enough to drink tonight.”
- “Sorry, I never drink on Mondays.” (Tues, Weds, and so forth)
- “No thanks. My liver is tired.”
- “I’m under the weather today.”
- “I don’t feel like praying to the porcelain god tonight.”
- “I have a bet with someone to see how long I can go without drinking.”
- “I already have a six-pack!”

### 1.4.2 Putting Moderate Drinking Into Action

To keep your drinking within moderate levels, you might:

- **Think of three reasons to drink moderately before you go out.**
    - I want to wake up early.
    - I want to exercise in the morning.
    - My girlfriend/boyfriend doesn’t like it when I drink.
  - **Bring enough money for only a couple drinks; leave your credit cards home.**
  - **Make a plan:**
    - Decide ahead of time how many drinks you will have.
    - Decide how you’ll get home *safely*.
    - Commit to going home at a certain time.
  - **While you’re out, call someone who cares about you.** Ask them to remind you why you decided to drink moderately.
  - **Drink non-alcoholic drinks, or alternate between alcoholic and non-alcoholic drinks. Drink a lot of water.**
  - **Order some food.**
- For some people, it is hard to imagine having fun without alcohol. But there are lots of ways to ***have fun when other people are drinking and you are not:***
- Play bartender or DJ.
  - Watch a movie.
  - Start up a game of pool, darts, cards, or a video game.
  - Find other non-drunk people. You might make new friends.
  - Pretend to be drunk - your drunk friends won’t know the difference.
  - Play drinking games with non-alcoholic drinks.
  - Take funny pictures of your friends.

### 1.4.3 Blood Alcohol Concentration (BAC)

Blood Alcohol Concentration, or BAC, is the amount of alcohol in your blood at any given time, which determines the effects that alcohol has on you.

- A BAC of .10 is enough to be considered *legally drunk*.
- The legal level for driving drunk in most states is .08.
- Bodies burn or metabolize alcohol at a steady rate.
- You can't dilute alcohol in your system with nonalcoholic drinks or food.
- The only thing that lowers your BAC is *time*.
- The faster someone drinks, the higher their BAC rises.
- Other things that affect BAC:
  - Gender (Women's BAC increases more quickly)
  - Weight
  - Metabolism
  - Use of medication



This chart shows how many alcoholic drinks you can consume before getting legally drunk (.08 BAC or higher).

<b>Males</b>		<b>Number of Drinks</b>									
<b>Body Weight</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<b>100 lbs</b>	.043	.087	.130	.174	.217	.261	.304	.348	.391	.435	
<b>125 lbs</b>	.034	.069	.103	.139	.173	.209	.242	.278	.312	.346	
<b>150 lbs</b>	.029	.058	.087	.116	.145	.174	.203	.232	.261	.290	
<b>175 lbs</b>	.025	.050	.075	.100	.125	.150	.175	.200	.225	.250	
<b>200 lbs</b>	.022	.043	.065	.087	.108	.130	.152	.174	.195	.217	
<b>225 lbs</b>	.019	.039	.058	.078	.097	.117	.136	.156	.175	.195	
<b>250 lbs</b>	.017	.035	.052	.070	.087	.105	.122	.139	.156	.173	

<b>Females</b>		<b>Number of Drinks</b>									
<b>Body Weight</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<b>80 lbs</b>	.053	.106	.156	.212	.265	.318	.371	.424	.477	.529	
<b>100 lbs</b>	.050	.101	.152	.203	.253	.304	.355	.406	.456	.507	
<b>125 lbs</b>	.040	.080	.120	.162	.202	.244	.282	.324	.364	.404	
<b>150 lbs</b>	.034	.068	.101	.135	.169	.203	.237	.271	.304	.338	
<b>175 lbs</b>	.029	.058	.087	.117	.146	.175	.204	.233	.262	.292	
<b>200 lbs</b>	.026	.050	.076	.101	.126	.152	.177	.203	.227	.253	
<b>225 lbs</b>	.022	.045	.068	.091	.113	.136	.159	.182	.204	.227	

### 1.4.4 Blood Alcohol Concentration And Effects

The chart below explains how BAC affects judgment and behavior. Some people may feel and act normal, even with a BAC of .12, especially if they are alcohol dependent. But no matter how *you* feel, alcohol *does* affect your judgment, reaction time, and driving ability.

