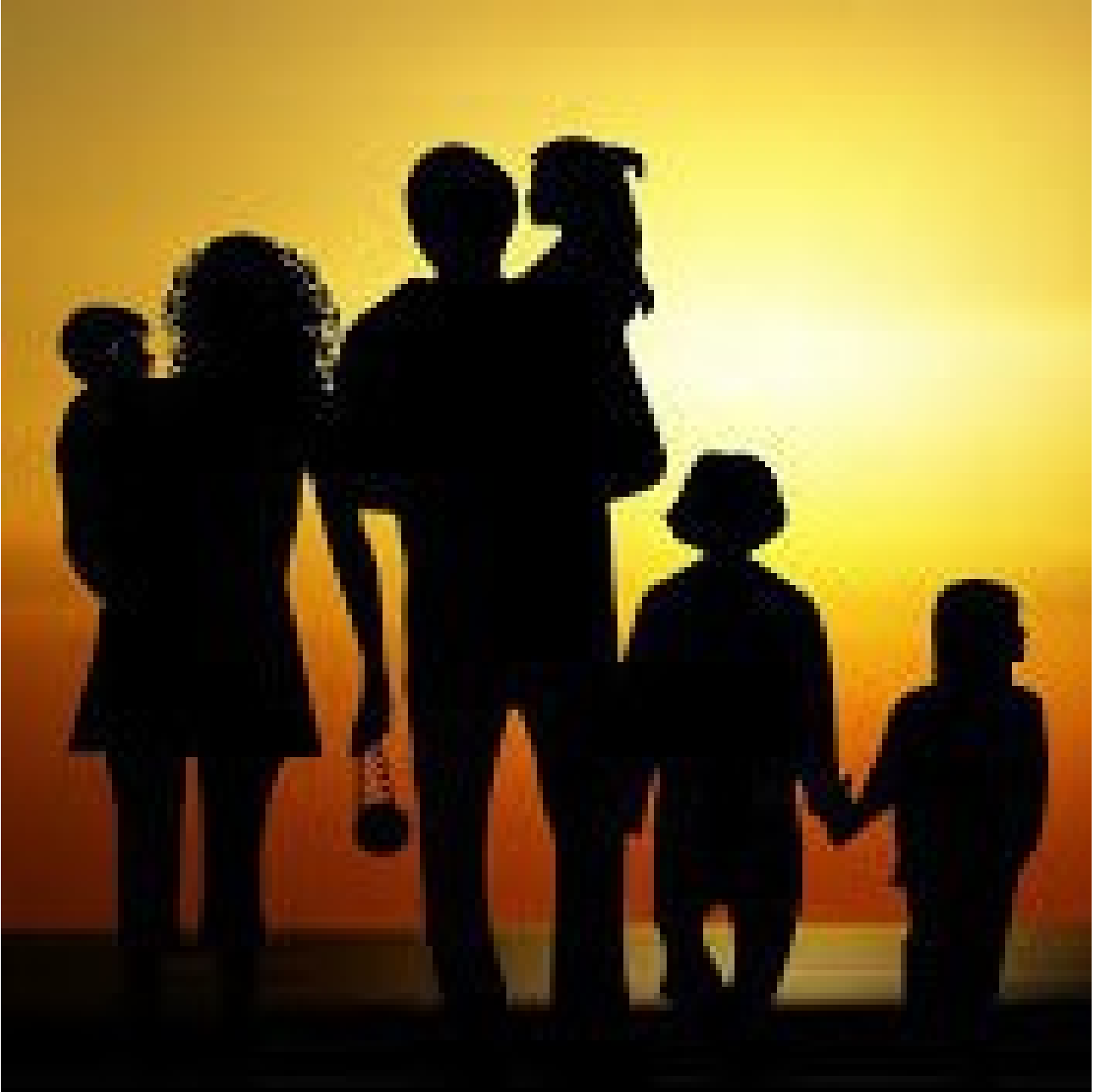


**Understanding
Alcohol
A Family Guide**

Alan Williams

Understanding Alcohol

A Family Guide



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Understanding Alcohol A Family Guide



Be Your Best Self

Author

Experienced public health educator, with over 21 years freedom from alcohol addiction. Alan's motivation is focused solely on promoting health & well-being.

Alan Williams B.Sc.(Hons) MPH

A message from the author

Dear reader,

“Growing up with a parent who has a drinking problem can profoundly affect children in many ways. They are more likely to suffer from depression, struggle in school, and experience abuse and violence at home. Many find that they are still deeply affected as adults.” (BBC News 16/2/2021)

It is only by understanding risks associated with any activity, that informed choice can be made and if necessary, precautions implemented. Drinking alcohol is no exception. **“Understanding Alcohol – A Family Guide”**, enables a practical demonstrating of responsibility, through awareness, caution and respect for oneself and others, especially children. Importantly, a healthy attitude to alcohol is also inextricably linked and inseparable to a healthy lifestyle, which in itself, is essential for achieving full potential.

“Understanding Alcohol – A Family Guide” is inspired and developed from thousands of actual experiences over many years. All the **“Concerns”** listed under **“Potential Realities”**, are real *circumstances, outcomes and consequences* of peoples drinking, so are not theory or fiction. Ultimately, the purpose of this Guide, is to motivate and promote risk-reduction for alcohol-related harm in all its facets, particularly the devastating impact it has on early childhood learning and development. To that end, I encourage you to keep an open mind and I invite you to embrace this smart and realistic approach, to what is, in all probability, the worlds most abundant, illusive and seductive substance.

