

## **Content:**

- I. ABOUT THIS MANUAL
- II. INTRODUCTION
- III. SOME COMMON QUESTIONS ABOUT ALCOHOLISM AND RECOVERY
- IV. COMMON SYMPTOMS OF ALCOHOLISM AND MORE QUESTIONS
- V. THE COUNSELING PROCESS: WORKING WITH THE PROBLEM DRINKER
- VI. SOME MORE THOUGHTS ABOUT WORKING WITH THE PROBLEM DRINKER
- VII. STEPS FOR ALCOHOL SCREENING AND BRIEF INTERVENTION
- VIII. ABOUT ALCOHOLICS ANONYMOUS
  
- IX. SOME BASIC AA PRINCIPALS
- X. FOR THE FAMILY AND FRIENDS OF THE ALCOHOLIC
- XI. A BRIEF DISCUSSION OF THE 12 STEPS
- XII. SLOGANS OF AA AND ALANON
- XIII. WHAT CAN YOUR PARISH DO TO HELP
  
- XIV. A FEW CLOSING REMARKS

## I. ABOUT THIS MANUAL

Here in Romania alcoholism is of great concern to many people. Doctors, psychologists, the courts, family members, and not least of all the clergy must deal with active alcoholism on a daily basis. Although this manual is written for the Orthodox clergy of the Cluj Archdiocese, it is our hope that it will be useful to anyone interested in helping those who have problems related to alcoholism and drug addiction. The information provided in this booklet is very basic, and you may have further questions. If you would like to have more information about our program, please feel free to contact us at our phone number and address located in the back of this manual.

## II. INTRODUCTION

As Christians, we struggle to keep God at the center of our lives. We live in a world that is changing rapidly, and the rules of living seem to be changing just as rapidly. Values are not always clear, and young people are oftentimes required to make adult decisions about what to drink, or what drugs to put into their bodies. For some people here in Romania these are difficult and uncertain times. Many people seek answers as to why they must suffer, and as to why their lives seem to be so empty and meaningless. Some of these people will lose their reason for living as they lose their sense of purpose and meaning in life. In order to fill this emptiness, some people seek after material possessions, or status. Some look to sexuality or in unhealthy relationships with other people as a way to fill the void in their lives. Still others make the ever-hopeless attempt of using alcohol or other drugs to find relief from the pain and difficulties of daily life. As a result, they sometimes lose the “God consciousness” of their soul, and they can become “addicted”, or “dependent” on a way of living that will ultimately destroy them. The most common form of this condition is called “**alcoholism**”, or “**alcohol dependency**”.

Alcohol dependence is a disease that can affect the total person: body, mind and spirit. In some cases a doctor is needed for treating the medical complications caused by alcohol abuse and heavy drinking. At times a social assistant is helpful in dealing with family or social problems caused by the drinking. From time to time a psychologist is needed to help the dependent person to work through depression or other emotional problems related to the alcohol abuse. For the more serious cases a psychiatrist is needed to prescribe special medication or to help with withdrawal or other psychiatric complications. Usually these disciplines are only needed in the initial stages of recovery, but sometimes we recommend that our patients seek out professional help during or after they participate in our recovery program. At the St. Dimitrie project we use a “**Minnesota Model**” of treatment. This means that our program uses any or all of the above disciplines to help our clients.

Although alcoholism is a known throughout the world as a disease, the only programs known to be effective in treating alcoholism are based in **spirituality**. For this reason, we also use elements of a spiritual approach in our recovery program. Because we use a spiritual approach in our program we make every effort to work with the Church. We also recommend that anyone using the St. Dimitrie program contact their parish priest or their spiritual advisor for help with working the spiritual principals that we use in our program. Other programs, such as **Alcoholics Anonymous**, and **Al-Anon Family Services** use spiritual principals similar to those that we use at the St. Dimitrie program. We endorse these other programs, and work with them to help the newcomer to become involved in these social support groups both during and after attending our **treatment program**.

The remainder of this manual will focus on some basic concepts about the disease concept of alcoholism and drug addiction. It will discuss some of the guiding principals that we use in helping the alcoholic and addict to live without the use of alcohol or other drugs. There is also included a section giving some suggestions on how to counsel with people who may be having a drinking problem.

Please accept that throughout this manual I will be using the word “addiction” and “alcoholism” interchangeably. Alcohol is a drug, and it is the most widely abused drug in the world today. Because alcohol is a drug, people who are considered “alcoholics” are simply dependent on the drug alcohol. The ideas in this manual will apply to all drugs of abuse, legal and illegal, prescription and nonprescription, pill, liquid, or powder. Also, addiction is not “gender specific”, and it affects both sexes. However, for the sake of simplicity in writing the text I will usually use the masculine gender.

### **III. SOME COMMON QUESTIONS ABOUT ALCOHOLISM AND RECOVERY**

**Many people drink alcohol. Is it wrong to drink?** Alcohol has been with the human race for almost as long as humanity has existed on the earth. The benefits of drinking, and its harmful effects, have been noted throughout history. Wine is one of the earliest forms of alcoholic beverages, and we find it mentioned in the bible over 200 times. It seems to bring both blessings and curses.

One of the most famous stories is in John 2:3 “And when they wanted wine, the mother of Jesus saith unto Him, they have no wine.” Jesus performed His first recorded miracle, by turning water into wine at a wedding. So we know that wine, and the social use of wine is good, or else our Lord would not have made it for the wedding guests to drink. However, in this story it is not mentioned how much wine is good to drink. That seems to be another issue altogether, so lets take a look at some other scripture readings that are discussing drinking wine.

In 1 Timothy 5:23, it says “Drink no longer water, but use a little wine for thy stomach's sake and thine often infirmities.” This implies a medicinal use of wine, and in this verse, it is recommending that we “use a little wine” for the sake of our health. Given the state of the medical sciences 2000 years ago, it was common for people to drink wine for all sorts of ailments. We should note here also, that what is recommended is “a little wine.” It does not specifically state how much, it only says “a little.”

Actually, in no place does it prescribe a specific amount to drink, although in several places it does discuss that excessive drinking should be avoided. For example, in Proverbs 20:1 it says, “Wine is a mocker, strong drink is raging: and whosoever is deceived thereby is not wise.” Ephesians 5:18 goes on to say, “And be not drunk with wine, wherein is excess; but be filled with the Spirit.” So obviously there are some considerations to be made when drinking wine.

Drinking wine can clearly be a blessing, and have positive psychological effects, as noted in Psalms 104:15 “And wine that makes glad the heart of man, and oil to make his face to shine, and bread which strengthened man's heart”. It is clear from this that there can be some positive effects from drinking wine. However, it can also be man's downfall, as in Corinthians I, 6:10 “Nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners, shall inherit the kingdom of God.” This implies a very high price for over indulging in the fruit of the vine.

As mentioned, there are over 200 verses in the bible that refer to the use and abuse of wine. I will leave the reader to explore them at his leisure. Our manual is not concerned about the normal drinking of wine or any other alcoholic beverage. Our only concern is to help those people who drink in a self-destructive way.

**What is “alcoholism”, or “alcohol dependency”?** “Alcoholism” or “alcohol dependency” is difficult to define in simple terms. There are books written on the subject of how to diagnose exactly when a person is “dependent” on alcohol or other drugs. Put simply, alcoholism can be identified by the behavior of drinking, and then having problems related to the drinking. These problems are followed by efforts at controlling the amounts of alcohol consumed, either by moderation or complete abstinence. For the alcoholic these efforts to stop drinking, to control the amount consumed, or to

control the effects of the alcohol are usually unsuccessful. The repeated pattern of failed attempts at control or to moderate drinking behaviors are the central characteristics of “alcoholism”, or “alcohol dependence”.

A more formal definition is as follows: An "alcoholic" is defined as someone who is unable to consistently choose whether he shall drink or not, and who, if he drinks, is unable to consistently choose whether he shall stop or not. "**Alcoholics with complications**" are those who have developed physical or mental disorders through prolonged and excessive drinking.

**Is Alcoholism a big problem in Romania?** Alcoholism is no respecter of persons. It affects young and the old, the rich and the poor, and people of all races and religions. It ranks with heart disease and cancer as one of the world's three major health care problems. Sadly enough, it has also affected Romanian society at all levels, in all cities, in all towns, and in all villages.

