



**Why can't they
just stop?**



For every drinker there are five other people who live the consequences.

Getting help

This booklet is a guide for the many people who care about and live with the consequences of having a family member or close friend who is a problem drinker.

Within this booklet the term 'family' or 'family member' should be read as including family and friends.

You can ring the 24-Hour Family Drug Helpline for:

- information in the early days of doubt
- support and strategies for difficult situations
- the opportunity to tell your story to someone who understands
- referral to a support group or other services
- information & facts on alcohol.

Acknowledgments

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Family Drug Help is a program of the **Self Help Addiction Resource Centre (SHARC) Inc.**

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www.familydrughelp.sharc.org.au

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Hopefully reading these stories has helped you to feel that you are not alone and to recognise that there is support available for you and your family as well as the drinker. The stories of other families' journeys may trigger realisations about your own journey. They may expand your awareness about other options or strategies to care for yourself and to strengthen your relationship with the person drinking.

We hope that this booklet will inspire you to explore the opportunities for change in yourself and to see the opportunities within your family as well.

Best wishes from the Family Drug Help community.

Remember support is always available

***You can Phone Family Drug Help on
1300 660 068 (Victoria)***

***For other states phone
Family Drug Support
1300 368 186***



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Change stories

In this booklet family members tell their own stories. They share the hope that change is possible because they have lived it, and have told their stories in an effort to inspire readers that change is both possible and rewarding.

The following story shows how a young girl was affected long into her adult life and how deep and internalised was her suffering.

“I was always embarrassed to bring people home because of my father’s drinking. One night my cover was blown when friends saw my father drunk. I felt sick in the stomach. They laughed it off but I died inside. I adored my father.

I developed a new way of coping: I started eating and didn’t stop. Eating helped fill the empty feeling in my stomach. I paralleled my father’s drinking with my eating. I got fatter and fatter as my father got sicker and sicker. This lasted for twenty years. It wasn’t until my father had to have a liver transplant and give up drinking that I stopped and looked at myself and realised I needed to change my own habits. One outcome of caring for myself was the loss of forty kilos.” (Bernadette)

Our aim is to encourage family members in the belief that change is a possibility for everyone, including the drinker.

The stages of change

What stage is the drinker in your life at?

The “stages of change”¹ model is used below to show change as a process over a period of time, rather than something that happens overnight. It explains the various stages the drinker can experience. When people are changing it is common to experience the stages as outlined below. However it is only a guide, not a prescribed path.

Try to identify the current stage of the drinker in your life.

Stage one *The happy drinker*

- insists their behaviour is acceptable
- is unaware of any problem with their drinking
- is resistant to change.

Stage two *The not so happy drinker*

- acknowledges there is a problem
- is nervous about changing their behaviour
- knows others are concerned about their drinking
- is not yet committed to making changes.

Stage three *The drinker is ready to change*

- planning to change
- talking about the need to change
- accepting responsibility for the problem.

1 Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). American Psychologist 47(9), 1102-4.

Stage four The drinker is making changes to their drinking behaviour by

- putting an enormous commitment of time and energy into change
- taking action. Attending Alcoholics Anonymous, counselling, treatment, etc
- learning to survive without alcohol.

Stage five The drinker incorporates change into their life, (a long and difficult stage) and

- behaves more consistently
- has fewer “ups and downs”
- establishes new social patterns
- appears to lead a more settled life.

However sometimes a lapse or relapse occurs. A lapse is a brief return to drinking, whereas a relapse can be a return to old drinking habits. Lapses or relapses can be at any time: two days after giving up, half way through detoxing, or six months or more into recovery.

See the next page, ‘What stage are you at?’, and also ‘Taking control and managing change’, page 19: Remember, relapses happen.

For the drinker, starting on this journey of change is not easy. It may take a significant event to be the stimulus for change – for example a diagnosis of liver cancer, injuring someone when drink driving, or the family leaving.

However note: Not all drinkers admit they have a problem, even when events are spiralling out of control; some may stay locked in stage one for years.

What stage are you at?

When you live with a problem drinker it is common to experience extreme ups and downs. The model below (developed from families' experiences) shows how families often go through the stages of change.