My warmest wishes,

Alan Williams



Vēritās liberābit vōs



Care, Share, Discover

Background

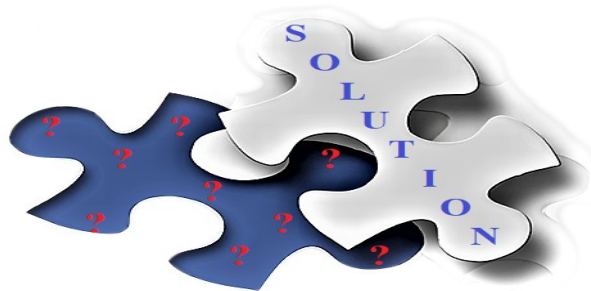
Interaction is the foundation of society at all levels, and alcohol, subject to regional laws, cultural traditions and restrictions, continues as an established and enjoyable part of that experience, for many people. However, what is now clear and indisputable, is the extent to which loss of control and serious harm manifests from a casual indifference to the amount consumed. This is particularly problematic in families where excessive consumption is considered normal, as children are acutely vulnerable to alcohol-related trauma and abuse. Cognitive, emotional and behavioural development are all adversely affected, leading to mental health problems in adolescence and adulthood, all of which distance children from achieving their dreams and aspirations. (42)

That alcohol is wholly or partly responsible for over 200 disease conditions, the leading cause of disability in the U.K., and Europe and a Group 1 carcinogen, is similarly significant for all countries. (26) Taking 2016 as an example, alcohol consumption resulted in 3 million deaths and 132 million disability-adjusted life years worldwide, more than that for diabetes, tuberculosis, HIV and AIDS. (2)

Were that not enough, onset of the COVID-19 pandemic has only served to worsen these problems, by increasing the amount the average drinker consumes within the home. (43) In the U.K., data confirms a 25% increase in volume sales during this period. This was consistent and sustained for most of 2020. (27) Not surprisingly, between March 2020/21, there was a 58.6% increase in people drinking at higher **Risk Levels**, (27) and a 20% rise in related deaths. (2020/19). This surge was due to liver disease, although poisoning, psychological and behavioural mortality were also elevated, (27) as were reports of domestic violence and punitive parenting, for which alcohol is a known risk factor. (4), (44)

The pandemic effect on alcohol consumption is further confirmed in two reports, released in March 2022, by Sheffield University and the Institute of Alcohol Studies/HealthLumen. These estimate substantial increases in harm, i.e., many thousands of additional cases of morbidity, hospital admissions and demise, at huge cost, not only to the N.H.S, in billions of pounds, (35) but in harm to families. This is no less so than to children, who are the innocent victims of excessive consumption, already acknowledged in the 2017, **All Party Parliamentary Group on Children of Alcoholics – A Manifesto For Change**. With the very real prospect of more pandemics, new trends in home delivery and rebirth of “*social home drinking*”, global growth in alcohol sales is anticipated and expected. (43) In that event, current trends, predictions and harm, especially to children, will continue unabated, unless remedial action is taken. Time for a tailored approach to risk reduction:

“Understanding Alcohol – A Family Guide”



Think! Prevention before Intervention before Treatment

Suggestions for use:

“Understanding Alcohol – A Family Guide”

1. Be open to taking a “fresh” look at alcohol, all points “**for**” and “**against**”.
2. Allow yourself time, to take a step back and assess objectively.
3. Read through all pages systematically and freely discuss within the family.
4. Locate the **Risk Level** that closely matches your usual drinking routine. *(page 23)*
5. Having identified your **Risk Level**, think about past, as well as recent drinking events. Amongst the good memories, recall any situations that, on reflection, move you to question how much you drink. Then, continue to the next step.
6. Within 24hrs of your next drinking event, answer truthfully, all the questions in your **Personal Assessment List. (PAL)** *(page 24)*

Finally, ask yourself whether *circumstances, outcomes or consequences* of your drinking are acceptable to you, those you love, especially children, and your community? If the answer is “**NO**”, refer to the fourth section on **Staying Safe**.

It is recommended that a **Risk Level** in the **DANGEROUS** category, be promptly addressed by consulting your G.P., and local support services.

NB: “Understanding Alcohol – A Family Guide”, is intended for parents, family members and responsible adults, but by necessity, it will also be beneficial for professionals with child-care responsibilities, early learning practitioners, health care providers, policy makers and resource allocators.

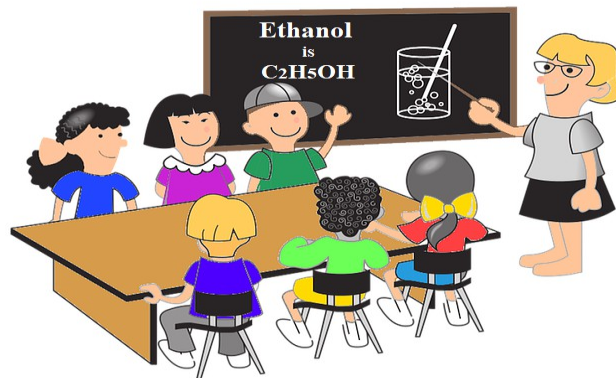


Care, Share, Discover

Objective Overview



What is alcohol?



Ethanol (C₂H₅OH) is the substance we all refer to as alcohol. It is:

- A colourless intoxicating liquid
- The potent drug in **ALL** alcoholic drinks
- A Group 1 carcinogen (*International Agency for Research on Cancer*) IARC classification

Ethanol, (alcohol) disrupts brain function associated with the normal processing and regulation of: mood, emotions, perceptions, judgements, reaction times, coordination and behaviour. Small amounts ease inhibitions, producing a “light-headed”, euphoric sensation, which is why it is considered by some as a party “stimulant”. In actual fact, it is a depressant of the central nervous system, (37) that promotes several neurological changes, responsible for the profound impact on human biology and conduct. (38)

What is risk?

Risk is a combination of the likelihood and severity of *circumstances, outcomes or consequences*, affecting any or all of the following:

- **Health** (*mental & physical*)
- **Relationships** (*including child abuse*)
- **Unexpected costs**
- **Employment**
- **Crime and Disorder**

Many factors influence a person's risk susceptibility i.e., genetics, gender, age, body mass, health, medications etc., but none more important than how much one drinks and how often. **Quantity** and **frequency** are the only two factors under our direct control. As a general rule of thumb, the more alcohol you drink and the more often you drink it, the greater the risk.

**Likelihood of harm and unwanted consequences is reduced by decreasing:
Risk Level**

Is your **Risk Level** acceptable? (*page 24*)

Cost to the U.K., from alcohol-related harm has exceeded: £21bn/year. (17)

Circa:

- **£3.5bn to the N.H.S.**
- **£11bn tackling alcohol-related crime**
- **£7bn lost to work days and productivity**

Why do we drink?

Alcohol has universal appeal. This relates to enjoyment, pleasure and celebration, yet people drink for many reasons:

Appropriate use

For socialising or to party, sophistication or interaction, relaxing or easing tension, like the taste or as an accompaniment to food, etc.

