

Fall 2021

Alcoholism

Kathryn Haney
haneykathryn1997@gmail.com

Follow this and additional works at: <https://digitalcommons.murraystate.edu/bis437>

Recommended Citation

Haney, Kathryn, "Alcoholism" (2021). *Integrated Studies*. 310.
<https://digitalcommons.murraystate.edu/bis437/310>

This Thesis is brought to you for free and open access by the Student Works at Murray State's Digital Commons. It has been accepted for inclusion in Integrated Studies by an authorized administrator of Murray State's Digital Commons. For more information, please contact msu.digitalcommons@murraystate.edu.

Alcoholism

Kathryn Haney

Murray State University

Dr. Douglas

BIS 437-01-FA21

Introduction

My topic is alcoholism, I chose this because it is something I would like to do more research on. I have enjoyed the work I have gotten to do so far. Another reason I chose this topic is because I have a personal interest in it. I lost my Uncle to this disease in June of 2021. I feel that if there was more information out there then more lives could be saved. I hope that through this project I can learn more about this and be an advocate for other families like mine.

There are so many different things that go into addiction that most people do not understand. They just blame the addict and move on. While most addicts also blame themselves, people need to realize that addiction is a disease. It is a disease that takes over the entire body. It is a disease that takes loved ones away from families. It is a disease that affects people who are good people, the kind of people that get up and go to work everyday and have people that care about them. It has become a stereotype that an addict is just someone who has always done drugs, or comes from a bad situation. My family is living proof that is incorrect. You can be raised in a good home that has dinner as a family and goes to church every time the doors are open and still have this disease affect a loved one. There is no certain type of person that this disease targets. It can unfortunately slowly happen to anyone.

My goals for this project are for people to understand that yes it is the alcoholic's choice to begin drinking. However once it starts to take control of their bodies somewhere along the way it stops becoming their choice. The need to drink outweighs the need to live. If they do try to stop cold turkey without medical assistance the

withdrawal can even cause very serious seizures. People are usually quick to judge but not so quick to offer an encouraging word, or bit of advice.

Alcoholism is a terrible disease that doctors and researchers need to get ahead of and in doing so could save many lives. The only options right now are to either get sober or pass away. There is not a lot of help out there to get sober. Despite more than \$15 billion of government funds being used each year to improve outreach programs more than 95,000 or 261 people a day die each year from alcoholism complications. I believe there should be more treatment options and more prevention. This can be accomplished by early interventions, finding a group or a program, reevaluating the requirements for liver transplants, and family counseling/therapy.

Early Interventions

There is a significant association between the addition of intervention based advice to the reduction of harmful, sometimes even fatal, alcohol consumption (Knight, p186). An intervention is an incredibly delicate situation. A timed intervention is the only successful intervention, and usually when dealing with alcoholism the earlier the better for multiple reasons. The early stages of drinking the person's mind is still their own, however as the drinking progresses their brain is filled with toxins that their kidneys and liver can no longer flush out. This makes thinking clearly very difficult for the individual. An intervention not done at the right time can actually do more harm than good.

Above all, you have to consider how the person will receive the information that you wish to share with them, and always at all times keep their emotions in priority

above your own. Very few people who have alcoholic liver disease actually possess the ability to stop drinking on their own. The people behind the intervention need to have some level of education about the disease to be able to communicate with the person and to also be able to know what they are talking about. For this reason, it is recommended that an intervention not only include family members but also a doctor. This way you can be clear and accurate with the information you are giving. A doctor's presence is also more likely to make the alcoholic take the intervention seriously. An interesting fact I found was that when the liver disease is so bad that it comes to the point of involving a liver specialist doctor about half of the patients stop on their own (Knight p187). It is assumed that facing the reality of seeing a doctor who specializes in liver disease most often brought on by drinking alcohol really puts into perspective for these patients just how sick they are. A lot of times you hear the patients say they will slow down before they become really sick but based on this evidence that is only true for about half of the people. The other half continue with their drinking and the damage progresses to their liver.

If the progression is too far along it is unlikely that an intervention will be well received or be very effective. As soon as others notice that alcohol consumption is becoming an issue it is important to try to get ahead of it as soon as possible. The earlier the better, and the more likely that they will actually listen to what you are saying. Sometimes, it is the first time that they actually consider that they are harming themselves and concerning their loved ones. If you are one of the few that are lucky, those thoughts alone are enough for them to quit.

Some basic steps of an intervention are as follows: planning, preparing others for the intervention, gathering an intervention team, giving consequences, sharing, and presenting a treatment option. For most addicts giving up what they are addicted to and entering a life of total sobriety is what they have to do. You can't go from an alcoholic to someone who can tolerate drinking socially. This would cause them to spiral into full blown alcoholism again.

That being said, sometimes they are just not ready to live a sober life. This is why the intervention is not always well received. It may even make them angry and cause new behaviors to arise that were not present before the intervention. This does not mean that you have done anything wrong. It just means that they are coming to terms with the fact that if they want to live they have to give up what they crave the most. For example, most of us today are addicted to our cell phones. While it may not be deadly, most people would probably get angry if they were sat down with their doctor, family, and loved ones and told that they are concerned for the behaviors they are exhibiting and want them to cut out any and all screen time. It can just be a lot to process. Most of the time even as adults, if we are flooded with big emotions all at once we sometimes do not behave perfectly(*Addiction Center*).

Addiction can make people feel lonely. While gathering an intervention team it is important to include family members, friends, spouse, children, etc. Just seeing that there are people who care enough about them to gather can sometimes be eye opening for the addict. Even if they refuse to participate it is important to not give up. Sometimes more than one intervention is required. It can be discouraging for the intervention team, but they just have to keep the goal in mind.

Sometimes if members of the intervention team express their concerns for the addict it can help them better understand what will happen. It also brings up the idea that if they are not going to quit for themselves then maybe they can quit for someone they truly care about. Then over time it also becomes about themselves. Most addicts are just a little broken, and therefore have little regard for their own self. If hearing from a loved one outloud does not work sometimes if a medical professional downright tells them what they have coming that works better. It hits a little different when a doctor tells you that if you keep living your life the way you currently are, you will pass away. For instance with my Uncle, a doctor told him if you do not make the choice right now and quit that is it. If you go home and take one more drink you will die. It is harsh. It is also unfortunately true.

So, you have done your intervention, followed all the right steps, and said all the right things, and they just refuse to hear you. Now what? Sometimes they are just not ready to accept that this is the point they have reached with alcohol consumption. They might not be ready to accept responsibility for what has happened. It is crucial to stick to your plan. Attempt more than just one intervention. If you have made plans to render consequences if they do not quit. Stick to those consequences, even though it may be emotionally challenging. Those consequences could be just what makes them realize what their addiction is doing to their family. I heard once on the radio “you have to love them enough to let them hate you, because if you baby the addict, then you bury the addict.”

Something to consider if it appears that an intervention is not going to be successful is a one on one conversation. It can come across as less intimidating as a

big group of people telling you what you are doing wrong with your life. A one on one conversation may also come across a little less confrontational than an intervention. It truly just depends on the personality of the addict, and how they deal with/process things. It can be important to remember not to raise your voice while having the conversation and also to use non blaming language (Mayo Clinic "How to Have an Intervention"). This way you are coming across in a more compassionate manner rather than hostile as an intervention can sometimes be perceived. If you have gotten their attention using this approach, then would be the time to recommend seeking professional help, or ask them if they are willing to receive professional help. Even if they have been receptive to the conversation thus far, the mention of taking the next step or seeking professional help may cause them to become defensive or to end the conversation. Do not blame them if this happens. The best thing to do is let it go for the time being. Try again at a later time. You can consult other family members, and make a plan to regroup with new strategies at a later date.

