

Sobriety and Abstinence - Alcohol

The implications and effects of drinking alcohol

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Introduction

Alcohol is one of the most misused and abused substances worldwide. In this workbook we will discuss what alcohol is and what gives it its addictive potential. We will also look at how prevalent and how much of an issue alcohol is here in the UK, the stigma associated with chronic alcohol use and the term ‘alcoholic’, how alcohol can affect our mental and physical health and lastly what steps can we take to prevent a relapse from alcohol.

What is it?

In terms of drug classification, alcohol is a depressant, this is a term used to describe various different types of drugs but what does it mean? Note down what your interpretation of a depressant is below:

A depressant is a drug that lowers and essentially slows signalling in our brains, essentially ‘depressing’ the central nervous system but not necessarily making us depressed. This slowed signalling goes some way in explaining why we feel relaxed, our reactions are slowed, our speech becomes slurred, we struggle to think and focus and we can become unconscious.

A drink is considered alcoholic if it contains the chemical compound ethanol, this is the active ingredient that induces feelings of intoxication . While alcohol is socially acceptable and plays a key role in most social events here in the UK and in most cultures, its effects can be detrimental and damaging if not used in moderation or if/when an addiction develops.

Alcohol use in the UK

Here in the UK, current Government guidelines recommend 3-4 units of alcohol a day for men and 2-3 a day for women and advised to not drink more than 14 units in a week. Of course, if you've admitted to Parkland Place for an addiction to alcohol then we would recommend you do not try to control your drinking and follow these guidelines, rather abstain completely.

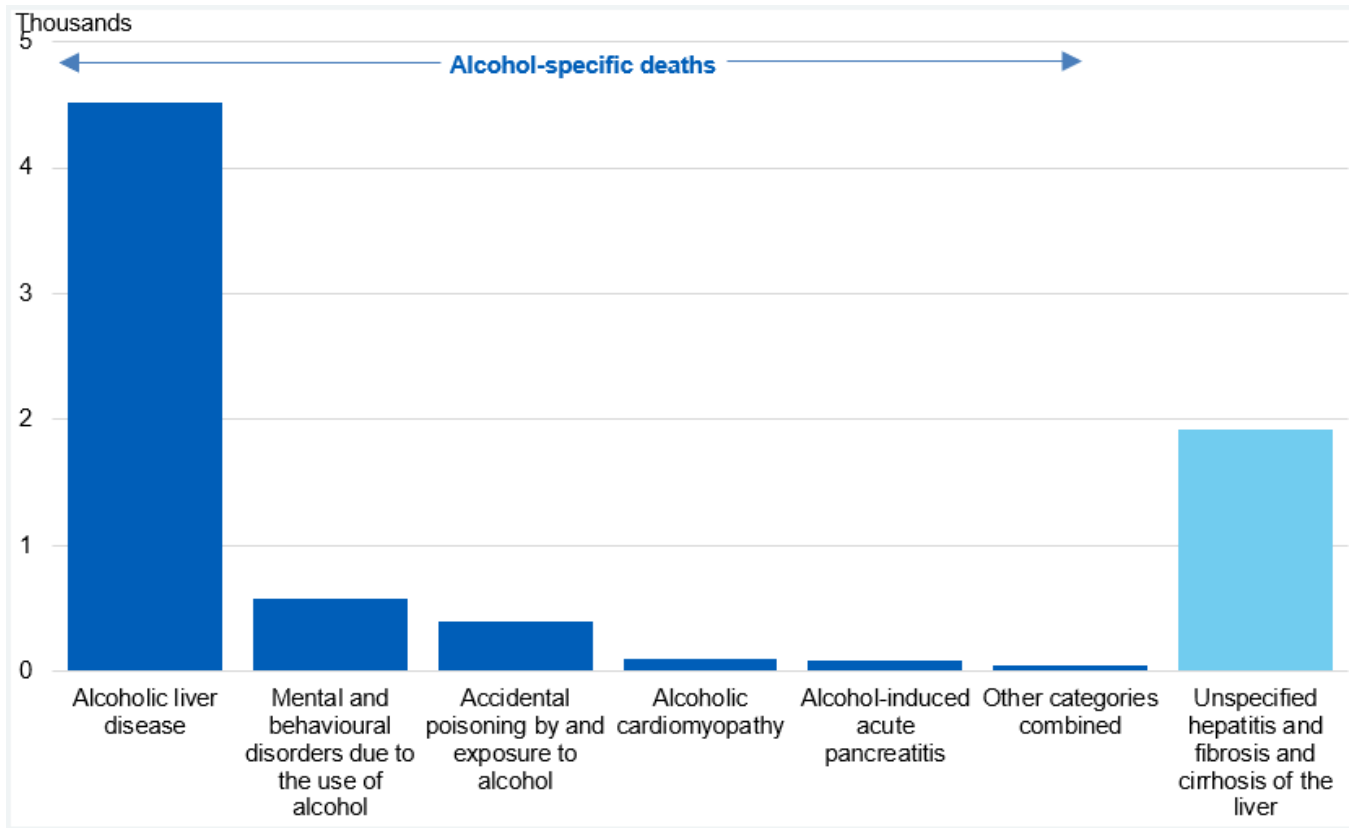
How many units do you think you were consuming weekly? Use the table below from NHS UK for reference to help you answer the question:

