



LawCare Ltd.
Health Support and Advice for Lawyers

Alcohol Information Pack

Helplines

For Solicitors, Law Students and Legal Executives in England and Wales
0800 279 6888

For Solicitors, Advocates and Law Students in
Scotland, Northern Ireland and the Isle of Man
0800 279 6869

For Barristers, Barristers Clerks and Judges in England, Wales and Northern Ireland
0800 018 4299

For Solicitors in the Republic of Ireland
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Am I an Alcoholic?

The legal profession is both very stressful and usually well paid – a combination that leaves some lawyers with both a reason and the means to drink heavily.

Do you have an alcohol problem? Do you recognise yourself in any of these statements?

- “I go out intending to have just one or two drinks, but then I just don’t seem to be able to stop.”
- “I’ve tried to cut down a couple of times. Once I even managed to go a whole week without drinking, just to prove to myself that I could do it.”
- “Sometimes I feel a bit guilty about my drinking, or about the effect it has on other people. I know I’m letting people down and breaking promises.”
- “Other people sometimes comment on the amount I drink. It really irritates and annoys me. Why can’t they mind their own business?”
- “I really look forward to a drink. Sometimes I even count down the hours until the next one, and if we’re going out and I’m worried there won’t be enough alcohol when we get there I’ll have a couple of glasses before we leave.”
- “I always feel better if I have a little drink fairly early in the day, just to steady me.”
- “I drink more than some other people, but I know I’m not an alcoholic because I don’t drink spirits / only drink at weekends / I’m never blind drunk / I don’t drink as much as _____.”

If just one of these statements rang true for you, then you have an alcohol problem and need help.

Note: Whilst this information is about alcohol, addiction to any drug or substance follows similar patterns and has similar treatment.

Worried about Someone Else?

If you are concerned about the drinking habits of a relative or friend, look at our pack/pages *Caring About a Problem Drinker*. If the person with the problem is a colleague, partner or employee, read *An Alcoholic in the Firm*. These are available by calling the LawCare helpline, or on www.lawcare.org.uk / www.lawcare.ie.

How Much is Too Much?

The recommended safe number of units per week is 21 for men and 14 for women. However, these should be spread out over the course of the entire week. Drinking more than this each week, or drinking more than 11 units on one day, is harmful.

To put this into context this means that you are drinking too much if, over the course of a week, you consume:

- Two and a half bottles of wine OR
- Seven pints of beer OR
- Seven pub double measures of spirits.

Another guideline is that if you are worried about how much you are drinking, then you are almost certainly drinking too much.

What are the Dangers of Drinking Too Much?

Alcohol is known to be a major cause of:

- Coronary heart disease
- Cancers of the mouth, oesophagus, larynx, liver, breast and rectum
- Liver disease, especially cirrhosis
- Depression, hallucinations, blackouts, dementia, memory loss and brain damage
- Inflammation of the stomach, gastritis and duodenal ulcers
- Low fertility, impotence and small genitals
- Skin and facial problems
- Anaemia, hypertension and impaired blood clotting
- Vitamin deficiency and malnutrition
- Trembling hands and loss of sensation in fingers
- Pancreatitis
- In pregnant women, drinking leads to Foetal Alcohol Syndrome, characterised by varying degrees of lifelong brain and nerve damage and facial deformity in the baby.

In addition, alcohol is a factor in:

- 39% of fatal traffic accidents
- 75% of domestic violence cases
- 60% of child protection cases
- 35% of A&E admissions (rising to 75% between midnight and 5a.m.)
- 41% of suicides
- 63% of fatal falls
- 33% of house fires
- 38% of drownings

What this means is that alcohol can seriously damage your health, your personal life, and the lives of those around you.

The Relationship between Alcohol and Depression

Depression is a crushing illness. It is an all-engulfing, frightening mental disease which can destroy all sense of control, purpose and hope. It frequently kills in the form of suicide. The main symptoms of depression include sleep problems, fear of social situations, inability to relax, incessant dwelling on problems, severe anxiety and desperate black moods. Many alcoholics will admit that they suffer from depression, but are unaware that it is related to alcohol.

Alcohol appears to be a miracle drug. It can aid sleep, create a sense of social competence and ease friendly conversation. It promotes relaxation, causes problems to be forgotten and raises mood. It works instantly and does not require a prescription. It is affordable and even tastes pleasant. It is little wonder that so many depressives attempt to self medicate with alcohol.