.30 - .50	Death may occur at .37% or higher. BACs of .45% and higher are fatal to nearly all individuals.
.25 - .30	Very Drunk. May lose consciousness.
.15	Obviously drunk. Staggering, weaving, irrational behavior. The equivalent of 1/2 pint of whiskey is circulating in the bloodstream.
.12 - .15	Vomiting may occur. May be drowsy. Loss of critical judgment, impairment of memory and comprehension. Vision impaired.
.10	Loss of inhibition. Judgment & driving impaired. Clear deterioration of reaction time and control.
.08	Judgment & driving impaired. Defines intoxication in most states.
.06	Judgment and driving somewhat impaired
.05	Definite Relaxation. Most people are very mellow at this point. There can be some impairment, and ability to drive safely begins to be limited.
.04	Most people begin to feel relaxed, sociable, and talkative.
.02	Moderate drinkers may feel some relaxation and warmth

### 1.4.5 Tips for Safe Drinking

- **Drink water.** Especially *while* you are drinking. Pacing yourself will keep you from getting dehydrated. Drink another pint of water before you go to bed.
- **Eat well before you drink.** How much and how recently you have eaten will affect how quickly or slowly alcohol enters your bloodstream from your stomach. But even with food, if you drink too much, you will get intoxicated.
- **Be fashionably late.** Show up late to the party or bar to limit your drinking time. Think about starting with a soda or juice so you don't feel so thirsty.
- **Know when to stop BEFORE you start.** A good rule of thumb is one drink per hour. If everyone else is drinking faster than that, try some of the ways to refuse drinks we recommended earlier in this chapter.
- **Drinking the next morning doesn't work.** It might help your headache because you get drunk again, but it only puts off the inevitable alcohol comedown.
- **Take a break.** Set aside an alcohol-free period of time. It may be a week or a month when you decide not to drink. This break will boost your health.

**Take a minute to look  
back over the list and choose  
two ways to drink safely.**



### 1.4.6 Tips For Getting Home Safely

Here are some tips for getting home safely after a night out.

- **Plan ahead.** Have a solid plan in place before you start drinking.
- **Designate a driver.** Decide beforehand who the non-drinking driver will be. Choose someone reliable. Pay for their non-alcoholic drinks and their gas.
- **Keep taxi numbers and money handy.** Take a couple of cab company phone numbers and cab fare money with you. Put the money in a place where you are sure not to spend it on something else.
- **Public transportation/Local transportation.** Before you go out, look up late night public transportation times and stash some money away for the fare. Some cities also have cheap late night transportation options to get people home safely.
- **Plan to walk home.** Sometimes walking home can be a great idea. Be sure to walk with someone else, and stay in well-lit areas. Don't let your friends wander off alone, especially when they are drunk.
- **Get a hotel room or stay at a friend's**

### 1.4.7 Caring For A Friend Who Has Had Too Much To Drink

- **Know the warning signs.** If you see your friends talking loudly, slurring their speech, getting excitable or aggressive, wobbling or weaving, or feeling nauseous, step in and help.
- **Make them aware that they are drunk.** Pull them aside, express your concern, and suggest they stop or slow their drinking.
- **Help your friend get home.** Don't let your friend stumble off alone, even if they tell you they can manage on their own. Stick together, keep your friend walking, and decide if food will help. Food helps someone who is tipsy, not someone who is drunk and may get sick.
- **Walk or get a taxi.** Fresh air and a walk often help people stay alert. Consider if walking back home is safe. If your friend is wobbly on their feet or is loud and obnoxious, call a cab. In the cab, keep the windows rolled down. Ask the driver to stop if you think your friend may throw up.
- **Don't leave them on their doorstep!** Once you reach your destination, don't leave your friend alone. If your friend lives with someone, let that person know the situation. If your friend lives alone, consider staying the night. Make sure your friend sleeps on the side or stomach in case of vomiting.
- **Really worried? Get help.** Call an ambulance or go directly to the emergency room if you are worried about your friend blacking out, passing out, or having a seizure.