**Why do people drink alcohol?** Most people learn about drinking alcohol from their parents, or close relatives. They see the positive effects, that it is desirable, and that it is a “grown-up” thing to do. They start drinking as a way of entering into adult society. Once they learn to drink alcohol, people continue drink simply because they want the effect produced by the drug alcohol. If they did not like the effect, they would not drink it at all. Why some people need the effect more than others, and why some people drink more than others is a question that is less easily answered. Many books have been written on this subject, and it is beyond the scope of this manual. For us, it is less important “why” people drink, as is “how to help” the problem drinker.

**Why do only some people become alcoholic?** No one seems to know why, or even how it happens that some people develop this disease that we call “alcoholism”, and why others do not. There are several theories about this, ranging from “sociological” models to “medical models”. The most widely accepted theory is that some people are born with a genetic “pre-disposition” towards alcoholism. This theory implies that there is a bio-chemical or genetic factor of some individuals that influences the likelihood of the individual developing a dependence on alcohol. In this theory, it is accepted that there are social and psychological factors that combine with the pre-disposition and either enhance or decrease the person's likelihood of becoming alcoholic.

**Are all heavy drinkers alcoholics?** Not all heavy drinkers are alcoholics, or even dependent on alcohol. There are significant differences between the “heavy drinker” and the “alcoholic”. If there is good enough reason for it, the heavy drinkers can stop or control their drinking behaviors. Also, when the heavy drinker stops for a period of time and then returns to drinking, there is usually no difficulty for them to control their drinking. However, if a person has lapsed into what we call “alcoholism” or “dependent drinking” it is a different story. The person that has crossed over the “invisible line” into alcoholism has a very difficult time drinking moderately.

One other difference is that the heavy drinker does not have remorse about drinking alcohol. The alcoholic will often times have extreme guilt and remorse about a drinking episode. This is mostly because he has good intentions about not drinking heavily. When the alcoholic fails in his attempt to drink moderately, he blames himself and considers himself a failure. What he does not understand it that he has a disease of the mind and body which does not allow him to safely take even one drink of alcohol. When he takes that first drink, it sets up a system of craving which though subtle at times, is very difficult for him to over come. The only safe option for the alcoholic is total and complete abstinence. The alcoholic must avoid the first drink. We could compare it to being hit by a train. It is the front of the train that does the damage, not the back of the train. That is to say, don't get hit by the train to begin with by taking the first drink.

**Is it possible for someone to become alcoholic by drinking beer?** Yes, it is possible for this to happen. There is as much alcohol in a liter of beer as there is in a mixed drink. It just looks different.

Some heavy drinkers even prefer beer because it is more socially acceptable in certain communities. This same logic applies to palinka, brandy, wine, and other beverages containing alcohol.

**Is Alcohol as dangerous as other drugs, such as Heroin?** Alcohol is perhaps even more dangerous than heroin. In reality alcohol will kill many times more people here in Romania than heroin ever will. While it may not be as addictive as heroin, alcohol is probably more dangerous here in Romania because of our societies casual attitude towards its use. We should note here that the problem of alcohol dependence might become even greater as drug use increases in our society. This is due to “cross addiction”.

**What is “Cross Addiction”?** When a person becomes addicted to one drug, like marijuana or cocaine, they become addicted at the same time to other drugs, like alcohol and heroin. This concept applies to all drugs, legal and illegal, which are mind and mood altering in nature. Benzodiazepam’s are the main class of legal drugs used in Romania that would fit into this category. It takes several years for most people to develop alcoholism. It can take a few days for someone to become seriously addicted to some drugs. If a young person becomes addicted to say, cocaine or pot, then they will have a greatly increased risk of becoming problematic drinkers, even at a young age.

**Is alcoholism a sin or a disease?** There is much controversy over this question, and very much misunderstanding about the “disease concept” of alcoholism. We should say that everyone “sins” in some way or another, and alcoholics are no exception. About alcoholism generally, in 1956, the World Health Organization (WHO) stated that “alcoholism is a treatable disease”, one that is very similar to diabetes, cancer, or even heart disease. Modern medical professionals accept the model of alcoholism being a disease. Alcoholics Anonymous, the most successful alcoholism treatment program known, states that alcoholism is a “mental obsession coupled with a physical allergy”. More importantly, alcoholics have been stigmatized as “sinners” for thousands of years, and this has not helped them to stop drinking. Fortunately when we treat alcoholism as a disease we can identify its symptoms and interrupt its progression, even in its early stages.

**Does the alcoholic cause his disease?** No one wishes to have cancer, heart disease, diabetes, or alcoholism. There are of course certain behaviors that contribute to peoples having these diseases. Eating excessive amount of fat and salt will increase someone’s chances of having heart disease. Eating too much sugar will add to the likelihood of sugar diabetes, and smoking cigarettes has been linked to cancer. No one chooses the disease, although they do choose to engage in the behaviors that contribute to the disease occurring. People choose to drink or not to drink, according to their understanding of how their alcohol use affects them.

The problem is that few people understand that alcohol can be an addictive drug. Also, young people are not able to predict accurately if they will or will not have a drinking problem at some future date. The same is true for smokers, and other people who engage in high-risk behaviors. This is not to say that drinking alcohol causes alcoholism. It only means that anyone who drinks alcohol is at risk of becoming alcoholic. Not everyone who smokes cigarettes develops cancer, but smokers do put themselves at a higher risk of developing cancer by smoking.

**Don’t alcoholics know that they should not drink?** We seldom show the alcoholic the same mercy in judging him that we show other sick people. Consider for a moment the plight of the diabetic. When they eat sugar, or certain foods, their bodies react differently to the sugars than do our bodies. If their blood sugar levels get too far out of balance they can have seizures and even become unconscious. Until about 75 years ago, doctors knew that something was wrong, and understood the symptoms of diabetes, but did not know the cause. Because of this lack of understanding about sugar and starch in the diabetic’s diet, many diabetics died from their disease. The diabetic just did not understand what eating the sugar was doing to them. Other people were

eating the torts and sweets without any problems, and they could not understand themselves as being any different. Plus, diabetics will crave sugar, much like the alcoholic will crave a drink of alcohol. Given the social requirements around eating, it made it very difficult for the diabetics to avoid eating the very thing that was causing them to be ill.

Today, the situation for the alcoholic is not much different. Medical science, while stating that alcoholism is a disease, understands very little about alcoholism as a disease, and has offered no real solutions to the problem. What we can say with a fair amount of certainty is that there are recovery programs that if followed, will offer the alcoholic relief from the compulsion to drink. They not only offer relief from the compulsion to drink, but they offer relief from the mental and emotional turmoil that comes with addiction.

**Does the alcoholic understand alcoholism?** The person who becomes “alcoholic” usually does not understand the problem of alcoholism any better than his priest, doctor, family, friends or employer. Making the problem even worse is that by the time most people recognize that they have a problem; they are into the deeper stages of the addiction. This makes it very difficult for them to recover unless they get some outside help, such as in AA or in a treatment program like St. Dimitries.

**What is the “Denial Stage” of alcoholism** We say that the active alcoholic is in “denial” when they cannot see the reality of their situation. They “deny” the pain that the drinking is causing them and others, and they deny that the consequences of their drinking are related to their use of alcohol. For example, if they have marital problems because they get drunk and fight with their wife, they might label their wife as being unreasonable and a nag. They sometimes even blame their wives for their own drinking behaviors. If they do not break through the denial stage, they will face the high probability of an early death, and the certainty of living a life that causes pain to their family and loved ones.

**What is the “Delusion” of the alcoholic?** It is the mistaken belief, or the “delusion” of every alcoholic that he or she can drink normally. They cannot admit to themselves that there is a problem with their drinking, and so they continue to drink. The “Great Lie” that the alcoholic tells himself is that, “this time it will be different, this time I will handle it”. This mistaken belief prevents him from accepting the need for total abstinence.

**What keeps the alcoholic from admitting his problem?** Fear is the alcoholic’s greatest enemy. If a person has a drinking problem and wants to recover, it is necessary for them to know what is happening in their own life so that they can make the right decisions. In order for them to do this, it is necessary for them to see past their irrational fear and to talk about their drinking. They must see their drinking for what it really is, and to be honest about how their drinking may be affecting their own life, and the lives of the people around them. Much of this fear about discussing a drinking problem is related to what we call the “stigma” of alcoholism, and its related shame. When someone feels judged by society and feels shamed by their behavior, it is difficult for them to see the truth of the matter at hand. Alcoholics here in Romania are very stigmatized by their society, and they have a difficult time admitting that there is a problem for fear of how they will be judged by others in their community if they admit to having a drinking problem.

