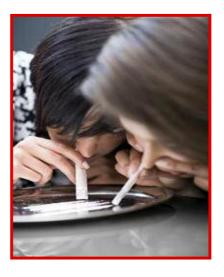
Am I an alcoholic?

Some answers ...

Plus the difference between an Alcoholic and an addict.





Made available by
Midweek Recovery Group AA Newbury

What is Alcoholism?

Excerpts from a lecture by Dr Silkworth in 1937-Alcoholism a true allergic state

"... The inevitable conclusion is that true alcoholism is an allergic state, the result of gradually increasing sensitization by alcohol over a more or less extended period of time. The constancy of the symptoms and progress is too fixed to permit any other explanation. Some are allergic from birth, but the condition usually develops later in life. It is noteworthy also, that such patients may be deprived of liquor altogether for a long period, a year or longer for example, and become apparently normal. They are still allergic, however, and a single drink will develop the full symptomatology again."

From accredited sources in 2008 we find the following: The Journal of the American Medical Association defines alcoholism as "a primary, chronic disease characterized by impaired control over drinking, preoccupation with the alcohol, use of alcohol despite adverse consequences, and distortions in thinking." Alcoholism, which is also known as "alcohol dependence syndrome," is a disease that is characterized by the following elements: Craving: A strong need, or compulsion, to drink. Loss of control: The frequent inability to stop drinking once a person has begun.

Here in England today, listening around AA meetings, the definition or description of the alcoholic and the addict have become blurred — many mistakenly assume that their alcoholism is simply another addiction and on this basis the genuine addict assumes he is automatically an alcoholic and entitled to be at AA meetings. Not so - to be an alcoholic you must have, or have exhibited, a physical allergy to alcohol. Alcoholism comes in people not in bottles. "I will always be an alcoholic", but "I used to be an addict". There is a difference. It is not conformable to the primary purpose of an AA Group that a self professed addict should take the Chair at an AA meeting and speak only of his addiction to drugs, believing this entitles him to be there... It does not, AA is for alcoholics.

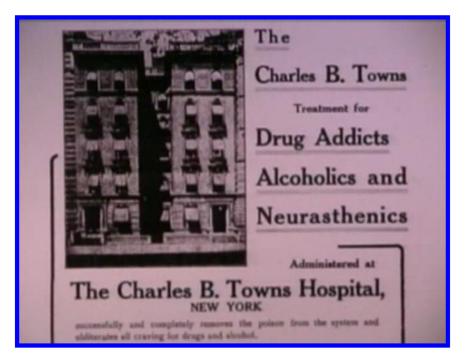
Dictionaries list under Drug "medicinal substance, narcotic hallucinogen, or stimulant, especially one causing addiction." And we have already proposed that the alcoholic is different to the addict as the disease is in the person not the substance.

Dictionaries list for Alcohol "a colourless liquid forming the intoxicating element in beer wine etc".

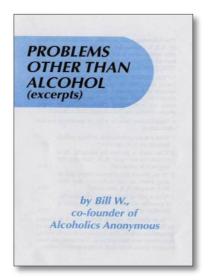
Although many dictionaries will list under the word alcoholic that there is addiction involved - the more **TRUE** definition is still found under the old term of:

Dipsomania "... in which they manifest an uncontrollable crav ing for alcohol" Webster's 20th Century dictionary 1947. "... an abnormal craving for alcohol" Concise Oxford dictionary 1990

While the term Addict is defined thus "...addicted or strongly disposed to taking drugs" *Webster's 20th Century dictionary 1947.* "... A person addicted to a habit especially one dependent on drugs" *Concise Oxford Dictionary 1990.*



The notice on the front of Towns Hospital where Bill W was treated in 1934. This distinctly shows that addiction and alcoholism were two different conditions and treated as such.



"Problems other than alcohol" – this pamphlet underlines the point, see the table with GSO literature for a copy plus read on.

The following excerpts from a Grapevine article by A.A.'s co-founder Bill W. represent principles which have been reaffirmed by the members of the A.A. General Service Conferences of 1969, 1970 and 1972.

- "The problem of drug addiction in its several forms lies close to us all. It stirs our deepest interest and sympathy. Many A.A.'s, especially those who have suffered these particular addictions, are now asking, 'What can we do about drugs—within our Fellowship, and without?'
- "Specifically, here is a list of questions we are often asked:

No.

No.

1 "Can a nonalcoholic pill or drug addict become an A.A. member?

2 "Can such a person be brought, as a visitor, to an open A.A. meeting for help and inspiration? Yes.

3 "If so, should these nonalcoholic pill or drug users be led to believe that they have become A.A. members?

4 "Can a pill or drug taker, who also has a genuine alcoholic history, become a member of A.A.?

Yes.

• "Now there are certain things that A.A. cannot do for anybody, regardless of what our desires or sympathies may be. Our first duty, as a fellowship, is to insure our own survival. Therefore, we have to avoid distractions and multipurpose activity.