Inappropriate use (misuse)

To forget or reach oblivion, numb difficult feelings/painful emotions, quell cravings, to self-medicate worry or stress, or just to get drunk. Alcohol is consumed because it's pleasurable, available and socially acceptable. It is also taken to temporarily escape or cope with realities of life, including unease within oneself or with the external world. In other words, to replace uncomfortable feelings with those temporarily more desirable.

Excess

“Excess” is an arbitrary and subjective term that means different things to different people. For harm reduction purposes, “**excess**” is specifically: drinking more than the “**Low Risk**” Guideline. All alcohol consumption incorporates risk, which is why the **U.K. Chief Medical Officers Weekly Guideline** reflects “**Low Risk**”, subject to certain exceptions. Therefore, exceeding this **Guideline**, in any given day or time, whatever the intention or justification, always increases risk. For example, teenage “binge drinkers” are significantly more likely during adulthood to risk dependence, a criminal record and social exclusion. (14)



Simply answer “YES” or “NO” to the following:

- Do you drink more than you openly admit?
- In drink, do you sometimes behave recklessly or aggressively?
- Have you ever been arrested or hospitalised after drinking?
- Do you think you might benefit from moderating intake?

A “YES” to any of the above, is a basis for action.

- *If you're driven to drink to escape a problem, you have two problems.*
- *Sometimes outcomes are humorous, sometimes regretful, sometimes tragic.*
- *The question is, would it have happened without alcohol?*

What influences **HOW** or even **IF** we should drink?

Culture

Societal drinking habits have naturally evolved over the decades, but differences globally have lessened, as “**binge drinking**” escalates in many countries. (1) This refers to drinking lots of alcohol quickly, (more than 6 units), or specifically to get drunk. (16)

From birth, we are all conditioned into believing, alcohol is essential, to fit in, to be sociable and to enjoy ourselves. This is a fallacy. It is a biased presumption driven and sustained by supply and demand. Truth is, with rational adjustments to thought processes, when desired or appropriate, many have discovered that life is more enjoyable and better without it. Whilst this is a personal choice, not drinking is undeniably, the safer, healthier option.

Advertising

Advertising, marketing, growth in product ranges and supply, all maximise business and profitability. Annually, alcohol producers and retailers spend in excess of £600 million on slick ads and venue design, enticing you to drink their products. (1) This has clearly not been hindered by alcohol, in real terms, becoming 64% more affordable during 1980 - 2017. (23)

Peer pressure

This is group influence to conform, often brought to bear contrary to personal choice. For example, university students are known to arrive with pre-conceived notions of a heavy drinking culture, assumed to be the way of overcoming anxiety and making new friends. (39) In this event, this **Guide**, can help re-balance such distorted, unhealthy beliefs. **Note:** Real friendships are born out of respect for who you are, not if, or what you drink.

Dependence

Dependence-Hooked-Addiction-Alcoholism-etc.

Whatever you choose to call it, this malady is serious, progressive, harmful and potentially life threatening if neglected. Some drinkers are genetically predisposed, i.e., inherited. (1) Progressively, acquiring and drinking alcohol becomes more of a priority than a preference, which increases **Drinking Routines** and **Risk Level**. Symptoms typically include: recurrent cravings, an irrational compulsion to keep on drinking, denial, partner and family distress. Children are particularly vulnerable to parental alcohol dependence, as it damages their cognitive, emotional and behavioural development. (40) Alcohol addiction is a family illness, where the afflicted person isn't to blame for having it, only for refusing to address it.

A person is considered dependent (*hooked-addicted-alcoholic-etc.*) if the following exist:

- Craving and Tolerance
- Preoccupation with alcohol
- Continued drinking despite awareness of harmful consequences. (9)

Dependence progresses from **mild** to **moderate** to **severe** and can be **fatal** if ignored.

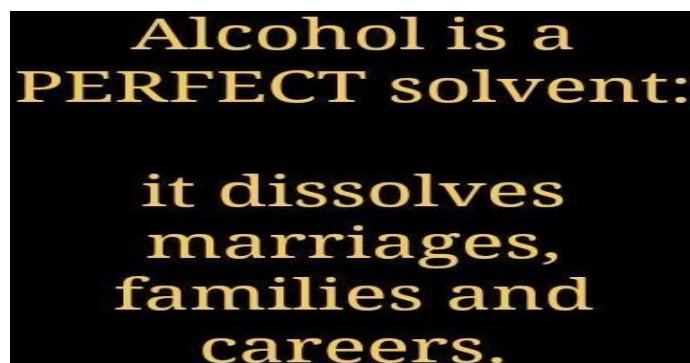
NB: As a rule of thumb, if when you drink, you have little control over the amount you consume, or if when you honestly want to, you cannot quit entirely, it would be wise to consult your G.P., and appropriate services.

Responsible drinking, what does this mean?

Responsible drinking has far-reaching implications. It involves more than not getting drunk or limiting units. It is a “*healthy lifestyle choice*”, that satisfies the delicate balance for socially enjoying alcohol, whilst maintaining respect for family, (especially children), friends, colleagues, your community and you. It is the noble and practical application of maturity, reason and social conscience.

Some people mistakenly think, reducing one's consumption, is an infringement of personal freedom. This is not the case, because it's actually alcohol that imposes limitations. For example, once you drink, it is illegal to drive or ride a motor vehicle on a public road. Whilst this is only temporary, it is nevertheless, a major inconvenience, especially if you are needed to respond in an emergency, such as conveying someone to hospital. It also goes without saying, that any offences committed under the influence, will almost certainly impinge on civil liberties. Importantly, drinking alcohol, especially if exceeding the **Low Risk Guideline**, whilst caring for infants and young children, seriously undermines responsibility for their safety and well-being.

Ultimately, the alcohol industries slogan, “**drink responsibly**”, is a sobering reminder that our best and most memorable times, derive from having the right frame of mind and sharp mental faculties, and are not as a result of any debilitating, alcohol-induced stupor!