Even if going to a program is not an option for them. A good first step in the right direction can be consulting a mental health professional. While they will not receive the same care as they would if they were in a rehabilitation facility, it is still a step. If they are showing signs of making an effort the family should applaud that as much as they can. Most mental health professionals and counselors even offer sessions over the phone. They do not have to leave their home, and it is just a conversation. Most do not even bring up anything about addiction, in the beginning at least. If they become comfortable with this, they may be willing to discuss rehabilitation(*Addiction Center*).

While dealing with someone you care about being an addict it is important to remember to take care of yourself as well. Staging a successful recovery for them and staging a successful intervention is obviously important. However, too much involvement in getting to that point can be unhealthy. It is important to maintain a balance between the urge to help the addict, and taking care of yourself. You cannot want the change for the individual, they have to want to obtain it for themselves (DrugAbuse.Gov What To Do If A Loved One Struggles With Addiction).

Finding A Program

The goal either way is to get them the professional help they need. No matter the way that they get to this point. It is a very life changing event to get involved with professional help such as rehabilitation. Treatment for alcohol addiction can look very different. A lot of it just depends on the severity. The more severe then the more help that is needed for the addict both for physical reasons and emotional ones. Someone who is not a severe addict may be able to participate in an outpatient rehabilitation program.

An outpatient rehabilitation is an alternative to quitting your regular day to day commitments. Being able to complete a program at home may even fit some peoples lifestyle a little better. Staying home is generally easier to get the person who needs rehabilitation to agree to rather than being checked in to a facility for 30, 60, etc days. Patients usually appreciate this approach a little more, and if they feel it is their idea and

they are still maintaining control in the situation they might be more likely to take the treatment more seriously.

“An inpatient treatment program requires that you put your life on hold. However, an outpatient program allows you to continue to do things like hold down a job without taking a leave of absence. It lets you receive treatment without interrupting your life,” Sherrie Rager, PhD, a substance abuse specialist in Pleasanton, CA, tells WebMD Connect to Care. Rager goes on to say that alcoholism is a very individual condition. I found that statement to be impactful. It kind of brings a new perspective to alcoholism. What works for one person may not work for someone else, even if they do the exact same things as the first person. Another benefit to an outpatient program is that you can return to your home everyday and immediately apply to your daily life what you have just learned in your program that very day.

According to *Alcohol Rehab Guide* an outpatient program for alcoholism looks like meeting in person or online five to seven days a week. Depending on how intense the program is these meetings might be half days or full days. The days are very planned and very structured to make the most out of the time that the person is there. There is also not really a set time that the program is complete. For example, person A might be involved with the program for a few weeks and then follow up with meetings with a support group. While person B might be involved with the program for months and then transition out. Person C may be involved with the group for a month and then decide in-patient is the way to go for them and then transition to an in-patient treatment center to get their needs met.

No matter the means in which you go about rehabilitation for alcohol addiction is both life changing and also is life saving. While deciding if an outpatient program is the correct choice for your lifestyle there are some benefits to consider. These benefits come from the *Alcohol Rehab Guide*. It allows you to maintain a good balance between work, home, and rehab.

Many of us are needed in so many different aspects of our lives. Whether it be that you have small children who need you daily, a demanding job you cannot take a leave of absence from, or whatever the reason an outpatient program still allows you to be present in your day to day life. Another benefit of an outpatient program is cost. An outpatient program that you do not go and temporarily live at is often much more affordable in the total cost. There is less that you physically need from them so this causes them to be able to operate at a very affordable rate compared to the alternative. The last benefit I would like to discuss is that an outpatient program allows you to immediately take what you have learned and apply it to your real life situations all while still being close to your family and support system. Breaking addiction takes a village. The ability to still be able to see your family and friends while going through the rehabilitation process is a big plus to outpatient rehabilitation, and for some is the only or best way for them to achieve the goal of living a sober lifestyle.

There are some factors to consider when choosing the right outpatient rehabilitation program. These come from the *Alcohol Rehab Guide*. It is important to know what kinds of methods the treatment facility uses, and if they have multiple different methods. If they have the type of method you are looking for is that program half or full day and are you able to accommodate with your schedule what they are

offering. You would want to know the staff's level of education and certifications. You want to be assured that the staff are knowledgeable in what they are doing. Experience is also an important factor in staff, but education is a little more important. After all just because you have been doing something for a long time does not mean you are doing it correctly. A lot of this comes from knowledge and training. If cost is an important factor for an individual, then it is also important to look into what their health insurance will cover, if anything. An individual would also want to look into how successful the outpatient rehabilitation program has been with recovering alcoholics and ask them their statistics. If they are very successful then they should let you know what happens after you finish the program. Do they refer you to a support group? If they do not offer any help or services once you complete the program, then they are probably not the best way to go when looking for an outpatient program. Lastly, check to see if family and friends are invited to join in on any therapy sessions. This can be important so they know how to best be there for the recovering alcoholic after they are done with their program. All of these are important factors to consider when choosing the right fit for an outpatient rehabilitation program.

Some disadvantages of an outpatient rehabilitation program is that the individual has the opportunity to continue drinking while they are not under supervised care. With the half day programs you are only there for an average of four to five hours a day. This leaves about twenty hours a day you are on your own. If you are not a very strong willed person, that is a large chunk of the day to be on your own with the possible temptation to drink alcohol. Another factor is that the alcohol withdrawal can be tricky to treat in a non-hospital setting at least in the beginning.

The alternative if it does not appear that outpatient is the right fit for an addict is to then consider an inpatient alcohol rehabilitation program. This is generally for the alcohol addicts who are past the beginning stages and are now into the years of drinking stage in their addiction. According to *Alcohol Rehab Guide* an inpatient rehabilitation for alcohol addiction involves checking into a rehab facility and staying there for the duration of your treatment. You have access to all kinds of medical professionals and alcohol addiction specialists while you are there. There is a set schedule so that you can best benefit from your constructed time in the facility on your road to recovery.

There are several risk factors that go into deciding what kind of therapy is best for a person. The first being age. The older you are the more at risk you are to have a more difficult time with withdrawal. This is why having a medical professional at the inpatient facility is so important. Medical history is also important whether the individual has a medical issue that needs to be monitored anyways or they have a medical issue due to excessive drinking. Another reason why it is good that the medical professionals can have their best interest in mind and keep them healthy as they mainly focus on their road to a life of sobriety.

Most programs are either thirty, sixty, or ninety days. No matter the amount of days with an inpatient program you are required to stay on the premises of the facility during your time there. It is vital to the way this type of program works, and is able to be successful. This means walking away from your daily life for a bit and putting the pause button on while you get better. If you are going to enter an inpatient program there are some things to cross off your checklist before doing so. This includes talking to your

employer and making arrangements with your job. Some people take sick time, others take personal time off, and if it will be a longer stay even go on family medical leave. Another task before checking in as an inpatient is to make living arrangements for your pets. It is also important if you are a single parent to make sure the other parent is able to keep your child or a family member while you are gone. The child may not understand not being able to see you for a while but they will thank you for saving your own life once they are old enough to understand just how important this time was that they were away from you. It is also important to figure out how you are getting to and from the facility whether a family member or loved one is taking you and picking you up, or if you are responsible for this on your own. Lastly, you should speak with someone from the facility and determine what personal items are allowed. Once this is done you should pack accordingly for how long you anticipate to be there.