**Does this mean that alcoholics are not responsible for their own behavior?** The alcoholic is responsible for his or her behavior, as are all rational members of society. There is however a strong argument that the alcoholic is actually irrational, and very sick mentally. Given the price that the alcoholic will pay in order to drink alcohol, are we able to say that they are “rational”? Who would give up a relationship with a loving wife in order to drink booze, other than an irrational person? Who would give up the love of children for a drink of alcohol, other than a very sick person? Who would endanger the lives of other people by drinking and driving a 1000kg auto, other than someone who is out of touch with the reality and significance of their behavior? Then, when the problem drinker is

confronted by the family, or by society, he or she denies the problem. It is not because they don't love their families, or are disrespectful of society. They simply cannot see what in themselves what others see very clearly.

To make matters even worse, the family and friends usually do not understand alcoholism. They tell the alcoholic, "control yourself", and "drink, but not so much". They sometimes actually encourage the alcoholic to drink alcohol. The alcoholic tries to moderate his drinking but for reasons both physiological and psychological, the alcoholic does not recognize the need to stop drinking at any given point. When he is able to recognize this limit, he has a very difficult time stopping because of the compulsive nature of the addiction to the drug alcohol. Rationalization steps in, and our alcoholic drinks until he can drink no more.

**Why is alcoholism considered a "Primary Disease"?** This is in reference to the belief that alcoholism is a disease in and of itself, as stated by the World Health Organization in 1956. That is to say, as a "**primary disease**", alcoholism is not considered a secondary symptom of some other disease or condition. It is predictable in its course, has symptoms, and is treatable. Although there are usually other emotional and/or physical problems associated with the illness that need to be treated along with the alcoholism, the alcoholism must be treated as primary if the other major symptoms are to be dealt with effectively. This is saying that if a person is having physical, social, psychological or spiritual problems that are related to heavy drinking, these situations are not likely to improve as long as the person in question is drinking alcohol.

**Is the disease of alcoholism progressive?** The **progressive** nature of alcoholism is very observable, and easy to chart. The "V-Chart" included in this manual is one model that shows its progressiveness. It shows a typical progressive slide downward into end-stage alcoholism on one side, and an upward slope showing the process of recovery. Usually people become alcoholic only after several years of drinking. In order to help the alcoholic, or potential alcoholic to understand this, we have them to go back into their drinking career and write about their drinking history. Seeing the changing pattern of their drinking, written on paper and in their own hand, leaves few alcoholics unconvinced that they have a problem. It also helps them to project into the future, and to see what their life might be like if they don't accept help now. Recognizing and seeing how unmanageable their life has become because of drinking works to promote within the person the need of a daily recovery program.

**Can alcoholism be cured?** There is no known cure for alcoholism, although it can be put into remission. Alcoholism is a **chronic condition**, very much like diabetes, heart disease, TB, or similar other diseases. For the diabetic, following the doctors orders, and changing to a healthy lifestyle allows the effected patient to "recover" as long as they stay on their recommended program of recovery. But the diabetic, like the alcoholic, is never "cured". If he begins to eat sweets again, he will face the same old problems. The same is true for many heart patients who find that they have heart problems. It is diet, exercise and changing to a healthier lifestyle that allows them to maintain their wellbeing. For the alcoholic, it is willingness to work a simple daily recovery program as outlined in the 12 Steps of AA, and to abstain from drinking alcohol that will allow him to live a normal life. Because there is no known cure for alcoholism, once a person "crosses over the line" into alcohol dependence they can never again return to "normal drinking". We wish to restate that the heavy drinker can "recover", and return to a normal level of functioning in his society if he or she is willing to abstain from the use of alcohol.

**Is alcoholism fatal?** For many alcoholics the end result of their drinking is an early death. This comes from auto accidents, physical complications, disease, suicide, and other causes related to their drinking or drug use. We should note here, that it is common for doctors to treat the physical problems created by heavy drinking and to advise the patient that he will die if he continues on his present path. It can happen that the patient continues to drink, and then eventually dies from the

physical complications caused by the alcohol consumption. Shall we say that the patient died from the liver problems, or from the alcoholism that compelled him to drink again causing the liver problems? The same holds true for the man who is advised not to drink alcohol and then to drive his automobile. If he continues to drink and drive, it is possible that he will kill not only himself but also others. This is not deliberate murder, nor is it an accident. It is the outcome of the delusion and of the denial found in a fatal disease that we call "alcohol dependence", or "alcoholism".

**What are the "DT's" or "Delirium Tremors"** Once a certain stage of chronic alcohol abuse has been reached, if the drinker stops drinking suddenly it can be dangerous and they can become very ill. The dangers are sweats, tremors, seizures, heart attacks, hallucinations, and other withdrawal symptoms. When the drinking has reached this point, then the alcoholic must drink or experience the withdrawal. The problem is that if they continue to drink, they can have worse problems and even die while in withdrawal. If you are working with an alcoholic that cannot stop drinking for even one day, it is possible that he may be experiencing the beginnings of some of these symptoms. His daily drinking may be his way to self-medicate his symptoms of withdrawal. It is possible that he is afraid to stop drinking, for fear of the withdrawal symptoms. If he has had serious withdrawal in the past and has been drinking heavily, it is likely that he is in danger of having serious withdrawal again. If this is the case, I strongly urge you to get your alcoholic to a medical doctor, or to a psychiatrist for medical detoxification. Without medical assistance, as many as 20% of those who go into serious withdrawal have seizures and die as a result of the seizures. On the death certificate it is sometimes written as "heart attack", or "breathing insufficiency".

**How can I identify someone with a drinking problem?** Identifying a drinking problem can be difficult. It is not about how much someone may be drinking each day or week. To say it another way, it is not "how much" a person drinks, but rather "what are the effects of the alcohol" on the person that is drinking. The question to ask is, does drinking effect the individuals physical health? Does drinking affect their mental health? What are the effects on their emotional health? What are the effects of drinking on their family life and on their relationships with loved one's? How does it affect their social and professional life? And most importantly, how does drinking alcohol affect their spiritual life, and their relationship with God? **Answering the following four questions** can help you find out if someone you know has a drinking problem: 1) Have you ever felt that you should cut down on your drinking? 2) Have people annoyed you by criticizing your drinking? 3) Have you ever felt bad or guilty about your drinking? 4) Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? One "yes" answer suggests a possible alcohol problem. More than one "yes" answer means it is highly likely that a problem exists. If you think that someone you know might have an alcohol dependence problem, it is important to consider the options available for help, either through the AA program, or through the St. Dimitrie Project.

**How can I talk about alcoholism with people that are ashamed to talk about their drinking?** The current research on counseling states that the most important element in the counseling relationship with the client is that the client feels that he is understood by his counselor. In other words, listen to what your client has to say, and then put your self in his position. Ask yourself, "how would I feel if I had that problem", or "what would I do under the same circumstances". At the same time, remember that you perhaps have different life skills than does the alcoholic. It is also important to note that "empathy" is different than "sympathy". Sympathy is actually harmful to the alcoholic, while empathy is used to give the alcoholic a sense of being understood and of being listened to.

Use the questions in this manual as a guide to help them to understand the progression of their disease. Give them a copy of the "V-Chart, and discuss it with them. Let them know that you are trying to understand how they feel, and that you have some idea of the difficulty of their struggle. Give them a copy of this booklet, or a copy of the book "Alcoholics Anonymous". Ask them to read it and to come back and to discuss it with you. Don't expect them to stop drinking right away, but don't be afraid of talking to them about their drinking either. If they came to you in the first place, they

know that something is wrong, but they don't quite know what it is, or where to start looking for solutions. Tell them that not all heavy drinkers are alcoholics, but continue to point out their symptoms to them. If they are interested, have them to contact the St. Dimitrie program for more information about alcoholism. Be patient, but don't excuse their excessive drinking. Sometimes it takes a crisis to occur in order for people to get honest about what the alcohol is doing to them. If a crisis occurs, don't help them to avoid it, but to face it.

**What is meant by “Recovery”?** When we speak of “recovery”, we mean that a person that is addicted to alcohol or drugs “recovers” or “regains” his or her ability to function in society without being dependent on alcohol or drugs. This implies a return to normal functioning within the society. This does not imply that the person has been “cured”, and can thereby safely drink alcohol again. It is never safe for the problematic drinker to use alcohol in any form.

**What is a “Recovery Program”?** This term can be used in two ways. An individual persons “recovery program” usually refers to how the individual uses the simple living skills found in treatment, or in AA, for remaining abstinent. This is different than when the term is applied to an organization like AA, or to a treatment center like St. Dimitries. It is then used as referring to the specific “program of recovery”, or “treatment program” that is endorsed by that particular organization or institution.