Type of drink	Number of alcohol units
Single small shot of spirits * (25ml, ABV 40%)	1 unit
Alcopop (275ml, ABV 5.5%)	1.5 units
Small glass of red/white/rosé wine (125ml, ABV 12%)	1.5 units
Bottle of lager/beer/cider (330ml, ABV 5%)	1.7 units
Can of lager/beer/cider (440ml, ABV 5.5%)	2 units

Type of drink	Number of alcohol units
Pint of lower-strength lager/beer/cider (ABV 3.6%)	2 units
Standard glass of red/white/rosé wine (175ml, ABV 12%)	2.1 units

Alcohol use in the UK is extremely prevalent, more so than most other European countries, in 2018 the NHS estimate that 358,000 hospital admissions took place where the main reason was alcohol, there were 5,698 alcohol specific deaths in 2018 and that 38% of men and 19% of women aged between 55- 64, the demographic with the highest proportion of drinking, drank more than 14 units a week. Alcohol Change UK estimate there are about 600,000 dependent drinkers in the UK.

The main causes of death by alcohol were as follows:



Do these statistics concern you and is your health a motivating factor for you to remain sober? Note your answers here:

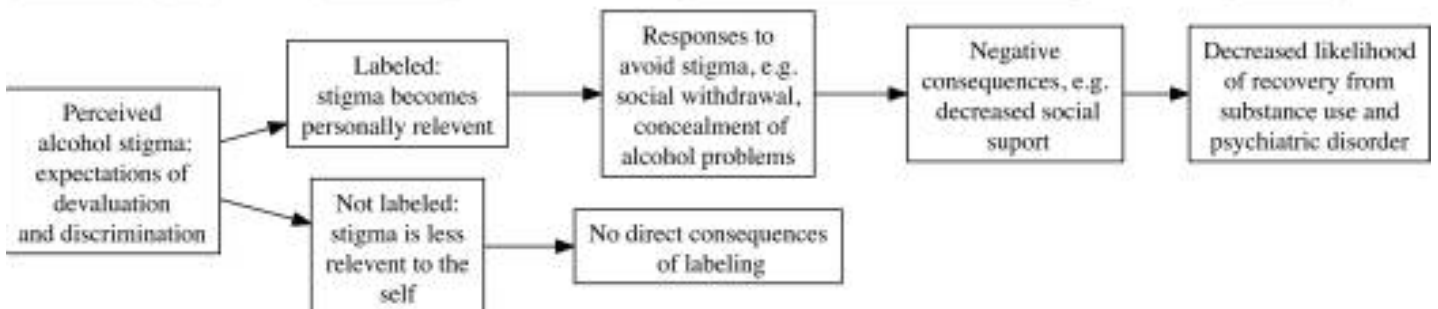
Alcohol & Stigma

There is certainly some stigma with addiction, particularly with alcohol, perhaps due to its place deeply rooted within our society, to say we have an issue with it can conjure up stereotypical images in the heads of others of people sat on park benches with plastic bottles of cider. The reality of alcohol addiction is that it can happen to anyone at any stage of their life.

The term 'alcoholic' can create stigma in itself. What are your views on the word?