YARDSTICK FOR ALCOHOLICS - The prospective member of AA may have some doubts if he is actually an alcoholic. AA in Akron has found a yardstick prepared by psychiatrists of Johns Hopkins University to be very valuable in helping the alcoholic decide for himself. Have your prospect answer the following questions, being as honest as possible with himself in deciding the answers. If he answers Yes to one of the questions, there is a definite warning that he MAY be an alcoholic. If he answers YES to any two, the chances are that he IS an alcoholic. If he answers YES to any three or more, he IS DEFINITELY an alcoholic and in need of help.

The questions:

- 1. Do you lose time from work due to drinking?
- 2. Is drinking making your home life unhappy?
- 3. Do you drink because you are shy with other people?
- 4. Is drinking affecting your reputation?
- 5. Have you gotten into financial difficulties as a result of drinking?
- 6. Have you ever stolen, pawned property, or "borrowed" to get money for alcoholic beverages?
- 7. Do you turn to lower companions and an inferior environment when drinking?
- 8. Does your drinking make you careless of your family's welfare?
- 9. Has your ambition decreased since drinking?
- 10.Do you crave a drink at a definite time daily?
- 11.Do you want a drink the next morning?
- 12.Does drinking cause you to have difficulty in sleeping?
- 13. Has your efficiency decreased since drinking?
- 14.Is drinking jeopardizing your job or business?
- 15.Do you drink to escape from worries or troubles?
- 16.Do you drink alone?
- 17. Have you ever had a complete loss of memory as a result of drinking?
- 18. Has your physician ever treated you for drinking?
- 19. Do you drink to build up your self-confidence?
- 20. Have you ever been to a hospital or institution on account of drinking?









INCREASING TOLERANCE CONTENTMENT IN SOBRIETY CONFIDENCE OF EMPLOYERS APPLICATION OF REAL VALUES ADJUSTMENT TO FAMILY NEEDS NEW INTERESTS DEVELOP REBIRTH OF IDEALS ENLIGHTENED AND INTERESTING WAY OF LIFE OPENS UP WITH ROAD AHEAD TO HIGHER LEVELS THAN EVER BEFORE DESIRE TO ESCAPE GOES RETURN OF SELF ESTEEM MEETS ALCOHOLICS SOBER AND HAPPY GROUP THERAPY AND MUTUAL HELP CONTINUE, PHYSICAL OVERHAUL BY DOCTOR LEARNS RECOVERY IS POSSIBLE RATIONALIZATIONS RECOGNIZED START OF GROUP THERAPY CARE OF PERSONAL APPEARANCE DIMINISHING FEARS OF THE UNKNOWN FUTURE FIRST STEPS TOWARDS
ECONOMIC STABILITY RIGHT THINKING BEGINS INCREASE OF EMOTIONAL CONTROL FACTS FACED WITH COURAGE NOUVLINGWER NEW CIRCLE OF STABLE FRIENDS HONEST DESIRE FOR HELP FAMILY AND FRIENDS APPRECIATE EFFORTS NATURAL REST AND SLEEP REALISTIC THINKING REGULAR NOURISHMENT APPRECIATION OF POSSIBILITIES OF LIFE, ONSET OF NEW HOPE SPIRITUAL NEEDS EXAMINED ASSISTED IN MAKING PERSONAL STOCKTAKING STOPS TAKING ALCOHOL ALCOHOLISM IS AN ILINESS Alcoholism & Recovery INDEFINABLE FEARS OSS OF ORDINARY WILL POWER OBSESSION WITH DRINKING ALL ALIBIS EXHAUSTED PHASE MPAIRED THINKING UNREASONABLE RESENTMENTS EFFORTS TO CONTROL FAIL REPEATEDLY ONSET OF LENGTHY DECREASE IN ALCOHOL INTOXICATIONS GRANDIOSE AND AGGRESSIVE BEHAVIOR FAMILY AND FRIENDS AVOIDED TRIES GEOGRAPHICAL ESCAPES TOLERANCE CHRONIC COMPLETE DEFEAT ADMITTED DRINKING WHEN OTHERS DO SO DECREASE OF ABILITY TO STOP VAGUE SPIRITUAL DESIRES INCREASING DEPENDENCE ON ALCOHOL MEMORY BLACKOUTS INCREASE UNABLE TO INITIATE ACTION DRINKING WITH CHRONIC USERS CONSTANT RELIEF DRINKING COMMENCES MORAL DETERIORATION ONSET OF MEMORY BLACKOUTS PHYSICAL DETERIORATION FEELINGS OF GUILT TREMORS AND EARLY MORNING DRINKS NEGLECT OF FOOD WORK AND MONEY TROUBLES LOSS OF OTHER INTERESTS PROMISES AND RESOLUTIONS FAIL PERSISTENT REMORSE DRINKING BOLSTERED WITH EXCUSES OCCASIONAL RELIEF DRINKING UNABLE TO DISCUSS PROBLEM URGENCY OF FIRST DRINKS SURREPTITIOUS DRINKING ALCOHOL TOLERANCE INCREASE IN

OBSESSIVE DRINKING CONTINUES IN VICIOUS CIRCLES