Like all drugs, however, alcohol has its side effects. First, it is dangerously addictive. Depression sufferers, with their poor sense of self and perceived inability to control their lives, are unlikely to care about this, or to be able to do anything about it should they sense that they are becoming dependent. A second side effect of particular importance is, ironically, depression. All drugs can be generally categorised as stimulants (speeding up the system) or depressants (slowing it down). Alcohol is a depressant. The feelings of relaxation and well being it promotes are due to this general slowing down and “depressing” of the body’s systems, in particular the brain. Most cognitive processes, from reaction time to emotional responses, will be dulled.

In individuals who were not depressed when they began drinking, alcohol can cause depression. Consumption of alcohol causes an increase in dopamine levels in the brain, leading to feelings of pleasure. With this artificially increased supply of dopamine, however, the brain compensates by producing less. When consistently stimulated into reducing dopamine by excessive alcohol intake, the brain may cease producing dopamine in response to other stimuli altogether. The result is that the addict now requires the drug just to feel “normal” and finds no pleasure in anything except alcohol.

Understandably an alcoholic lifestyle may lead to depression for other reasons. There is a pattern of loss to the alcoholic’s life which will be inevitable unless help is sought. Typically the alcoholic will lose his job, standing in society, driving licence, family, home, health and self-respect. Only the order in which these losses happen varies. If you were not depressed when you started drinking, chances are you will be when the Senior Partner sacks you and your wife walks out.

Many people who go to their GP complaining of depression are prescribed anti-depressants, sometimes without the GP asking about their drinking habits. Not all anti-depressants list alcohol as contraindicated. If you drink heavily, then you may reduce the effectiveness of these drugs. As a depressant, alcohol might well counteract them. If you are suffering from depression and are also drinking to excess, then tackle the alcohol problem first, or at least be honest and tell your GP that you drink and how much. Whether your depression was caused by alcoholism, or you drink because of pre-existing depression, ceasing to drink alcohol will be beneficial and will allow anti-depressants to begin working.

Denial

Denial is present in nearly all who have problems with alcohol, and is a primitive psychological defence mechanism by which the person subconsciously rejects the implications of an event or situation. With alcohol such a central and important factor in the person's life, they cannot face the enormity of admitting that it is causing significant problems, so their brains will unconsciously perform often enormous feats of distorted perception and logic to shield them from the truth that their precious alcohol is, in fact, destroying them and those around them. In addition, admitting that alcohol is the cause of their difficulties means that they must accept the guilt, shame and disgrace their drinking has caused, and admit that all the problems they have encountered – such as marriage breakdown, losing a job or losing their driving licence – were in fact their own fault.

Denial takes several forms, from distortion and minimizing of the facts to forgetfulness and euphoric recall – remembering only the good things about a drunken episode, and forgetting the negative aspects. An alcoholic in denial who is challenged about his drinking will typically be very defensive, irritated, annoyed and sometimes even violent.

Some examples of denial from the LawCare helpline include:

- A woman who told us that she drinks half a bottle of spirits a day because she has a recurring throat problem, and alcohol soothes it. When questioned, she revealed that she had never seen a doctor about her throat, and had never even taken lozenges to soothe it, and yet was adamant that her alcohol intake was purely medicinal and that, when her throat recovered, she would no longer drink.
- A man who said that his night sweats and shaking hands were symptoms of tuberculosis, not alcohol withdrawal, despite the fact that he had no other symptoms of TB and had been vaccinated against this rare disease as a child.

Jim's story

“Jim” is not a real person. His story is a combination of typical elements from calls to the LawCare helpline. The notes in italics identify those parts which are common in alcohol abuse. As you read it, look for similarities between Jim's experience and your own.

“I had a pretty happy and settled childhood. Dad was mostly away on business, but Mum was a very strong and determined woman. The only trauma I remember was when my Aunt died unexpectedly. She had been a heavy drinker, and years later I learned that Mum had been addicted to painkillers, but I still never saw addiction as anything I should be wary of.”

Studies of identical twins and adopted children have shown that a tendency to become an addict is genetic.

“I started drinking heavily at University, partly because it improved my social life. I was ambitious and perfectionist and I worked hard, ended up with a 2.1 in Law and started a traineeship at a medium sized firm in the south of England. I joined some local sports clubs which is where I met Amanda, a trainee accountant and a very bright and attractive woman.”