**Planning ahead CAN  
HELP YOU GET home  
SAFELY AFTER A NIGHT  
OUT.**

## 1.5 ABSTINENCE: WHEN SAFE USE IS NO USE

Some people should seriously consider quitting drugs or alcohol altogether when:

- 1) Alcohol/Drugs control you. Some people find it hard to control their drinking or drug use. The drinking or using controls the person, rather than the other way around. If this sounds like you, the best strategy is to completely avoid alcohol and drugs.
- 2) You have chronic problems in relationships such as:
  - Exposing loved ones to violence or harm
  - Avoiding or distancing emotionally from family
  - Hurting family finances by spending too much money on alcohol or drugs

Some service members are motivated to quit when family members confront them about their drinking/using. Others quit on their own to try and repair damaged relationships.

If you use illegal drugs, STOP! You are risking your health, military career, your relationships, and your legal record.

### 1.5.1 Staying “Clean”

If you decide to stop drinking or using, you will notice some continued cravings or thoughts about alcohol and drugs. People, places, objects, feelings, and times can cause these thoughts and cravings. These are called **triggers**. For example, if you're used to going out to drink with friends on Friday nights, your personal triggers could be:

- Friday night
- After work
- Friends who drink

Triggers can cause you to use again. Your brain may also give you permission to drink or use, also known as **relapse justification**. One side of your brain may say it's okay to drink or use, while the other side of your brain says to stay sober. Even this mental argument can lead to drug and alcohol use.

Cravings are not always easy to detect. Thoughts and cravings may pass through your mind unnoticed. It takes work to identify and stop a thought. But the more you think about using drugs or alcohol, the more likely you will start drinking or using again. This is called a "relapse."

Triggers, thoughts, cravings, and using all seem to get tangled together. To help you understand addiction, the usual sequence goes like this:

**Trigger > Thoughts > Craving > Drink or Use**

To break the cycle, you must stop the CRAVING dead in its tracks. There are ways to do this. Learn how.

### 1.5.1 Staying “Clean” (cont.)

**STEP 1: Identify Triggers.** For instance. You may realize you go to happy

**STEP 2: Prevent Being Around Triggers Whenever Possible**

Make plans this Friday that do not involve the bar where you usually drink.

**STEP 3: Deal With Triggers In A Different Way**

Go to the gym, or an Alcoholics Anonymous meeting or hang out with friend who are not drinking.

REMEMBER, *triggers* AFFECT YOUR BRAIN AND CAUSE CRAVINGS, EVEN IF YOU DECIDE TO STOP USING DRUGS AND ALCOHOL.

YOUR DECISION TO STOP *must translate* TO CHANGES IN YOUR *behavior* .

### 1.5.2 Identifying Triggers

Triggers that make you want to use alcohol or drugs can be **external**, such as activities, events, or situations. Triggers can also be **internal**, such as negative thoughts or feelings.

#### EXTERNAL TRIGGERS

- When home alone
- When with friends
- At parties
- At sporting events
- At the movies
- At bars or clubs
- At the beach
- At the park
- At concerts
- Before or during a date
- Before or after sex
- Before or after work
- With a meal
- After a pay day
- While driving
- At school
- After going past a liquor store or your dealer’s residence
- When with friends who drink or use drugs

#### INTERNAL TRIGGERS

- Fear
- Frustration
- Anger
- Loneliness
- Guilt
- Nervousness
- Confidence
- Happiness
- Feeling pressured
- Depression
- Insecurity
- Relaxation
- Embarrassment
- Irritation
- Sadness
- Excitement
- Jealousy
- Boredom
- Fatigue

#### OTHER INTERNAL TRIGGERS

- Talking about upsetting deployment experiences
- Watching the news
- Being reminded of deployment experiences
- Having a nightmare
- Reacting to combat stress reactions
- Having trouble concentrating
- Having trouble sleeping because of combat stress
- Feeling irritable after being reminded of deployment experiences

