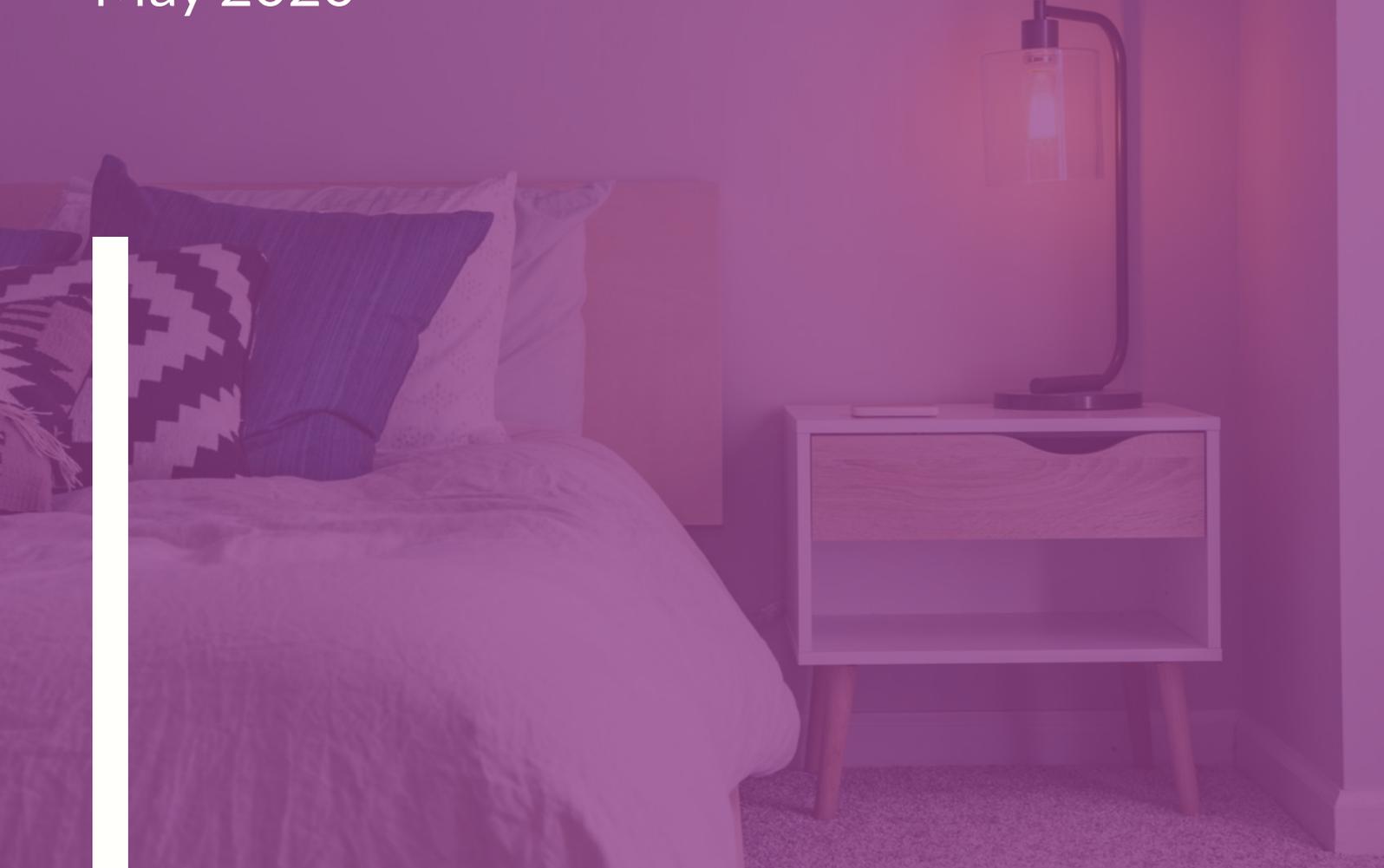


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GDAS Treatment Workers

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Alcohol Treatment Options

Controlled Drinking, Detox & Rehab



**GWENT DRUG AND
ALCOHOL SERVICE**



02

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03

What is Alcohol Dependency?

