

## Coping with Someone Else's Drinking



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### How did we get here?

People living with the effects of someone else's drinking often report feelings of helplessness and bewilderment at how a person they love can have changed almost beyond recognition.

They know that the person they used to know is 'still in there somewhere', but are lost for a reason why the happy, considerate person they once knew seems to have become consumed by selfish, unpredictable and even dangerous behaviour.

This booklet has been written to describe some of the common experiences felt by people who are living with alcohol dependency, and has some guidance about how you can get support for yourself and the problem drinker in your life.

For brevity and clarity we have used the word partner to describe the problem drinker. However, the problem drinker in your life may be your parent, child, work colleague, neighbour or friend.

Alcohol dependency can affect people from any walk of life, of any profession, and of any age. Alcohol dependency can be treated effectively once the person admits there is a problem.

### The problem drinker...

- Drinks increasing amounts of alcohol to achieve the same effect – and their drinking habits alter to accommodate this;
- Drinks faster than other people, and needs to take a drink at regular times – every day;
- Conceals the amount they drink, and makes promises about their drinking that are not kept;
- Spends more than they should on alcohol, and continues to do so;
- Uses anything as an excuse for a drink – good or bad;
- Needs a drink before socialising, even if they know that they will be drinking later on;
- Dislikes attending social occasions that aren't likely to provide a "sufficient" quantity of drink;
- Reaches for a drink to take the edge off stress, anxiety, shyness or disappointment;
- Has 'lost' hours of their life through drinking – and has also suffered loss of memory or "blackout."

### Getting help for yourself

A person's drinking doesn't only affect them. People around them may have noticed signs that there is a problem or have had to cope with the consequences.

The closer you are to the drinker, the more upsetting it can be. People who are concerned about someone else's drinking can feel helpless. It is important for you to realise that you are not the only person to feel like that.

Around one in ten people living in the UK have a problem with drinking. Most of them have a partner and/or family who are worried about them.

The first step to helping someone is to recognise how you feel about the situation - family members often find it hard to accept that they too need help. Yet alcohol distorts relationships and alters balances in families.

Don't be afraid to ask for help – it does exist!

### Other sources of help

#### Alcoholics Anonymous

AA Head office	01904 644026
AA Helpline (York area)	01132 454 567

#### Al-Anon

Al-Anon is a support group for people affected by someone else's drinking.

- Wednesdays, 7pm
- Friends Meeting House, Friargate, York.

<b>Drinkline</b>	<b>0800 917 8282</b>
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- Monday – Friday 9am – 11pm
- Saturday/Sunday 6pm – 11pm

<b>NHS Direct 24hour</b>	<b>0845 46 47</b>
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How many units in your drink?		
Volume/ Measure	Beverage	Units
Pint	Standard lager/beer	2.3
Pint	Premium lager/beer	2.8
Bottle 330ml	Premium lager/beer	1.7
Can 440ml	Super-strength lager	4
Pint	Regular cider	2.8
Litre	Regular cider	5
Litre	Strong cider	8.5
175 ml	Wine/champagne	2.1
250 ml	Wine/champagne	3
Bottle 750 ml	Wine/champagne	9
Bottle 275 ml	Alcopop/ready to drink	1.5
25 ml	Spirits, e.g. vodka, whisky, gin, rum	1
35 ml	Spirits, e.g. vodka, whisky, gin, rum	1.4
50 ml	Port, Sherry, Martini	1

### How can I help?

If you are reading this then it's likely that you want to help your partner/friend/relative find a way out of their current way of living.

Firstly we need to let you know about what seems to be a fundamental truth about problem drinking – only the drinker themselves can make the decision to change, **you cannot make them stop or moderate.**

Another common truth seems to be that in order to make the decision to change the drinker needs to become fully aware of how destructive their drinking has become.

And this may involve the drinker getting into some kind of trouble or emotional crisis.