**Why is a “Recovery Program” necessary?** After a period of time without alcohol, the alcoholic will become restless, irritable, and discontented. They will be argumentative, rigid thinking and generally miserable. They will not find peace, unless they can take a drink of alcohol, the same drink of alcohol that they see others taking without having problems. This state of “dryness”, which we call the “dry drunk”, will keep the alcoholic off balance emotionally, mentally and spiritually. In order to find relief from these symptoms of the addiction, he will need to change and to grow spiritually. This will bring about mental and emotional growth. Without these spiritual changes which bring about the emotional and mental relief alcoholics will seek relief from their pain and confusion by drinking alcohol. The individuals “program of recovery” is the group of recovery skills that the individual uses in order to reach the goal of living a life that is peaceful and serene without the use of alcohol. These recovery skills are usually learned in either a treatment program like St. Dimitries, or in Alcoholics Anonymous.

**What is a typical “Recovery Program” like?** As in treating all diseases, there is a routine or “program of recovery” that the patient uses to regain health and wellness. The diabetic might have to abstain from eating sugar, and to exercise. The heart patient might have to give up smoking, to begin to eat certain healthy foods, to watch his stress levels and to exercise. In treating alcoholism and addiction, it is no different. A typical “daily program” would include prayer and meditation, asking God for guidance, surrendering “the day” to God, reading some recovery related article from a book, talking to another alcoholic about sobriety, and perhaps attending an AA group meeting. Also, most people in recovery will at least one time a day do a “personal inventory” to check on their mental, emotional, and spiritual condition. They will ask themselves questions about their attitude, and if they are thinking in a positive or negative way. They may ask themselves about their behavior during the day, and if they were helpful or hurtful to other people. Everyone who practices the 12 Steps has his or her own way of doing this, but the direction is the same: Surrender to God's will, honesty in daily living, and helping other alcoholics.

**What is a “Minnesota Model” treatment program?** At the St. Dimitrie program, we use a “Disease Concept model”, or “Minnesota Model” of treatment. This is sometimes referred to as the “Bio-Psycho-Social-Spiritual”, or “multidisciplinary” approach. This implies that the disease of alcoholism is complex, and that it must be treated as multi-dimensional. Often times the alcoholic requires help in different and various areas of his or her life, and ignoring the physical, mental, emotional, social or spiritual dimensions of the individual will make recovery less likely.

A **“treatment program”** is a clinical routine or **“program of recovery”** that is designed to help the alcoholic or addict to stop using alcohol or drugs. These programs provide education about the disease concept of alcoholism and the need for total abstinence. These types of programs also help people to explore spirituality as a way to learn healthy ways of coping with daily life problems and stress. Treatment programs also refer people to community support programs like AA and Al-Anon.

**How is the term “Spirituality” used in the context of recovery programs?** In very much the same way as it is found in other places. Spirituality simply means a persons orientation, or direction towards “God”, however you may understand Him. This would include a persons beliefs about what is “right and wrong”, their beliefs about their relationship with God, and their beliefs about what they think of themselves and their place in the universe. Religion simply tells the person what to believe, and gives him prescriptions as how to live his life. In programs like AA, the person is not told what to believe, only that he needs to explore his or her relationship with God if he is going to find relief from his addiction. In “exploring” his or her relationship with God, it is implied that there will be significant changes in the persons relationship with God, brought about by the person living in closer proximity to their chosen value system. Most people’s values are learned from their religion, and so we encourage people to return to Church to find the roots of their beliefs. There are of course other benefits of attending church, and we encourage all people to take full advantage of the Grace that comes from attending their Church.

**What is “Alcoholics Anonymous”?** Alcoholics Anonymous, or “AA” is the most widely used program of recovery for alcoholism in the world today. The AA program started in 1935, when two alcoholics began helping each other to stay sober. They began to treat their alcoholism as they would any other life threatening disease. They began following a “daily program” of recovery that enabled them to stay sober. It should be noted here that clinical treatment programs like the St. Dimitrie Program are different than the Alcoholics Anonymous program, and although there are similarities, these two types of programs should not be confused. Please refer to the section in the manual “About Alcoholics Anonymous”.

**Why is AA so important in recovery programs?** The AA group is a critical element in the recovery program because it helps to reduce the denial, stigma and shame of the alcoholic. The group also provides positive role models from people that are in recovery themselves. This means that the newcomer in AA learns about how to remain abstinence from other people who have had the same problem with alcohol. The AA group also gives the problem drinker a new set of friends who will encourage abstinence, rather than encouraging him to drink. This new circle of friends, is called a **“peer support group”** or **“social support group”**. It is critical to the alcoholic that he attends these meetings regularly if he is to remain abstinent.

**Is AA a part of the St. Dimitrie program?** No. However, at the St. Dimitrie program we encourage the use of AA, and endorse its principals. We also have an association with the local AA groups, but we do not affiliate ourselves with AA. We do use a clinical version of AA’s 12 Steps, and we do send people to AA as a part of their treatment program. *But again, our relationship with AA is more of an association, rather than an affiliation.*

**What is “Al-Anon Family Services”?** Al-Anon is a program that was started in the 1940’s by the wives and family members of some of the AA members. Today, there are thousands of groups and hundreds of thousands of members in this worldwide fellowship. The focus in Al-Anon is on helping the family member to find the courage, strength and hope to live with alcoholism, whether the alcoholic is drinking or not. It has its own group meetings, and it uses the 12 Steps of AA in a slightly modified form. While Al-Anon is associated with AA and cooperates with AA, it is a program in and of itself. It is not tied to AA by a formal affiliation. **Please refer to the section “Family and Friends of the Alcoholic”.**

**Why all these questions?** These questions are typical of the kinds of questions that we get from new patients, from doctors, and from the clergy here in Romania. We have not answered all of them, and will in a later edition of this pamphlet update this section to include questions that are sent into us by the people that use the manual.

## **IV. Common Symptoms of Alcoholism and More Questions**

Research has charted out the course of alcoholism in a progressive model. In this way we can see the progressive nature of alcoholism, and how it develops in the individual. It describes the behavior changes of the alcoholic as occurring slowly or rapidly, depending on the individual. What is significant is that these symptoms are predictable, and can it can by helpful to chart the course of the disease. This allows both you and the alcoholic to better understand the progressiveness of the addiction. If you will notice the “V-chart” found in the foldout, you will see that it is also progressive, in both the addiction and the recovery sections.

Below you will find a list of some of these behavioral characteristics. These symptoms as listed are not necessarily in precise chronological order. Any individual alcoholic may not experience all of the symptoms listed, but most alcoholics experience many of the symptoms on the list. These symptoms are predictable during the course of the disease, and they are easily recognizable in the alcoholic’s behavior. If you find that you are working with someone with these symptoms, you are certainly working with a problem drinker, one that may develop a dependency to alcohol if they do not take action to stop drinking.

As you can see, there are many symptoms. Please remember that not all symptoms need to be present and that some of these symptoms can be associated with other diseases. Also, the questions below are not simply to gather information from the alcoholic. What is important is that the alcoholic recognizes that there is a problem, if he has the symptoms. I suggest that in helping the alcoholic to recognize the symptoms in a kind and loving way you are providing the key that he or she may need to unlock the door of their addiction. They cannot make good decisions about drinking alcohol unless they have the information about themselves and their addiction.

**The Symptom: Exaggerated or Gross Drinking Behavior** Most people drink moderately. However, over a period of time some people will begin to drink more heavily and more often than their friends. Heavy drinking and drunkenness becomes a habit. When drunk, they may become very ego centered, and selfish. After a time, even when not drinking the ego-centered attitude remains, and they do not recognize how their drinking is affecting their family, job, or friends. They may spend money recklessly without thought of the family’s needs. They may begin to boast of real or imagined accomplishments, and they may begin to behave in emotionally immature ways at times. One example of this is that they may become angry or defensive when asked to discuss events that happened while they were drinking.

### **The Questions on: Sneaking or Secretive Use**

When making a drink, have you ever made yours extra strong?

Have you ever put liquor in your coffee, soda or juice in order not to be noticed drinking?

Have you ever had a drink before going to a party?

Have you ever finished off someone else’s unfinished drink?

Have you ever had a “quick one” on the side without others knowing?

Have you ever taken a drink in your garage, bathroom, basement or car so no one would see you drinking?

Have you ever hidden your drinking from your family?

Have you ever used someone else’s alcohol in order to conceal your own use?

