

How to Help an Alcoholic. Is Alcohol Rehab Required?

ABBEYCARE – ALCOHOL & REHAB CLINICS

Gloucester and South West Clinic

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How to Help an Alcoholic with These 6 Scientific Tips

According to Public Health England (1), between 2017 and 2018, 75,787 people in England were in treatment at specialist alcohol misuse services.

However, 30% of these people dropped out before successful completion of treatment. Methods to “rehabilitate” an alcoholic are glamorized by celebrities and in the media. Yet how effective is it really, and what are scientifically proven ways to help an alcoholic?

This article aims to answer this.

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i. Understanding an addict

It can be difficult living with an alcoholic or justifying their behaviour when many members of the public believe that addiction boils down to a matter of lack of willpower. However, science proves otherwise.

We decide (and continue) to drink based on the following two factors;

1. A desire for alcohol’s positive effects (such as lack of anxiety and euphoria)
2. Avoiding alcohol’s adverse effects, typically by continuing to drink in order to avoid a hangover or withdrawal symptoms.

After prolonged and continued alcohol use, the brain itself starts to undergo changes. In scientific jargon, these are called neuroadaptive changes. Evidence currently developing around these changes (2) is important for one specific reason; it clearly shows that addiction is not because of a “lack of willpower.” Instead, the slippery slope of becoming “an addict” it is far more complex than that.

You may have heard the phrase, “love simply comes down to chemicals.” Every pleasurable activity we as humans experience are secondary to chemicals being released in our brains. So, whenever a person engages in a pleasurable activity, the brain releases a chemical called dopamine into the reward or pleasure centre (also in the brain). Our brain’s impulses react in such a way that we experience a subjective experience of “pleasure.”

But why do human beings need to experience pleasure? Evolution ensured that we would so that we could consistently repeat activities that are rewarding and pleasurable to us. Imagine if we did not find pleasure in eating food? We would lack that drive or impulse given off from our reward centre and not actively seek out things that bring us pleasure.

This is where drug addiction (and alcohol addiction) becomes involved. Drugs and alcohol interrupt the normal workings of this reward pathway via the following;

- Drugs release a massive surge of dopamine upon ingestion/inhalation/injection.
- Euphoria results from the large amount of dopamine.
- Over time, consistently large releases of dopamine reinforce the reward pathway.
- Small amounts of dopamine no longer activate this reinforced pathway effectively.
- The user is driven to constantly seek out more drugs and dopamine.

Thus, physical changes cause psychological changes (2). And where there are physical changes, “willpower” cannot change anything.

ii. Provide a supportive environment

Understand that it is your support and persistence that is the **key** factor in helping someone to quit drinking. It has been proven in multiple studies that the following help with individual's addiction and also expedite their timeous recovery (3):

- Spouses or partners
- Family members
- Peers
- Neighbours

If there are difficulties at home, evidence also supports the use of couple therapy and family therapy (4). Always allow an alcoholic to feel less alone, by letting them know that both of you (or a group of you) are tackling a daunting task together. There is strength in numbers.

Additionally, peer support groups, with either abstainers or people in recover, should be encouraged. This allows someone with an alcohol problem to talk to peers (going through the same motions that they themselves are going through) in a non-judgemental and non-clinical environment. A recent review of the literature (5) showed that these services;

- Reduce substance use
- Improve abstinence
- Significantly reduce relapse rates
- Reduce risky behaviours
- Improve self-efficacy
- Reduce cravings
- Reduce feelings of shame or guilt

Examples of these groups in the United Kingdom can be found at recoverystories.info.

iii. Motivational rather than confrontational interventions

Motivate, don't confront.

For a long time now in the literature and in the practice of clinical psychology, motivation has been identified as the key to change (6). A landmark paper was published by Miller, Benefield and Tonigan (7) that compared therapist styles when counselling alcoholics.

In follow-up, it was found that the more the therapist confronted the patient, the more the patient drank. This is because confrontation usually produces an immediate client resistance to change. This kind of style included, but was not limited to, directly challenging the client about their problem, disputing them and being sarcastic.

Please take note that, when speaking to an alcoholic, using any of the aforementioned tactic or confronting them directly does not help. The style that instead is proven to work is a supportive, empathic style that uses reflective listening and gentle persuasion (7).

Remember, your task is not to instruct and teach. Your task is to motivate for change. You can leave it up to a therapist, doctor or trained community worker. But you can also incorporate motivational interviewing techniques with the alcoholic you want to help.

Here are the basic principles, as suggested by Morrison (8):

1. **Roll with resistance** – avoid arguing.
2. **Express empathy** – allow the person you are trying to help to be heard.
3. **Develop discrepancy** – identifying the alcoholic's ambivalence, the most important step. This can easily be done by asking someone what the most important things in their life are. For example, someone may say that their children are the most important to them, but because they are struggling with their alcohol problem, they cannot attend to their children's needs. This creates inner discomfort and may evoke the realisation for change.
4. **Support self-efficacy** – support their hope that change is possible by affirming their previous successes and personal strengths.