#### Setting boundaries

Alcohol dependency often distorts and unbalances relationships. You may feel that you have had to change or modify your own lifestyle in order to accommodate the demands that the drinker puts on you. Partners of problem drinkers often feel like their 'life is on hold' or that they are always waiting for the next 'catastrophe' to happen.

The bottom line is:

You don't have to accept unacceptable behaviour in your life.

Make some rules for yourself about what you can and cannot accept – and stick to them. A problem drinker, just like anyone else, is responsible for their own actions, and the consequences of their actions.

- Don't help the drinker out of trouble caused by drinking
- Don't clear up the mess, put them to bed etc.
- Don't "collude" in your partner's destructive lifestyle (see page 7).

Make it clear that you will not take responsibility for your partner's drinking.

By setting personal limits you are sending a clear message that you expect your partner to take responsibility for their own actions.

However, don't set standards that are impossible for your partner to live up to.

#### **"Let go" of the problem**

By this we are not suggesting that you abandon your partner. However we do suggest that you let go of any feelings of responsibility for their drinking. There is little you can do if a person is determined to drink – you cannot make them stop or moderate.

It's also worth remembering that your **partner** is not the same as your **partner's drink problem**. Continue to cherish and support your partner's positive aspects whilst drawing a sharp line against the unacceptable behaviour that their drink problem brings.

Alcohol dependency can damage relationships irreconcilably. If you feel that your relationship with your partner has become intolerable, then – of course – it is your right to walk away from it. If your relationship has reached this point, then it may be time to make some firm decisions. Don't make these decisions alone - get support from people you can trust.

## **Recommended drinking limits**

It is recommended that men should drink no more than three to four units a day and women no more than two or three units a day.

The alcohol content of beers, lagers and wine vary quite a lot. Extra strength beers and lagers have sometimes more than double the alcohol content of an ordinary beer/lager and wine carries between 6 and 15% alcohol. Drinks poured at home are often much larger than those served in a pub or club.

Men consistently drinking four units a day and women consistently drinking three units a day incur a progressive health risk. The more you drink and the more often you drink above the benchmarks, the greater the risk that you are damaging your health.

These limits are daily benchmarks that you can use as a guide to how much you can drink without putting your health at risk. They do not apply to women who are pregnant or planning a pregnancy or to young people who have not physically matured.

The benchmark applies to any day when you drink – whether that is most days, once or twice a week or occasionally. Most people drink different amounts on different occasions. But not drinking on some days does not mean that you can drink more than the benchmark on days when you do drink. It is about how much alcohol your body can cope with on one day without any risk to your health.

Having one or two alcohol free days is wise, as it helps prevent the habit of drinking every day, which could lead to problem drinking.

Drinking between 21 and 50 units a week for men and 14 and 35 units per week for women exposes you to increased risk of ill health and the problems arising from drinking.

### Brain

Brain tissue is directly damaged by alcohol. Long-term excessive consumption can lead to:

- Depression and anxiety;
- Mental health problems such as hallucinations, mood swings and paranoia;
- Alcohol dementia -A gradual breakdown in brain function;
- Poor concentration;
- Slower reflexes and memory problems.



### Other risk factors

#### Smoking

The risks of getting cancer from smoking are significantly increased by alcohol.

#### Sex

Alcohol misuse affects the reproductive functions of men and women. Persistent heavy drinking can lead to:

##### Men

Shrinking of the testicles & penis

Diminished sperm production

Impotence

Loss of body hair

##### Women

Increased risk of infertility

Birth-related defects

#### Drink and Crime

The British Medical Association estimates that either the offender or victim has been drinking in 65% of homicides, 75% of stabbings, 70% of beatings and 50% of fights or domestic assaults.

### Don't "collude"

"Colluding" is a term used by counsellors and psychologists to describe patterns of behaviour that (knowingly or unknowingly) help the drinker continue. Colluding is also known as "enabling". For example:

- Giving your partner money for drink.
- Agreeing to drink yourself when you don't really want to.
- Clearing up the mess, putting them to bed, phoning their work with excuses.