### **The Questions on: Preoccupation with alcohol**

- Do you ever find yourself thinking about drinking or drugging?
- Do you choose social gatherings that serve drinks over those that don't?
- Have you ever called acquaintances to find booze?
- Have you ever thought of ways to create occasions where your drinking would be deemed acceptable?
- Have you ever counted the hours, even minutes until your next drink?
- Have you ever thought of more ways to make money to get alcohol?
- Have you ever found yourself buying alcohol on your lunch break?

### **The Questions on: Rapid or Hurried Drinking**

- Have you ever gulped two drinks in an attempt to "catch up" with the rest of the group?
- Have you ever ordered two drinks at the same time?
- Do you ever drink straight from the bottle?
- Have you ever gulped your drink because the first one wasn't working fast enough?
- Have you ever noticed that your glass is usually empty before the others around you?
- Have you ever used two different drinks together to get your "high" faster?
- Is your first drink ordered usually a double?

### **The Questions on: Protecting or guarding your Supply of Alcohol or Drugs**

- Have you ever held money back from your household needs for alcohol?
- Have you ever kept a supply hidden for your own use?
- Have you ever stored up enough "extra" alcohol for your use on weekends or holidays?
- Have you ever hid any alcohol in the garage, basement, or secret place even if you lived alone?
- Have you ever quit sharing your alcohol if you were low?
- Have you ever not served a drink to someone for fear that you would not have enough for yourself?

### **Questions on: Excessiveness or Extravagance**

- Have you ever made wild purchases while drinking?
- Have you ever purchased expensive things for your family to make up after drinking episodes?
- Have you found yourself spending more and more of your free time in drinking or getting high?
- Have you become an expert in all things, giving all sorts of advice to barroom or party guests?
- Did you ever buy drinks for everyone in the "house"?
- When drinking, do you tip extravagantly?

**The Symptom of: Inner-personal Conflicts** These symptoms can begin at any stage of the persons drinking career. The alcoholic begins to realize that he is not living up to his own value system, and then his "perceived self" comes into conflict with his "real self". In other words, his actual behavior tarnishes the ideal image that the alcoholic has of himself, and "inner-personal conflict", or "guilt feelings" occurs. It is as if the drinker has the same anger towards himself as he would towards someone else who would be harming him in the same way that he is harming himself. This leads to self-loathing, self-pity, remorse and feelings of guilt and shame. It can lead to self-destructive behavior, like suicide, if it is not dealt with. Sometimes, this self-destructive behavior is seen when the alcoholic drinks even heavier in order to deal with the feelings related to this conflict. Sometimes others recognize this conflict before the alcoholic does, and offers advice and makes suggestions that the alcoholic should not drink. These suggestions usually fall on deaf ears, and will often make the alcoholic defensive about their drinking.

### **The Questions on: Persistent Gilt or Remorse**

Have you ever thought to yourself "Why can't people understand me?"  
Have you ever wished you could be like "social drinkers"?  
Have you ever wished you could be like other people?  
Do you constantly feel like you are not being the person that you believe that you should be?  
Do you find yourself always apologizing, yet still continue to do the same thing?  
Have you been experiencing guilt regarding lies, broken promises and overall behavior?

### **The Questions on: Avoiding Reference to Your Personal Chemical Use**

Have you ever changed (or wanted to change) the topic of conversation when drinking was being discussed?  
Have you ever used breath spray, gum or candy to cover up the odor?  
Have you ever come home late in order to avoid confrontation?  
Do you argue with your loved one's about your drinking?

### **The Questions on: Resentments**

Have you ever thought, "Why me Lord, what have I done to deserve this?"  
Have you ever thought that all your problems were your spouses, kid's or employer's fault?  
Have you ever envied others because they had more than you did?  
Have you ever resented anyone for criticizing your work performance?  
Have you ever thought that people expect too much of you, that your spouse doesn't understand you?  
Have you held grudges and used them to justify your feelings today?  
Have you ever resented people who represent authority?

### **The Questions on: Ethical and Moral Deterioration**

Have you found yourself going against your moral standards?  
Have you lied, stolen or cheated to cover up your habit?  
Have you violated a respectable code of sexual ethics?  
Have you ever taken money from your spouse or children to finance your alcohol use?  
Have you ever said or done things while drinking that you wouldn't have done sober?  
Have you ever identified with the "Prodigal Son"?

### **The Questions on: Inappropriate, Erratic Thinking**

Have you ever found yourself second-guessing yourself and even thinking that you're crazy?  
Have you often asked yourself, "Why do I keep on drinking, or what am I trying to do to myself"?  
Have you found yourself saying one thing and doing another?  
Have you heard yourself saying things that are inconsistent with what you consider to be normal for you?

### **The Questions on: Aggressive Behavior (verbal or physical)**

Have you ever been physically abusive?  
Have you picked arguments for no apparent reason?  
Have you ever thrown things, broken things or put your fist through something?  
Have you ever become very quiet or aloof with your family and friends?  
Have you experienced yourself feeling angrier lately?  
Do you find yourself being irritated with things that never seemed to bother you before?

**The Symptom: Blackouts** A "blackout," or temporary loss of memory, is not to be confused with "passing out," or loss of consciousness. The drinker suffering from a blackout cannot remember things they said, things they did, or places they visited while drinking the night before. We should state here that social drinkers do not have blackouts. Also, these "blackouts" can become more frequent, and develop into a pattern. When confronted with the behavior of the night before, the alcoholic will often become defensive. They "deny" the reality, and become unwilling to believe that it is possible for them to have done such a thing as they may have done. During this time, there is an increase in the likelihood of physical deterioration due to the heavy drinking. Also, because of the events that sometimes occur while in a blackout, the alcoholic grows more shame based, and has more feelings of remorse and guilt. This only leads to more drinking to cover up the feelings of isolation and shame related to the earlier drinking episodes. By the time a drinker has been having blackouts, they are usually in a very vicious cycle of heavy drinking.

### **The Questions on: Temporary Loss of Memory (Blackout-no loss of consciousness)**

Have you ever had family or friends say "Don't you remember what happened, or what you said"?

Has your mind ever gone blank and you've wondered what you've done?

Have you ever experienced not remembering where you put things and what you said?

Have you ever not remembered how or when the party ended or how you even got home?

Have you ever made a phone call in the middle of the night and not remembered it the next day?

Have you ever experienced a car accident or any significant incident that you can't remember?

Have you ever not remembered what or how much you drank the night before?

Have you ever forgotten where the bottle or your drugs were hidden?

Have you ever forgotten where you left the car?

Have you experienced shorter periods of time between blackouts?

Have you lost track of how much money you were spending on alcohol?

**The Symptom: Chronic Hangovers** As a person begins to use more and more alcohol hangovers become more frequent and increasingly painful. They may need to drink just to feel normal and to be able to do the things that most people do without alcohol. We are not just talking about the well known headache, but the general sick feeling and emotional discomfort that comes after a period of heavy drinking. At this stage, they are at the brink of addiction. They begin to need to drink alcohol just to start their day off in a "good direction". Unless they get a certain supply to drink they will feel restless, irritable, discontented with life generally. They begin to feel like they are not a part of the family, or of society. They may begin to detach from their old friends. Until now, the problem drinker has been drinking heavily but not always. More importantly, they were able to make a choice about when and how much to drink. Beyond this point, they develop the symptoms of addiction that are unmistakable. The deeper that they are in the cycle of addiction, the more noticeable the symptoms are.

**The Symptom: Change in tolerance to alcohol** This is one of the clearest signs of physical addiction to the drug alcohol. When a person first begins to use alcohol, the effects of drinking small amounts of alcohol are easy for the drinker to predict. People "learn from experience" what to expect when they take a drink. As they use more alcohol, more frequently, the body begins to adjust to the drinking. This is the beginning of the bodies "tolerance" to the drug alcohol. The tolerance levels build up to a certain point, but at some point it levels off for each drinker. The drinker can then predict what will happen if they drink one, two, or any number of drinks. The problem is that as the drinker ages, and as the liver suffers from heavy drinking, the ability to predict what will happen when he drinks changes. When the liver begins to "harden", it cannot process alcohol as it once did. As the body's tolerance to alcohol begins to decrease, the heavy drinker gets more effect from less alcohol. If by this stage "denial" and "delusion" have begun to set in the problem drinker cannot recognize the

effects of the decreased tolerance. As they continue to drink they will get much more intoxicated, on fewer and fewer drinks.

### **The Questions on: Increase of Tolerance**

Are you getting "high" on the same amount, or does it take more to get you there?

Are you looking for occasions to drink more often?

Has anyone ever accused you of having a "hollow leg"?