### 1.5.3 How Can I Have Fun If I Don't Drink or Use?

Learn to combat boredom and loneliness, because these feelings trigger urges to drink or use. To fight boredom and loneliness:

- **Go to church, synagogue, mosque or temple:** Joining a place of worship helps you find community, new relationships, and spiritual direction.
- **Work out:** Take a class at a local gym or community center. Try a new sport or physical activity, or a martial art. Or join a sports league or hiking group.
- **Start or re-start a hobby:** Find a group nearby with similar interests, whether it's music, motorcycles, reading, cooking, or travel.
- **Meet for a Meal:** Invite someone to have breakfast, lunch or dinner. Cook for your friends one week, and then ask your friends to cook for you the following week.
- **Join a professional group or a neighborhood organization:** You might also join groups based on a professional interest, or volunteer in your local community.
- **Take a class:** Expand your horizons by learning an instrument or taking a college or community education course.
- **Join a Veterans organization:** Groups such as the American Legion or Veterans of Foreign Wars (VFW) can give you a place to socialize with others who've served. You can join these groups even while on active duty.
- **Volunteer:** Cleaning up a local park, volunteering at a hospital or doing a walkathon can provide a great way to bond with others.
- **Be an involved neighbor:** Helping a neighbor with a garden or home maintenance project can be another way to develop relationships.
- **Join a cause:** Get together with a group of people working toward a goal you believe in, such as an election or the preservation of a natural area.

## 1.6 GETTING HELP TO QUIT

If your alcohol or drug use has become a problem, know that you are not alone!

People are ready and willing to help you. Seeking support greatly increases your odds of beating the problem.

### 1.6.1 Who To Contact For Help?

Here are people you can contact for help with substance abuse:

- Health care provider
- Psychologist or therapist
- Local VA hospital or Vet Center
- Local Alcoholics Anonymous
- Local behavioral health association
- Local spiritual counselor
- Friends, or family members who are clean and sober.

**THERE ARE MANY RESOURCES AVAILABLE TO YOU IF YOU WANT HELP.**

## USEFUL WEBSITES FOR HELP WITH ALCOHOL AND DRUG ABUSE:

- The Alcohol and Drug Abuse Information and Resources: [www.alcoholanddrugabuse.com](http://www.alcoholanddrugabuse.com)
- National Institute on Alcohol Abuse and Alcoholism: Frequently Asked Questions:
  - [niaaa.nih.gov/faq/faq.htm](http://niaaa.nih.gov/faq/faq.htm)
- Substance Abuse Treatment Facility Locator: [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)
- Alcoholics Anonymous Homepage: [alcoholics-anonymous.org](http://alcoholics-anonymous.org)
- Alcoholics Anonymous (AA) and the Armed Forces: [http://www.aa.org/pdf/products/p-50\\_AAandtheArmedServices.pdf](http://www.aa.org/pdf/products/p-50_AAandtheArmedServices.pdf)

## 1.6.2 Getting Help For Both Substance Use And Combat Stress/PTSD

If you have Post-Traumatic Stress, find a professional who works with substance use problems *and* PTSD. Many VA hospitals offer support and treatment. Contact your local VA hospital or Vet Center for information about programs that work with substance use and combat stress problems. Schedule an appointment with a counselor. They will ask many questions about your substance use (including alcohol, drugs, and prescription medication). The two of you will also discuss the ways that substance use affects your combat stress or PTSD.

Other common treatment options:

- Education
- Individual therapy
- Group therapy
- Support groups
- Alcoholics Anonymous (AA)/ Narcotics Anonymous (NA)

Working on issues of PTSD and substance abuse at the same time isn't easy. Your Post-Traumatic Stress reactions may get worse when you first stop drinking or using,. Substance abuse can cause sleep and relationship problems, which make PTSD worse. So working on both issues at the same time is more effective than working on them separately.

## 1.6.3 Medications for Substance Use Issues

Besides therapy, medications can help you stop drinking. **Antabuse** treats alcoholism. Antabuse makes people feel sick when they drink. Over time, they associate feeling sick with drinking. It's called "aversion therapy."

**Naltrexone** is a newer medication to treat alcoholism. It is not aversion therapy, but it can help curb cravings. Naltrexone is not effective for everyone. Talk to your health care provider about it.