Over a period of years, colluding can become a highly crafted art form and may not even appear to be directly related to the drinking itself:

- Taking on more than your fair share of responsibilities, e.g. household chores, finances, welfare of the children;
- Turning a blind eye to how your partner is living their life
- Providing **inappropriate** financial or emotional support (you may be helping the drinker evade their own responsibilities);
- Tolerating unacceptable behaviour, and continuing to do so;
- Accepting your current lifestyle as 'normal' or 'acceptable';
- Allowing you partner to drink in 'exchange' for bad habits of your own (see Check your own behaviour).

Enabling is a two-way process. The partner can enable, and the problem drinker can allow themselves to be enabled.

### Check your own behaviour

As we have already said, alcohol dependency can distort relationships and you may unwittingly be contributing to the problems in your relationship with the drinker. Arguments and bitterness may have soured your relationship and put some distance between you.

Be sure that “the drink problem” has not become an easy target on which to lay blame.

Although your partner has sole responsibility for their drinking, you both have responsibility for the maintenance of your relationship.

### Have a life of your own

People who have a problem drinker in their life often feel like their ‘life is on hold’ or that they are always waiting for the next ‘catastrophe’ to happen.

Keeping up hobbies and interests is a good way to keep your body and mind healthy and will help you to detach yourself from the problems in your home life.

### Get support for yourself

Feelings of isolation, fear and struggling to cope are common for people who have a problem drinker in their lives.

It is important that you have supportive and sympathetic people around you. Find friends or family members that you can confide in, and who will support you when you need to let off some steam.

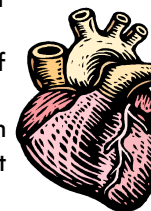
Many people find Al-Anon to be a good source of support. Al-Anon meetings are confidential and are only attended by people who have experienced the effects of someone else’s drinking in their lives. Contact details for Al-Anon are included in this booklet (see Sources of Help)

If you feel the need for one-to-one support, our counselling team at York Alcohol Advice Service will be very pleased to see you.

### Heart

Heavy drinking is associated with a range of circulatory diseases and conditions, including:

- Raised blood pressure. Increases the risk of heart disease and stroke.
- Alcoholic cardiomyopathy. Fatty infiltration of the heart muscle. It can lead to heart attacks and premature death.



### Pancreas

The Pancreas is a large gland behind the stomach which secretes enzymes and releases insulin. Regular binge drinking can lead to:

- Acute pancreatitis—Inflammation of the pancreas. Causes severe pain, which may persist even after a period of abstinence.
- Chronic pancreatitis—which may result in diabetes.

### Liver

Alcohol is still quite concentrated by the time it reaches the liver. Continual and excessive drinking may result in the following stages of damage:

- Fatty liver -Deposits of fat in the liver. Total abstinence can reduce the liver to its normal size with no residual damage.
- Alcohol hepatitis. Inflammation of the liver. Full recovery is still possible.
- Cirrhosis -Dead scar tissue in the liver. This condition is not reversible, but the liver will continue to regenerate or grow new tissue, enlarging the liver.

Liver failure—The liver is unable to produce new tissue. This condition is virtually untreatable and is often fatal.



### Physical effects of heavy drinking



Alcohol, whether in the form of beer, lager, wine or spirits, is a drug and as such causes physical damage to the body.

Short-term damage is caused by “congeners” (colourings and taste-producing chemicals) in our drinks. The more congeners there are in a drink, the more likely you are to have a hangover. Clear or pale drinks (e.g. vodka, gin, white wine) contain very few, whilst darker coloured drinks (rum, sherry, brandy, red wine) contain more.

The throbbing head and “groggy” feeling of a hangover is made worse by the alcohol content of the drink.