"Interventions", which we are all familiar with from any soap opera on television, therefore might or might not be effective, depending on the way you conduct them. However, walking into a room of stony-faced family members or friends is usually confrontational. This makes them therefore ineffective as the person you are trying to help is instantly defensive and resistant.

iv. Residential rehabilitation

One of the important questions we aimed to answer in this topic is if “rehab” is necessary or not. We have all seen this concept of “rehab” glamourized by celebrities; they get on a private plane and then take a leave of absence to check into an expensive centre in Beverly Hills or Zurich.

However, this is reality and not all rehab centres serve caviar for dessert.

In the literature, “rehab” is referred to “residential alcohol treatment”. In the United Kingdom (UK), provisions for this is made by the voluntary and independent sector. The National Treatment Agency for Substance Misuse (9) supports these facilities and recognises that “residential rehabilitation is a vital and potent component of the drug and alcohol treatment system”.

Public Health England (1) provides the definition of residential rehab as that of a “structured drug and alcohol treatment setting where residence is a condition of receiving the interventions.” Between 2017 and 2018 in England, a total of 5,980 clients utilized these treatment settings.

A recent observational cohort study (10) was conducted in England and showed 59% of patients completed their treatment successfully in 12 months without relapse for 6 months thereafter. These patients had been withdrawn from an inpatient programme and transferred to a residential rehabilitation setting.

Patients with higher levels of success had;

- Paid employment
- Self/family/peer referral
- Longer duration of treatment in the rehab setting
- Community-based treatment following discharge

Each rehab centre varies in which model they use to help with detoxification, such as the 12-step model made famous by Alcoholics Anonymous, faith-based or therapeutic community. No research has proven the efficacy of one model over the other as it’s largely an individual preference (5).

What you may be wondering about is cost, and residential settings are more expensive than alternatives; however, evidence shows that the initial costs are largely offset by reductions in subsequent health care and criminal justice costs (11).

The good news for people in the United Kingdom is that most people receive at least a contribution from public funds, depending on their pension and income.

Please consult [rehab-online](#) as part of Public Health England to find a centre that matches your needs.

v. Involve a professional and explore medical options

You can involve a professional by calling a rehabilitation centre or consulting with a physician, community health worker or psychiatrist. You should never be bearing the full brunt of the addiction on your shoulders alone, lest you burn out.

A general practitioner is often a good place to start. They can advise regarding the options discussed in this article and also perform motivational interviewing themselves on your loved one. Importantly, they can also assist with medical options and medication for alcoholism.

The following medicines are supported by NICE guidelines (4).

- Acamprosate
- Naltrexone
- Disulfiram

Please see [How to Stop Drinking Alcohol for Good](#) (Backed by Science) for more information on these medications.

Ask your doctor about the use of these medications and their side-effects. They are all backed by science but bear in mind that whilst NICE supports their use, it also advises using medication in combination with psychosocial interventions (rehabilitation, counselling and peer support), unless these interventions have failed (4).

vi. Avoid co-dependency

If you are close to the alcohol user, you yourself are also at risk of falling into the trap of becoming co-dependent. Co-dependency refers to depending on the alcoholic for happiness and approval, and basing your identity and self-worth on this person (12).

It has been historically shown (13) to enable the behaviour of an alcoholic and, in some instances, become co-alcoholics. This is because co-dependency means;

- You manage their problems for them, when he or she should be doing it without you.
- You let them get their way most of the time.
- You may lie to keep them out of trouble.
- You don't allow your partner to face the reality of being an alcoholic.

If you feel that any of these signs apply to you, refer to the previous subsection and **always** seek help from a profession.

The psychology behind this also becomes rapidly twisted as a person who is co-dependent may even start to resent an alcoholic seeking help for his addiction, and the co-dependent may subconsciously attempt to sabotage these efforts (12).

[Takeaway message...](#)

You would not have clicked on this article if it did not apply to your life and loved ones in some way or another. Maybe the person you want to help is in complete denial, or maybe they are already on the road to recovery.

The bottom line is that you need to understand the science behind why an addict cannot control themselves in order to lessen the anger you may feel towards them. Your support, at the end of the day, is tantamount and will be the one factor guiding them to recovery.

Don't be confrontational and always seek out help from a professional; whether you go via the route of a general practitioner, support group or rehab centre, all have proven benefits. However, never let yourself get burned out.

A carers job is just as important as the monumental task that faces an alcoholic on recovery.

Related Topics you might be interested in:

- [Private Alcohol Home Detox Treatment](#)
- [12 Step Treatment Programme](#)
- [Alcohol Addiction Treatment Options](#)

Need Help? Contact Us Anytime – Day or Night!
Call our local number **01603 513 091**

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