There are two different types of dependency on alcohol. These are usually referred to by the terms “**Psychological dependency**” and “**Physical dependency**”.

The term ‘**psychological dependency**’ means that although you realise that your drinking is causing you problems and you want to stop or reduce your drinking – you find it’s difficult or impossible. You may be aware that your drinking is having a serious effect on your home-life, relationships, work or your health. Or, you may just feel that your drinking is spoiling your enjoyment of life in general.

When you try to stop or reduce your drinking you find that you’re thinking about alcohol most of the time. Intense craving can result in starting drinking again.

The other type of dependency on alcohol is known as ‘**physical dependency**’. This also involves strong cravings for a drink. In addition to this two major physical effects are also present - tolerance and withdrawal

Physical Dependency

When you are physically dependent **'tolerance'** to alcohol is greatly increased. This means that you can consume much more alcohol than you used to drink. You are also less likely to experience the effects of intoxication, such as slurred speech and double vision.

Secondly, you will experience **'withdrawal symptoms'** when you suddenly stop drinking or reduce your intake. These symptoms include a tremor of your hands, profuse sweating and nausea or sickness.



Serious withdrawal symptoms include hallucinations (seeing or hearing voices in your head), confusion and disorientation. If these occur it is important that you receive urgent medical assistance. Without effective treatment you could develop Delirium Tremens (The D.T's) – which can be very dangerous. Withdrawal seizures (epileptic-type fits) are also serious and if they occur immediate medical assistance may be required.



Withdrawal symptoms are often controlled by the use of what is known as “relief drinking” i.e. drinking in the morning to stop ‘the shakes’ and other withdrawal symptoms.



Physical dependency on alcohol typically occurs following a fairly sustained heavy drinking period on a daily basis. For many people, this usually means the equivalent of half a bottle of spirits every day for several months. Someone who has had a past history of physical dependency, however, may find that they relapse into heavier drinking following a period of abstinence and they quickly start to experience withdrawal symptoms (often within three days).

IT IS NOT RECOMMENDED TO STOP
DRINKING IF YOU ARE PHYSICALLY
DEPENDENT ON ALCOHOL



05

Abstinence or Controlled Drinking?

A debate that started in the 1960's remains an important one in the field of addiction: Is it possible to control problem drinking, or must the drinker give up alcohol completely and become abstinent?

The word 'abstinence' can be a frightening word that can possibly put people off making changes as they are scared about the idea of stopping drinking forever.

■ People often say they would like to find ways to cut back on their drinking rather than stopping completely. Many people who have not yet developed symptoms of alcohol dependence, such as high tolerance or withdrawal symptoms, are nevertheless in danger of crossing the line into dependency.

■ Yet it may be difficult to encourage people at any stage of a drinking problem to seek help, owing to a combination of denial and stigma. Offering help and support to learn how to moderate drinking may help convince some problem drinkers to seek help before they suffer painful consequences.

■ Research into moderation or "controlled drinking" has shown that this strategy can be successful for people who have not yet developed a severe pattern of alcohol abuse, or who have experienced few negative consequences from drinking. The goal is to help set goals and drinking limits before they cross the line into dependence. But the research shows clearly that moderation is unlikely to be successful for drinkers who already meet criteria for dependence. For the most dependent drinkers, abstinence may be the only option.

■ When people have had a big problem with alcohol, the easiest and surest way to keep from repeating past behaviours is to cut alcohol out of the equation completely and to choose total abstinence. This may be starting at 'one day at a time' and 'one week at a time' to break it down into manageable pieces. It is actually much easier to give up alcohol completely than to use skills to moderate or control your drinking.