U.K. Chief Medical Officers **Low Risk** Guideline

Adults: *14 units per week, spaced over three or more days.* (13)

The relationship between “Harm” and “Units” is not an exact science, therefore, the above guideline should be considered a moderate estimate, which you may decide requires further reduction. Use your **Personal Assessment List (PAL)**, to determine if your current **Risk Level** is acceptable. *Subject to the following exceptions, drinking as per the **Recommended Guideline** generally ensures **Low Risk*** (page 23)

As there is **NO** safe level for alcohol, **NOT** drinking is appropriate when:

- Pregnant or trying to conceive (*See Special Note*)
- It involves children under 15 years (19) or is expressly prohibited by law and customs
- So advised by a doctor
- Diagnosed with alcohol dependence (*hooked-addiction-alcoholism-etc.*)
- Taking prescription or over-the-counter medications (page 13)
- Pre/post vaccine *or* if treated for COVID, Long COVID/adverse reactions (page 13)
- Work safety is jeopardised, or intending to drive/ride vehicles/control equipment



Special Note:

Drinking alcohol during pregnancy, increases risk of harm to the unborn child, that last a lifetime, including fetal alcohol spectrum disorder (FASD), which incorporates profound, multiple learning difficulties and special needs, low birth weight, preterm birth and reduced size for gestational age. (28)

Units Chart

Drink	Size (ml)	%Vol.	Units <small>Rounded to nearest half unit</small>
Canned cocktail	For example: 350	5	2
Beer/Cider	U.K. Pint (568)	4	2.5
Beer/Cider	U.K. Pint (568)	5.5	3
Wine (small glass)	125	9	1
Wine (large glass)	250	12	3
Wine (bottle)	750	12	9
Spirits (single measure)	35	40	1.5
Spirits (double measure)	70	40	3
Beer/Alcopop/Cider can/bottle	330	4.5	1.5
Beer/Alcopop/Cider can/bottle	440	5.5	2.5

Drink size (ml) x %Vol.

Divided by 1000 = Number of units per can/glass/bottle

Canned cocktails range from zero alcohol to high % ABV (alcohol by volume). The number of units per item can therefore vary considerably. The liver takes about an hour to breakdown 1 unit of alcohol (10ml/8gms of ethanol). So, if you choose to drink, remember: **1 Unit = 1 Hour**. Ideally, calculate how many units are in your preferred beverage well in advance.



As a rule of thumb, drinking 2 pints of strong lager or medium-large glasses of wine etc., more than three times in any given week, will exceed the **Low Risk Guideline**.

Naturally, if you choose to drink, **Minimum - Low Risk...is the smartest way.** (page 23)



How many Units in Your Drink?

Potential Realities



Health – *(mental & physical)*

Whilst alcohol in moderation produces a feeling of elation, for teenagers, it offers no health benefit. On the contrary, it increases the possibility of developing mental health problems in adulthood, such as depression and psychosis. (41) Coronary protection thought to occur in middle-age from light to moderate wine consumption, will also be small and unlikely to outweigh potential harm, (8) especially as alcohol increases risk for all the major cardiovascular diseases. (29)

The message is clear:

There is no justification for drinking or starting to drink on health grounds. (13)

Concerns

Binge drinking:

1. Physical injuries, vomiting, shakes, diarrhoea, anxiety, irritability, mood swings, blackouts, dependence, dementia, cancers and premature death.
2. NB: Alcohol poisoning can occur when it is consumed faster than the body can remove it. Symptoms specifically include: vomiting, confusion, slurred speech, loss of coordination and responsiveness, unconsciousness, brain damage and death. Death by choking on vomit during sleep, is also a serious concern.

Chronic high-risk drinking:

1. Injuries, cancers, cirrhosis, infertility, pancreatitis, hepatitis, hypertension, nerve damage, Delirium Tremens (DT's), despair, hallucinations, dependence, suicide or otherwise, early death.
2. Alcohol withdrawal symptoms can also occur from suddenly stopping drinking after prolonged, excessive consumption. These can be the same as for binge drinking but may also include: sweats, hallucinations and seizures.

It is only by **not** drinking that risk is eliminated. However, in some severe cases, coming off alcohol requires medical supervision. If in doubt, consult your G.P.

Likelihood of harm to health and your waistline is reduced by decreasing:

Risk Level

Circa:

- ***2020 alcohol-specific death rate for U.K., was 18.6% higher than 2019.*** (18)
- ***2020 saw the highest year-on-year increase in alcohol deaths since 2001*** (6)
- ***1.1 million hospital admissions in 2015/16, 4% more than 2014/15*** (15)
- ***Alcohol contains 7 calories/gram, almost as much as pure fat, contributing to weight gain and serious risk to health.*** (20)
- ***Alcoholic liver disease results in over 30,000 hospital admissions per year.*** (1)
- ***Cases of liver disease are increasing amongst the young.*** (7)

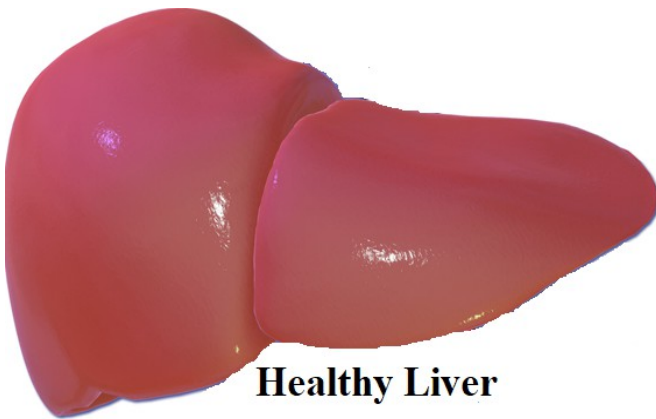
Cancers

Cancer Research U.K., references international studies that link alcohol consumption to at least 7 different types of cancer. These are: oesophageal, pharyngeal, laryngeal, oral, liver, breast and bowel. Risk of stomach cancer is also considered to be 13-21% higher in those who drink 3+ units/day (21+ units/week), compared to non or occasional drinkers. (31) Breakdown of ethanol in the liver produces acetaldehyde, this is known to cause cancer in humans and is therefore classified as a Group 1 Carcinogen. (IARC)

Likelihood of alcohol-induced cancer is reduced by decreasing:

Risk Level

Stomach Cancer



Healthy Liver



Liver Cirrhosis

Liver cirrhosis

Chronic heavy drinking causes structural damage or organ dysfunction to virtually all systems of the body, although the liver sustains the greatest impact. This is due to it being the first organ to see alcohol absorbed from the gastrointestinal tract and also, because it is the principal site for alcohol breakdown. This still accounts for one of the most prevalent disorders of the liver, resulting in organ transplant or death. (30)