The Type A personality Jim describes is typical of lawyers – and of alcoholics.

“When I qualified I moved to a larger firm, and that's where the problems started. I was dumped in a small office with no one to ask for help and fee targets which bore no relation to my ability to do work which was still new to me. I became very stressed and would work pretty late in the office to try to keep up. As the saying goes, work hard, play hard. As well as the sports clubs, Amanda and I joined a local Wine Tasting Society. One of my rare holidays was a long weekend in France with Amanda and some of the other members trying some fantastic wines. When I was really stressed out I would stop at a wine bar on the way home to do some tasting of my own.”

Many LawCare callers say that they began drinking because of high levels of stress.

“I was made a partner myself the same year that Amanda and I married. She was pregnant when we married, and we had another child very soon after the first, so by the time I was thirty I was a partner with a nice house, a beautiful wife and two children. I really thought I had made it, especially when I was invited to join Rotary, Round Table and the local residents association. Being such a pillar of the community really suited my ego. The meetings were also great opportunities for drinking, especially as I took on responsibility for opening the meeting rooms and could get a couple of drinks in before everyone arrived. I remember at one meeting wondering why everyone else drank so slowly. I could drink two pints in the time it took them to drink one.”

Jim thinks everything in his life is perfect – and like many high-flying lawyers, assumes that he is invincible. He has deliberately taken on the responsibility of opening the meeting rooms in order to drink.

“I was still stopping by the wine bar or pub each night too, and although I usually left the office by 6, most nights I didn't get home until 8.30. Usually I would find the kids were in bed, and Amanda was looking pretty fed up having eaten her dinner alone and left mine in the microwave. When I was 32 I had a minor accident while driving back from a Round Table meeting. No one was hurt but the other driver insisted on calling the police, I got breathalysed and ended up losing my licence. It was reported in the paper and I was extremely embarrassed and annoyed by this. Amanda had to give me a lift into work every morning, and I'd get a taxi home after I'd been to the pub. It was about this time that Amanda started to complain about my drinking and how it was harming our

family. She even used the word “alcoholic”. I was incredibly irritated at this, I pointed out that I was only a social drinker and that the reason I went to the pub after work was because the alternative was to come home to her miserable face and constant nagging.”

Jim’s family are now suffering the effects of his drinking and it is causing problems in his marriage, but Jim is heavily in denial, even blaming his wife for his drinking behaviour

“I felt a bit guilty about this later so I started drinking faster and buying cans and bottles at the supermarket so that I could get home earlier. When I got my driving licence back I started to buy them on the way into work. Red wine and bitter gave me a terrible hangover which a drink cured instantly. I would sit in the car park behind the office drinking a can before I went in, so I was usually late for work, but compensated by being the best lawyer I could be. The clients loved me because I promised them compensation levels and completion dates the others just could not guarantee. I came unstuck a couple of times, most notably miscalculating a completion statement, which ended up costing the firm a lot of money. A week later I overdid the wine a bit and when the Senior Partner came to see me in my office at 10.00 a.m. I was very drunk. As a result the firm suggested that I leave, and said that they would give me a good reference if I agreed to do so.”

Jim is realising that his drinking is impacting his life, so he is trying to limit the damage, but without drinking less. Drinking in the morning is a major indicator of a serious problem. Although Jim thinks he was being the best lawyer he could be, he was probably making many mistakes. Sadly it is common for firms to give a good reference to an alcoholic employee in return for their leaving quietly

“This seemed an ideal opportunity for a fresh start so I got a job with a firm two hundred miles north. Family life never seemed the same after our move. Amanda tended to eat dinner with the kids and stopped consulting me on decisions about the house. She was also making excuses for me to the neighbours. After six months at the new firm the Senior Partner told me that the firm had a strict alcohol policy, which I was breaking. He said that if I wanted to tackle my problem then the firm would support me, but if I was not prepared to do so then I would not be made a partner as had been promised at interview. They gave me a leaflet about LawCare and suggested I get in touch.”

Amanda is “enabling” Jim’s behaviour by making excuses for him, and reorganising her life so that he has the least possible impact on it.

“I felt this was unjustified. My drinking didn’t affect my work and I was not prepared to stop just because of their policy, so I set up practice by myself. A few months later there was a nasty incident at home which ended with me hitting Amanda, and she and the kids moved out. The divorce, mortgage, maintenance and alcohol began to cause financial problems. When I discovered a shortfall on office account I borrowed from client account to fill it, paying it back some days later. As matters got worse, I tried this trick again, and again. After two years, however, the SRA contacted me. At the same time I lost the house and moved into a bedsit.”