Stage 1 *Living in an uneasy situation*

- Feelings of shock, denial, and loneliness
- Covering up for the drinker
- Limited communication, becoming isolated
- Removing yourself from normal life

Stage 2 *Admitting there is an alcohol problem*

- Feelings of sorrow, grief, anger and guilt
- Overwhelmed by the drinking, feelings of despair
- Recognising the need to get help, but frozen by fear

Stage 3 *Trying to rescue the drinker*

- Feeling of helplessness, and chaos
- Trying to get help for the drinker
- Trying to control the drinker: 'You're not going to drink tonight'
- Ordering/demanding, but sometimes scared to follow through
- Making excuses for the drinker

Stage 4 *Realising that you can't solve their problem*

- A better understanding of the situation
- Looking to take charge of your own life
- Looking after yourself, getting support (joining a self-help group, counselling)
- Picking up your own life ("I have let many things go")
- Learning how to set boundaries
- Recognising you can not control their drinking
- Focusing on improving communication with the drinker

Stage 5 *Building a positive life* ***(whether or not the drinker has changed)***

- Taking charge & control of your own life
- Reconnecting with family and friends
- Planning for the long term, recognising you have a future
- Developing a new relationship with the drinker because you have changed.

Remember: families can work towards and achieve change for themselves at any time, whatever the situation of the drinker. This also can be very difficult, but it's very worthwhile.

Also, be aware that your change can have a positive or negative impact on the drinker. If the person has a tendency towards violence, they may use this in an attempt to regain control over you or others.

What should I do if the drinker relapses – and then I relapse?

One of the most difficult situations to cope with is a relapse, because you thought they had dealt with drinking. The first reaction for you as well as them can be panic and anger. You might find yourself returning to old patterns of reaction to the drinker.

Visit the cycle of the drinker again and see how relapsing can be just a hiccup – the drinker can get back on track. Remember that they have stopped once, and they can do it again. For more information about coping with relapses, see *Taking control and managing change*, page 19.



The stages of change

Relapsing & getting back on track

- I feel panic and anger again
- I stop looking after myself
- I want to change the drinker, no matter what they want.

But then I can get back on track

- I return to understanding and acceptance (I can't change the drinker)
- I accept that relapsing back into old feelings is normal
- I regain control of myself and start living my own life again

Hopefully you will find these “stages of change” models useful for identifying where you and the drinker are positioned. It helps to keep this big picture in mind, in order to understand future possibilities, reduce conflict and maintain relationships, as this story illustrates:

“Our family almost kidnapped my brother to get him into a treatment centre, we were so determined that he would undergo treatment. We were so happy when we left him there. We all felt our problems had melted away. We paid for his medication and bought him a carton of cigarettes and drove off. The next week when we heard that he had left with another client we were devastated. And when we didn't hear from him for weeks we all ended up in a worse state.

That was four years ago. Now I spend my time talking to him about how he is and what he wants. I think I have actually accepted that he is a drinker so I don't spend all my energy trying to make him become something else. I always hope that he will stop. He knows he has support if he ever wants to try.” (David)

Can you make someone change?

Most of us have found it difficult to accept that we cannot make the drinker change. However once we understand this, we can actually reduce the level of stress and conflict in our lives. Many of us have put considerable energy into trying to make a person who is in the “happy drinker” stage change. Learning to identify the stage of the drinker, and then base our actions more constructively around these various stages can be more valuable to the drinker and much less stressful to ourselves. This story explains how a family did just that.

“John had become accustomed to success. Top at school, a first-class degree and rapid progress in the business world. We had a happy marriage, children, and all seemed well in our home.

But during these outwardly successful years, alcohol had come to be an increasingly significant part of John’s life, dominating his days. Secretive, excessive drinking, drinking which took precedence over the daily responsibilities of life; drinking just to be able to face up to another day.

At first we either didn’t notice or ignored John’s increasing drinking; after all, everyone drinks. But as it progressed to the point of public embarrassment, to missing important appointments and more time off work, our concern increased.

My first reaction was to cover up, make excuses, and pretend it didn’t happen. Friends also began to see that something was going wrong and John’s colleagues were becoming increasingly critical of his work performance.