Do you consider yourself an 'alcoholic'? Do you think there is any benefit or any issue with doing so?

Glass, etal (2013) note some potential problems that could occur if we attach ourselves with the label of 'alcoholic' in our recovery from alcohol addiction below:



Alcohol & Our Mental Health

Drinking alcohol excessively just like using any drug long term can lead to acute and chronic effects on our mental health. Note below any mental health affects you have experienced from drinking alcohol or any preexisting mental health condition you suffer from you feel may have been made worse by drinking:

Depression – Chronic alcohol use and depression are two conditions that are often linked. Depression is disorder that is commonly recognized as consistent bouts of low mood, sadness, loss, worthlessness, guilt, fatigue, loss of interest and emptiness.

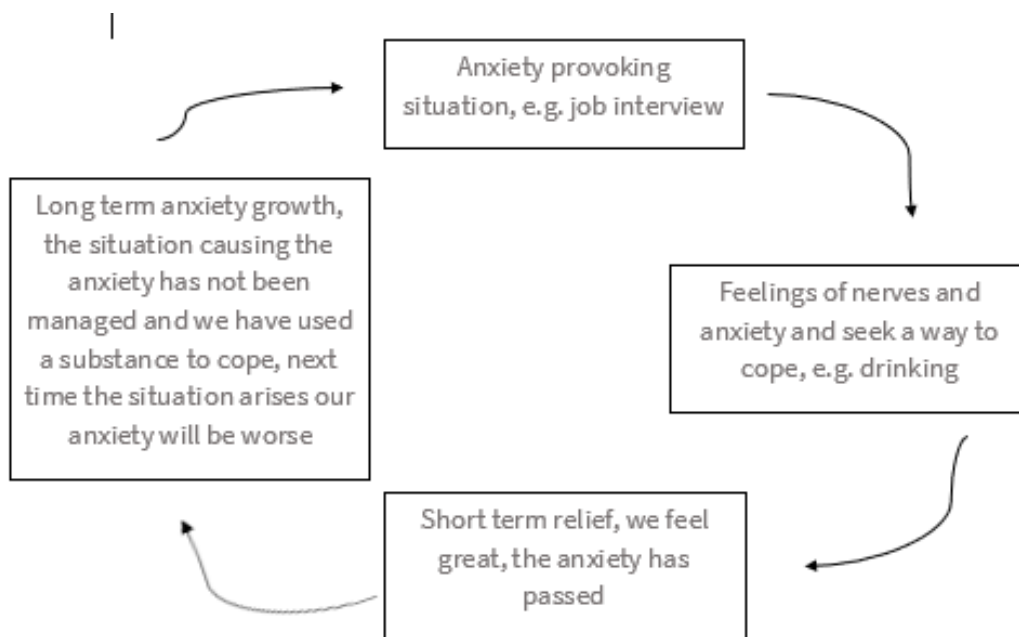
Why might someone begin to display symptoms of depression while drinking? Depression is a complex condition and no single explanation would be sufficient however if we are stuck in the cycle of addiction, we are likely experiencing feelings of guilt and shame and can often see no way out of this life, buying into ideas that we are broken and beyond help, as a result we develop a negative outlook.

Guilt and shame will perpetuate a negative outlook on life and negative thoughts. To cope we may drink to ‘numb’ and block out these thoughts however this will only add to the negative thought process and produce further negative consequence, affecting other areas of our lives, (work, relationships etc). To deal with these negative consequences we may seek to continue drinking, as such we end up in a vicious cycle of addiction and depressive mood.

What is your experience with depression, low mood, and rumination? Have you used alcohol or drugs to self-medicate in the past? Note your answers on the next page:

Anxiety – Due to the depressant effect of alcohol it can act as a sedative and put us at ease. As such is easy to see how people can turn to it to manage nerves and anxiety.

Of course, these benefits are short term only, whatever was causing the anxiety has not been dealt with, all alcohol has done is provide us with a short-term solution and relief but long-term growth of the issue, see below:



Have you had any experiences with alcohol and anxiety? Have you found alcohol has worsened it long term? Note your answers below:

Other neurological effects

Problematic drinking can lead to several other cognitive issues. Research has identified the prefrontal cortex, the part of the brain typically thought of to govern our decision making and rational thinking has been shown to possess abnormalities in heavy drinkers, (Medina et al, 2019). This might therefore go some way in explaining irrational behavior and bizarre decision making when intoxicated and alcohol dependent.