Alcohol has a “diuretic” action (increases the flow of urine), which produces a state of dehydration, and hence the awful thirst. There is no real cure for a hangover, but its effects are not long lasting.

However, alcohol can cause long-term medical damage to almost every tissue and organ in the body.

### Mouth and stomach

Excessive use of alcohol can have a corrosive effect on the digestive tract.

- Gastritis—Alcohol damages the stomach lining causing severe stomach pains.
- Reflux—Stomach acid moves up into the lower oesophagus (gullet) causing ulceration, tearing and bleeding.
- Ulcers — ulcers perforate the stomach wall, there can be a major loss of blood, which can be fatal.



Malnutrition—The small intestine becomes inflamed and cannot absorb food and vitamins so well.

### Making progress

Tackling an alcohol problem may seem like an insurmountable task, especially when the problem seems to dominate every aspect of your life. But alcohol dependency can be treated effectively once the drinker accepts there is a problem. If your partner is willing and motivated to change, then the chances of recovery are very good indeed.

If your partner has admitted to himself or herself that alcohol is causing problems then they've made a beginning in their efforts to change. The next step for them is to decide what kind of support they want. In our experience problem drinkers are unlikely to succeed without some kind of external support.

It is useful for your partner to keep his/her GP informed of progress. A doctor can also advise on detoxification programmes if appropriate.

Alcoholics Anonymous (AA) is a tried and tested source of support for people who want to quit drinking entirely. Many people find AA's wide support network provides a new way of life for them – although some people are put off by AA's rigorous attitude to problem drinking.

York Alcohol Advice Service will be happy to support your partner, whether their goal is abstinence or moderation.

## Coping with setbacks

It may have taken many years for your partner's drink problem to develop and it would be unrealistic to expect an overnight 'cure'. If setbacks occur, they are likely to be either:

- A relapse into drinking;
- Emotional setbacks or unexpected behaviours;
- Relapse.

Temporary returns to drinking are not unusual amongst people trying to stop drinking. Common reasons for a slip are: After a period of abstinence the drinker begins to regain their health and vitality, and becomes convinced that they can 'handle it this time'.

Emotional pressures build up over a period of time, and the drinker resorts to their established means of dealing with life's hurdles - i.e. alcohol.

They just feel like having a drink.

You will probably feel unnerved and frightened if your partner slips. However, a slip may be beneficial if the drinker learns from the experience and sees the incident as a chance to move onwards in their recovery.

More important than the drinking episode itself is to find out what motivated the slip, and what your partner needs to do to prevent further setbacks.

It is likely that your partner will feel very low about taking a drink. Use this time to discuss their reasons for slipping, find out from them what support they would like from you, and remember to re-affirm the progress that they are making.

## Return to habitual drinking

A return to habitual drinking is also not uncommon, especially if the drinker is trying to keep to a moderate drinking regime. Reasons for a full relapse may be:

- A gradual loss of control over their plans for moderate drinking;
- A 'couple of drinks' become a full blown drinking session (loss of control);
- A sudden desire to get drunk (again – loss of control).

At this point we need to remind you that if a drinker chooses to drink, then there is little you can do. Keep your boundaries clear, challenge them over their behaviour, and look after your own life and concerns.

## Emotional setbacks

If your partner has reduced their drinking or stopped altogether, there may be a long period of adjustment to the bright new sober world that they are encountering.

A person in the early stages of tackling a drink problem is likely to find that the absence of drink has left a large space in their lives. They may find that this space gives rise to unexpected feelings (e.g. boredom, irritability, sadness, guilt).

Although your partner has changed their drinking patterns, or stopped altogether, it may take some time for old patterns of behaviour to change.

It may have taken many years for your partner's drink problem to develop, so hoping for an overnight 'cure' would be unrealistic. When raw emotions arise, use it as a time to remind them of the progress they are making and their reasons for **not** going back to the old ways of coping.