



LawCare Ltd.  
Health Support and Advice for Lawyers

# Caring About A Problem Drinker



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## *Introduction*

“Alcoholism is a family disease. The disease affects all those who have a relationship with a problem drinker. Those of us closest to the alcoholic suffer the most, and those who care the most can easily get caught up in the behaviour of another person. We react to the alcoholic's behaviour. We focus on them, what they do, where they are, how much they drink. We try to control their drinking for them. We take on the blame, guilt, and shame that really belong to the drinker. We can become as addicted to the alcoholic as the alcoholic is to alcohol. We, too, can become ill.”

*From the Al-Anon website*

Many people care deeply about someone who is dependent on alcohol or drugs. Maybe you are one. Whether you are a friend, parent, spouse, partner, child or business colleague, you are probably struggling with feelings of helplessness, bewilderment, anger and acute distress over what you see happening in your loved one's life.

A very conservative estimate has suggested that for every alcoholic or addict, there are seven people negatively affected by his or her behaviour. Often it can seem as though the family are the only ones who are aware that there is a problem; many alcoholics go to great lengths to hide their drinking from the outside world, and will rationalise it to themselves so that even they are blind to the fact that their drinking is out of control. Loving an alcoholic is extremely traumatic; they live chaotic lives, are oblivious to the feelings of those around them, unreliable and frequently violent.

At LawCare we aim to help the alcoholic accept and deal with his problem, and have resources available to help him to do so. However, the only person who can make an alcoholic stop drinking is the alcoholic himself. In the meantime, the family and loved ones who are suffering the effects of the addiction need help and support too.

The aim of this pack is to help those affected by the drinking behaviour of someone close to them. For the purposes of simplicity the alcoholic will be referred to as “he” (although obviously alcoholism affects women too) and the affected loved one will be referred to as “the wife”, although it might just as easily be a partner or other family member, friend or colleague. It should be noted that while this pack refers to alcoholism as the drug of choice, much within it might just as easily be applied to someone addicted to another drug.

## *About Alcoholism*

Alcoholism is a powerful addiction; the affected person becomes addicted to the drug (alcohol), their mind and behaviour being controlled by the necessity of feeding the addiction. Because they are impaired by this and unable to function normally alcoholism is generally recognised as an illness as opposed to a lifestyle choice.

Several things are now known about this illness:

- *Alcoholism is genetic.*  
Studies of adopted children have demonstrated that children who have an alcoholic birth parent are four times more likely to become addicted to alcohol in adulthood, even if they are raised in a non-alcoholic family or see first hand the destructive effects of alcoholism on their parent.
- *Alcoholism is a progressive disease.*  
If untreated the sufferer will not spontaneously get better, but will continue to get worse until they die or are incapacitated.
- *Alcoholism is a lifelong disease.*  
An alcoholic who is treated and achieves sobriety cannot then return to normal drinking behaviour. Even if he has been teetotal for 20 years, if he begins to drink alcohol again he will return to the destructive drinking behaviour in a very short space of time.
- *Alcoholism is a common disease.*  
Various studies suggest that as many as one in four adults in the UK drink above the recommended 21 units per week, either by drinking daily or bingeing at weekends. (Binge drinkers can also be alcoholics, even though they can apparently go for several days without a drink.)

More information about alcoholism is available in LawCare's Alcohol Information Pack. Call one of the numbers of the front of this document to request a free copy or download it from [www.lawcare.org.uk](http://www.lawcare.org.uk).

### *Is He Really an Alcoholic?*

It is understandable that many people shy away from this term, often preferring to refer to their loved one as a “heavy drinker” or just someone who “enjoys a pint”. The alcoholic himself may be particularly offended by the term. There is no clear definition of alcoholism, but if you are reading this then there is obviously a problem with alcohol, even if only in the early stages. One useful thought to bear in mind is that if alcohol is becoming an issue and causing difficulties at home or work, and yet the person continues to drink when it would be better not to, there is probably some level of addiction. To put it simply, if alcohol causes you problems, you have an alcohol problem.

### *The Behaviour of the Alcoholic*

As a person becomes dependent on alcohol, whether psychologically (just needing the feeling alcohol gives) or physically (experiencing physical pain and withdrawal symptoms when sober) his behaviour becomes increasingly bizarre, unpredictable and even abusive (44% of alcoholics are violent towards their wives). This is partly because of the chemical effects alcohol has on the brain, but also because of the overwhelming negative feelings which are associated with his excessive drinking and consequent bad conduct. He is trapped into a vicious downward spiral; drink causes him to abandon his usual standards (for example, driving when drunk or “borrowing” from client account to pay for booze) which causes him to feel such desperate shame that he drinks more to try to forget those feelings. Most alcoholics will try to alleviate their regret at their actions by:

- rationalising their behaviour, often with very poor excuses
- repressing all memory of shameful incidents
- unloading unacceptable thoughts, feelings or attitudes onto someone else – blaming someone or something else for their behaviour.