Are you often the last one to leave the party and close the bar?

Is your prescription running out faster than what was prescribed by the doctor because of doubling/tripling doses?

### **The Questions on: Decrease of Tolerance**

Have you ever said to yourself, "For some reason I can't handle it like I used to, I must have been tired, that one really hit me, that's the last time I drink on an empty stomach"?

Have you found that it is taking less to get you drunk or high lately?

Has the doctor told you that you might have liver problems, and you ignored him?

**The Symptom: Loss of Control** Loss of control is the most common symptom of alcohol or drug dependence. It is the inability to consistently choose between drinking and not drinking. At least two types of loss of control exist; 1) the inability to stop drinking once started and 2) the inability to refrain from taking the first drink. It doesn't mean that every time an alcoholic takes a drink, he won't be able to stop before getting drunk. It's unpredictable; it could be 1, 2 or 20 drinks. The important thing is that there is a noticeable pattern of loss of control.

This is the most common sign that a drinker has shifted into heavy, dependent drinking. It is likely that the person that has lost control and gets drunk without meaning to has developed a physical addiction to the drug alcohol. They may be able to refuse to accept a drink at times, but once they take the drink they have difficulty in stopping and regaining control. A single drink is likely to trigger a drinking binge that will continue to the state of complete intoxication. The "binge" may last from one to several days at a time. At the early part of this stage, they may not get drunk every time that they drink. They will however become intoxicated often enough that it is a problem for themselves, and for others. Until they have reached this point, the alcoholic has had a choice: to drink or not to drink. That is, to drink or not to take the first drink.

We say this with a qualification. The person has a choice about drinking, only if they understand their disease and that they cannot successfully drink alcohol. It is difficult for them to make good decisions about drinking if they do not understand that they have a disease that makes it very dangerous for them to take even one drink.

Also, we live in a society that practically demands the social use of alcohol. This makes it almost impossible for them to resist that first drink unless they understand their alcoholism.

### **The Questions on: Loss of Control**

Have you ever gone into a bar when you really didn't intend to?

Have you ever missed scheduled appointments or meetings so you could drink?

Have you ever drunk all the drinks you bought for the weekend in one day?

Did you ever tell yourself that you would quit at 9:00 PM and not quite until 1:00, 2:00 or 3:00 A.M.?

Have you ever experienced the inability to reliably predict how much you will drink or what will happen when you do when you drink?

Have you ever stopped at the bar "for a couple of drinks" and missed dinner or closed the bar or restaurant instead?

Have you ever made promises that you would quit, but ended up going back to drinking again in a few days?

### **The Questions on: Periodical Abstinence**

Have you ever quit drinking for Lent, Christmas or other holidays?

Have you ever "gone on the wagon," made a New Year's resolution or taken the "pledge" not to drink anymore?

Have you ever quit in order to prove to yourself or to someone else that you could do it, but go right back to heavy drinking after it's over?

Have you ever quit in order to avoid the consequences of losing a job, divorce, or a DWI? (Driving while intoxicated)?

Have you quit drinking during the week, promising that you would drink only on the weekends?

**The Symptom: The Alibi System** As the loss of control increases, it will induce feelings of guilt and shame. The problem drinker may develop special "reasons" or excuses for their drinking. "The pressure on my job is too hard to take," or "My wife is constantly yelling at me", "I'm a little shaky, a drink will calm my nerves", or "my drinking is no worse than anyone else's". They hope that these excuses or rationalizations will justify their drinking behavior in the eyes of their family or associates. In reality, these types of alibis are mostly so that the drinker can justify their drinking behavior to themselves. The main point here is that they are beginning to justify the reasons for their drinking. Addictive drinking is drinking because of circumstances, rather than by choice. However, the addicted persons cannot see this in themselves.

### **The Questions on: Alibis and Excuse Making**

Have you ever said, "If you had a job, (or family, or problems ) like mine you would drink too?"

Did you ever say you had to work late, but really stopped off for some drinks?

Did you ever say that alcohol makes you more alert and that's why you drink?

Have you ever said: "I work hard and deserve my fun, it relaxes me or I deserve it?"

Have you ever said: "If people would get off my back, I wouldn't drink so much?"

Have you ever claimed you were just going to the grocery store to pick up a few things, but really stopped off for a few rounds?

**The Symptom: Eye-openers:** This is the morning drink, "to start the day right." The "morning" may start at any hour of the day or night. An eye-opener is, in fact, a drink to ease the jangled nerves, hangovers, or feelings of remorse after a drinking episode. When a person starts drinking in the morning, it is a very certain sign of dependent drinking.

### **The Questions on: Morning Use of Alcohol or drugs**

Have you ever taken a drink when just getting up from sleep?

Have you ever drunk before noon or at the start of your workday, weekend or vacation?

Have you ever started drinking before lunch?

Have you ever experienced "hair of the dog", or taken a drink in the morning to calm the nerves?

Have you ever-mixed alcohol in your juice in the morning to avoid suspicion of your drinking?

Have you ever been or are you a daily drinker?

Have you ever drunk at night and started up in the morning before the alcohol has left your system?

Has your "5:00 O'clock Cocktail" been starting earlier in the day?

Have you ever gotten up in the middle of the night, had a drink and then gone back to sleep?

Have you ever had your weekend turn into a marathon of three or four days long?

**The Symptom: Changing the Pattern** By now, the drinker is under pressure from their family, friends, and/or employer. They try to break the hold that alcohol has on them. At first, they may try changing the kind of drink; from beer to whiskey or from wine to beer. They may even stop drinking entirely for a period of time. But once the drinking begins, the chain reaction starts all over again. This is an almost certain sign that the person has slipped over into active alcoholism. Normal drinkers do not need to control their drinking, it is just not an issue for them.

### **The Questions on: Change or Modification in the Pattern of Consumption**

Have you ever switched drinks or mixes in an attempt to keep from getting sick or drunk?  
Have you switched from vodka to gin to wine to beer to select beer to near beer in an attempt to keep from getting drunk?  
Have you ever tried changing the place where you drink or drug?  
Have you tried not drinking with certain friends or family members thinking maybe you wouldn't get as drunk or high?  
Have you ever switched the time of day you use or the day of the week?  
Have you ever switched from alcohol to the use of a legal or illegal drug?

### **The Questions on: Geographical, Social or Psychological Escape**

Have you ever-switched bars, drinking places, or drinking friends?  
Have you changed living quarters frequently?  
Have you ever thought it would be better if you were dead?  
Have you ever thought about moving as a way to make things better and get a "new start"?  
Have you changed friends, thinking that it would be better if you didn't hang around with so and so?  
Have you ever just threatened to pack-up and leave home?  
Do you experience frequent thoughts that begin with the words, "If only ... "?

**The Symptom: Loss of Friends, Family or Job** The continuing anti-social behavior of the alcoholic causes their family and friends to avoid them. This can be physical avoidance, or emotional avoidance. The aversion becomes mutual, and the alcoholic becomes isolated within his own family and home. The members of their family may become so desperate that the spouse sometimes separates or even divorces the problem drinker. The same situation develops between their employer and fellow workers and they lose their job. At this stage, it is easier to help the alcoholic than at the earlier anti-social stage. The possibility of loss of family and job does motivate some alcoholics to accept help, but it usually requires help from a professional in order to make the intervention. For some alcoholics, the job is the last thing to go by the wayside. They do this because without the job, they will not have money for alcohol. They "protect the supply", so to speak.

### **The Questions on: Reproof by Others**

Has anyone, family, friends, co-workers, etc ever expressed any concern over your alcohol use?  
Have you ever heard anyone make comments to you like ... "You're no fun to be with when you are drinking", or "You're different when you drink?"  
Have you ever been warned at work that unless your job performance improves, you will be fired (due to drinking or drug use)?  
Have your kids ever said that they don't like it when you drink?

### **The Questions on: Loss of Job, Position or Clients**

Have you ever done your work poorly enough to be fired or suspended from your job?  
Have you ever let your work at home go and leave projects unfinished or keep putting them off?

Have you been overlooked for promotion or asked to step down to a lower level position?  
Have you lost your position, standing or respect within your family, social circles or community?  
Have you ever resigned or been asked to step down from any clubs or organizations?  
Have you ever abandoned social and sports events?  
Have you ever been so ashamed of your drinking behavior that you've avoided going back to be with certain friends or social circles?

