**The qualitative participation requirements are:**

• Follow-up responses to classmates’ initial answers or responses that integrate course theories with a practical application of the subject, offering a personal observation or experience, or referencing real-world examples, current events, or presenting current research on the topic.

• Classroom interaction demonstrating deeper or broader thoughts beyond rephrasing what the textbook has presented on the topic.

• Responses encouraging further discussion and ongoing dialogue with other students and the instructor in the class.

• Asking additional, relevant questions about the week's topic.

• The referencing and citing of scholarly work is encouraged to support the idea that is being presented in the participation discussion (check the syllabus or instructor for specific requirements).

• Communications that are presented in a professional and supportive manner, and with respectful tone.

DQ#1-What are some of the chronic and acute physiological effects of alcohol use?

**Octaveya Lowe**

1 posts

**Re:Topic 5 DQ 1 (Obj. 5.1)**

  Research shows that a high consumption of alcohol can cause severe health effects, these effects can be wide-ranging in the short and long- term. In the short term, memory may be impaired with only a few drinks and if consuming large amounts in a short period it can increase the risk of the person experiencing a blackout (Levinthal, 2016).  This entails a period where the person can’t recall the events that occurred during this time.  Although tolerance is something that usually develops over time, in some cases a person may show signs of tolerance in just one episode of drinking. Acute tolerance is variation not to alcohol's effects but to the feeling of intoxication (Villa, 2018). This all falls under the acute physiological effects of alcohol use, more over the abuse of alcohol can lead to long term health concerning blood pressure, brain functioning, and possible organ failure.  When treating alcohol abuse, clinicians suggest a period of detox where the individual is monitored closely due to the life threating effects that they  can experiences through withdrawal.

Reference

Levinthal, C. (2016).  Drugs, behavior, and modern society (8 th ed.). Upper Saddle River, NJ: Pearson.

Villa, L. (2018). The Effects of Alcohol Use. Retrieved from https://drugabuse.com/library/the-effects-of-alcohol-use/

My response:

**Jeanine Grant**

2 posts

**Re:Topic 5 DQ 1 (Obj. 5.1)**

 Alcohol can cause chronic acute physiological problems. Some of these problems are with the liver, endocrine system, growth, bone density and brain. Listed are the effects of alcohol in humans (NIH, n.d).

**Liver** -  High levels of enzymes that indicate liver damage.

**Endocrine System -**Drinking alcohol can lower estrogen levels in adolescent girls and drinking alcohol can lower luteinizing hormone and testosterone levels in adolescent boys. In both sexes, acute intoxication reduces levels of growth hormones.

**On Bone Density -** Increased alcohol consumption is associated with lowered bone mineral density in adolescent males but not females.

**On the Brain -**A history of alcohol abuse or dependence in adolescents was associated with reduced hippocampal volumes, and with subtle white-matter microstructure abnormalities in the corpus callosum.

Women who use alcohol and drugs for a period can experience heavy bleeding during menstruation, heavy cramping and Compared with men, women become more cognitively impaired by alcohol and are more susceptible to alcohol-related organ damage. Overall, women tend to have more damage to using alcohol than men. Women who drink too much during pregnancy can get fetal alcohol spectrum disorder. Hepatitis also is caused from using drugs and heavy drinking. Of these, 80 to 85 percent will develop chronic hepatitis C, but the rate is lower for women (NCBI, 2009).

References

NIH, (n.d).The Effects of Alcohol on Physiological Processes and Biological Development: National Institute of Alcohol Abuse and Alcoholism. Retrieved from https://pubs.niaaa.nih.gov/publications/arh283/125-132.htm

Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Physiological Effects of Alcohol, Drugs, and Tobacco on Women, Chapter 3. Treatment Improvement Protocol (TIP) Series, No. 51.) Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK83244/   Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009.

My response:

DQ#2 -According to the latest version of the DSM, what are the signs and symptoms of alcohol use disorder?

**Lisa Sells**

1 posts

**Re:Topic 5 DQ 2 (Obj. 5.2)**

     The DSM-5 uses eleven criteria to describe alcohol use disorder. An individual may be diagnosed with this disorder if they meet two of the criteria described in the reference material and if the behavior has taken place over a twelve-month period (APA, 2013). The signs and symptoms include a client's desire and inability to stop drinking and their consumption and drinking habits are greater than they intended (APA, 2013). A counselor will need to evaluate the amount of time a client is consumed with drinking and how strong their cravings are to drink (APA, 2013). The counselor will need to inquire about the effects alcohol is having on a client's work or school and how their client's behavior is affecting their relationships (APA, 2013). Clients most likely have a problem if they continue to drink even when they know they are putting others in danger or endangering themselves. In addition, a client has a problem if they must drink more alcohol to get the desired effects and they have withdrawal symptoms when they stop drinking.

Reference

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders DSM-5.* (5th ed.). Washington, DC: American Psychiatric Publishing.

My response:

**Drew Silverman**

1 posts

**Re:Topic 5 DQ 2 (Obj. 5.2)**

Hello Professor and Class,

            In the previous addition of the DSM, or DSM VI, alcohol was categorized as either alcohol abuse or alcohol dependence (NIAAA, n.d.)  With the new addition, the DSM V, these two terms were dropped and replaced with alcohol use disorder, with some new criteria, and the use of three levels, mild, moderate, and severe (Bartoli, Carrà, Crocamo, Clerici, 2015).

            There are now 11 criteria that can be met to indicate an alcohol use disorder, which are:

1. Had times when you ended up drinking more, or longer than you intended?
2. More than once wanted to cut down or stop drinking, or tried to, but couldn’t?
3. Spent a lot of time drinking? Or being sick or getting over the aftereffects?
4. Experienced craving — a strong need, or urge, to drink?
5. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
6. Continued to drink even though it was causing trouble with your family or friends?
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
8. More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?

10.  Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?

11.  Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or sensed things that were not there? (NIAAA, n.d.)

There is now, sub-criteria, related to the severity of the individual’s alcohol use disorder with those who meet two to three criteria are considered “mild”.  Meeting four of five criterion indicates “moderate” and meeting six or more criterion is “severe” (Bartoli, et al, 2015). In addition, the DSM V removed criteria for legal issues and place in new language and a criteria for cravings (Bartoli, et al, 2015).

References:

Bartoli, F., Carrà, G., Crocamo, C., & Clerici, M. (2015). From DSM-IV to DSM-5 alcohol use disorder: An overview of epidemiological data. Addictive Behaviors, 41, 46–50. https://doi-org.lopes.idm.oclc.org/10.1016/j.addbeh.2014.09.029

My response: