

Medi-Vision™ Film Transcript

Summary

Programme 42

Understanding alcoholism

Second Edition 2004

Mr Mick McDaid
The Alcohol Recovery Group,
Dr Jane Marshall
Professor Timothy J Peters
Introduced by
David C Anderson

Introduction

DCA

Most health care professionals have little understanding of alcoholism, and so are poorly equipped to help their alcoholic patients, friends and colleagues. This film falls into four parts:

- A group of four recovering alcoholics discuss their problems. From this we learn what it is like to be an alcoholic and the value of self-help groups.
- Discussion of the 12 steps of recovery, central to the work of, for example, alcoholics anonymous (AA)
- Exploration of the psychological aspects of alcoholism and its treatment explored with Dr Jane Marshall
- Examination of the biochemical aspects of alcoholism and alcohol toxicity to tissues such as the liver, explored with Professor T J Peters.

1.08 Alcohol Recovery Group.

Four recovering alcoholics at various stages of the process: **Mick (20 years); Bill (7 years); Gina (4 years); and Lee (2 weeks).**

Lee (46 yrs)

Recently drying out. Feeling anxious still, and insecure. Alcoholism started with heavy drinking while in the army; drinking contests in the NAAFI etc. Seems determined to quit this time, (but note, *the suggestion arises that he is trying to quit partially in order to satisfy the demands and to please others; discussed later*).

Drinking now 'changes my personality'; blackouts, depression; drinking to self-treat depression. Vicious circle. Medication includes regular diazepam. Sleeping unpredictable- nightmares. "Flashbacks" to his first marriage, which he believes broke up in 1987 because of his drinking. Then had a period not drinking, before going back. Admits now that he is an alcoholic. Attending AA meetings, for discharge from hospital next week.

4.00 Mick McDaid emphasises the importance of the first step (of twelve): **Stop Drinking!**

4.20 Bill (67 years)

Identifies with the problems Lee is facing. Recommends involvement with Alcoholics Anonymous (AA). He worked for all his life as an alcoholic. Then at age 62 'alcohol took me over'. He left his job in the University and never went back. Was obsessed with drink; talks of 'the madness of alcoholism'. One occasion went to London, got drunk, then took a train to Glasgow; unshaven, sent a fax back to Vice Chancellor's secretary apologising 'delayed in Glasgow on business'! 7 weeks in detoxification and 17 weeks in a rehabilitation centre; recommends prolonged period of detoxification and rehabilitation; cannot wipe out double figures (years) of drinking in 4 weeks in a detoxification unit.

6.40

Bill talks of 'getting rid of the wreckage of the past'. Very focussed. 'Sobriety is the objective of my life now'. When drinking, totally 'Jekyll and Hyde' (*ie reference to the story of Dr Jekyll (good) and Mr Hyde (bad), two totally different beings between which one man could change*). He now gets a lot of pleasure from his sobriety, and from helping recovering alcoholics at an earlier stage in the process.

7.45 Gina (46 yrs)

Never thought it would be possible to go for a day without a drink. It was both killing her and destroying those she loved as well; for example her young son was 'getting in the way of the drink'. Now- nearly four years sober. At one time she was too drunk to pick her son up from school, so left him in the school playground.

It took her a long time to accept that she had a *mental illness*. A disease of her emotions; drank because she could no longer function emotionally. Surprised at how quickly she was addicted. **Started drinking at 32**; drank heavily socially for 4 years. Then when her son was born she got a post-partum depression and the midwife encouraged her to combat it by drinking Guinness beer; from that moment she knew she was 'hooked' and knew she was!

4 years without drink. Has had to understand alcoholism, not alcoholism!! Important that she recognises that it is with her today as it was with her four years ago when she last had a drink. If she picked up another drink she would be back to where she was 4 years ago. She has a *remission on a daily basis*. She is certain that if she had another drink she would relapse. Does not remember her last drink; 'it was all blackouts'. With her the progression was very rapid, and the **denial was very strong**. "Battle to beat the bottle" when the bottle had already won! Talks of the **insanity** that went with alcoholism; she would buy bottles two at a time so that she could throw one away, but would have one to drink; 'I can't be an alcoholic if I can pour alcohol down the sink!' Spent 3 months in the Maudsley Hospital some years back and 'came out as mad as the day I went in'. **Dry but still insane**. Could not believe she was in hospital because she was an alcoholic!

11.15

'Par for the course' that you have got to drink yourself into the gutter before you can begin to accept that you have a problem and need help.

11.30 Mick

Sank much lower than Gina, before he sought and found help. Reckons Gina has saved 15 years of misery! She didn't lose her son or her family, but did lose herself for 7 years in alcohol. Today she has freedom; the day starts when she gets up from bed. Before she had the 'shakes' before she got the first drink down!

12.30 Lee

Feels he has lost 28 to 30 years. A lot to live for; working and remarried. (**Mick** warns of danger of trying to do things too fast.) Ready to go home. Fears that he might start drinking to quell anxiety. Wife is not going to trust him for a long time; he must learn to deal with that by staying sober. Lee talks of building up trust and doing a lot of grovelling! Feels that trust is a big thing; concern that he has earned the trust of those around him. **Mick** discusses taking on all the blame. Vacuum to fill when off alcohol; programme of AA helped fill that vacuum. Talks of the difficulty of an alcoholic saying 'sorry'; not easy. **Lee** concerned that he wants to apologise, even to people who he can't remember hurting.

15.55 Bill

Has the impression that Lee's sobriety is to *please others, not for himself*. Emphasises that it is a selfish programme; **your sobriety is for you and you alone**. You can never maintain sobriety for your wife, children, or anyone else; desire must come from within you for you. **It is a very selfish programme!** When you can accept that, God willing, you will remain sober. You cannot **people please** in this programme. He gets the impression that Lee is doing that. **It is your programme, for you and you alone**. As you get better your family will reap the benefit. Because I wanted to get sober for **me**, that is the reason I maintain my sobriety. I can never erase the horrors – lying in urine, or being so mad that I offered my doctor a pint glass of sherry! The madness of it! You are number one. If you are people-pleasing and fall by the wayside, your family are going to lose out anyway.

18.10 Mick

Confirms this. It is a very selfish programme. Being selfish paid off; now a very happy family- at one time we used to throw pans at one another, while now they can sit down and discuss problems and resolve them. . I was **addicted to drink and I'm now addicted to sobriety!** So I've changed my addiction, but it took a long time!

19.05 Bill

Another main problem is impatience; Lee mentioned step 8, making amends to people; a lot of work to do before then. You will know within yourself when you are ready to make amends to people

19.35 Gina

For a long time she could not stand Mick; he was getting in the way of her drinking! Yet what Mick was telling her was the truth; trying to drink on top of AA does not mix. She'd use AA for all the wrong reasons- would listen to people like Mick, and think 'I'm not as bad as that- I haven't been in trouble with the law, or been sleeping on park benches.... If it gets that bad, well then I'll stop! Moved the goal posts. *A total full-time obsession!!*

Then got a sponsor. A lady who approached her, and she initially shied away from her. Rejected all round; so Gina phoned her up and she gave her hope; said she'd be delighted. Had to understand the nature of the illness. Advisable that women have women sponsors. She has been sober for 14 years. Takes time.

22.10

Mick asks Gina about the problems of living with an alcoholic husband. Difficult. Now affecting their (11-year old) son, who has been acting difficult lately; worried about his father's drinking. She has yet to explain to him that she is an alcoholic; she will do so when he is older. Will have to explain the risks he may have himself if there is a genetic element. 'Again I have to stay sober for myself. **If I continue to drink then he'll have nobody- it's as simple as that; I do it for me and he gets the spin-off. He has a reliable mother**'.