The stages of change

Our support for John had been stretched to the point where the family was simply enabling his use of alcohol, in our attempts to stop the whole situation from blowing up. Our whole family had been undermined by John's drinking with everyone stepping around the problem.

“Our adult children and I had reached breaking point. We were prepared to make changes in our own lives if John was not prepared to change his drinking. We confronted John with this reality. Change or move out and let the rest of us get on with repairing our lives. For the first time, he faced the horror of a solitary, sick life without us sacrificing our lives to accommodate his drinking. John chose to go to treatment.” (Denise)

The family informed John of the actions they were going to take to look after themselves unless he changed. It was not a threat, simply the reality for John if he did not change. It is an example of the family's change bringing about change in one member, rather than the family trying to control him.

However the result is not always that immediate as with



John going into treatment, and sometimes people never change, as this following story of a partner illustrates.

“I’ve had two alcoholic marriages, one further complicated with gambling, the other with drugs, and both were violent. This is what I’ve learnt:

Can I get someone to stop drinking? I can’t. I have learnt that I can’t change anyone else’s behaviour. I can only change mine.

Can I improve my life so I have more fun, happiness and peace? I can.

I realised I also had a dependency habit when I made my partner responsible for my happiness. Now I am taking full responsibility for myself and how I feel. I am reclaiming my life. In addition, having experienced the difficulty of changing my habit, I am better equipped to relate to the complexity of change.

Going to a support group helped me stay on track with reclaiming my life. I found it difficult to make changes and respond instead of react, especially with my children. But it was worth the effort. Now I am in charge of my life, instead of everyone else’s, and I have fun and peace in my life.”

(Debra)

Changing family patterns: the benefits

Sometimes changing what we do can bring relief for us as well as motivate the drinker.

“It took me a year before I went to a support group meeting as I had not gone out of the door at night without my husband for at least 20 years. I knew that I had to do something because nothing was changing. I was very quiet for the first few months then they started asking me to talk. Once I started, out it all came...my childhood...my father... my brother – now my son. What could I do?

Then gradually as I listened to other stories I started to see patterns myself. I was enabling my son to drink, out of fear of what might happen if I didn't support him when in actual fact all I was supporting was his drinking. How with my history could I change? I was also scared of becoming my mother. I started to change the way I dealt with problems. I didn't panic. I stopped and drew breath before I reacted, I learnt to listen and really hear what my son was saying, and he started to change as well. He said he could talk to me now without fear of me becoming hysterical.” (Sarah)

Change is normally difficult and needs constant work to maintain, until with time the patterns of the new life replace the old. So if your partner, child, parent or friend has been drinking for years and you are trying to change the way you deal with it, it will take time, require a lot of commitment, and you will benefit greatly from having support as you change.

For Sarah the benefits were very obvious. Perhaps most importantly she 'learnt to listen and really hear what her son was saying' and this helped him change as well. So many of the people involved with Family Drug Help who have achieved positive change in their situation place a great importance on the role learning to listen has played.

Start by ringing the **Family Drug Helpline, 1300 660 068**. Also see Common family patterns page 15, and Taking control: managing change page 19.

What can a family support group do for you?

Members of family support groups encourage each other to allow the drinker to take responsibility for their own actions. They also encourage family members to take steps to take care of themselves, regardless of whether the drinking family member chooses to get help.

Support Group members say that they attend meetings because "we can break our silence, unburden our hearts and be listened to with empathetic ears." And "The meetings are a place where I can feel accepted not judged, and I have gained friendship, laughter, support, understanding and reassurance. I have regained my sense of self worth and witnessed how fellow members have grown in confidence of their own coping skills. I see other members gain a new awareness of the part they can play in finding resolution for their problems with their alcohol affected loved ones, and I have become stronger, more informed and available to help the group. I have learnt from hearing what others have to say, and now know I am not the only one with these problems.

Ring the Helpline for a group in Victoria.

Questions often asked about drinkers

Are drinking patterns inherited?

Some research suggests that the risk for developing drinking patterns can run in families. The genes a person inherits partially explain this pattern, although lifestyle is also a factor. But remember: **risk is not destiny**. Just because drinking tends to run in families doesn't mean that a child of an alcoholic parent will automatically become an alcoholic. Some people develop problem drinking patterns even though no one in their family has a drinking problem. And not all children of drinking parents get into trouble with alcohol. Knowing you are at risk is important though, because then you are open to information to protect yourself.