The days in an inpatient rehabilitation facility are very structured. Routine is helpful for the recovery process. There are no surprises; you can always know what to expect. Meals are served at the same time everyday. In between meal times are when you can expect to do things such as therapy, group therapy, meditation, being seen by the medical professional, etc. Even though the days are all the same there is still really no day the same for the addict. At any point they are in a different mental place with their recovery. An advantage of having a strict schedule is that with the routine there is less of a chance for a trigger to cause someone to relapse.

Based on my research the schedules for the day look pretty much the same. Here is something generic just to get a better idea of what the days should look like. Wake up at 8:00 AM, breakfast at 8:30 AM, individual counseling at 9:30 AM, group

therapy at 11:00 AM, lunch at 12:00 PM, after lunch until 3:00 PM is free time, 3:00 PM alternative therapies, 4:00PM fitness time, 6:00 PM dinner, 8:00 PM group discussion, 9:00 PM is free time, and light out by 10:00 PM. Individual therapy is arguably the most important aspect of inpatient rehabilitation. This is the time you do the most work on yourself. Group therapy is good to show the addicts that they are not alone.

Lonesomeness is a big part of addiction. With group therapy they can see what others are going through and realize that many of them have been through the same things. It is believed that addicts who go to group therapy are able to resist the urge to give in and drink alcohol better than those who only do therapy in an individual manner. It is important to note that even though there is scheduled free time in the day it is still monitored. The addicts are not totally and completely on their own. They are still monitored by the staff to ensure that they are not engaging in negative behaviors, or engage in substance abuse. Generally there is some form of entertainment provided. This is also a good time for residents to socialize with one another. This is also a good time for those residents who have a hobby that they would like to keep up with. For the most part even though there is nothing technically scheduled for this time, the residents are still not allowed to leave the premises of the rehabilitation center/facility. Alternative therapies are therapies that have a more holistic approach. This could include therapies such as yoga, meditation, etc. The differences in the variations will really just depend on the rehabilitation facility. For the most part they have some form of alternative therapy. Fitness and physical exercise is something that might seem so simple it is often overlooked in just how important it is for addiction recovery. According to the *American Addiction Centers* website fitness and exercise release endorphins in the brain that both

boost mood and lower cravings. In other words, having that physical activity time can actually cause you to not crave the very thing you are addicted to.

If you feel that an inpatient alcohol rehabilitation program is for you there are just a few basic steps to follow. First is to speak with your doctor to see if they have any facilities that they recommend. Oftentimes they do and then that solves the question of where to go. If your doctor does not have a program that they recommend, ask if they can help you and your family research one. It is important to try and select the best option for yourself, so that you are getting the most benefit each day from being there. While it is more expensive than an outpatient program, the success rates speak for themselves and inpatient is definitely more favorable. It is believed that this is due to the fellowship that is created among the staff, medical professionals, and patients.

So, what happens next? Life after completing a program for alcohol addiction. Transitioning from an inpatient program back to everyday life does come with its own set of challenges. The recovery process and living a sober lifestyle are a lifelong journey. It is not that you leave rehabilitation and you are cured. Going to rehab is admitting that you need help and want to get better. Leaving rehab and transitioning back to your everyday life is the first step on that lifelong journey. To help make the transition a little easier it is important to have goals. Long term and short term goals that you can focus on rather than focusing on the need/urge to drink. It is important to list out those goals but is it equally important to list out how you will achieve them. Once you actually see how you will reach those goals they just become a lot more obtainable and do not seem so overwhelming. There will be more free time once out of the rehab program. Addicts can use this time to find new alcohol free hobbies to keep busy with

and also going to group meetings such as Alcoholics anonymous. There will be impulses and urges. The cravings do not disappear after rehab unfortunately. The good thing is that most people fresh out of rehab now have the knowledge and willpower to first recognize the urge and then respond to it in a healthy manner that does not include alcohol. Once an addict feels strong enough in their sobriety there is often a broken relationship that they need to work on whether it be a family member or a friend. Usually alcohol impacts relationships in a negative manner. The new and sober version of themselves sometimes has to try and repair some of the things that the drunk version of themselves did to people who care a lot about them.

The milestones definitely do not stop once you have completed the rehabilitation program. It should be taken very seriously that each and every day that is spent sober should be considered a true victory. A victory over a person's demons. A victory over addiction. A victory in the very real sense that one sober day means more years of life where one non sober day means years taken away from a person's life.

Some of the more recognizable milestones that come with life after rehab services thirty, ninety, and one year. Thirty days after rehab is probably one of the most important months of an addict's life. It is said to be the most stressful time a person will go through. It is the one that can push your sobriety the most. Ninety days are three months sober. By this point, there is a noticeable difference in how a person feels both physically and emotionally. Those differences are positive ones. The cravings and urge to drink generally subsides by this point as well. It will still be something an addict will battle everyday though. The first anniversary of being sober for one year is definitely something that needs to be celebrated. It is so important. It is literally life saving. This is

a great opportunity to celebrate with your loved ones, perhaps they are the reason that you got to this point. It is a very rewarding moment in a person's battle with addiction. The one year marker is a good time to look for new ways to keep yourself motivated. By this point, you may need some new inspiration so that each day is not so similar and there is some change in the routine. A good way to keep yourself motivated especially when a person has made it this far is to share your story. Share your own story and experiences with addiction. We already know that a person is more likely to overcome their struggles and battles with addiction when they incorporate that fellowship with other people who have been through something similar in their lives. Hearing a story of someone who is one year sober after battling addiction can be very encouraging for someone who is just starting treatment or just starting to consider treatment.

Now for the family member perspective of when a family member comes home from a rehabilitation program there are some things that you should do, and there are some things that you should not do or try to avoid at all costs. One thing that you definitely should try to do is communicate. Honesty can be the most crucial aspect of someone coming home. Even if it is cruel or hard, it is definitely best to be honest with a recovering addict rather than avoid the truth to spare their feelings. When a family does that it generally ends up blowing up in their face and the situation goes worse than if they had just been honest in the first place. Another thing that family members should do when a loved one comes home from rehab is to connect. Find other families that have gone through something similar. Recovery can be very lonely. If you make this effort, you will quickly realize that you are not alone. Sometimes it can be helpful just to hear other people share their feelings and what they are going through. One of the most

important things a family member can do to help a recovering addict is to be patient. Recovery is a marathon not a sprint. They are not going to come out of rehab completely fixed and ready to go. They are still a little broken on the inside. Family has to understand this to prevent any future problems. Do not go into recovery expecting perfection, if you do then you are failing as a loved one for that person and it can be a big hindrance in their recovery. The last thing that a family should do for a recovering addict and perhaps the most important of anything that they could ever possibly do for them is to show love. Make sure they know that you love them, and just how proud of them you are for doing this incredible thing. As a family member make sure the recovering addict knows that you are always there for them, and that they are not alone. They are most likely going to be incredibly overwhelmed coming fresh out of rehab. They are going to now have a lot of free time that they did not have before. It is a good idea for a family member to try and help them free this time with something new. It is a good time for a new hobby or activity for the recovering addict to take up. Families can also show love by preparing the home for when they come home from rehabilitation. They can do this by getting rid of anything that could possibly trigger the addict to want to drink. Eliminating triggers as well as throwing out any alcohol in the home is a very good idea to do before they come home. They are in a very fragile state when they first come home, and do not need the temptation of having alcohol under the same roof as them.