Likelihood of alcohol-induced cirrhosis is reduced by decreasing:

Risk Level

Alcohol and Vaccination

Binge drinking and chronic heavy drinking should **ALWAYS** be avoided, not least to optimise effectiveness of natural immunity. In deciding on whether to participate in traditional vaccination initiatives, or the new, gene-based injection programmes, specifically on safety and efficacy, it would also be informative to consider differences in emphasis, in relation to alcohol. For example: A Medicines Healthcare Products Regulatory Agency (MHRA) spokesperson stated in 2021:

“There is no evidence that drinking alcohol interferes with COVID-19 vaccines”. (32)

However, the U.K. charity Drinkaware, recommends refraining from alcohol:

“At least 2 days prior to and 2 or more weeks after a COVID-19 vaccination.” (15)



Alcohol and Medication

A common question is:

“Is it safe to drink alcohol whilst taking medication?”

The short answer is, well, you decide, given that alcohol is known to interact adversely, even dangerously with hundreds of available medications. These include, prescription and over-the-counter formulations, such as those taken to combat colds, influenza, infection, inflammation, blood pressure, diabetes, cholesterol, obesity, etc. They can be rendered ineffective, less effective, harmful, even toxic. Complications may also extend to: Liver damage, Heart problems and, Internal bleeding. (33), (34)

With that said, perhaps the more appropriate question is:

“Why would I risk further harm, by combining alcohol with medication?”

A desire to drink alcohol, whatever the circumstances, is a reasonable indication that dependence (*hooked-addiction-alcoholism-etc.*) may have set in. (page 6) Desire can be mistaken for the “need to satisfy” subtle cravings for alcohol. In other words, one is simply “feeding one's habit”, no different to any other addictive drug.

NB: As alcohol exacerbates health vulnerabilities generally, it would also be expedient to not drink, if receiving early medicinal combinations for COVID, Long COVID or adverse vaccine reactions.



“
I'm very serious
about no alcohol,
no drugs.
Life is too beautiful.
Jim Carrey

In all cases, decisions begin with you.

Relationships

In small amounts, alcohol relaxes inhibitions, imparts a feeling of elation and briefly softens reality, which is why it is enjoyable and in such demand. Yet, ironically, the more you drink, the greater the risk of relationship breakdown, which may include you, family, (especially children), friends, colleagues, and not least your community.

Remember, alcohol disrupts brain function associated with normal processing and regulation of mood, emotions, perceptions, judgements, reaction times, co-ordination and behaviour. Tragically, it can also be the catalyst for:

Offensive, Anti-Social and Illegal Actions



Concerns

- Poor parenting, child neglect or abuse
- Assaults, domestic violence / verbal aggression / divorce
- Regret over senseless arguments with family and friends
- Foolish or embarrassing behaviour in sight of others
- Friction with colleagues / managers / employers / customers
- Unsafe or regretted sex
- Low esteem and self-respect

**Likelihood of relationship breakdown is reduced by decreasing:
Risk Level**

Circa:

- *Up to 33% of known cases of child abuse are alcohol-related* (25)
- *1:5 U.K., children live with a parent who excessively drinks.(2.5 million)* (40)
- *1000 U.K., youngsters each week, suffer alcohol-related facial injuries* (5)
- *360,000 reported victims per year suffer alcohol-related domestic violence* (1)
- *Since 2020, divorce petitions citing alcohol, increased from 1:6 to 1:4* (36)
- *Alcohol is a factor in up to 45% of suicides* (25)

Parental drinking, Childhood learning and Development

Parental drinking can adversely impact children's early cognitive, behavioural and emotional development, giving rise to increased risk of mental health issues in adolescence and adulthood. (42) Excessive consumption also impairs parenting skills. For example:

Concerns

- Mood swings and poor communication with the child
- Embarrassment and shame
- Limited time and emotional commitment
- Transfer of caring responsibilities to the child
- Removal of one or more children from parental custody



Children of excessive drinkers are also four times more likely to end up doing so themselves and;

- Twice as likely to experience difficulties at school;
- Five times more likely to develop eating disorders;
- Three times more likely to consider suicide. (40)

Children develop trust, confidence, self-esteem, positive and healthy interpersonal relationships initially in the home. Therefore, the importance of adult behaviour, words and actions, as examples to children, cannot be over-emphasised. This includes stress, as alcohol can act as an accelerant for punitive parenting. (44)

Despite these serious concerns, a recent U.S., study found that parental drinking whilst supervising children is the norm, with less than 40% choosing not to. (43)

**Likelihood of childhood abuse and harm is reduced by decreasing:
Risk Level**

NB: Negative experiences easily influence and affect children, including alcohol-related mood swings, aggression, disharmony, neglect and stress. A safe, stable, nurturing environment, is therefore one where alcohol plays no part in undermining a balanced and healthy childhood.

Unexpected costs

The retail price of alcohol is small compared to what it could end up costing. Any peer pressure, enticement or encouragement to drink more than the **Low Risk Guideline**, is best considered with caution and scepticism, as it can lead to the loss of more than money, including respect, dignity and social exclusion.

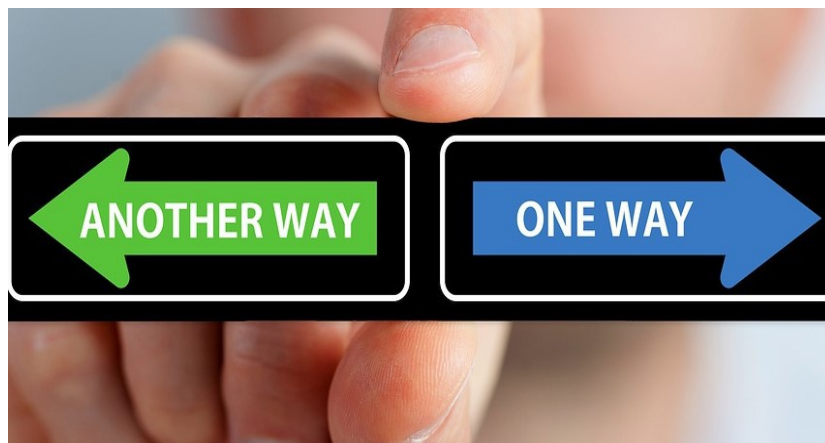
Concerns

Time



- In A&E / Recovering from injuries
- Locked up in Police Stations / driving ban
- Being late or missing work / appointments / lectures
- Unwarranted sick-leave nursing hangovers