Sometimes family patterns develop. One caller to the Helpline commented on the fact that it was only the men in her family that were affected, in fact three generations of them. But by mapping their history and seeking help for both her and her son she was able to introduce change, which broke the cycle for the third generation male.

Do you need to be an alcoholic to experience problems?

No. Some of the problems linked to alcohol misuse, especially binge drinking, include not being able to meet work, school, or family responsibilities; drink-driving accidents; criminal charges; and drinking-related hospital admissions.

Under some circumstances, even social or moderate drinking is dangerous, for example, when driving, during pregnancy, or when taking certain medications.

Can medications be used to treat drinking problems?

Yes, there are a number of medications on the market today that are taken under medical supervision. Talk to a doctor in a treatment centre.

Can a problem drinker simply cut down?

It sounds like an easy option and some people manage it, but for many people addicted to alcohol it is just too hard. Alcoholics Anonymous argues that cutting out alcohol is usually the only course for recovery. However for people who are not dependent such as binge drinkers, cutting down is often an option.

How can I communicate with the drinker?

Communication can be closed down if your emotions – such as sadness, fear or anger – take over. If you act on your feelings by blaming, criticising or bullying, you may push the other person away. Strong emotions can seem overwhelming, but they will pass. You may need some time out first.

Talking about your emotions and your situation, rather than acting on them, is a way of letting the other person know about your feelings and needs. Telling someone about how you feel is also a great way to let go of some of the pressure. This is why people feel such a great sense of relief after attending a support group.

Also see the communication tips on page 26.



Am I responsible?

Sometimes we think the drinking problem is our fault because we are focusing all our attention on the drinker. We feel the need to be the carer or the helper, or we need to be the fixer. We often have to be reminded and even supported to look after ourselves; then we have to find the time, energy and motivation to do this.

Always being “the fixer” means that the other person does not learn. It's like a parent with a young baby investigating the stairs. The parent's role is to manage the risk, while allowing the child to learn about stairs. If we always hold their hand and they never fall, they will not learn about risk, but one day we will not be there and they will fall. However if we let them take small risks and they have a small fall, then hopefully they learn about and begin to understand risk and responsibility.



Common family patterns

Feeling responsible

As outlined above, it is common for family members to feel responsible. If we can't stop the drinking we often want to fix all the problems around the drinker, make it easier for them.

Dianne felt she could save her son from the consequences of his drinking.

“I just kept giving him money every time he was in trouble. I never asked him to be accountable. I thought that if I took his money problems away, I was helping him to get better. Now I see I just made it easier for him not to take responsibility for anything he did.”

Joanne felt it was her fault that her husband was drinking.

“I felt it must be something that I was doing wrong, I couldn't go out. I was too nervous to even leave the house. Even though I didn't have the drinking problem I became the nervous and unsociable partner.”

Focusing on the drinker (and feeling out of control)

It is common to focus on making the person's drinking habits change, while ignoring our own needs. But in the process many of us have developed unhealthy habits. Seeking solace in food or smoking, overworking, or becoming isolated from family and friends are common examples.

Often we can become overwhelmed because we feel we have no control over the events that are occurring in our life. We may feel out of control, just like the drinker who cannot control their drinking. (See Sally's story, page 19.)

Covering up/looking after everybody else

This mother lived in fear and denial:

“All I wanted to do was keep the peace. I saw all the angry rows that resulted because of my parents drinking. I thought if I could just keep my head down everything would be all right. I spent my childhood being an adult. I gave up school because I missed so many days caring for my younger brother. I adored my father even though he was a drinker and died at 52 from cirrhosis.

I nursed my brother through his illness when everyone deserted him. He wasn't a happy drunk like dad. He died in his forties due to drinking. Then when my son started drinking, I fell into a hole. I hid it from my husband. I thought if I covered everything up it would go away. I was fearful that my life would turn into the chaos I had known in my youth. I was also fearful that my son would die like my father and brother.”

