

Press Release

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FOR IMMEDIATE RELEASE

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### **SAFE Glen Cove Coalition-Understanding Alcohol Use Disorder**

Since 1956, the American Medical Association (AMA) has identified alcoholism as a disease characterized by compulsive decision-making, impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences and relapse. Recognizing alcohol use disorder (AUD) as a mental illness emphasizes the need for empathy and appropriate treatment. People struggling with AUD deserve understanding and professional support, not judgment. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse. The good news is that no matter how severe the problem may seem, evidence-based treatment with behavioral therapies, mutual-support groups, and/or medications can help people with AUD achieve and maintain recovery.

According to the 2023 National Survey on Drug Use and Health, 28.1 million adults ages 18 and older (10.9% in this age group) had AUD in the past year. Among youth, an estimated 757,000 adolescents ages 12 to 17 (2.9% of this age group) had AUD during this time frame.

A person's risk for developing AUD depends in part on how much, how often, and how quickly they consume alcohol. Alcohol misuse—defined as drinking in a manner, situation, amount, or frequency that could cause harm to the person who drinks or to those around them—over time increases the risk of AUD. Alcohol misuse includes [binge drinking](#) and [heavy alcohol use](#). Other factors also increase the risk of AUD, such as:

- Drinking at an early age. A recent national survey found that among people ages 26 and older, those who began drinking before age 15 were more than three times as likely to report having AUD in the past year as those who waited until age 21 or later to begin drinking. The risk for females in this group is higher than that of males.
- Genetics and family history of alcohol problems. Genetics play a role, with heritability accounting for approximately 60%; however, like other chronic health conditions, AUD risk is influenced by the interplay between a person's genes and their environment. Parents' drinking patterns may also influence the likelihood that a child will one day develop AUD.

- Mental health conditions and a history of trauma. A wide range of psychiatric conditions—including depression, post-traumatic stress disorder, and attention deficit hyperactivity disorder—are comorbid with AUD and are associated with an increased risk of AUD. People with a history of [childhood trauma](#) are also vulnerable to AUD.

Several evidence-based treatment approaches are available for AUD. One size does not fit all and a treatment approach that may work for one person may not work for another. Treatment can be outpatient and/or inpatient and be provided by specialty programs, therapists, and health care providers. Three medications are currently approved by the U.S. Food and Drug Administration to help people stop or reduce their drinking and prevent a return to drinking: naltrexone (oral and long-acting injectable), acamprosate, and disulfiram. All these medications are nonaddictive, and they may be used alone or combined with behavioral treatments or mutual-support groups.

Behavioral treatments provided by licensed therapists—are aimed at changing drinking behavior. Examples of behavioral treatments are brief interventions and reinforcement approaches, treatments that build motivation and teach skills for coping and preventing a return to drinking, and mindfulness-based therapies.

Mutual support groups provide peer support for stopping or reducing drinking. Group meetings are available in most communities at low or no cost, and at convenient times and locations, including an increasing presence online. This means they can be especially helpful to individuals at risk for relapse to drinking. Combined with medications and behavioral treatment provided by health care professionals, mutual-support groups can offer a valuable added layer of support.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), as part of the U.S. National Institutes of Health, supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. For more information please visit [www.niaaa.nih.gov](http://www.niaaa.nih.gov). To find evidence-based treatment or to learn about treatment options and the signs of quality care, visit the [NIAAA Alcohol Treatment Navigator](#). For information about alcohol use disorder and how to get help, please visit: <https://alcoholtreatment.niaaa.nih.gov>. Need Help? If you are concerned about your alcohol use and would like to explore whether you might have AUD, please visit the [Rethinking Drinking website](#).

The SAFE Glen Cove Coalition was formed in 2003 to change societal norms about alcohol and substance use. The Coalition is concerned about excessive alcohol use in youth and adults and seeks to educate the community about its negative effects on one's health and wellness. The Glen Cove Police Department has been a longstanding member of the Coalition and works diligently to monitor alcohol sales to minors and provide prevention education to youth and adults about Social Host Law and its consequences throughout the year. To learn more about the SAFE Glen Cove Coalition please follow us on [www.facebook.com/safeglencovecoalition](http://www.facebook.com/safeglencovecoalition) or visit SAFE's website to learn more about Alcohol and its negative consequences please visit [www.safeglencove.org](http://www.safeglencove.org).