Opportunities



- Failing to deliver family needs
- Regret, missing out on children's early years and development
- Lost promotion and career prospects
- Under-performing in work or sport

***Likelihood of unexpected costs is reduced by decreasing:
Risk Level***

Reputation



- Guilt over neglecting children / family / friends / etc.
- Shameful behaviour including “drunk dialling” or “drunk texting”
- Regrettable sex / unwanted pregnancies / sexually transmitted diseases
- Remorse over alcohol being a “*gateway*” to illegal drug use

Money



- Spending more on “booze” / ignoring bills
- Costly phone calls when drunk
- Fines / borrowing / extra cashpoint use
- Replacing lost or damaged property

***Likelihood of unexpected costs is reduced by decreasing:
Risk Level***

Employment

Legislation requires that you and your employer take reasonable care over safety, health and welfare whilst at work, this includes the effects of alcohol. (3) Drinking even small amounts before/during, “safety critical” work, significantly increases the risk of an accident. (10)

Hazardous consequences can also occur when effects carry over into work time, for example, if drinking the previous night or before commencing a shift. This is further exacerbated if taking medication, which can cause drowsiness, loss of coordination and concentration. Collectively, these undermine performance and safety when operating vehicles, equipment and machinery. (33)



***Likelihood of work problems is reduced by decreasing:
Risk Level***

Concerns

- Timekeeping (unreliability)
- Performance (efficiency & effectiveness)
- Sickness record / absenteeism
- Increased errors / poor judgement
- Safety and concentration
- Colleague and customer relations
- In-house behaviour and attitude
- Commitment to procedures
- Earning ability, promotion and career prospects

Circa:

- *In 20-25% of all workplace accidents, alcohol is a contributory factor.* (12)
- *Contrary to popular belief, most problem drinkers are employed.* (11)
- *20 million working days lost each year due to alcohol.* (1)

Crime and Disorder

Frequent or regular consumption above the **Low Risk Guideline**, significantly increases the risk of anti-social and criminal behaviour. For example, the number of violent offences where the victim believed the aggressor to be under the influence of alcohol, was as high as 40% for the year ending March 2017. (21)



Specifically during the COVID-19 pandemic, reports of domestic violence drastically increased, for which alcohol is a known risk factor. (4)



Serious drink-driving injuries rose by 11% between 2016-17, all of which were preventable. (22) Furthermore, teenagers who drink regularly before the age of 15, are also seven times more likely to be involved in a major vehicle collision. (24)

***Likelihood of a criminal record is reduced by decreasing:
Risk Level***

Concerns

- Alcohol-fuelled aggression / Domestic violence
- Drunken or rowdy behaviour at home or in public places
- Illegal drug taking / activity
- Drink-drive / crash / injury / fatalities
- Inflicting preventable injuries to pedestrians / passengers
- Taking a vehicle without consent

Staying Safe



Summary

Subject to the exceptions listed on page 7, drinking alcohol as per the **Recommended Guideline** and at appropriate times, will generally ensure **Low Risk**.

Naturally, if you choose to drink, **Minimum – Low Risk...is the smartest way!**



Conversely, with greater consumption comes increased risk to **health**, (*mental & physical*), **relationships**, (*especially children*), **unexpected costs** and **employment**, plus the possibility of ending up with a **criminal record**.

Importantly, children of families where excessive alcohol consumption is considered normal, are particularly vulnerable to punitive parenting, trauma and abuse, that affect their cognitive, emotional and behavioural development. This in turn, can lead to mental health problems, all of which distance children from achieving their dreams and aspirations.



Is your **Risk Level** acceptable? (*page 24*)

What can be done?

“*Understanding Alcohol – A Family Guide*” will help minimise potential for harm and unwanted consequences, through empowerment of individuals, families and communities. Importantly, it will promote safe, stable, nurturing environments where alcohol has no part to play in undermining childhood learning and development.

Naturally, if your drinking routine is within the **DANGEROUS Risk Level** category, or if you think dependence (*hooked-addiction-alcoholism-etc.*), may have set in, it is recommended that advice be sought from a medical doctor and appropriate services.



Options include:

- (1) Living a natural, healthy life, free of alcohol toxicity and harm.
- (2) Applying any one or more of the following, where appropriate:
 - Reducing *quantity* and *frequency* of consumption
 - Modifying drinking habits and schedules
 - Counselling
 - Medication
 - Group interaction
 - Supported abstinence
 - Supervised detox / rehab



In all cases, decisions begin and end with you!

Risk Level

Subject to page 7 exceptions, drinking as per the **Recommended Guideline**, generally ensures **Low Risk**

Naturally, if you choose to drink, **Minimum – Low Risk...is the smartest way!**

My Drinking Routine	Risk Level	Brief Insight
Teetotal Abstinent Sober On the wagon Dry	Zero	There are many reasons for not drinking alcohol. These include, its capacity for intoxication, loss of control, addiction, dysfunctional toxicity, religious beliefs, health and disruption to family cohesion.
Is less than: The Weekly Low Risk Guideline (page 7)	Minimum	Minimum - Low Risk <i>If choosing to drink, this is the smartest way!</i>
Is in keeping with: The Weekly Low Risk Guideline (page 7)	Low	Subject to the exceptions listed on page 7 this level generally ensures Low Risk of harm.
Is usually <i>a couple</i> of units more than: The Weekly Low Risk Guideline (page 7)	Medium	This level is easily reduced, if on balance, you decide the risk of harm is greater, than any perceived benefits of excess.
Is usually <i>a few</i> more units than: The Weekly Low Risk Guideline (page 7)	Hazardous	Use your Personal Assessment List (PAL) to determine if this level of risk is acceptable. The ease with which it may slip into High Risk , is also why it is considered Hazardous . E.g., drinking at more functions or in response to stress.
Is usually <i>a lot</i> more units than: The Weekly Low Risk Guideline (page 7)	High	Seriously consider reducing this level of risk, as <i>circumstance, outcomes and consequences</i> will only get worse. Use your Personal Assessment List (PAL) to motivate a smart reduction.
Is currently effecting one or more of the following: <ul style="list-style-type: none"> . Health, (<i>mental & physical</i>) . Relationships . Unexpected costs . Employment . Crime and Disorder 	DANGEROUS	Ignoring alcohol-related harm is not recommended or indeed acceptable, if it affects children. It may also indicate the presence of denial, which is a symptom that can occur with prolonged drinking, but particularly with addiction. If you are already experiencing problems or have concerns, promptly consult a medical doctor and local support services.