(Theresa)

“I thought if I covered everything up it would go away”. So many of us have lived in denial. It is often about not wanting to face our fears. Unfortunately her actions had actually been supporting her son to continue drinking.

Losing sight of others in the family

It is common to lose focus on other family members to the point where they start to ask: “Do I have to have a drinking problem to get attention around here?” All our energy can be expended on the person with the alcohol problem.

Is this happening in your family?

This pattern can lead to negative attention-seeking behaviour from others in the family, including siblings and partners.

“I was in the middle of talking to my mother when I heard my brother come in. Immediately I noticed her eyes flicking away from me. She became vague and inattentive. I’ve even said things in the past like ‘I’ve given up uni’, or ‘I’m pregnant’ to see if she was listening and all she replied was ‘OK’, ‘OK, that’s good’, or ‘Mmm.’

I would walk away really mad because I wanted her attention. And of course if I did anything like shout or say anything she would be immediately protective of my brother, and say ‘don’t upset him’.

Stuff it! What about me, don’t I count?”

(Stephanie)

Another sibling’s story:

“I moved interstate because I had to get away. It was all too hard and I was sick of the dramas centred on my sister. So what if things hadn’t been easy for her and she had problems. I had worse problems. I had to live my whole teenage life with an older stepsister who drank and took drugs. Why did we have to tiptoe around her all our life because her mother died? Everyone treats her like a princess, when really she is the greatest pain of all time!” (Nola)

Common family patterns

Then there is the daughter who is grieving for the life she didn't have:

“As a girl I always felt guilty because I couldn't make my daddy feel happy and not drink. I always felt powerless, isolated, and unattached. My father drank his way through three marriages. I adored him and he was so much fun. I was so hooked into his story that I believed my mum was difficult. He made me feel protective of him even though I was the child.

He always put me in difficult positions when he was drinking. Sometimes when shopping in the supermarket he would start putting food down his jacket and if I didn't buy grog for him he would tell me what a terrible daughter I was. When he was drinking I just hated him and then he managed to make me feel guilty for hating him.

When I was little he lost his licence over and over. In order to stop him going to prison I had to go to court and say I relied on him.

Finally as I got older I realised he loved alcohol more than me. But I still had all these false expectations and dreams that we would be happy and normal like other families. I decided I couldn't do this any more. I stopped giving him money. Even years later I still feel guilty because he died.”

(Liz)

Taking control: managing change

As family members we do make choices. Sally's focus on the drinker in her life led her to feel out of control:

“The drinking behaviour upset me so much that I took to bed. I felt helpless. Gradually I gave up my job and my friends. I blamed Tony’s drinking for everything that was wrong with me, I would say ‘Look at what you’re doing to me’. It took a lot of soul searching to acknowledge to myself that going to bed was what I chose to do, it wasn’t something I could blame on Tony or his drinking.”

Take control over your own life

The alternative to feeling out of control, as Sally did, is for family members to take control of their own lives. Changing and making different choices is possible, especially with the encouragement and support of agencies like Family Drug Help or good counselling services.

Decide to do things differently

We often put ourselves second and don’t realise the important role we could model by looking after ourselves and changing our own behaviour (being in control).



“I realised that nothing I was doing was helping my son. I kept him out of jail. I fed and housed him and I even gave him money for his drinking. I expected him to recognise what I was doing. I was always in tears. Couldn’t he see what he was doing to me? Why wasn’t he changing and everything getting better? Eventually in desperation I took him to our doctor and in tears asked her to help him. The doctor shocked me when she said, ‘Right now it’s not him I’m worried about, it’s you. You’re on the verge of collapse’. I was incredulous. I thought it was my son that needed to change.” (Susan)

The following questions can be very useful in helping us to stop focusing on the drinker:

- What do I think will happen to me if I keep on living like this?
- How will I feel if I am in the same situation in 3 years?
- What do I want from the rest of my life? What is important?
- What do I need to help me decide my next step?
- If I do change, what is my worst fear?
- If I do not change, what is my worst fear?