Despite a good offer from the firm, Jim is not ready to stop drinking. His addiction has now led him to become violent, and to steal. Jim’s financial problems might have been less had he not been maintaining an expensive addiction.

“The people from the SRA suggested I see my GP. The doctor prescribed anti-depressants - I didn’t tell him how much I was drinking. The SDT suspended me indefinitely and once again suggested I contact LawCare, which I finally did. I didn’t mention the drinking at first, but the man on the phone asked how much I was drinking and suddenly we were talking about alcohol. He sent me some literature and suggested Alcoholics Anonymous. He also said he would put me in touch with

another lawyer who used to be an alcoholic. David rang me the next day. He suggested I go to AA with him, but I said I just wanted to try cutting down first so he gave me the number of an Alcohol Advisory Service.”

Doctors see an average of one alcoholic each day, but with time pressures and patients in denial many alcoholics are wrongly diagnosed with depression. Many LawCare Volunteers are lawyers in recovery from alcoholism. Jim is still too afraid of life without alcohol to consider becoming abstinent.

“The programme did make me feel better about myself, but it didn’t stop my drinking. I called LawCare again, and between them and my GP they got me a place in a treatment centre. I was very scared at the thought of giving up drinking forever, but the “one day at a time” approach helped and I was soon feeling very much better both physically and mentally. When I came out of treatment I went with David to AA. I was scared of meeting a client there, and as fate would have it the first person I ran into was a former client, Tom. He grinned and said, “I wondered whether you would ever get here!” I was surprised to realise that he had known about my drinking and to learn that Tom had been alcoholic, but Tom told me he binge drank at weekends, and was sober weekdays. This was just as dangerous.”

The programme has demonstrated to Jim the level of his problem ,and the necessity of abstinence as a cure. Many lawyers calling LawCare are reluctant to attend AA because of fear of meeting someone they know.

“Tom became my sponsor and was always there if I needed support. I went to a meeting most days, in various towns. Some I didn’t enjoy as much as the one I went to with Tom and David, but AA was still a better place to be than the pub. After a year I got complacent because I attended my niece’s wedding and woke up at home the next morning with a horrendous hangover. Tom and David helped me through the feelings of guilt and self disgust.”

It is generally recommended that you attend an AA meeting every day for the first three months of sobriety. This will mean going to meetings in different areas.

“I resumed contact with my children, and after a while I went back to work, in a Law Centre at first and then, when my suspension was lifted after five years, as a locum. Through that I was offered a good position with a local firm. Tom became my most lucrative client, and I had a good deal of other work through AA contacts. I also became a LawCare volunteer and began helping other lawyers rediscover life, just as David had helped me. My alcohol problems had taken up the best part of twenty-five years of my life, but in recovery I was able to regain my self-respect and part of what I had lost. When my daughter got married I was able to give her away, and toasted her happiness with orange juice.”

Alcoholics typically use alcohol to blot out emotions such as guilt. Part of the work of AA sponsors is helping them to face up to the reality without turning to alcohol.

There is hope.

What are the Treatment Options?

Early Stages

If you believe that your alcohol misuse is in the early stages – you are not yet physically or psychologically addicted or dependent – then you have a good chance of dealing with it before it develops into a problem which could control and destroy your life. These tips may help.

- Keep a drinking diary. Write down how much you drink each day, in what circumstances, and how it makes you feel. After a couple of weeks, analyse it and count up the number of units you drank. Look for patterns, be aware of excuses, and be honest with yourself. Be aware that if you are thinking of controlling your drinking, you probably already have a problem. People who do not have a problem do not need to ‘control’ their intake.
- See your GP and explain honestly that you are drinking to excess.
- Talk to your family and close friends or colleagues and explain that you will be addressing your alcohol intake, and would like their support. Chances are they have been worried about you for some time and will be happy and relieved to hear that you have accepted it and are dealing with it.
- Avoid drinking environments. Keep out of the pub.
- Find a new hobby or interest and put lots of time and energy into that to distract you from drinking.
- Put your wife or partner in charge of your money. Give him or her your cheque book and cash cards.
- Speak to the senior partner and ensure that you are supervised, or do not handle sensitive or difficult matters.
- Be creative and “think outside the bottle” when it comes to drinking. Try exotic fruit juices, healthy smoothies or non-alcoholic cordials (such as Shloer and Amé) if you must have a glass in your hand in the evening. Develop alternative ways of dealing with stress, relaxing and celebrating. Go out in the evening to a coffee shop, the cinema or bowling instead of the pub.