### **The Questions on: Change in Habits of Family and Other Significant Persons**

Have your children stopped bringing their friend's home?  
Has your family started going places and doing things without you?  
Has anyone ever walked on tiptoes to avoid getting you angry or upset?  
Have your family and friends ever lied to you?  
Has your family ever refused invitations because of your drinking?  
Has your spouse ever increased his/her drinking/drugging eating or smoking?  
Have friends or relatives ever tolerated your drinking or drug use just to avoid arguments?  
Has your family ever attended Alanon or Alateen meetings.

### **The Questions on: Loss of Friendship**

Have you ever left your spouse or roommate and lived alone?  
Have you ever withdrawn and isolated yourself from your family?  
Have you ever told off your boss and quit before getting fired?  
Have you found yourself avoiding drinking friends and relatives?  
Have you experienced people avoiding you when you've been drinking?

**The Symptom: Seeking Medical Aid** Physical and mental deterioration caused by uncontrolled drinking leads the alcoholic into making the rounds of hospitals, doctors, and psychiatrists. But because they will not admit the extent of their drinking, they seldom receive any lasting benefit from the treatments provided by these professionals. Even when they do get honest with the doctors, they fail to cooperate in following their doctor's instructions and the result is the same. Doctors trained in identifying and treating alcoholism can make a difference when they encounter the alcoholic who is seeking help with stopping drinking. Treatment programs do make a difference, and the doctors who refer patients to recovery programs add important energy to the intervention and to the treatment. The same holds true for the priest who encounters an alcoholic in their parish. The priest may have a greater advantage than the doctor in helping the alcoholic, because the priest usually knows more about the alcoholic, and he may have a more meaningful relationship with him. Also, the relationship with the priest will continue after the alcoholic goes through treatment. This will allow the priest to assist with the client's ongoing recovery program, if the client so desires.

### **The Questions on: Psycho-motor Inhibition**

Have you ever had difficulty focusing your eyes?  
Have you ever had difficulty buttoning your shirt, tying your shoelaces or other tasks requiring hand/eye coordination?  
Have you ever misjudged walking up stairs?  
Have you ever tripped for no apparent reason?  
Have you ever experienced difficulty in doing daily routine tasks, like writing, shaving, putting on make-up, pouring liquids into a glass etc.?  
Have you experienced difficulty in doing detail work that once came easily?

### **The Questions on: Tremors**

Have you ever experienced the shakes, sweating or cramps when not drinking?  
Have you ever experienced not being able to stop shaking after a heavy drinking bout?  
Have you ever had facial tics or lip twitching?  
Have you ever felt shaky inside, hyper, anxious or uptight?  
Have you ever been unable to eat after a heavy drinking episode?

### **The Questions on: Indefinable Fears**

Have you been afraid of being alone lately?  
Have you ever experienced sleeplessness or restlessness?  
Have you ever been concerned that people are talking about you?  
Have you avoided meeting people, or been afraid of answering the phone or door?  
Have you been afraid of doing the things that usually gave you no problems, such as going to work, or talking to strangers?

**The Symptom of Extended Drinking Episodes, or Benders:** Sometimes alcoholics will get helplessly drunk for days at a time, hopelessly searching for that feeling of alcoholic euphoria that they once enjoyed. They utterly disregard everything, including family, job, food, and even shelter in order to pursue the elusive phantom of addiction. During this stage of the alcoholism, they can be helped but it requires a sincere effort on the part of the family, and the alcoholic's social community. Many alcoholics in this stage give up their homes, families, health, and jobs in order to drink the way they must.

### **Questions on: Prolonged Drinking Spree's**

Have you ever been drunk for more than one day?  
Have you ever drunk in the morning, to get rid of a hangover from the previous day?  
Have you ever not gone to work so that you could continue a drinking episode?  
Have you ever neglected doing something for or with your family so that you could continue to drink?

**The Symptom: Vague Spiritual Desires** Often times the alcoholic will begin to reach out for help from priests or clergy members whom he trusts or respects. There may be a very genuine and sincere effort at seeking a spiritual remedy to the drinking episodes. There may be times in which they swear off alcohol forever, with and without a solemn oath. If they take these oaths, they can go without drinking for extended periods of time. Usually, these efforts end in failure, and the alcoholic has more guilt and grief to deal with than before he made the oath. He simply does not have the information and support that he needs to deal with his disease. What is even worse is when the alcoholic succeeds with the oath, and then starts to drink again. This is because the alcoholic will return to drinking habits that are as bad as or worse than when he took the oath in the first place. If you are working with a person who has had this experience, then you are working with an alcoholic.

### **Questions on: Spiritual Weakening and Recognition of Spiritual Need**

Have you ever said, "God help me, I don't know what to do anymore"?  
Have you all of a sudden found yourself back in church?  
Have you ever called your pastor for help?  
Have you ever gone to an A.A. meeting for help?  
Have you felt alone lately?  
Have you found yourself praying again?  
Have you ever called anyone for help?

## **V. THE COUNSELING PROCESS: WORKING WITH THE PROBLEM DRINKER**

At some point in their drinking career, most alcoholics will seek help from an outside source. This help will sometimes be in the form of medical assistance, advice from psychologists, or spiritual counseling from priests or clergy. If the advice to the alcoholic is “control yourself”, or “just don’t drink so much” the alcoholic will usually revert back to problematic drinking within a few days or weeks. It is very important that the problem drinker understand two very simple things about alcoholism. One, that if he has slipped into dependence on the drug alcohol, he will find it very difficult to take one drink and then to stop without drinking to excess. Until the alcoholic understands and accepts this, he will continue to drink. Secondly, he needs to understand that if he is truly alcoholic avoiding that first drink becomes an almost impossible task. This is of course where treatment programs like the St. Dimitrie program and programs like Alcoholics Anonymous are very helpful. They offer support to the person trying to avoid that first drink.

Many people who come to our treatment program have never thought about the need of total abstinence. They are in what we call a **“contemplative”** stage of change. They know that they have a problem in their lives, but may not know exactly where to look for the solutions to their problems. They may be putting the blame on their spouse, on the police, on their boss, or even on “Fate”. They have not really considered that their best friend alcohol may be causing them most of their solvable problems. We usually have them start out by giving them some information about the disease concept of alcoholism, and asking them to talk about their drinking history. If they have a drinking problem, this will help to recognize it and to make a decision as what to do about it.

When the doctor, priest, or counselor talks to someone about that persons drinking history, they are encouraging that person to think about, to talk about, and to consider their current situation as it relates to their drinking problem. During this “contemplation” stage, they may or may not make any decisions, but they will begin to consider the consequences of their drinking. If they come to the conclusion that there are some problems because of their drinking, it is possible that they will consider abstinence, and enter into a **“decision making stage”**, and begin to consider abstinence. Please note that we must never make this decision for them. We do not tell them what to do, or what to think. We do however encourage them to be honest with themselves about their use of alcohol, and how it is affecting their lives. If we make the decisions for them, it is ineffective. For the alcoholic, alcohol is the very means by which they deal with their problems and they must understand why avoiding the first drink is so important. They have not considered that it is their “old friend alcohol” that is causing most of their problems, and that their old friend must be avoided at all costs. This is why education on the disease concept of addiction is so critical. The client must recognize having a problem with drinking alcohol, and then to accept the need of total abstinence from alcohol. **Until this decision making process occurs at some meaningful level within the alcoholic, the problems with alcohol will continue because that person will continue to consume alcohol.**

Wanting relief from the consequences of drinking will at times motivate the drinker to stop drinking for a period of time, but is not enough to keep the alcoholic abstinent. Wanting our pain to go away without a willingness to change what is causing our pain will not bring much relief. We can want potatoes, and so we pray to God and we ask for potatoes. He supplies the potatoes, but we must “put them in the sack”, so to speak. This means that without **action, and sustained action** over time, the decision to change is empty and meaningless. In this area, the priest, or doctor is of great help in encouraging the client to maintain their decision of starting a program of recovery.

Their daily **“program of recovery”** is what they will do in order to obtain and maintain their abstinence. In early recovery, this can be as simple as a daily meditation about the need for abstinence, and not drinking “just for today”. We encourage our clients to attend a treatment group, to

read a book about recovery, to talk to friends in recovery, and to attend AA meetings. We encourage these recovery activities to be done on a daily basis. This allows the recovering person to stay focused on recovery priorities, which helps that person to maintain their abstinence.

The “**maintenance**” of the recovery program is either a delight to the alcoholic, or his downfall. It depends on the willingness of the alcoholic to change and to grow spiritually, and to not drink alcohol. When the drinking stops, the pain stops, the family is home, the job is secure, and the alcoholic is “right with God”. It may seem to the alcoholic and to his family that recovery is complete. Unfortunately, this is just not so. The disease of alcoholism is always dormant in the alcoholic, and it continues to be there even if the alcoholic is not drinking alcohol. It is important to remember that the actual drinking of the alcohol is only the symptom of the disease. This is difficult for the alcoholic to accept, but accept it he must or he will drink again and revert back to the old behaviors.