Focus on yourself, not the drinker

“I am in a support group now, developing my self-confidence. I see new people coming into the group wanting instant fixes and answers. I know how hard it is for them to focus on themselves, and hope that like me they will learn how they can change. (Helen)”

“We let our social networks lapse, and wondered how we might go about rebuilding them. Then a neighbour asked me to join a walking group and we have been out and about with a group of new people ever since.” (Tony)

“I was thinking of doing that course and never did, maybe I could start focusing on something for myself. (Jerome)”

Focusing on other family members

Set time aside to spend with those family members who are missing out, even if it is only occasionally. Promise yourself you will not cancel under any circumstances. Take the phone off the hook if necessary or go out so you cannot be contacted.

If you are the parent try to put in as much time involved in the positive activities of other family members as you spend with the drinker.

When you are with other family members try not to focus the conversation around the drinker. Remember that everyone wants to feel as important in your life as the others.

Changing your response to someone's relapse

When a person relapses family and friends can feel devastated (along with the drinker). At this point try to remember the drinker has successfully given up drinking for a period of time, and can do it again. This is a time to stay connected to them and their desire to change rather than getting caught up in the negatives. Relapse can be a time of learning for the drinker. And it may be possible for them to fast track through the stages of change on subsequent attempts.

We all know of people who have tried many times to give up a particular habit, like smoking, before they actually achieved it. Relapse is common. For smokers the average number of serious attempts to quit is six before achieving abstinence.

As family members we can lapse into former negative behaviours as well. Reverting to blaming or angry behaviour is common. Maybe we have become overwhelmed again because we are focusing on trying to change others and not ourselves. Maybe we are just fearful for our partner's or child's life. If you find yourself lapsing back into fear, try not to panic. Lapses happen and you will do better if you can stay calm and focused about the fears that are driving you.

“I lapsed back into my old behaviour panicking and becoming fearful. Maybe the trigger was an anniversary of my father's death. My mother had also made contact with me and that made me fearful again. I am still not able to cope very well around her. I see what my son goes through when he has a lapse and I try and keep calm. So far I have reverted back to my old overwhelmed behaviour twice, but now I know what to do to get back.” (Paula)

Recognise that relapse is an expected part of the process (that is if it happens, but try not to spend your time expecting it). Change is hard and we all fall back at times. But it is not the end of the road. It is just a setback and it can be brief.

Remind yourself that you can only change your behaviour. If you do this, the person drinking might need to change their behaviour to adjust to the new you.

Protect yourself from violence

If the drinker or another family member becomes violent, do not hesitate. If you feel afraid and you are in a violent or life-threatening situation, **phone 000**.

The social and health effects of family violence are now well recognised by health professionals and police. Assault in the home, commonly known as ‘domestic violence’, was recently found by a VicHealth study to be the single biggest risk factor affecting the health of younger women.

“As soon as I noticed him getting stuck into the drink I started to panic. I had to get out without him noticing or I might get hurt again. Last time I called the police, and they were very supportive. But what could I do? I wanted to leave; however I had the children to think of. I thought I could change him and I wanted to keep our family together. But I’m ready for an intervention order this time because I’ve seen the pattern too often.” (Christine)

Applying for an intervention order indicates to the drinker and everyone else that this behaviour is unacceptable and that you are prepared to use outside help. Contact a Legal Aid Service for further information.

Protect children from violence or neglect

If children are in the care of someone who is drinking at unsafe levels, they may be at risk of being neglected or injured. If you are concerned about the welfare of children, you can ring Child Protection Services and discuss this with a trained professional.

The Victorian Department of Human Services, Child Protection Service has a 24-hour telephone line. Phone 131278.

Children who have witnessed or been involved in traumatic or violent situations may need professional support, such as counselling. Everyone involved can suffer serious side effects such as post traumatic stress, and may need support.

Encourage the drinker to seek treatment

Here are some steps that might encourage a drinker to seek treatment. None of them are magic potions, but combined and with some time, they have been of great value to many families:

Stop 'cover ups'. Family members often make excuses to others or try to protect the drinker from the results of his or her drinking. What would happen if you stopped covering and allowed them to experience the full consequences of their drinking?

Time your discussion. The best time to raise issues may be shortly after an alcohol-related problem has occurred: perhaps a serious family argument or an accident. Choose a time when you feel safe, both of you are calm and sober, and talk in private.