Now that we have been through the things that families should do to show their love and support for a recovering alcoholic, there are some things that should be noted that are not good practices or things that we should do. The first one being do not put

pressure on the recovering alcohol addict. We already know that while recovery is very exciting it is also extremely overwhelming for the person experiencing it. It is probably more overwhelming than anyone who has not been through it can even begin to imagine, let alone understand what the person experiences. Give them time. If they are put under too much pressure they may give in to their temptations. Another thing that loved ones should try to avoid doing at all costs is judging the recovering addict.

Recovering looks different for each individual person. Sometimes recovery can look very smooth and like it is going well for the person. Other times it can look like a lot of ups and downs with hard times. While we may hope for a smooth recovery, if it is not smooth does not make it mean less. Any type of recovery should be rejoiced and celebrated and most importantly supported without judgement. The next item up for discussion that families should really not do is blame yourself. This can be hard to do because we are human and we have emotions all over the place. According to *Vertava Health* there are three C's of addiction: you did not cause it, you can not control it, and you can not cure it. If your loved one fails in their recovery it is not your fault. All you can do is be there for them and support them as best you can, but at the end of the day it is their life and they are the ones who make their own decisions and choices. Unfortunately we can not control them and prevent them from making a wrong or harmful choice, though we may want to very bad. You as a family member are not the cause of why they chose to start what they did. Feeling guilt on yourself does not help the addict at all. Once you accept the things that you did not cause and can not change then your efforts can be focused in more productive terms. Rather than feeling all those big feelings it is a good idea to instead channel that into trying to persuade the addict to take responsibility for

themselves. This is more likely to lead to a breakthrough in their recovery. The last thing I would like to discuss that family members should not do or try to avoid saying to the recovering addict is to bring up the past. Consider them a different person or different version of themselves while they are in recovery. It will not do any good to bring up things that they did while in active addiction if they are trying to move forward in the right path. They do not need to reopen those wounds they are trying to heal. This could be a major trigger to begin drinking again. Both the addict and their loved ones and family members need to focus on the good days to come in a future of sobriety, and leave the past alone.

Recovery can be a very slippery slope. It is a challenging time for both the addict, and the people in their lives. It is challenging yet rewarding especially when they are able to hit those milestones. Finding a program is the best way to help an alcohol addict stop drinking. Even if they deny at first, keep persisting. They need that fellowship that comes with finding a program and being involved with other people battling the same urges and cravings that they feel themselves. Finding an alcoholic rehabilitation program can save the life of someone battling alcohol addiction.

Liver Transplants/ Liver Transplant Requirements

Alcoholism first takes over a person's life, and then over time it also takes over their body. As previously mentioned, we know that without proper medication a person trying to become abstinent from alcohol can end up with seizures causing catastrophic brain damage. Unfortunately for some people who drink for years before trying to get

help they can then be diagnosed with failing of the liver. The liver is the most affected organ in the body from consuming alcohol. Before a person's liver has been determined to be failing there are a few stages it goes through first. According to *Mayo Clinic* the first stage of liver disease is inflammation of the liver. This means that the liver is inflamed or enlarged due to irritation of not being able to function properly. In this stage, many people do not experience any symptoms. If the consumption of alcohol continues then the person will then move on to the next stage of liver disease which is fibrosis. This is when the inflamed liver begins to scar. Ultimately scar tissue takes the place of healthy tissue on the liver. This is a problem because scar tissue is essentially not good. Scar tissue can not perform the duties of healthy tissue on the liver. This is the first part of the disease where the liver can not do the job it needs to for you to be healthy. Fibrosis can also be hard to diagnose because the liver is just now starting to not function properly so therefore there are still not a lot of symptoms a person with liver fibrosis will experience. The next stage of liver disease that an alcoholic will go through is called cirrhosis. If a patient progresses with their liver disease to this point it means that severe scarring has built up on the liver. At this point there is more scar tissue on the liver than there is healthy tissue on the liver. Due to that being the case it is nearly impossible for the liver to function at all. If a patient has not had any symptoms but they have progressed with their disease to this point then they more than likely are now experiencing symptoms. We will get more into cirrhosis shortly but to continue with the list of stages of liver disease there is one more after cirrhosis. The last stage of alcohol related liver disease is end stage liver disease. If a patient makes it to this point in their disease there is not reversing it and they are now in liver failure. The only way to come

back from or to cure end stage liver disease from consuming alcohol is a liver transplantation.

There are several causes of liver disease. If an individual does happen to have a liver disease it does not necessarily mean that the person is an alcoholic. Some of the other causes of liver disease can come from a person not eating a healthy diet, being obese, and then being diagnosed with a fatty liver. A fatty liver can be as dangerous as cirrhosis. If someone has this then they should immediately change their lifestyle and eating habits. They should eat a healthy diet and begin regular exercise. There is a positive outlook in this situation being that in many cases of fatty liver the damage can be reversed if the individual is diligent with their lifestyle change. Another possible cause of liver disease can be autoimmune hepatitis. A person can not really help having that, it is out of their control. In severe cases it can lead to cirrhosis.

There are a variety of medical tests that can be done to diagnose liver disease. It can be blood tests to test the proteins and enzymes in the liver. Once that data is collected it is compared to what are considered average numbers in the normal range. Imaging can also be done to get a better visual of what the patient's liver actually looks like and the shape that it is in. This can be completed with an ultrasound, ct scan, or an MRI scan. Another test that can be done on the liver is a liver biopsy. This is taking a tissue sample from the liver to compare the ratio of scar tissue to healthy tissue. The main treatment in liver disease is addressing what is causing it and to eliminate that cause before it progresses to liver failure, which we already know is very difficult to come back from. Most treatments look like either taking antiviral medication if it is coming from hepatitis. Lifestyle changes if it is coming from either obesity or alcoholism.

In some cases treatment can mean a liver transplantation is required for the patient to become healthy again. This involves removing the diseased liver from the patient's body and replacing it with a healthy liver.

Back to alcohol related liver disease. If a person reaches the stage of cirrhosis it is a very serious situation that can turn deadly quickly. Again, cirrhosis is the severe scarring of the liver. There is very little functioning of the liver happening at this point. This is a terminal stage of chronic liver disease according to *Healthline* health articles. We have mentioned that at this stage the liver can not function correctly. But what exactly does the liver do? Here are some of the basic functions of your liver. One being to produce bile. Bile helps your body to absorb dietary fats, cholesterol, vitamins A, D, E, and vitamin K. Your liver stores vitamins and sugar for later use in the body. The liver also purifies your blood by removing toxins such as alcohol and bacteria from your system. This is much harder for the liver to keep up with if a person is consuming alcohol on a daily basis, and large amounts of alcohol at that. Your liver also does the very important job of creating blood clotting proteins.

The liver is a fairly hearty organ as it is described by *The Mayo Clinic*. It is normally able to regenerate healthy cells to replace the unhealthy cells and tissue. Cirrhosis occurs when there has been years of abuse to the liver. A liver with cirrhosis is often very hard and can even shrink when compared to a healthy liver. Because of this it is very difficult and sometimes even impossible for healthy nutrient rich blood to flow into and through the liver. According to *The Mayo Clinic* one of the most common causes of cirrhosis is alcohol abuse. Alcohol abuse is defined by the *NIH* women who drink more than two alcoholic beverages a day including beer and wine for many years,

and men who drink more than three drinks a day for many years puts them at risk to develop cirrhosis of the liver. Of course, every individual is different and this can not be applied to everyone. The amounts are different for everyone but in general cirrhosis can be caused by the over consumption of alcohol for around ten to twelve years.