Can you recollect any significant poor or irrational decisions that you have made when alcohol dependent? Note them here:

Heavy and excessive drinking can lead also to impairments in motor skills, (our balance, dexterity, hand eye co-ordination etc). This of course can lead to further and more dangerous consequences such as falls, injuries and even death. Have you noticed any of this in yourself when drinking? Describe your experiences below:

Blackouts are a common occurrence in heavy drinkers, (Molina & Nelson, 2018). Blackouts are defined as short periods of amnesia during which a person engages in behaviors (such as talking) without forming new memories for them. As our blood alcohol concentration (BAC) level increases, so does our chance of a blackout. Have you experienced many blackouts in the past, try to describe your experience here:

Wernicke Korsakoff Syndrome

Known also as ‘Wet Brain’, Wernicke Korsakoff syndrome (WKS) is a syndrome compromised of a series of neurological and cognitive issues, beginning as Wernicke

encephalopathy and progressing to Korsakoff syndrome if left untreated, a chronic consequence of thiamine deficiency, (Isenberg-Grzeda, Kutner, & Nicolson, 2012)

Wernicke encephalopathy is an acute neurological condition categorized by issues such as confusion, involuntary eye movement and lack of voluntary co-ordination over muscle movements (ataxia).

The condition develops primarily due to a lack of thiamine or vitamin B1 in the body. This can occur for several reasons, firstly a lack of nutrition (neglect to diet while drinking), secondly alcohol blocking the absorption of vitamins and thirdly liver damage, specifically liver disease can lead to reduced stores in the body for thiamine and an impaired ability to metabolize any the body does ingest, (Zubaran, Fernandes & Rodnight).

Korsakoff syndrome on the other hand is a well-known form of alcohol related brain damage, it progresses from Wernicke encephalopathy and it estimated by the Alzheimer's society that about 1 in every 8 problematic drinkers. The issue is that often it is unrecognized at the Wernicke stage and this progress.

In Korsakoff retentive memory is severely impaired, nystagmus (involuntary eye movement), ataxia and mental confusion are all common place. Other symptoms include a permanent gap in memory, confabulation, retrograde amnesia, anterograde amnesia, and an irregular heartbeat (tachycardia).

Korsakoff has a high mortality rate of an estimated 10-20%. Mainly due to pulmonary infection, septicemia, decompensated liver disease and irreversible thiamine deficiency.

Treatment of Wernicke Korsakoff should be started immediately with administration of thiamine intravenously as intestinal absorption may be compromised from excessive alcohol consumption. Following this thiamine is usually prescribed in 50mg – 100mg doses, three to four times daily for several months to restore it to a more stable level.

Alcohol and the Liver

When we think of alcohol's impact on our health the major organ perhaps the first one, we think of is the liver. The liver converts the ethanol to something called acetaldehyde then to acetate.

However, as our liver can metabolize roughly one alcoholic drink an hour (a pint, a glass of wine or a single measure of spirit) if we are drinking quicker than our liver can work then acetaldehyde can build up, large concentrations of which are toxic, this results in issues like, a rapid pulse, nausea, vomiting, sweating etc.

While this may contribute to the hangover, there are far more serious issues associated with heavy alcohol consumption and the liver; Issues such as liver disease, liver cirrhosis and hepatitis.

Liver cirrhosis – Liver cirrhosis is a condition whereby due to chronic scarring of the liver because of excessive damage, the liver does not function properly. This will eventually lead to the abnormal functioning and eventually death if left undiagnosed. Common symptoms can include:



WEIGHT LOSS



NAUSEA
VOMITING



UNREASONABLE
BRUISES ON THE SKIN



NASAL BLEEDING
GUMS BLEEDING



PAIN IN THE
RIGHT HYPOCHONDRUM



LOSS OF APPETITE



DARK URINE



YELLOWING OF THE SKIN
AND SCLERA



CONSTIPATION
DIARRHEA

Addiction & Preventing Relapse

Addiction is a destructive and vicious cycle we can find ourselves stuck in. Therefore, it is vital we do all we can to prevent relapse from occurring so we are able to live fulfilling and content lives again.