Other medications treat both PTSD and alcoholism. Antidepressants like Paxil and Zoloft may reduce alcohol use in people who also have PTSD. When some people take Naltrexone and an antidepressant, the combination helps reduce drinking more than taking each medication alone.



## 1.7 WILLING TO CUT BACK, BUT NOT QUIT ENTIRELY?

- Write down reasons to limit your drinking or use (family, social, legal, work, etc).
- Set a drinking goal. Choose not to drink at all or stay within safe drinking limits. Write this goal on a piece of paper and put it in a place you will easily see.
- Keep a use journal. Include when, where, what, and how much you use in a week.
- Keep only a limited amount of alcohol (or drugs) at home.
- Take one-hour breaks between drinks.
- Alternate between non-alcoholic drinks and alcoholic drinks.
- Avoid rounds or 'shots.'
- Have one drink at a time and keep track of your drinks-avoid 'topping.'
- Limit mixed drinks. They often hide the taste of alcohol, but not the effects.
- Drink slowly. Take sips, not gulps.
- Eat food when drinking alcohol.
- Pick one or more days of the week to not drink at all, and then pick a full week.
- Practice ways to say “no” when offered a drink (or other substance). Use the phrases on the **Ways to Refuse a Drink** list in our **Expert Advice** section.
- Avoid people who criticize your decision not to use.
- Be aware of your triggers and avoid them. If you can't avoid them, plan ahead with strategies to resist temptation.
- Avoid drinking when angry, upset, or after a bad day.
- Stay busy - don't just sit around and drink.
- Be assertive - don't be pressured into drinking.
- Get help from family, friends, a healthcare provider, church member, and/or self-help group like Alcoholics Anonymous (AA).
- Don't give up; it may take several attempts to make healthy changes to your substance use habits.

## 1.8 REFERENCES

1. Alcohol Policies Project Fact Sheet. Alcohol Policies Project: Advocacy for the Prevention of Alcohol Problems. 11 July 2007 <http://www.cspinet.org/booze/collfact1.htm>
2. Australian Drug Foundation's Drug info Clearinghouse. Binge Drinking. 11 July 2007 <http://health.ninemsn.com.au/article.aspx?id=18718>
3. Binge Drinking Affects Brain, Memory. About.com: Alcoholism and Substance Abuse. 11 July 2007 <http://alcoholism.about.com/cs/binge/a/aa000818a.htm?terms=Binge+Drinking%20Affects%20Brain>
4. Blood Alcohol Concentration (BAC). In the Know Zone. 11 July 2007 <http://www.intheknowzone.com/alcohol/bac.htm>
5. Department of Defense. Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel: A Component of the Defense Lifestyle Assessment Program (DLAP), 2005.
6. Hazelden Foundation. The Matrix Model: Intensive Outpatient Alcohol and Drug Treatment. 11 July 2007 <http://www.hazelden.org/web/go/matrix>
7. International Society for Traumatic Stress ISTSS Public Education Pamphlets. 2005. Studies. 10 June 2007. <http://www.istss.org/publications/pamphlets.cfm>
8. Miller, William, C'de Baca, Janet, Matthews, John, and Wilbourne, Paula. Personal Values Card Sort. University of New Mexico, 2001.
9. Miller, William, and Rollnick, Stephen. Motivational Interviewing. 2nd ed. New York, NY: Guilford Press. 2002.
10. Najavits, Lisa, M. Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: The Guilford Press, 2001.
11. National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health. 11 July 2007 <http://www.niaaa.nih.gov/>
12. Robertson, Ian and Heather, Nick. Let's Drink to Your Health. Leicescter, Great Britain: British Psychological Society, 1986.
13. Shane, Leo. Stars and Stripes Mideast Edition. 9 Dec. 2005
14. Washington Post Health. To Eat, Perchance to Sleep. 29 Aug 2000.
15. Zielbauer, Paul. In Iraq, American military finds it has an alcohol problem. 12 March 2007. International Herald Tribune. <http://www.iht.com/articles/2007/03/12/news/alcohol.php>