These defences cause the alcoholic to be genuinely and sincerely out of touch with reality as they believe their own excuses, do not remember their own actions, and really think that they have to drink because they are driven to do so by the stress of having an unreasonable boss or unloving wife.

## *The Behaviour of the Family*

The family are often faced with an impossible situation. The increasingly irrational behaviour of the addict disrupts family life and threatens to bring shame and humiliation upon them. Families typically go through several stages in their attempts to deal with the addiction.

### ➤ *The Protector*

The family may lie for the alcoholic, cover up his mistakes or take over his responsibilities. They may make apologies to family and friends for anti-social behaviour, or support his rationalisations and believe his excuses; anything to protect him from the consequences of his behaviour.

Every time that a partner or friend assumes one of these responsibilities, they actually help the alcoholic further into his illness, rather than out of it. It actually reinforces the alcoholic's belief that he is coping with life because he does not seem to be suffering negative consequences. It is natural for the family to want to spare their loved one – and themselves – the difficulties and shame which would be a normal result of his drunken behaviour, but this is often called “enabling” because it makes it easier for the alcoholic to continue to drink.

### ➤ *The Controller*

The family tries to control the habits of the addict. This may be by pleading, controlling money or even hiding the car keys. They may drink with him in the hope that this might influence the amount of alcohol consumed, often upping their intake in an attempt to make his seem normal. This can occasionally result in an alcoholic couple. Trying to control the alcoholic's life entirely can cause resentment to build on both sides as the alcoholic perceives a breakdown of trust and increasingly tries to resist all attempts to control him, scoring little victories each time he is able to assert his right to drink.

### ➤ *The Blamer*

As the alcoholic has gone through a phase of blaming others for his drinking (“your nagging would drive any man to drink”) and behaviour, so the family are progressing through their own stages and may also succumb to the blaming trait. Feelings such as failure, hurt, fear and anger are projected on to the alcoholic and in this way it seems that the alcoholic is the root of all the problems in the household. “If you could just control your drinking we wouldn't have all these problems”. With the alcoholic blaming his drinking on his family, job, stress, etc, and the family in turn blaming all their problems on the alcoholic, it is little wonder that alcoholism destroys so many marriages.

### ➤ *The Loner*

As the alcoholic's behaviour continues to grow more and more unpredictable, the family eventually become resigned to the chaos of their lives and assume the roles of martyrs. They may close ranks, forging their own lives built around maintaining what now passes for normality. The blame laid on them by the alcoholic for his behaviour and their inability to control it may have destroyed their confidence and self esteem, and their hostility and self-pity will alienate family and friends. They may withdraw just from social activities or from the drinker himself, not laying a place for him at meals because they never know whether he will be there or not.

## *What Can be Done?*

It is of the utmost importance that you remember that addiction is an illness.

**You did not cause it, you can't control it and you can't cure it.**

It is not your fault that your loved one is drinking any more than it is your job to stop him. No-one has a magic wand which can cure his addiction, least of all you. The only person who can change his behaviour is the alcoholic himself, with support from medical professionals, self-help organisations and, yes, his family. In the meantime, there is much that you can do to help yourself.

- Think about how you are feeling and behaving, and become detached from involvement in the other person's problems. Concentrate on your own wellbeing and stop taking responsibility for his. This is sometimes called "detaching with love". Detachment does not mean indifference, nor does it mean avoiding responsibility. It simply means putting your energy to better use.
- Stop enabling. Stop making excuses for him or apologising for him. Don't do anything which will make it easier for him to drink, or protect him from the consequences of drinking. If it helps you, let him know that you are doing this, and why.
- Don't make threats unless you are prepared to carry them out. If you threaten to leave if he takes another drink, then be ready to do so.
- Don't argue, discuss or negotiate when he has been drinking; it's a pointless waste of energy when he will be argumentative and will probably not remember it in the morning. Only discuss his drinking when he is sober.
- Go to Al-Anon (the support group for families of alcoholics) for encouragement from others in your position. There are meetings all over the country and the number to call for information will be in the front of your local phone book or free newspaper. If you have teenage children, encourage them to go to Alateen.
- Surround yourself with supportive friends and family, and do not be afraid to admit to them what is going on. You may find they are already aware of the situation and are more sympathetic than you expect.
- Research the availability of treatment and support in your area – locations and times of AA meetings, etc - and let your loved one know that you have this information should he require it.
- Look after yourself. Cease to focus on the alcoholic and enjoy your hobbies, your social life and your family.
- If you have children then be honest and open with them about what is happening, and why. Make it clear that alcohol is the cause of the problem and the behaviour, rather than blaming the alcoholic himself.