06

Factors Influencing Controlled Drinking

There are some factors to consider when trying to decide if controlled drinking is a suitable goal for you.

Controlled Drinking **MAY NOT** be a suitable goal if:

- You have severe physical and psychological dependency on alcohol
- You have been diagnosed with mental illness or may be misusing illicit drugs
- You have severe organ damage from alcohol
- Your family and friends are also heavy drinkers
- You are socially isolated
- Your employment is jeopardised by your drinking problem
- You are violent when drinking

Controlled Drinking **MAY** be a suitable goal if:

- You have mild or no signs of dependence
- You have recently sustained normal drinking
- You have a sense of self-control in other areas of life
- You have no mental illness or concurrent drug abuse (not self-medicating)
- You have mild or no physical/health complications of drinking
- You have supportive family and friends
- Your drinking does not affect your work performance
- You are not violent when drinking

07

Strategies for Cutting Down and Achieving 'Controlled Drinking'

Small changes can make a big difference in reducing your chances of having alcohol-related problems. Whatever strategies you choose, give them a fair trial. If one approach doesn't work, try something else. But if you haven't made progress in cutting down after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

Keep Track. Keep track of how much you drink. Find a way that works for you: Carry a drinks diary in your wallet, make tick marks on a kitchen calendar, or enter notes in a mobile phone notepad or download a mobile phone app. Making note of each drink before you drink it may help you slow down when needed. Monitoring your drinking gives you a greater insight into the pattern of your drinking. This can provide invaluable information where you have drunk over your limit.

Count and Measure. Know the standard drink sizes so you can count your drinks accurately. Measure drinks at home. Stop drinking alcoholic drinks that have a high alcohol concentration, such as spirits and wine. Avoid certain drinks that lend themselves to being drunk quickly, such as shots, cocktails, spirits, and alcopops.

Set Goals. Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink. People who always stay within the government recommended guidelines (14 units per week) when they drink have the lowest rates of alcohol-related problems.

Pace and Space. When you do drink, pace yourself. Sip slowly. Have no more than one standard drink with alcohol per hour. Have "drink spacers"—make every other drink a non-alcoholic one, such as water, soda, or juice. Your goal for average drinking time should not be less than 30 minutes per drink. Always allow time between consuming one drink before the next.

08

Strategies for Cutting Down and Achieving 'Controlled Drinking' Continued

Small changes can make a big difference in reducing your chances of having alcohol-related problems. Whatever strategies you choose, give them a fair trial. If one approach doesn't work, try something else. But if you haven't made progress in cutting down after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

■ **Include Food.** Don't drink on an empty stomach. Eat some food so the alcohol will be absorbed into your system more slowly.

■ **Find Alternatives.** If drinking has occupied a lot of your time, then fill free time by developing new, healthy activities, hobbies, and relationships, or renewing ones you've missed. If you have counted on alcohol to be more comfortable in social situations, manage moods, or cope with problems, then seek other, healthy ways to deal with those areas of your life.

■ **Avoid 'Triggers' and Plan.** What triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan something else to do instead of drinking. If drinking at home is a problem, keep little or no alcohol there. Plan how you will handle 'urges and cravings to drink'. Use the GDAS Relapse Prevention Handbook to help you make some plans.

■ **Know your 'No'.** You're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no, thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.

09

Ways to Stop Drinking Safely

Gradually reduce your drinking



This involves slowly cutting down over a period of several weeks. For example, if you are currently drinking 10 cans of lager daily you could simply drink one less each day. If you drink different types of alcohol, however, great care is needed to accurately measure your intake. It is advisable to spread your drinking throughout the day in order to stabilise your blood alcohol levels.

Having an alcohol detox



Depending on the individual there are a number of options when having an alcohol detoxification. For those who have no medical health issues they may be offered a community detoxification which could be over a 24 hour period or 5 days depending on what is available in the area they live. If the individual has physical or mental health issues (e.g. experienced seizures in the past, etc) they will be offered an in-patient to ensure they safety during detoxification.