Controlled Drinking Programmes

Many local health authorities have a Community Alcohol Team and will run a controlled drinking programme. This generally involves working with NHS staff, including a keyworker, who will discuss your drinking and set reasonable goals – for example, having no more than two drinks a day, with two alcohol-free days per week. They will also discuss strategies to avoid high-risk situations (such as social events) and help you monitor your progress. There may be an element of counselling, and you may also be prescribed drugs to help reduce any cravings or counter the effects of alcohol. In some cases the programme may be administered by your GP. The aim is to change your drinking habits back to those of a normal, “social” drinker and prevent your alcohol use escalating further. The programme can be accessed by seeing your doctor and asking to be referred to the Community Alcohol Team, or similar organisation.

Many people calling LawCare’s helpline prefer to undertake a controlled drinking programme rather than complete abstinence. However, our experience at LawCare is that these are only effective in a minority of cases. Most people calling the helpline have passed the stage where their

drinking can be controlled in this way. Often, however, it is failing to achieve the goals set that helps the person to realise that their drinking is out of control and that they have no option but abstinence.

Counselling

Counselling involves several sessions, usually an hour long, with a trained and qualified counsellor. Various techniques may be used, from hypnotherapy to Cognitive Behavioural Therapy (CBT), but you will probably be encouraged to examine the reason you drink, the feelings you are trying to anaesthetise, and to discuss the effect drinking is having on your life. The counsellor will guide you to decide for yourself to become abstinent, and will help you to achieve this. Your GP may be able to refer you for counselling on the NHS, or you can choose your own counsellor. The British Association for Counselling and Psychotherapy lists all accredited counsellors on its website, and includes those who specialise in addictions. Fees range from £30 to £150 per session and how many sessions are necessary will depend on your problem and the type of counselling needed, but it could be as few as six. For more information ask for LawCare's document about Counselling.

Alcoholics Anonymous

Founded in 1935, AA is the world's largest alcohol recovery programme. It is entirely independent of any outside organisation, and has the considerable advantage of being free. The "anonymous" in the title is taken very seriously. Attendees do not even share their full names, and confidentiality is guaranteed. AA is essentially a support group, and has been very effective for millions of people. There are AA meetings across the country, and the general advice is to attend daily for the first three months. No two meetings are ever the same, and you may find some you enjoy more than others, but try to remember that you are not there for entertainment – you are there in an attempt to save your marriage, career and life.

AA works by loosely following a twelve step programme in which you learn to accept that alcohol has made your life unmanageable and face your failings. The twelve steps are:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His Will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Some people are put off by the steps which mention God, in whom trust is placed to restore sanity, but AA is not just for religious people – whether or not you believe in a higher power or God, the aim is to let go of the responsibility for controlling your drinking.

The programme is based on lifelong abstinence, one day at a time. Each new day you make the choice not to drink that day, and are supported in that choice by your sponsor and other members of AA. Remember that anyone you meet at an AA meeting – and many LawCare callers fear running into clients - is there for the same reason that you are, and will not mention to anyone that you were there. However, if you are concerned about retaining the respect of your community, why not attend a meeting in a different area?

Inpatient Treatment

Most treatment centres for addiction of any kind follow the Twelve Steps used by Alcoholics Anonymous, often in conjunction with one-to-one counselling and often other types of therapy. The most effective treatment for alcoholism has been shown to be inpatient treatment followed by regular follow-up and attendance at AA meetings, but there is a considerable cost involved, both financial and in terms of time.

Referral can be either through a GP, through an organisation such as LawCare, or direct – you can phone the treatment centre yourself and ask to be admitted. You will need to be assessed before admission, ideally in person, but it is sometimes possible to have a telephone assessment. You can then be admitted as soon as a suitable bed is available – with private treatment centres there is rarely long to wait.