Gina gets a lot from meeting others- Lee reminds her of what she was like early on. **There is something about us alcoholics – we need constant reminding. We tend to forget just how bad it was....Easily convinced that this time it will be different.... That's where the insanity kicks in!**

24.32 Group Counselling Discussion between DCA and Mick McDaid *The 12 steps of recovery*

Alcohol Recovery Group (ARG). Initially for people whose pride would not let them go back to AA. AA consists of groups of people. ARG tends to concentrate on the 12 steps of recovery

Step 1 Stop drinking

Step 2 Come to depend 'on a higher power'. The higher power in AA is God.

Step 3 Handing over; letting people (or religion) into your life. Foreexample in ARG.

Step 4 Making a full moral inventory of the good and bad in yourself. Putting everything down on paper, or tape recorder.

Step 5 Find a sponsor or somebody you can trust, and talk the issues over with them.

Step 6 Acknowledging and facing all ones defects of character. You don't have to be religious. A lot of help from helping others.

Step 7 Showing humility and gratitude for sobriety and recovery. Become the messenger

Step 8 Make a list of all the people you have harmed

Step 9 Make amends to those people you have damaged; not if it is dangerous. People's reaction is often surprising 'I've done worse than that!' Guilt is part of alcoholism

Step 10 Continue full personal moral inventory.

Step 11 Continue with maintenance of previous steps

Step 12 Carry the message on to other suffering alcoholics.

All written by alcoholics; part medical, part religion; one of the good things in life. One step at a time, adopted from ancient China- a proverb. For an alcoholic at the beginning, two days may be too much!

Alcohol Recovery Group (ARG) tries to take the recovering alcoholic through the various stages. Defining different types of drinking separates them. In ARG, the emphasis is on everyone having their say; not dominated by a few individuals, which is a danger in some AA meetings. As Chairman, he brings each individual in. A bridge to normal living, a safety net. **Lee**, seen today, for example, is on a tightrope at the moment.

31.37 **Psychological Evaluation and Therapy** **Dr Jane Marshall**

Why do people develop alcohol problems?

- **In society there is an ambivalence towards alcohol.** A substance which is legal and 90% of the population drink
 - **Family History;** can increase vulnerability. Always stressed to medical students. Paradoxically those who can handle alcohol well you may be more at risk
 - **Anxiolytic effect of alcohol.** Someone who is anxious before performing or going out, may find alcohol relaxes you. One pathway
 - **Alcohol gives a 'kick' or a 'buzz'.** After 2-3 glasses if you feel great that is an incentive to drink more. Also a reason why a proportion of people drink
 - **Self-medicating from despair:** eg a young person who has been sexually abused, who needs to blot memories out. Or the marriage breaking down. Alcohol used to cope with the pain. For example a young woman who only started drinking at age 30, and at 36 is now drinking a bottle of spirits a day.
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34.00 **Exploring the psychological problem.**

- **Take a very good history.** Essential. Must explore the socio-cultural context of alcohol in the family. Was it a family where alcohol was taboo; did they drink together
 - **Age when drinking began?**
 - **When did drinking begin on a regular basis?** How, what?
 - **When did they begin to drink heavily?**
 - **When did it become a problem?** As dependence builds up, you begin to find when they started to get withdrawal symptoms. When did they begin to drink to relieve these withdrawal symptoms?
 - **The salience of alcohol;** development of tolerance; how they have lost control of their drinking.
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35.50 **Relevance of Family History?**

- **Genetic predisposition;** may not just be to alcohol, but to addictive behavior.
 - **But you have to drink!** In Ireland, there is a big Temperance Movement. This would suggest the Irish don't drink. But in London, clearly drinking is a big problem with the Irish and Scottish. Not drinking, or drinking within sensible limits, and the genetic vulnerability is not revealed.
 - **Age at starting to drink.** The younger you drink, the more likely you are to develop a problem. Start at 15, and compare with those starting at 21; the former have 4 times the risk of becoming alcohol dependent than the latter.
 - **Women are especially vulnerable.** Start drinking later than men, but there is a much smaller window before they start to develop problems. Men; maybe 8 – 10 years; with women maybe 3 – 5 years. Different distribution of body water & fat, and higher blood level per drink. Liver damage at an earlier stage, and may persist even with abstinence.
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38.40

Psychiatric co-morbidity and risk?

- **Depression:** about 2/3rds of women have had a problem with depression before they begin to drink.
- **More primary alcoholics among men.**

- **Most patients seen in a hospital context have some other problem.** Depression, anxiety, post-traumatic stress disorder (particularly if a history of childhood sexual abuse). Women often have an eating disorder. Men tend to have antisocial personality, as well as anxiety/depression.

39.45 Approaches to Management from a Psychiatrist's point of view?

- **Most difficult end of the spectrum.** Tries to spend time interviewing them alone and with somebody else, to get collateral history. What are their immediate circumstances? Someone with family around may be in a much better position to be helped than someone isolated
- **Prochaska and di Clemente***. Devised the **Stages of Change Model**, in the early 1980's, working with smoking disorders.
 - **Pre-contemplation.** Not particularly interested, not thinking of change
 - **Contemplation.** Might change within 6 months.
 - **Determination.** Beginning to do something about it.
 - **Action phase.**
 - **Maintenance phase.** Complete abstinence.

In Pre-contemplation phase; use motivational interviewing techniques (Motivational Enhancement Therapy)**. Empathic style of interviewing. Helping them to see the **cognitive dissonance** between where they are now and where they want to be. Try to develop statements of self-efficacy. Don't confront them with 'You must stop drinking!', but 'so you think you might have a problem- tell me about that. **Motivational interview techniques; Reflective listening.** You don't push resistance, but move towards a joint goal. Not necessarily initially abstinence. Once in action, much more direct. And can use relapse prevention techniques.

References:

* Prochaska JO & di Clemente CC
In: Treating addictive behaviour (1986)
 Ed Miller & Heather, pp 3 – 27, New York Plenum
American Psychologist (1992)
 Volume 7, pp 1102 - 1114

** in *Motivational Interviewing:*
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 Miller and Rollnick (1991), New York, Guildford Press

42.50 The role of medication

- **Too readily seen as a panacea.** Can help to give a window of abstinence.

43.03 Prognosis

- **Depends how early they come for treatment**
- **UK has pioneered trying to identify problems early and use a brief intervention.** Seminal paper Wallace et al (1988) who screened people in General Practice for problem drinking. Got patients at an earlier stage before they developed dependence. Simple advice from the GP at one year follow-up reduced drinking by 20%, in the men at least. 'I think you are drinking too much; these are the sensible limits'...(14 Units/week for women and 21 Units/week for men).

Many alcohol-related problems are caused in the community by heavy drinking generally, and by those who do not have a drinking problem. Important to get everyone to reduce their drinking to sensible limits. Much more cost-effective than waiting till they have developed alcohol dependence.

44.51 **The Physical Basis of Alcoholism**
Professor Timothy J Peters

- **Alcohol misuse is *part genetic, part environmental, psychological and sociological.***

Genetic Basis: evidence from the following:

- Family studies.
- Identical and non-identical twins.
- Children of alcoholics who have been adopted by non-alcoholics.
- genes investigated in most detail are those associated with alcohol or acetaldehyde metabolism.
- Gene mapping exercises, looking for hot spots; several areas seem to be associated, one of which is the part of the genome that controls the formation of alcohol dehydrogenase.
- In contrast, high levels of acetaldehyde are aversive. 40% of Chinese and Japanese have a defect in their metabolism of alcohol, leading to very high levels of acetaldehyde. When they drink this gives very high levels of acetaldehyde which is very unpleasant. Such people are protected by a genetic defect from from alcoholism.

Analogy to opiate addiction!

- Physical dependence is very similar.
- Suggestion is that alcoholics produce slightly more acetaldehyde than normal individuals, and acetaldehyde reacts with neurotransmitters to form 'opiate-like substances', that behave rather like morphine
- Acetaldehyde produces free radicals- oxygen reactive species. Acetaldehyde may act as a hapten, turning a normal protein into a foreign protein, leading to an immunological reaction to these acetaldehyde protein adducts. This may be the basis of **alcoholic hepatitis, an auto-immune inflammatory reaction.**

47.43 **Types of alcohol dependence.**

- Hazardous drinkers – eg drinking more than 35 units per week. Many will not have any adverse consequences
- Harmful drinkers: 50 – 75 units a week. They may have severe physical complications, without necessarily being addicted. For example a recent patient, who has severe liver disease and may need a liver transplant, but is not addicted to alcohol.

If you pick up hazardous drinkers at an early stage, and particularly if you can show them that their liver function tests are abnormal and that they are drinking excessively, they may be able to cut down their drinking and continue to drink at social levels. Damage is potentially reversible.

Highly dependent alcoholics will relapse even within a few days of drinking again they will show dependency features. Eg withdrawal symptoms first thing in the morning-

- Nausea
- Vomiting
- Tremulousness
- Shakes
- Anxiety and depression
- Needing alcohol just to calm down in the morning.

50.00 **Principles of detoxification**

- Stopping alcohol consumption
- Use minor tranquilisers such as chlordiazepoxide, rather than allowing 'cold turkey withdrawal'.
- Usually 4 to 5 days off alcohol is sufficient.

Basis for brain damage

- Acetaldehyde is chemically like formaldehyde and glutaraldehyde, and may "pickle" the brain, by denaturing proteins, killing neuronal cells, and generating free radicals
- Immunological mechanisms

- Interference with cerebral neurotransmitters; opioids, adrenaline, 5HY for example
 - 30 years or so ago it was believed that the majority of effects were nutritional.
 - 80% of the damage now thought to be alcohol-related, 20% due to alcohol.
 - Vitamin deficiencies; thiamine, pyridoxine & niacin
 - Alcohol-induced hypoglycaemia seen only in 'Skid Row' alcoholics. On very poor diet, when liver glycogen stores have been depleted, alcohol induces hypoglycaemia. May cause epilepsy and cerebral damage.
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52.36 **Chemical Advances in the Management of Alcoholism**

- Disulfiram inhibits alcohol dehydrogenase and causes an 'aversive reaction'. Useful in certain individuals.
 - Acamprosate- interferes with the Gamma-aminobutyric acid (GABA) pathways.
 - Naltrexone (opioid antagonist) has some effect.
 - If depressed; use anti-depressants.
 - Nicotine addiction. 80 – 90% of alcoholics are smokers. Traditional view was that you tackle 'one addiction at a time'. Some evidence those non-smoking alcoholics are far less likely to relapse than smoking alcoholics. Estimate that for every 10 cigarettes smoked the chance of relapse doubles. Encourage quitting alcohol and cigarettes at the same time. Tough, but seems to be effective.
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54.11 **Conclusion**

- Individuals vary in their inherited tendency to alcoholism, and some appear to be predisposed to specific forms of tissue damage, such as toxic liver damage.
 - Prevention depends in part on reducing dangerous drinking behavior in the population at large, and especially among the young.
 - Treatment; psychological techniques such as Motivational Enhancement Therapy and Cognitive Behavioural Therapy have an established place.
 - Value of self-help groups is demonstrated; they provide support for the recovering alcoholic in a non-threatening way.
 - The alcoholic patient must stop drinking completely.
 - The place for medication with such drugs as disulfiram, and anti-craving drugs such as acamprosate and naltrexone is yet to be fully defined.
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