Even if a person who has alcohol related liver disease has not shown any symptoms, if they progress to the point of cirrhosis then they will more than likely to start to experience some symptoms from their sickness. Some of the symptoms associated with cirrhosis could look like some of the following examples: yellowing of the skin (jaundice), decreased appetite, weight loss, and weakness. More serious symptoms include confusion and difficulty thinking clearly, abdominal swelling, and swelling of the legs. Diagnosis can come from several different places. Most all of them start with a physical exam by a doctor as well as the doctor getting extensive history on the patient's medical history and how often they drink. Some patients may try to be dishonest to the doctor but there is really no point in that as they can look at a person and already know most of the answers to the questions that they are about to ask the patient. After they have gathered the patient's medical history information they will begin a series of medical tests to try and determine how extensive the damage to the liver is, and how far the cirrhosis has progressed. One of the first medical issues that a person with cirrhosis of the liver will experience is that if the scarred tissue is surrounding the liver then all of the fluids, blood, and toxins that need to enter the liver now can not pass through. Since there is not anywhere else for these things to go it will begin to back up. They then try to find somewhere else to go as this is how your body will naturally compensate for one organ not working. The blood that would normally pass through the

liver will find other veins to back flow into. Usually this ends up being in the veins of the esophagus. Those veins of the esophagus are not meant to hold this blood so they are then put under intense pressure to hold these varices. The esophagus veins will begin to bulge and then can sometimes burst. This is very uncomfortable for the person and they will feel that their throat is incredibly painful. The ability to swallow after something of this nature happens is nearly impossible. The person may not want to eat because of the pain they feel. If they are not wanting to eat that will put them at double risk of becoming malnourished because we already know that alcohol related cirrhosis of the liver can already cause loss of appetite and unexplained weight loss (*Addiction Center*).

The toxins that the liver would normally flush through your system will begin to build once the scar tissue is advanced. If the person is continuing to drink alcohol that is filled with toxins then they are in a more compromised position because they are continuing to fill their body with additional toxins. The main place that these toxins are usually found to settle when they cannot flush out is the brain. This is why an alcoholic is often very confused and disoriented. They are not able to think clearly because of the toxins in their brain. It is as if they experience a fog around them. It can be very scary for the person experiencing this. That is why it is important for the family and loved ones to try to intervene before it comes to this point. Medically they begin to come to the point of too far gone. It can be very difficult or one could even say rare for a person to be able to come back from this without a liver transplantation. Another reason it is important for the family to try to have an intervention before it comes to this point is that the person's mind has now been affected. When the family is asking them to save themselves and stop the addiction, the addict may not be able to understand how bad it is or understand

that if they continue to drink they will not live because of the toxins that are building up in the brain (*Mayo Clinic*).

The fluids that would normally pass through the liver are generally pushed over to the kidneys. This could start out as something minor, and just mean that the addict will find themselves urinating more often as their body is trying to flush out the fluids. Eventually, the kidneys will not be able to keep up. This is not really surprising seeing as our bodies organs are not designed to do the work of two, they are made to do their jobs only. Once the kidneys are no longer able to keep up with the extra amounts of fluid they are trying to process, the fluid will then retain in the person's abdomen. It can be anywhere from one liter of fluid or less, to more than five liters. For a personal example, my Uncle once had seven liters of fluid drawn from his chest and abdomen. Think about how uncomfortable it is to walk around carrying that much extra fluid in your stomach area. It is more than just uncomfortable, it can be dangerous. That much extra weight sitting on your chest can make it very difficult to breathe especially when sitting down. Medical professionals will try to keep up with the fluid and can order a procedure called a paracentesis. Essentially what is done in this procedure is a large needle is taken to the belly and they pull the fluid off until there is none left. It can provide great relief to the person while it lasts. If a person is to this point then the doctor is generally very strict on the amounts of non-alcoholic liquids they want the person to take in daily, so that there is no extra fluids and the same thing does not keep happening. If this is the case and the person is in recovery then eventually the body will heal itself from the damage done by alcohol. If the person is still consuming alcohol it is likely they will need

the paracentesis done weekly, and their body is past the point of healing and they will need a liver transplantation for their body to be normal functioning again.

The paracentesis can be dangerous. While it eliminates the excess fluid the person is retaining which is a good thing as they are then able to be more comfortable and breathe more clearly. The danger comes from the blood. A person who is in a medically compromised position such as alcohol related liver cirrhosis often has very low platelets in their blood. Platelets are what helps stop a wound from bleeding. The paracentesis procedure requires a person to have good platelet levels in their blood so that the area where they insert the needle to remove the blood can stop bleeding before the person has lost a critical amount of blood. Since the hospital knows all of this information they will generally take some blood and test the levels each time before the paracentesis procedure can be completed. If the blood tests come back and reveal that the person's platelet counts are too low then they will not be able to administer the paracentesis procedure for that day. Not being able to have the procedure done can be detrimental to the person, because they are really needing the fluid removed from their abdomen to be able to breathe properly. Oftentimes they will be denied at the most around three times. If they have missed three paracentesis procedures then it becomes more dangerous to not have it done than to do the procedure with the low platelet count in the blood. The next step to getting the procedure done safely with low platelets is to determine the least risky way to go about the procedure, and the most safe and prepared environment to have the procedure done. Speaking from experience, my Uncle was having his weekly paracentesis procedure done right here locally at the Murray Calloway County Hospital. However, once he had missed a few procedures and

his platelets were still too low they decided the best way to do the procedure and have the least amount of risk was for him to travel to have the paracentesis procedure done at UK Hospital in Lexington, Kentucky.

While this was not an issue for my family it could be for others. Not every person out there who is battling addiction has the support system to drive them four hours one way, wait at least two to three hours for the procedure to be done, and then to drive back home another four hours. That is a lot of back and forth for one thing. Not everyone has someone to take them that far every week. Some people may have work schedule issues with that. Another thing about doing it this way is that it can be expensive. For the family member that is taking them to miss work is a day without pay every single week and then there are other costs associated with a weekly road trip such as fuel for the car and meals. Not everyone out there going through this has the support system to even have someone that could make these sacrifices to get them there. Some people may have the person to do it for them but can not take on the financial burden that this may cause a family. This just reiterates the point that addiction can be a very lonely disease. The people who are fortunate enough to have someone take them to a specialty hospital even though it may mean traveling every week have every reason in the world to give up their addiction to alcohol and be with their family. Unfortunately even some who have family and support systems no matter what, some of them are still not able to break the addiction.

Up to this point we now know that excessive drinking leads to alcoholic liver disease. The breakdown of liver disease and what happens at each stage. Now, what happens if you have progressed through the stages of alcoholic liver disease? The only

thing that can save someone's life if they have made it this far is a new liver. Their liver is too scarred and there is no live healthy tissue left. They can not live on their own liver any more. A new liver can mean a few different things. Society has come a long way regarding liver transplants with alcohol related circumstances. Thirty years ago someone who needed a liver due to an alcohol addiction would likely have been flat out denied. Today it is possible for someone who battles alcohol addiction to get a new liver, but it is not an easy task to accomplish at all. In fact many people die while trying to accomplish the many requirements an addict has to overcome to get a chance at a new liver which means the chance to continue to live. These changes started in 1983 after the first National Institutes of Health Consensus Development on Liver Transplantation, this is when professionals started tossing around the idea that with a period of abstinence from drinking alcohol someone could qualify to be put on a waiting list to receive a liver transplantation. Today that period of abstinence from alcohol to receive a new liver is six months. Before 1983 someone who needed a new liver due to damage to the liver from consuming alcohol would never have been allowed. The change in the decision to allow alcoholics a chance at a liver transplant comes from the idea that "there is urgent need to educate the public and policymakers about alcohol use disorder (AUD) and its treatment alternatives, to de-stigmatize the disorder, and to encourage those who cannot reduce their alcohol consumption on their own, despite substantial harm to themselves and others, to seek treatment."-Dr. Mack Mitchell, University of Texas Southwestern Medical Center. Some people view alcoholics as weak-willed individuals but modern medicine shows us that this needs to be treated with empathy and treated as the actual disease that it is rather than a personal will power