Going to an alcohol rehab



Residential treatments typically examine the underlying causes of an addict's behaviour, coming to terms with her/his illness and starting to create healthy strategies for coping once s/he leaves is an important element of change. Opting for residential care and treatment means that patients are removed from the stresses and temptations of their usual life and routine.

Alcohol Detoxification

A detox is a clinical treatment option for someone who is physically dependent on alcohol to safely stop drinking. A detox makes stopping drinking safe and comfortable. A registered nurse will assess you regularly and give you medication that will calm down your brain receptors so that you do not get unpleasant withdrawal symptoms. A detox can last between 2 – 5 days. Detoxes can take place in community-based settings. In some circumstances (i.e. poor physical health or history of alcohol withdrawal seizures) an inpatient hospital detox may be needed.

A detox forms only a very small part of your treatment to achieve your goal of abstinence. We will not proceed with a detox until we believe you are ready, as a return to drinking and further detoxification can be more dangerous. After detox, people may still feel strong urges to drink, but these are temporary and can be overcome. Continued engagement with the service can help prevent relapse and strengthen motivation for long-term lifestyle and behavioural changes.

Certain medications are used during the detoxification process to help keep you safe. Then you are able to be prescribed relapse prevention medication to help you remain abstinent post drinking. The primary prescribed medications are explained below.

Benzodiazepines

Diazepam is typically used in alcohol treatment settings to treat alcohol withdrawal symptoms. It lasts for a much longer time than alcohol in the body and curbs the brain activity during withdrawal.

This means that your body can withdraw safely and the brain can restore its natural balance.



Disulfiram (Antabuse)

Antabuse is prescribed to help you remain abstinent post detox.

It increases the concentration of acetaldehyde, a toxic byproduct that occurs when alcohol is broken down in the body.

This can cause unpleasant symptoms and make you feel unwell if you drink. Some people are very sensitive and items such as perfume can affect them.



Acomprosate (Campral)

Campral is intended to help prevent future urges to drink, rather than curbing any physical symptoms of withdrawal.

Unlike some other medications used to treat alcohol problems, this drug is non-habit forming and will not lead to prescription drug abuse.

Residential Rehab

Confusion often arises between the terms of detox and rehab when some private residential rehab centres also offer privately-funded detoxes as part of their rehabilitation treatment programmes. These are costly if people want to pay for their treatment themselves if they are looking for more immediate intervention. Community-based services will detox people in the first instance and then dove-tail the admission to rehab. Again, this may be a lengthy process.



Rehab or residential rehabilitation refers to the process of the individual rebuilding themselves having undergone a detox. Residential rehab usually involves intensive therapy, carried out by qualified professionals, to help the individual deal with and process the issues that are underpinning their addiction. Rehabilitation also provides the individual with vital tools for living and coping. It may involve a number of therapies, dependent on the individual's needs, such as cognitive behavioural therapy, counselling, trauma or bereavement therapy, 12 step therapy and holistic therapies.

If you believe that you have been unable to achieve and maintain abstinence in a community based treatment setting, discuss rehab options with your keyworker and begin to think about the different types of rehab available, your support needs, what it would be like to live in a communal setting and think about the time commitment that rehab requires. You may be in rehab for up to 12 weeks.

If you are ready to apply, a referral will be made on your behalf to social services for funding and a placement will be found. An assessment will be carried out looking at all different aspects of your life and your reasons for wishing to attend rehab. You may be asked to contribute towards your placement, this will depend on income and the type of benefit you receive. The process may take some time and there may be a waiting list. Remember that longer-term engagement with GDAS may be necessary following a stay in rehab. Returning to the real world and the triggers for drinking that may be present, may require further work. Rehab is not a 'quick fix' or an escape from life's problems. It takes commitment, hard work and a strong desire and motivation to change.