Selective Memory about Alcohol use

Alcohol produces feelings of euphoria, this can be more pleasurable than what we feel on a day to day basis, this is a big maintaining factor of why people return to the drug. You too would have experienced alcohol induced feelings of euphoria throughout your time drinking it.

However these positive experiences with alcohol would have always come with negative experiences, I.E the consequences.

It is likely you would have experienced bouts of low mood, paranoia, distress and anxiety following alcohol use. It is also possible your job of work, your relationships, your finances and your health were effected.

It is natural to downplay these negative consequences and focus on the euphoric recall however in recovery from addiction it is critical we remember the negative consequences that followed our drug use.

Consider the following:

Do you catch yourself fantasising about the ‘good times’? ask yourself how did you feel afterwards? In the months and years that led to you seeking help for your addiction were you experiencing any pleasure or enjoyment from drinking alcohol?

People tell ‘war stories’ of their addictions at times, recalling tales of the wild experiences they have had and often told with fond memories. Have you heard

anyone tell a 'war story' from their alcohol addiction? How did it make you feel? Did you find it triggering, experience any cravings & urges as a result?

Often a helpful way to remind ourselves of the negative experiences and consequences alcohol has caused us is to write these down everytime we randomly think about them, perhaps at the back of your journal. That way if we are struggling we can quickly look at our journal to remind ourselves.

Consider the consequences of remaining sober from alcohol and continuing to use alcohol below:

If I remain sober...	If I continued drinking alcohol...

Fantatising about 'controlled use'

Several weeks or months into our recovery we generally start to feel better about ourselves and our lives. In reality we are still very early into our recovery however we can sometimes believe we are ‘fixed’ or ‘cured’.

This presents an issue as we can begin to forget the negative consequences of our drinking or downplay them as less severe than they were. We can now begin to believe:

- That perhaps if we made some changes to our lives we can use it again.
- If we’re ‘careful’ we can drink alcohol again without losing control.
- That we can use it just ‘one last time’ to test how much control we have or try to prove we can control it.
- Thoughts about how nice it would be to be able to use alcohol without the adverse consequences
- Romantacised thoughts of drinking alcohol and being able to ‘control’ it.

It is vital we catch ourselves when we do this as it is a big indicator a lapse is imminent if it is not addressed. What do you think you could do if you noticed yourself experiencing these thoughts? Note your answers here:

Some other steps we could take:

- Remind ourselves of the risks and consequences of drinking alcohol
- Recognise we are experiencing a mental relapse and dispute are thoughts
- Seek out support, whether that be family, friends or Parkland Place
- Attend a recovery group meeting as soon as possible
- Talk about these thoughts to others who are years into their recovery, how they dealt with it if they experienced similar thoughts.

Practical steps

Ceasing the use of alcohol is a difficult process for many, a process that requires actions and behavioural changes not just determination and desire. We must put in place specific plans to try to ensure our encounters with alcohol are minimised if not prevented altogether and that we decrease the likelihood of encountering reminders of your old drinking behaviour.

Firstly, being prepared that at some point somebody is likely to offer you alcohol, if you refuse confrontation may ensue. Do not attempt to script the conversation but having a planned response would be beneficial. How would you respond if somebody offered you alcohol? Note your answer below:

Secondly, avoid high risk situations where possible. Consider what places, streets, houses and other locations are high risk. Perhaps places where you would drink or obtain alcohol, can you avoid these areas or are they essential for your travel? If so what is your plan to manage this? Note your answers below:

Thirdly, removing alcohol. Do you have any alcohol left in your possession? Have you hid it anywhere?) Do you have someone who can help you remove this? Note your answers below:

Lastly, breaking contact. Consider who you drank alcohol with, were they respectful, did they encourage? What can you do to break contact with these people? Note your answers below:

Do you have family or close friends who drink alcohol? Consider what boundaries will have to be put in place here and how will you go about doing this, note your answers below:

Summary

In this workbook we have discussed:

- What alcohol is
- Alcohol prevalence in the UK
- Stigma attached to problematic drinking
- Alcohol & our mental health
- Alcohol & the Liver
- Preventing a relapse from alcohol