shortcoming. It is a disease that is often untreated in the United States because there is such a negative stigma surrounding it. This severely hurts someone's chances at getting sober and their quality of life as they are also feeling undeserving because of the stigma surrounding addiction. It has nothing to do with a person's willpower. It is not that they were just not strong enough to overcome it. It is the fact that they are deathly ill with a disease and with any disease doesn't a person deserve treatment? That is what addiction is. Addiction is a medical disease and it can happen to any person who is alive today on this Earth. That being said researchers have found that addicts who were in their abstinence period waiting to receive a new liver were not always being honest about refraining from consuming alcohol. Doctors now have new tests where they can take a hair follicle and determine if someone has been consuming alcohol down to within the last 24 hours. Addicts do not really have a choice, if their liver disease is to the point of needing a new liver they must refrain from consuming alcohol for six months. If they were to relapse in that time then their six months just starts over from the time of the relapse. If they are successful in remaining abstinent from alcohol consumption for six months then they are placed on a waiting list for a liver transplantation. Depending on the severity of the disease will determine their classification on the list. The worse off a person is then the higher priority you are on the list for a new liver.

There is little research that supports the abstinence period an addict must go through to receive a liver transplantation. If a person goes through their six month period and is able to get a liver transplant about half of those people begin drinking again within a year. However, there are ideas out there that support the idea that there

would be less relapse if there was not any abstinence period to get a new liver. These people are close enough to death that they are more likely to get a new liver and see this as their chance to live without their addiction battles. However those people who did refrain from alcohol consumption were already getting better before they got their new liver so they do not seem to be as easy to refrain from relapsing once they have already gotten their new liver. This begs the question why do we not just get rid of the abstinence period all together? Would their actually be lives saved rather than ruined? I think the reason that doctors do not run to get behind this idea is because of the stigma that surrounds alcoholism and the lack of empathy towards addicts. Even if doctors do not support the idea of getting rid of the abstinence period, what about those people who are too sick to live six months. There are people out there that could decide to quit so that they can get a liver, but even at that they will not survive six months to make it to the finish line of that time. Do those people not deserve a chance also? Because right now there are people out there dying that could be saved. There are people trying to quit that will die before they make it six months without drinking because with alcohol involved or not they are too sick and they do not have another six months left. Maybe it is not a popular opinion but do they not deserve a chance at life? We all make mistakes, some just a little more obvious and impactful than others. With the way the system is right now those mistakes can be what decides if we live or die. It is stated in the *World Journal of Gastroenterology* that “the mere lack of pre liver transplant abstinence should not be an obstacle for getting on the liver transplant list. The obligatory abstinence period as a transplant eligibility requirement seems inhumane and unfair.” Those are

very powerful statements. The word inhumane seems to describe the requirements best.

There is something unique about the liver that can make transplants a little more achievable for addicts. The liver is the only organ in our body that can regenerate itself. Meaning that if someone needs a liver transplant, someone can give them half of their own liver and in a few months they will both be the size of a normal liver. This is called a living donor transplant. The method of living donor liver transplants are becoming more popular as the nation is facing a shortage of organs. As the availability of organs has gone down the need for organs has also gone up. Due to all of these circumstances the living donor transplant is a great alternative to a deceased full liver transplant. According to *Mayo Clinic* there were more than 6,000 living donor liver transplantations done last year. There are two different types of living donor liver transplants. One being a non-directed donation. This is done as a good Samaritan donation. The match is made based solely on the medical need and blood type compatibility. In this type of living donor liver transplant the donor and the recipient generally do not ever meet in person. The other type of living donor liver transplant is known as directed donation. This is the most common type of living donor liver transplant. The recipient is generally a very close relative of the donor such as a sibling, parent, or adult child. The recipient could also be another biologically related relative of the donor. In either case the recipient and the donor must have compatible blood types, so that once the donor's cells are in the system of the recipient everything is compatible and the organ will work and be functional rather than failing if they were not compatible. This offers an alternative to waiting for a deceased organ donor to become available. There is no waiting time for a

living donor transplant. However, if the damage to the addict's liver is too far progressed a living donor liver transplant will not be an option. This is due to the fact that there is a time it takes for the liver to regenerate to normal size and if there is significant damage to their liver and other organs then a partial will not cut it. Their needs are more intense for what a living donor liver transplant can support. However, if it is early enough on in the liver disease then a living donor liver transplant is a great alternative for addicts rather than waiting for a deceased liver transplant to become available.

Another plus side for opting for a living donor liver transplant is that there are fewer complications that can arise after surgery as opposed to the complications that can come with a deceased liver transplant. There is overall a longer survival rate of the organ with a living donor liver transplant. The risks that are associated with a living donor liver transplant are relatively low for the person receiving the liver. There is just the long term follow up they will have to go through to ensure that the organ remains healthy and functioning properly. The risk for the donor is risking a healthy person to pain and recovery from a major surgery. Donating an organ can open a person up to mental health issues. The donor should know the risk of anxiety and stress that they are opening themselves up to. Immediately after surgery both the donor and the recipient are going to be exposed to risks such as pain, infection, bleeding, and wound complications. After surgery is the most critical point for both the recipient and the donor.

While donating a part of your liver is a very admirable thing to do in the aspect of you are quite literally saving a life, the donor also needs to be reminded they are going to go through a major surgery. While for most who are doing a direct donation the worry

for themselves is not very high and they are just concerned about saving the life of their loved one it should still be reminded to them it is going to be very painful, the recovery will be long and even could be difficult, and there are the risks that are discussed above to consider. Keeping all of this in mind will be easier on their mental health in the long run of the procedure and recovery time.

What should be expected of this process? Well, let's break it all down. First there are some things that will need to be done before the procedure. Living donors are usually in good physical health, in good mental health, and are in the ages between 18 and 60. Specific qualifications will just depend on the transplant center. There will be screenings including a lot of questions to gain as much information as possible about the donor. Blood tests to ensure that the blood types are compatible between donor and recipient. Physical and psychological evaluations to ensure the donor is healthy both physically and mentally to go through a major surgery. The last step a donor goes through before surgery is consent forms and a final review. During the procedure, the surgeon will make an incision in your abdomen and remove between 40% and up to 70% of your liver. Your liver will begin to regrow almost immediately after surgery and should be back to normal size about two months after donation. The procedure is very invasive and the donor can be under general anesthesia for up to ten hours. After the surgery is complete you will remain in the hospital for about a week to make sure all is going well. You will more than likely have follow up appointments for at least the first year after surgery, sometimes even longer. Recovery will look like taking care of your incision, following your doctors instructions to reduce the risk of complications, managing pain, and just generally taking it easy. Returning to normal activities after

donating part of your liver can take some time. Most people are back to work and back to a normal daily life that they had before surgery within two to three months after surgery.

To summarize, if a person's drinking gets to the point of affecting their physical health they need to act fast. Acting fast can possibly reverse the damage done to them internally and also save their life. If a person's health is being adversely affected due to alcohol consumption and they continue on without making any changes they are definitely hurting themselves in the long run. We have learned through everything that has been previously discussed that once the liver disease reaches the end stages there are not many options left for a person at that point. Especially if it comes to the point of needing a liver transplant, there are very few people who actually make it to the other side of that. Most people either die waiting for a liver or are not ever able to complete their six month abstinence period in order to qualify and be put on the waiting list. As a family member or loved one, if you are not very involved in someone's battle with addiction when it comes to the point of affecting them medically there is never a better time to get involved and get an intervention going.