Personal Assessment List (PAL)

After your next drinking event, ask yourself the following questions:

(Answer truthfully)

- Do I have a hangover or feel unwell?
- Am I finding it difficult to function today?
- Have I had to take time off from work, classes or lectures?
- Did I drink more than the **Low Risk Guideline**?
- How much did I consume?
- Did I end up drinking more than I intended?

- Did I do or say anything shameful, embarrassing or regretful?
- Can I remember everything I said and did?
- Was I pressured or intimidated into drinking more than I wanted?
- Did I “drunk dial” or “drunk text” anyone?
- Do I need to make amends or apologise?
- Has my drinking increased recently?

- Is my drinking affecting home-life, loved ones, children, friends etc.?
- Is my drinking jeopardising work or college placement?
- Am I irritated by comments of concern made by others?
- Is alcohol “costing” more than its’ price?
- Is alcohol a “gateway” to illegal drug use?
- Does the prospect of drinking within the **Minimum - Low Risk Guideline**, fill me with unease or anxiety?

- If appropriate, do I find it difficult to **NOT** drink whilst taking medication?
- If appropriate, is it difficult to **NOT** drink before and after vaccination or if receiving early treatment for COVID, Long COVID or vaccine injuries?

- Are any aspects of my drinking unacceptable?
- Do I care?
- Do I need to take action?

Is your **Risk Level** acceptable?

If *circumstances, outcomes or consequences* of your drinking aren't acceptable, decrease your **Risk Level** by reducing *quantity* and *frequency* of consumption. This is achieved by simply spacing your drinks over more days and applying the Weekly **Low Risk Guideline** over 2 to 4 weeks.

“Understanding Alcohol – A Family Guide” is best applied regularly, as part of a healthy lifestyle!

References

1. Strategy Unit - Interim Analytical Report
2. W.H.O Global status report on alcohol and health 2018
3. H.S.E. Managing drug and Alcohol Misuse at Work
4. OECD The effect of COVID-19 on alcohol consumption 2021
5. Welsh assembly Government DVD on Alcohol & Young People 2003
6. O.N.S. Alcohol-specific deaths in the UK: Registered in 2020
7. Britain's Streets of Booze – BBC 07/10/05
8. Alcohol and Ischaemic Heart Disease: Probably no free lunch! Jackson et al. Lancet (Vol. 366) 2005
9. The Management of Harmful Drinking and Alcohol Dependence in Primary Care – A National Clinical Guideline Sept 2003 (N.I.C.E. Guidelines)
10. Wilkins Safety Group – Effects of drinking on productivity and safety
11. H.S.E – Don't mix it! A guide for employers on alcohol at work. INDG 240
12. Henderson, M. et al. Alcohol and the Workplace – W.H.O. Series 67
13. Department of Health 7/6/2007 www.dh.gov.uk
14. Journal of Epidemiology and Community Health. September 2007
15. Dr. F. Simm. Independent Medical Advisory Panel – A.E.C.D. 18/1/21
16. www.nhs.uk/live Alcohol facts 15/2/19
17. I.A.S. ALCOHOL KNOWLEDGE CENTRE BRIEFING – Oct 2020
18. www.ons.gov.uk Alcohol – specific deaths in U.K. Registered 2020
19. N.H.S. Digital Health Survey for England 2017 (Published 2019)
20. www.nhs.uk Calories in Alcohol 2017 (updated 13/1/2020)
21. O.N.S The nature of violent crime in England & Wales: 2017: Involvement of alcohol in violent crime
22. Institute of Alcohol Studies: Drink-driving deaths still stalling 29/8/2019
23. N.H.S. Digital: Statistics on Alcohol: England 2018: Affordability of alcohol
24. alcoholeducationtrust.org Parents fact file: Fact 5
25. Public health England – Harmful drinking and alcohol dependence 21/1/16
26. Mental health and Well-being in England – Adult Psychiatric Morbidity Survey 2014. p.240
27. P.H.E. - Monitoring alcohol consumption and harm - COVID-19 pandemic: Summary 2021
28. National Institute for Health care Excellence (NICE) Q.S. 204 16/3/22
29. I.A.S statement World Heart Foundation's “No safe level of alcohol” 24/1/2022
30. Journal of Clinical and Experimental Hepatology – Pathogenesis of Alcohol-Associated Liver Disease. Natalia A. et al 31/5/2022
31. Cancer Research U.K. Last reviewed 3/5/2019
32. inews.co.uk alcohol and COVID-19 vaccines 10/6/2021
33. webmd.com - alcohol interactions with medications (reviewed 22/1/2022)
34. NIH – Alcohol – Medication Interactions – Potentially Dangerous Mixes 5/6/2022
35. www.sheffield.ac.uk – Shifts in Alcohol Consumption During the Pandemic Could Lead to Thousands of Extra Deaths in England
36. www.stowefamilylaw.co.uk The relationship between alcohol and divorce 15/3/2022
37. www.nhs.uk Risks Alcohol misuse
38. NIH National Library of Medicine - A Review on Alcohol: from the central action mechanism to chemical dependency. 2015
39. Nichola Gambles et al: “If You Don't Drink at University, You're Going to Struggle to Make Friends”. Prospective Students Perceptions around Alcohol Use at U.K. Universities. 2022
40. A.P.P.G. Children of Alcoholics: A Manifesto For Change 2017
41. www.talkitoutnc.org Effects of Alcohol on Teens: Physical, Mental, and Emotional 3/12/19
42. The effect of the severity of parental alcohol abuse on mental and behavioural disorders in children. July 2019. Kirsimarja Raitasalo et al.
43. Innovare Academic Scientists. 2/12/2022. Global Alcohol Packaging Market through 2028
44. Stress, alcohol use, and punitive parenting during COVID-19 pandemic J.P. Wolf. July 2021
45. American Addictions Centres. ProjectKnow.com **Parenting While Intoxicated** 12/12/2022