Once admitted, the first step in treatment is detoxification. This is a two-week period of withdrawal from alcohol which can be extremely unpleasant for the patient, but in most centres will be well supervised and medically aided via drugs to reduce the withdrawal symptoms. This close medical supervision means that detox is often the most expensive part of the treatment in centres which offer stand-alone detox and treatment. Not all centres offer detox, and if you plan to go to one which doesn't you will need to arrange to detoxify first either through your GP, in hospital, through a private detox service, or simply by abstaining for the length of time required by the treatment centre (often a week to ten days), although it has often been pointed out that if you are able to do this without medical help and major withdrawal symptoms, then you probably don't need to go to a treatment centre.

Once the body is clear of the drug you can begin therapy. This is done via group meetings, one-to-one counselling, and attendance at AA meetings which may take place on the premises, or may involve groups of supervised patients attending meetings elsewhere. Even in the expensive treatment centres it is common for patients to be responsible for cooking, cleaning and housework. In most centres they will also share a bedroom with another patient. This is for therapeutic reasons, but nevertheless many patients complain at having to pay more than they would for a hotel, only to have to do all the washing up and not to have an ensuite bathroom. One LawCare volunteer explained that treatment is not meant to be a holiday, but “boot camp”.

The treatment centre aims to educate the patient to live in the outside world without alcohol, but to aid this many have a follow-up programme of regular meetings and outpatient appointments, and most will encourage former patients to attend AA meetings as often as possible.

Around 20% of patients admitted to treatment centres do not complete the treatment. Most centres do not permit patients to leave the facility (except for supervised fellowship meetings) but they cannot force them to stay against their will. For this reason LawCare prefers to arrange for clients to attend treatment centres as far away from home as possible so that it becomes harder for them to leave. Our database includes centres in Spain and South Africa, and these are often cheaper than similar centres in the UK.

Inpatient treatment can be very expensive. LawCare keeps a database of centres, and prices range from £500 per week to over £8,000 per week. The more expensive centres do not necessarily guarantee a better outcome, but you are likely to have a wider variety of treatment options, better facilities, and your fellow patients are more likely to be fellow professionals.

Staying Sober

Whatever method has led you to conquer your addiction to alcohol, achieving sobriety is just the first step on a lifelong path. Most alcohol experts have found, for practical purposes, that once the “addiction switch” to alcohol (or any other addictive drug) is thrown “on,” it rarely returns to “off,” even after years of abstinence from the drug. You cannot become complacent, and think that, after five years without a drink, you could start drinking again as a normal, social drinker. You will find that you return very rapidly to the alcoholic pattern of drinking you had before you went into treatment.

This is why alcoholics in treatment are educated to call themselves a “recovering alcoholic.” They can never safely return to even moderate social drinking. Living each day free of alcohol can be a tremendous challenge, but it is necessary, and possible. The following tips have been provided to LawCare by alcoholics in recovery.

- Avoid environments where alcohol is freely available and/or part of the culture. Keep out of the pub.
- Understand that it may be necessary to lose contact with certain people. Your “friends” at the local pub weren’t necessarily friends, but drinking buddies. Your real friends will support you in your sobriety, not challenge it.
- Think “HALT”. Do not allow yourself to get Hungry, Angry, Lonely or Tired.
- Do not think about never being able to drink again. This may terrify you. Just give up drinking for one day, each day.
- Make full use of your AA sponsor / LawCare volunteer, or a close and understanding friend. Phone or call regularly whenever you are feeling weak or falling prey to distorted thinking.
- Be kind to yourself. Forgive yourself when you make genuine mistakes, even if these involve letting others down. Accept that these things are inevitably going to happen.
- Relapses happen. Accept them as just that – a relapse. A one-off blip, not the end of the road to your sobriety and new life. Start again the next day.
- Look after yourself physically. Eat a good breakfast, don’t rush or get stressed during the day, and get to bed early.
- Look after yourself spiritually. If it helps you, pray, meditate or read something spiritually uplifting each day.
- If possible, let those around you know that you are in recovery and should not be offered alcohol. If you prefer not to admit that you are an alcoholic, use another excuse to explain why you don’t drink. “I’m on antibiotics” or “I’m driving”.

- Get out of the house, even if only to the shops, and enjoy watching life going on around you.
- It is not easy to beat an addiction to alcohol, or to maintain that sobriety. But it can be done, one day at a time, and it is well worth the effort.

Organizations Which Can Help

Alcoholics Anonymous

- 0845 796 7555 (UK) 1 842 0700 (Ireland)
- www.alcoholics-anonymous.org.uk / www.alcoholicsanonymous.ie

Alcohol Concern

- www.alcoholconcern.org.uk

Drinkline

- 0800 917 8282