Family Counseling and Therapy

We have now discussed in detail what addiction looks like for the addict themselves. However addiction goes beyond just the addict. Even though family and loved ones are not affected in the exact same way as the addict themselves, they are still very much affected by someone they love addiction to alcohol. Addiction is not only

lonely for the addict but also for those that care about them. It is a family disorder for a few reasons. One being that alcoholism is proved to run in a family genetically. It is also a family disorder because the family is very impacted by a member's addiction to alcohol.

Sometimes when dealing with an alcoholic the family is a part of the problem. Family members do not want to accept the fact that someone they love could possibly be an alcoholic. Rather than come to terms with the facts, sometimes families can make excuses for the addict. Which the addict generally finds acceptable because until they are ready to take the steps necessary to admit that they need help generally someone who is an alcoholic enjoys playing the role of the victim. This can be a challenging time for a family. Sometimes just as the addict has to make the decision for themselves that they need help and have the desire to quit. The family has to come to a very similar point where they make the decision that they are not going to enable the addict in their behavior anymore. One of the most beneficial things a family can do for an addict is to set boundaries and stick to them. Otherwise if they know they can push they will continue to do so, and the situation will likely not change. Boundaries can be hard to stick to especially when it involves someone you love. Even when you are having to make those more difficult decisions it is important to keep in mind you are only doing what you are doing because you love them, you value their life, and most importantly you value their life more than you value the feelings they may be feeling towards you in the moment. You are not a bad person if they get angry with you. You are not a bad person if they put blame for their disease on you. It is likely the addict will say these things to you if they are put under pressure. Always keep in mind that the way they are

when in active addiction is not who they truly are. You know who they are deep down, and it is not the person that addiction to alcohol has turned them into. Families need to remember that doing something is always the better choice than to do nothing. It can be hard to keep all of these things in perspective at the moment. It is okay to become frustrated. Always remember that sometimes we have to love people enough to let them hate us. In this situation doing so could quite literally save their life since we already know the other options are to let liver disease progress to the point of needing a liver transplant in order to survive.

This being said it is clear that there is a lot of pressure that is on a family when someone they love is in active addiction. Whether it be they have never sought out any kind of help, or if they have had a relapse neither is easy to deal with. The amount of pressure a family can be under during these difficult times is simply too much. It is important for families to reach out during these times. The weight of the world on their shoulders is putting it lightly. Speaking from experience it seems hard to reach out for help yourself when your goal is to help the other person. The way addiction affects a family can also make the family feel the same loneliness that the addict feels. It seems as though there is no one else out there who is feeling what you are feeling, making the difficult decisions that you are making, or just simply going through the hard times that you are going through. Addiction is lonely for everyone involved. It also tests your patience like no other. While it is true it is an incredibly difficult position to be in, loneliness does not have to stay. Because the truth is that your family is not alone and there are lots of other families out there that are struggling and in very similar situations.

When families come together they become stronger and can begin to see the light at the end of the tunnel.

How do these families get to come together? Many families may keep the fact of what they are going through with a family member a private matter. Many addicts also keep their battle with addiction a private matter. It can be difficult to be seen as vulnerable and put yourself out there and say that I am going through something and I need help. Once that leap of faith is made whether you are the addict or the family member you will see that either way you are not alone. One way that families can see that they are not alone is by coming together through a group called Al-Anon. This is a program that is very similar to the Alcoholics Anonymous (AA) program that many alcoholic addicts go through. The only difference is that Al-Anon is designed for the family members and loved ones of an alcoholic that are affected by drinking. The definition of Al-Anon found on their website reads “ Al-Anon is a mutual support program for people whose lives have been affected by someone else’s drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive changes to their individual situations, whether or not the alcoholic admits the existence of a drinking problem or seeks help.” Al-Anon meetings usually occur at least once a week. It just depends on the area where you live, sometimes there are multiple locations and they can meet more often. For example, in Murray, KY there is an Al-Anon chapter that meets once a week. Even if you do not feel ready to go to a meeting or even if you need to speak to someone more often they have staff and counselors available anytime by phone. Al-Anon is a safe space for families and loved ones to meet and talk about life. Many times if you go you will hear stories

very similar to your own. People talk about the hurt they have been through or experienced from a drinker's behavior. They also talk about more difficult situations such as feeling that the addict does not love you or their family enough to quit. They also talk about the embarrassments that come with having an alcoholic in the family. All of these are feelings that we sometimes try to suppress, or make go away. In reality, it is better to get all of that out in the open rather than bottle it up or ignore it. If we do that then it can sometimes come out all at once rather than be a lashing out of anger or just feeling defeated. This is why it is better for people to come together. To try and go through our side or battle if you will have the addiction together. Just because you are not the addict yourself does not mean that you do not live in the addiction every single day with the addict. Al-Anon is a safe place to talk about the hard times in a judgement free zone. If you see someone you know do not let that be a discouragement. The anonymous part of Al-Anon is important. It means that people are not going to discuss what happens in a meeting, what story they heard about someone, who is an alcoholic that they might not have otherwise known they were, nothing that is discussed in a meeting leaves that meeting. Everyone would prefer their own business to stay private. This is why anonymous is in the name of the group. If someone is feeling a little apprehensive about speaking about private family matters, everyone is welcomed at Al-Anon meetings. Even if you just want to sit there and take it all in. There is no pressure to share anything personal. For most people, they generally begin to open up more in the meetings when they feel more comfortable, and that is okay if it is not the very first meeting. Just going to that very first meeting takes a lot of courage and a little humility.

Al-Anon is very similar to AA in that the meetings run about the same way. Family members also work through the same twelve steps that members of AA work towards. The following comes from the Al-Anon website “These Twelve Steps, adapted nearly word-for-word from the Twelve Steps of Alcoholics Anonymous, have been a tool for spiritual growth for millions of Al-Anon/Alateen members. At meetings, Al-Anon/Alateen members share with each other the personal lessons they have learned from practicing from these Steps.

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we *understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We're entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.”

© *Al-Anon's Twelve Steps, copyright 1996 by Al-Anon Family Group Headquarters, Inc. Reprinted with permission of Al-Anon Family Group Headquarters, Inc.*

It can be helpful for the families to work through the same steps as the addict to not only come together through something really difficult, but to also understand each other's perspectives through the situation. It is definitely encouraged for anyone experiencing alcoholism whether it be a spouse, family member, or friend to try Al-Anon.

Conclusion

In conclusion, it is clear that alcoholism is a very terrible disease that affects too many people in the world today. There is also a stigma around alcoholism that really does not belong. It is easy for anyone to look at the surface and make a quick judgement about anyone or anything that is not particular to alcoholism. When you take a deeper look into alcoholism you can see that the stigma is not true. It does not mean that someone just likes to drink and party. It does not mean that they value drinking over

their life or their family. Being an alcoholic does mean that someone is sick with a disease. As with any disease it is really out of their control. It is not a person's moral shortcomings that leads to them being an alcoholic.