Supplementary Notes

Some misconceptions and thoughts:

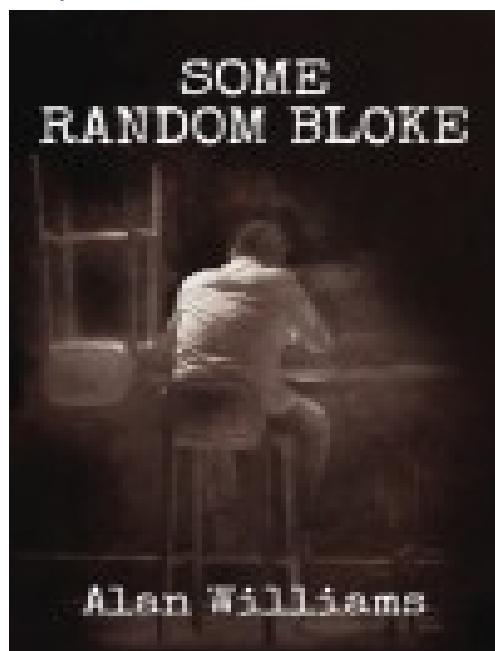
- 1 Drinking alcohol is without risk.
- 2 Everybody has a good time when they drink.
- 3 I can't have as good a time without alcohol.
- 4 Addiction only happens to other people.
- 5 Alcoholics are drop outs, who've lost interest in life.
- 6 I can't have a problem, because I don't wake up wanting or needing a drink.
- 7 I've been drinking for years and it has never given me any problems. Then consider the wise saying:
"kick a dog long enough and eventually it will bite back "

Some interesting facts:

- 1 Alcohol is an addictive drug that just happens to be legal in most countries.
- 2 Even in small amounts, alcohol can be harmful.
- 3 Addiction doesn't discriminate. Once you're hooked, you're hooked, irrespective of what you do for a living, who you are, how much money you have, or what kind of a person you want to be. Alcohol addiction is always vigilant and on the lookout for new recruits.
- 4 Drinking alcohol is enjoyable, but its *circumstance*, *outcomes* and *consequences* can be devastating.
- 5 Alcohol is the single biggest cause of teenage deaths.
- 6 Ignoring the truth about alcohol, won't make reality disappear.

Supplementary Notes

Interesting extracts from Alan Williams's autobiography:



SOME RANDOM BLOKE!

By Alan Williams

“Drinking and socialising gave counter-balance to the intensity of studies. Progress was evident, achieving success in assignments, as well as my latest relationship. It all came together perfectly, promising a great future with not a cloud on the horizon. It was a case of going about my education with the same commitment as my former career and partying just as hard.”

*How does anybody transition from the above normal life,
to drinking like this.....?*

“Exiting the building, head on auto-pilot, I felt compelled to find the nearest pub. It was all I could do to keep walking, knowing I probably wouldn't leave until kicking out time. At the railway station, a cafe subdued internal screams for a drink, affording time to mull over monochrome thoughts of fate. Nearby, commuter activity distracted focus, only for their expressionless faces to betray knowledge my future was bleak. Should I run away or face the music? My question met with silence. As weeks passed, I remained oblivious, submerged in blackout. I could no longer manage, with or without booze, it had stopped working but was necessary nevertheless. In a dreadful state, I sank ever deeper into an abyss of self-pity, its blackness and claws inflicting misery. Every waking moment became deadlier with the passage of time. Without mercy, terror, despair, bewilderment, three punishing collaborators, witnessed my descent into the zone of the living-dead; the penultimate curse of alcohol addiction.”

Simply! Just assume addiction can never happen to you!

Supplementary Notes

To What I Must Be.

To be me, the world must see, that I am and will be,
for it's expected you see.

Yet, I'm not sure, for clouds won't clear,
keeping me searching, searching in fear.

Perhaps booze is the answer, I know it's keen,
it's everywhere, far, near, in-between.

It makes me happy, I laugh a while,
but then it's gone and so is the smile.

Real, true, authentic is key,
and for that, I need only be me.

No forfeit of money or soul must I pay,
like the wind in my spirit, it's free all the day.

Illusion for others, may be the best,
but God's purpose, well, that's really the test.
So it's faith, not fear that I know will endure,
prevention, they say, is far better than cure.

Time, naturally I suspect will reveal,
the right path, out of conceal.

Destiny serves one day to fulfil,
that purpose, for humanity, but I must avoid ill.

Whatever it is, let it be so,
untainted, unfettered, for I hate to say no.

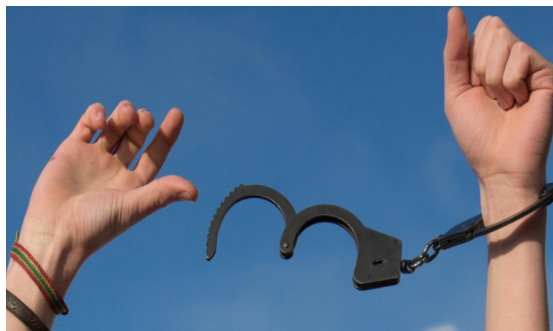
Pure by design, not castles in air,
for clarity of mind is better than despair.

'Tis a brave new world that we all now face,
I guess that's just the human race.

Yet, comes Ye with questions galore,
for which I'm only prepared, if not drunk on the floor!

By

Alan Williams



Supplementary Notes



*“Having a parent who abuses alcohol is one of the most disruptive experiences for any child and leads frequently to long-term effects in one’s self confidence, one’s capacity to relate, and even for some people in their own relation to alcohol itself. We are never ourselves when solitary,it is in relationship that we become most fully what we are called to be, **provided that relationship is healthy.**”*

The Most Reverend and Right Honourable Justin
Welby, Archbishop of Canterbury.

Queen Victoria's doctor, once said,

"A very large number of people in society are dying, day-by-day, poisoned by alcoholic drinks. I hardly know of any more powerful source of disease."

(A.A. Service News No. 140 p. 20).

In 2023, Alan Williams said,

*“After all these years, it's time these statements
no longer applied.”*

Supplementary Notes

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