## *What about Treatment?*

The only treatment for alcoholism which has consistently been shown to be successful is total lifelong abstinence. There are **Controlled Drinking Programmes** available but these are often only of value in the very early stages, or, through their failure, in demonstrating that the addict's alcohol use is out of control and that abstinence, however terrifying it may seem, is his only option for a normal life.

It is advisable for an alcoholic beginning to address his addiction to see his **GP** who may offer a liver function test to ascertain the damage done by the addiction, and refer him to available resources in the area. Our experience at LawCare is that not all GPs are well primed in dealing with alcoholics, often believing their denial-driven claims that they “only drink a bottle or two of wine a week” and sending them on their way with a prescription for anti-depressants. This is unfortunate because private treatment for alcoholism can be extremely expensive, although even if an NHS referral can be obtained through an understanding GP there is often a considerable waiting list.

Most local health authorities operate a **Community Alcohol Service** which can be accessed through the GP or local clinics. This may involve counselling and group support and is generally free on the NHS. There may also be **Drug Therapy** available utilising medication such as Antabuse which makes people physically ill when they drink alcohol.

The most successful programme for alcoholism is the twelve step method employed by **Alcoholics Anonymous** and many treatment centres. Although some are put off by mention of a “Higher Power” a religious belief is not necessary. AA is free and there are meetings all over Britain. The number to call will be in the front of your local telephone directory or free newspaper. An alcoholic beginning in recovery should aim to go to as many meetings as possible, even daily for the first few months. Meetings are not necessarily riveting, but they are a good place to get support and meet others in a similar position. They are also a better place to be than the pub. Lawyers often resist attending AA because they believe it's “not for people like me” or they fear running into a client, but AA takes confidentiality very seriously and, like alcoholism itself, does not discriminate across class or professional boundaries. If your loved one resists attending a local meeting, try suggesting he goes to one in another town.

**In-Patient Treatment** can also be very successful but is often expensive. LawCare has details of treatment centres with prices ranging from £500 per week to over £8,000 per week, and the success rates of are similar regardless of the price tag. Some types of private medical insurance may cover alcohol treatment.

There is often an initial free assessment which gives the patient (and his family) the opportunity to discuss the severity of his illness and the appropriate treatment. Many treatment centres offer a period of detoxification first – ten days or so during which the body is weaned off the physical dependence on alcohol – before moving on to the business of educating the patient to live without alcohol, which typically takes between four and eight weeks. It is not necessary to go to a treatment centre close to home, and can often be advantageous to be as far away as possible, since this lessens the possibility of the patient checking out and going home before the course of treatment is complete. Most treatment centres will ask that the patient attend AA and/or out-patient clinics for some time afterwards.

## *Intervention*

A common myth states that an addict has to reach rock bottom before he realises he has a problem and seeks help. Unfortunately many people never seem to reach rock bottom and others lose much on their way there which might have been saved had they been treated earlier. It is possible to confront an addict with the reality of his illness and force him to accept treatment. This process, known as Intervention, needs to be handled with great care.

A formal intervention involves getting together all those who have been affected by the drinking behaviour; family, colleagues and friends. With the help of a professional intervention facilitator they in turn confront the alcoholic with evidence of his addiction and how it has hurt them. He is then given an ultimatum to take up a specified treatment option (often a treatment centre bed has been made available for the next day) or to accept consequences – dismissal from the firm, a divorce, etc.

An informal intervention may be as simple as family members recounting incidents involving alcohol (keeping a detailed journal is essential) and offering to take him to an AA meeting that night. The atmosphere should at all times be loving and supportive, and you should go into the meeting, whether formal or informal, with a clear view of what needs to be achieved and what the consequences will be if the offer of help is rejected.

It is, of course, vital that this takes place when the addict is completely sober, or he will not understand what is being offered, may be belligerent and defensive, and may not remember it later. Most treatment centres and organisations including LawCare have a policy of not speaking to alcoholics unless they are sober.