Early intervention is a very critical point in an individual's journey with alcoholism. It can be the turning point that they are able to realize what is going to happen to them. Planning and staging an intervention can be very tricky though. It is important for the family to consider how the person is going to react and receive the information that they are throwing out at them. Due to this early interventions are found to be more successful in a breakthrough with a person's battle with alcohol addiction. Later interventions are generally very unlikely to be successful. A lot of aspects of an intervention honestly just depends on the personality of the addict, and how they would feel being confronted with their family and doctors to hear a lot of information about their lifestyle choices that they probably do not want to hear. It is possible though, for an individual's battle with alcohol addiction to end at the early intervention stage. Sometimes that is all that it takes. However, if you stage and perform an intervention and there is no progress made there are some options for a next step. Sometimes a repeated intervention after some time has passed will have better results. Other times when an intervention does not seem that it is going to be successful an alternative is a one on one conversation. It can be less intimidating for the addict, and then they will be more receptive to hearing you out and actually considering what you are saying to them. Interventions and conversations are about the only thing a family can do for an addict. The decision to get sober is ultimately only theirs to make.

Finding a program or a rehabilitation can also be literally life changing as well as life saving for someone who battles with alcohol addiction. If someone is ready to make this decision there are a few things to consider. The pros and cons of an inpatient rehabilitation program versus an outpatient rehabilitation program must be considered. Carefully going over each and considering the outcomes with each program is the best way to determine what is best for the individual's lifestyle. Setting yourself up to succeed at rehab is the best way to assure a positive outcome. For the family, they should try to be as supportive and understanding as possible during this process. Again, it is ultimately up to the addict and the desire that they have to get sober. Families should remain positive even if the first attempt at rehabilitation is unsuccessful. There are many people in this world today who are sober and went through rehab more than once.

If nothing is done to stop the addiction and liver disease progresses past cirrhosis and ends up at the point of needing a liver transplantation in order to survive, the addict should definitely consider it their last chance. They should be forever grateful if they are one of the few who actually get that liver transplant and look for immediate lifestyle changes. On the other hand, if medical professionals offered more help to the addicts to get sober there could be more lives changed and less of a need for liver transplants. Additionally medical professionals should look at the research that is behind lessening the requirements for a complete liver transplant. If the United States were able to offer more liver transplants to addicts rather than allowing them to die needing one, it is believed that there would be more addicts that remain sober after surgery. More lives saved that are dying every single day unnecessarily. Very few addicts are able to live long enough and meet the requirements and get the full liver transplants.

While a living donor transplant is another option it is only viable in the earlier stages of liver disease. Once it progresses so far then the addict needs the whole liver to live and then are faced with meeting all of the requirements and the race against time begins.

While the addict feels and lives all of the consequences of their alcohol consumption their families are also affected. They may not feel the physical toll on their body, but they are definitely hit with what addiction does to a person emotionally. While it may be difficult to reach out when a family is able to do this they will see that they are most certainly not alone. Al-Anon is a great example of a program for those who deal with addiction from a spouse, family member, or friend. It is a healthy way for people to share stories, give a word of advice, or send out a cry for help. It can also help children to better understand what is happening in their family with their programs designed specifically for children of alcoholics/ alcoholic family members. Alcoholism can be a heavy subject to try and explain to a child. It is something that no one should go through alone. Even though addiction can make a family feel very isolated and alone. It does not have to be that way and Al-Anon is a great example of why.

I have learned a lot about alcoholism through this project. I chose it because it was something that was personal to me because of what my family has been through. Going through it as a family member has also caused me to feel a passion towards alcoholism. I hope that through this project people can see how serious alcohol addiction is. I hope that one day it is not something that takes Uncles away from nieces like myself.

Works Cited

American Psychological Association. (2012, March 1). *Understanding alcohol use disorders and their treatment*. <http://www.apa.org/topics/substance-use-abuse-addiction/alcohol-disorders>

Busuttil, R. W., & Goss, J. A. (1999). Split liver transplantation. *Annals of surgery*, 229(3), 313.

Crews, Fulton T, & Vetreno, Ryan P. (2016). Mechanisms of neuroimmune gene induction in alcoholism. *Psychopharmacology (Berlin, Germany)*, 233(9), 1543-1557.

Galbicsek, C. (2021, October 18). *Outpatient rehab*. Alcohol Rehab Guide. Retrieved November 19, 2021, from <https://www.alcoholrehabguide.org/treatment/outpatient-rehab/>.

Giorgi, A. (n.d.). *How outpatient alcohol treatment works*. WebMD. Retrieved November 19, 2021, from <https://www.webmd.com/connect-to-care/addiction-treatment-recovery/alcohol/how-outpatient-alcoholism-treatment-works>.

How do I help my alcoholic family member or friend?: Al-Anon Family Groups. Al-Anon. (2021, January 13). Retrieved November 19, 2021, from <https://al-anon.org/newcomers/how-can-i-help-my/>.

Jeurgens, J. (2021, November 3). *Inpatient vs. outpatient rehab*. Addiction Center. Retrieved November 19, 2021, from <https://www.addictioncenter.com/treatment/inpatient-outpatient-rehab/>.

Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews*, (3).

Knox, J., Hasin, D. S., Larson, F., & Kranzler, H. R. (2019). Prevention, screening, and treatment for heavy drinking and alcohol use disorder. *The lancet. Psychiatry*, 6(12), 1054–1067. [https://doi.org/10.1016/S2215-0366\(19\)30213-5](https://doi.org/10.1016/S2215-0366(19)30213-5)

Krans, B. (2019, January 23). *Liver transplants and alcohol diseases*. Healthline. Retrieved November 19, 2021, from <https://www.healthline.com/health-news/liver-transplants-for-alcohol-related-diseases-are-up>.

Long, D., Long, B., & Koyfman, A. (2017). The emergency medicine management of severe alcohol withdrawal. *The American journal of emergency medicine*, 35(7), 1005-1011

Lucey, M R; Carr, K; Beresford, T P; Fisher, L R; Shieck, V; Brown, K A; Campbell, D A; Appelman, H D (1997). "Alcohol use after liver transplantation in alcoholics: A clinical cohort follow-up study." *Hepatology* 25(5): 1223-1227.

<http://hdl.handle.net/2027.42/34767>

Mayo Foundation for Medical Education and Research. (2021, April 27). *Living-donor transplant*. Mayo Clinic. Retrieved November 19, 2021, from <https://www.mayoclinic.org/tests-procedures/living-donor-transplant/about/pac-20384787>.

Mayo Foundation for Medical Education and Research. (2021, February 6). *Cirrhosis*. Mayo Clinic. Retrieved November 19, 2021, from <https://www.mayoclinic.org/diseases-conditions/cirrhosis/symptoms-causes/syc-20351487>.

Obed, A., Stern, S., Jarrad, A., & Lorf, T. (2015). Six month abstinence rule for liver transplantation in severe alcoholic liver disease patients. *World journal of gastroenterology*, 21(14), 4423–4426. <https://doi.org/10.3748/wjg.v21.i14.4423>

Stavro, Katherine, Pelletier, Julie, & Potvin, Stéphane. (2013). Widespread and sustained cognitive deficits in alcoholism: A meta-analysis. *Addiction Biology*, 18(2), 203-213.

Stone, D. A., Conteh, J. A., & Francis, J. D. (2017). Therapeutic factors and psychological concepts in alcoholics anonymous. *Journal of Counselor Practice*, 8(2), 120-135.

Timko, C., Young, L. B., & Moos, R. H. (2012). Al-Anon family groups: Origins, conceptual basis, outcomes, and research opportunities. *Journal of Groups in Addiction & Recovery*, 7(2-4), 279-296.

Young, L. B., & Timko, C. (2015). Benefits and costs of alcoholic relationships and recovery through Al-Anon. *Substance use & misuse*, 50(1), 62-71.