Be specific and stay connected. Try explaining that while you love/like/care for them you don't like the effect that drinking is having on them. Use examples of the ways in which the drinking has caused problems for you, including the most recent incident. Try and say how the problem affects you. For example "I feel very distressed when all the food money is spent on alcohol" or "I feel like I will always come second to alcohol in this relationship. I need more."

Set Boundaries. Explain to the drinker what you will and won't tolerate. This is not to punish, but to protect yourself. What you say may range from negotiating an agreement that they do not drink/limit their drinking when attending social activities with you, to someone moving out of the family house. However, making threats you are not prepared to carry out may only reinforce their negative behaviour, and they will eventually stop listening.

Get help. Ring the **Family Drug Help Helpline 1300 660 068**. Unburden yourself to someone (anonymously) and find out about support groups for family members.

Give help. Find out about treatment options for alcohol. Offer to go with them on the first visit to a treatment program or an Alcoholics Anonymous meeting.

Listen and respond. Listen calmly and carefully, especially if a person is upset. Try to focus your discussions on what is going on in their life. Drinking can be a symptom of other difficulties. Offer support by recognising that they may have other issues.

Call on a friend. Ask a friend to talk with him or her using the steps just described. A friend who has drunk heavily or is a recovering alcoholic may be particularly valuable, but any person who is caring and non-judgemental may help. The support of more than one person, on more than one occasion might help.

“The support group has helped me to set boundaries for my son, such as ringing if he isn’t coming home. No loans. Regular payment of board.

He has since left home and has been sober for two years and I have developed the confidence to get on with my own life.” (Helen)

Communicate better, using these tips

- Don’t try to reason with someone when they have been drinking.
- See above, Time your discussion.
- Use ‘I’ statements when communicating

If you want to maximise your chance of staying connected to someone, try using ‘I’ statements. An ‘I’ statement is a message about you. When using ‘I’ statements you take responsibility for your own feelings, rather than accusing someone else of making you feel a certain way. The essence of an ‘I’ statement is: “I feel hurt/ frustrated when you do or say.....”. It focuses on your feelings and responses, rather than the other person’s attitude, intention or behaviour.

On the other hand a ‘You’ message is a message about the other person. A ‘You’ message tends to be one that blames the other. “You make me feel” The essence of a ‘You’ message is: It’s your fault. This can make the person feel defensive, increasing the chance of them responding negatively or aggressively.

Three steps are involved in making an ‘I’ statement:

- 1.** Try to describe the behaviour to which you are concerned about in a non-blaming, non-judgmental manner.
- 2.** Describe the specific effects of that behaviour on you. This information is the most important aspect of the statement for the other person.
- 3.** Tell the person what you want, or would like, them to do.

Here is an example of an 'I' statement:

“When you stay out all night unexpectedly...I feel really frightened and can't sleep. Please ring me next time before midnight and let me know so I don't get worried.”

Listening Tips

Be genuinely interested in what the other person has to say. It is so easy to be thinking about what we want to say and only half listening when someone else is talking, but this is not good listening. Listening involves hearing the words, the meanings, and the emotion behind them.

It helps to repeat back to the person what you think they have said to check that you have heard them correctly:

“Have I understood?”

Are you feeling..... right now?”

Listen for the facts and the feelings behind the person's words and acknowledge the feelings: “It sounds like you are really angry about lending all that money.”

If you are confused or unclear, ask them to tell you again.



In difficult situations

First:

- Find a time to talk that suits those involved.
- Don't have talks if anyone is affected by alcohol.
- Choose a suitable environment, for example away from other people.
- Be willing to listen (even if it is painful) without interrupting.
- Try to suspend your judgements and focus on the positives.

Then have your say:

- Prepare and think beforehand. Consider preparing some notes, or rehearsing with a friend.
- Speak clearly and calmly about the issues and about your own thoughts/feelings.
- It's usually more helpful to focus on a problem behaviour, rather than the drinking. Often it is the behaviour that is causing the most concern. It may be possible to change some behaviour even if the person is still drinking.
- Expect some negotiation and compromise.
- Encourage open and frank communication between everyone.

Look after yourself

Look after yourself by avoiding:

- feeling responsible for another's behaviour
- debating the positives and negatives of drinking
- feelings of guilt or being a martyr
- punishing, threatening, bribing, or preaching
- taking over their responsibilities
- arguing when they have been drinking
- reacting immediately
- becoming the centre of the storm.

What you can try to do:

- Remain calm, and factually honest.
- Stay connected to your feelings for the drinker.
- Let the drinker know this is difficult for you.
- Discuss the situation with someone you trust – or ring the Helpline.
- Be aware of the atmosphere created at home and how it may affect other people, especially children.
- Try and be patient. Alcoholism takes a long time to develop, and recovery is slow.
- For your own well-being try to accept setbacks and relapses with calmness and understanding.
- Keep yourself and others safe. Do not drive with anyone who's been drinking heavily. Take action if this is occurring.

Alcohol Facts

Alcohol is a depressant drug

Alcohol is not a stimulant as many people think. Alcohol slows down activity in the central nervous system including the brain. Depressants affect our ability to concentrate and coordinate, and depress and slow our response time to unexpected situations.

In small quantities, depressants such as alcohol cause people to become relaxed and lower their inhibitions. They feel more confident and often act in a more extroverted manner. But not all people have fun with alcohol.

“My mother was always the life of the party. We used to say, 'Out angel, home devil.' Everyone thought she was great fun. Everyone except my brother and me that is. We had to do the mopping up the next day as mum would come home, drop and break things and make a huge mess. We hated it. All we saw was the sick, depressed side. With no money left, she would empty out her handbag trying to find the money we needed to go to school.” (Phillipa)

Tolerance & dependence

People who drink heavily usually develop a tolerance to alcohol. This means that they need to drink more to experience the same effect. As a result, some people can drink large amounts of alcohol without appearing to be intoxicated. However, it will still damage their health.

People who are physically dependent upon alcohol find that their body is used to functioning with alcohol present. After a while they find it difficult to function without alcohol in their system, and dependence develops. They can't function without it.

An indicator for working out whether a person is dependent is ***their ability to stay within recommended drinking limits.***

For males, this is an average of four standard drinks per day, and no more than six on any one day, with one or two alcohol-free days per week. For females the recommended limit is an average of two standard drinks per day, with a maximum of four on any one day, and one or two alcohol-free days a week.

This story of the window cleaner who used to have five to ten beers a day is a good example of dependence.

“I couldn’t start work until after ten because my hands were very shaky. I would call into the pub and they would be lined up ready for me. Just two beers, then off I would go to work, the shakiness gone. Then four at lunch and then up the ladder as steady as it comes. I managed this for some time before everything started to unravel.” (Travis)

Treatment for alcohol dependence

First: Withdrawal

Withdrawal is the first step for alcohol dependent people. Usually this takes about seven to ten days. If a person who is physically dependent on alcohol suddenly stops drinking, they will experience withdrawal symptoms because their body has to readjust to functioning without alcohol. Symptoms include loss of appetite, nausea, anxiety, insomnia, irritability, confusion, tremors and sweating.

When people want to withdraw from alcohol they need professional support. Withdrawal from alcohol can be life threatening and needs to be managed and monitored.

Second: Rehabilitation

Rehabilitation support programs are available for people after they have been through withdrawal. They vary from intensive live-in programs within a community, to weekly counselling and support with a local treatment service.

Mixing alcohol with other drugs

Combining alcohol with any other drug (including over-the-counter or prescribed medications) can be unpleasant and dangerous. The effects of one drug may be greatly increased by the other, or they may react to each other. Consuming alcohol with other depressant drugs such as sleeping pills can be fatal.

Drinking during pregnancy

When alcohol is consumed during pregnancy it crosses through the placenta to the foetus. The World Health Organisation suggests that there is no safe level of alcohol consumption during pregnancy, and the only guaranteed safe approach for pregnant women and those trying to become pregnant is not to consume any alcohol at all.

During the first twelve months of the baby's life, the developing brain may be damaged by alcohol from breast milk. While the effects of consuming alcohol by breastfeeding mothers are unclear, it is known that alcohol passes into breast milk, and is consumed by the baby. Alcohol use can also reduce the milk supply.

For further information see the National website for Foetal Alcohol Syndrome at
<http://users.chariot.net.au/~miers/>