Without alcohol, sooner or later the alcoholic will become restless, irritable, and discontented. Unless he is able to deal with his fears and ego-centered worldview he will have resentments and difficulties in relationships. He must deal with his past, or guilt and remorse will keep him from finding peace of mind and soul. His addiction will keep him off balance emotionally, mentally, and spiritually. The only way that he will find relief from this painful state is by growing spiritually, and thereby bringing about mental and emotional serenity.

If we look at this from a more clinical view, we would say that the mood swings of post-acute withdrawal become overwhelming. The alcoholic in early recovery suffers moodiness, depression, anger, mania, or all of the above for months or even for years after he stops drinking. This is why the alcoholic must have ongoing support from groups like AA, especially in early sobriety. Without some kind of help or support, his chances of remaining sober are greatly reduced. Clinical treatment programs like St. Dimitrie’s helps to start the lifelong program that the alcoholic needs in order to accomplish these inner changes. Alcoholics Anonymous provides the community support and a recovery program that will give direction for ongoing spiritual development and growth after the client leaves treatment. AA is so important to the recovery process, that we actually introduce our clients to AA while they are in treatment. We encourage them to attend the AA groups meetings, while at the same time coming to our treatment program. We should also note that many alcoholics find relief in AA without ever coming to treatment.

While he is going to AA meetings and learning how to remain abstinent, the family and friends of the alcoholic must accept that he needs this outside support. Society, especially other alcoholics, pressure people to use alcohol. Family members that are supportive of AA meetings and treatment groups, have a much better chance of helping the alcoholic than the family members who discourage such activities. We also encourage family members to themselves attend the Al-Anon family groups, which offer support for the family members of alcoholics. **We will mention Al-Anon later in this booklet.**

If a person goes back into active drinking, we consider them to be in “**relapse**”. We then encourage them to make fresh decisions, and to follow through with their decisions about recovery. Sometimes, the client is not ready for treatment. Sometimes, a client will choose to “drink”, rather than to “recover” and they go back to their old behaviors. This is what we call “doing research”. Many alcoholics come to the conclusion that it is better for them to be in “recovery”, after “doing research”.

## **VI. SOME MORE THOUGHTS ABOUT WORKING WITH THE PROBLEM DRINKER**

- For an alcoholic to have knowledge of the disease of alcoholism and then to continue to drink or to stay in relapse does not leave much room for denial. Sometimes, suffering the consequences of their drinking leads the alcoholic into sobriety. What is important here, is that there must be a willingness

to change. Sometimes it takes an act of God to supply that willingness, but it will always require the cooperation of the alcoholic for it to occur.

- If you are non-judgmental, the alcoholic will feel safe talking to you and will share very openly with you about his problems. This can sometimes be a time consuming process, so I suggest limiting your sessions to one hour, or less. This allows you to see them more often, and it gives them an opportunity to think about what you have talked about.
- If they drink, don't give up. Remind them that it is up to them to be honest about how the drinking is affecting their lives and the lives of their families. Give them time to make their own decisions, reminding them about what you have read in this booklet.
- They may use other people, circumstances, or situations for excuses as to why they drink. Allow them that "yes, sometimes people do drink because of this or that reason, but only alcoholics drink like alcoholics".
- Remind them only they can make the decisions about what they do in their life. If you make the decisions for them, they will allow you to do so, and then they will blame you for when they drink. It is the drinker who must have the investment in his or her own sobriety and you should not waste your time on someone who is not sincere about stopping drinking.
- Ask him directly if he wants to stop drinking, or if he only wants the consequences of his drinking to go away. If it is the latter case, tell him that it is impossible for you to help him as long as he chooses to drink alcohol because that is the very thing that is causing his problems.
- This is in fact saying that you cannot help someone until they are honest about their drinking. Talk to them about their drinking history, and about past attempts at stopping or controlling their use of alcohol. Ask them about how drinking is effecting their lives. Use the questions listed in the chapter on "Symptoms of Alcoholism", or the "Self Test" that is in the appendix as a guide. If you ask these questions out of concern, they will respond. Don't expect them to quit drinking right away. If they come to you once, they will again, if they think you understand them.
- Read the books "Alcoholics Anonymous", "Twelve Steps and Twelve Traditions", and "Living Sober." If you do not know the basics of recovery programs, you will find it difficult to help them to read the books, and talk with them about what they have read.
- Tell them that if they can drink successfully, that you have no concern about it, but that if they have problems then they should talk about it again. Send them to an AA meeting. If they are interested, help them to start an AA group meeting. We can help you to start a meeting if there is not one in your area.
- Encourage them to keep an open mind, and to give AA and or treatment a chance to work for them. If they have problems after the going the first time, suggest that first impressions will change if they continue to attend meetings.
- Remind them that these groups work for millions of people in other countries, and that they are now becoming popular in Romania. Stress that AA has only one purpose, and that is to help them to stop drinking. Remind them that alcoholism is a disease that affects people at all social levels.
- Remind them that in regards to recovery from alcoholism, everyone is the same. Assure the alcoholic that their anonymity will be respected at both the AA group, and at the treatment program. Explain to them that there is a strong tradition in AA about respecting people's privacy.

- Explain that according to the best medical proofs, alcoholism is a **progressive disease** and that they can recover only when they stop drinking all together. The disease is “halted, but never cured”. Remind them that if they are alcoholic and if they continue to drink their life will only get worse, never better. Tell them that stopping drinking for short periods of time will only stop the problems for short periods of time.
- Explain that in recovery, they will find other people who are staying sober, and living more happy and fulfilled lives. Help them to understand that the concept of the AA group is similar to the monastic concept of common purpose, and mutual Spiritual support. Tell them that their friends will either encourage them to drink, or to stay abstinent, depending on the friends they keep. In AA, their friends will help them to stay sober.
- Think Small. Set limited achievable goals. For example, ask your client to attempt to stay abstinent for one day. Tell them that this is possible for all but the most severe cases. Give them some practical advice from the AA books, or from St. Dimitrie program. The book, “Living Sober” is full of very practical suggestions on how to abstain for “one day”. The idea is that if they can stay abstinent for one day, today, then it is possible for them to stay abstinent for the next day, which does not come until tomorrow. It is called the “one day at a time” plan, and is a very basic, yet powerful recovery tool.
- Complicated situations do not require complicated solutions. Focus on the solution, rather than on the problem. If there are marital problems, suggest to your client that just staying sober will contribute to the solution. Small things like attending church with the family, being gentler with the children and not drinking alcohol will go a long way towards the repair of the problems at home.
- Complicated situations do not require complicated assumptions. Remember to keep it simple, and don’t worry about figuring everyone out. It is not the deep complicated knowledge of the human soul that will help your alcoholic. Helping him to use the simple recovery guides on a “one day at a time” basis will make the difference.
- Remember that it takes time for people to change. Remind your client that he did not get sick overnight, and that he will not get well overnight. It takes time for change to occur. Sometimes change occurs quickly, but usually change is slower and less dramatic than we would like. The change brought about by achieving small goals is best. For example, the change brought about by developing the habit of doing a daily meditation in the morning can change a person’s entire attitude towards sobriety. Have him to reflect on the day at hand, and to make a small plan how to avoid drinking, “just for today”. Doing this on a daily basis is a simple and yet very effective recovery tool. Encourage the small things like going to an AA meeting, reading a book on spirituality or recovery, or talking to you about one of the 12 Steps. **Change is a part of life**, and we are able to use it to our advantage when we are abstinent. This is normal for all human beings.
- Help him to remember that problems are a part of life, and that it will take time to heal relationships with the people around him. The most difficult problems in early recovery will be in the areas of relationships, especially lost one’s, or one’s that are in current difficulties. Make sure that he is being honest about his part in creating his problems, and that he does not blame the other person.
- If it is possible, have his family involved in the counseling process. If they are supportive of the necessary work that must be done, it will make your work easier. There is a section in this booklet addressed to the family problems, and there are a few suggestions on how to work with the family. Read the chapters in the book “Alcoholics Anonymous” that are entitled, “The Chapter to the Wives”, “The Chapter to the Employer”, and “Working with Others”. There are some very good and practical suggestions in the AA books about how to work with alcoholics, and their families.

- The suggestion that we most strongly recommend is this: Accompany your problem drinker to the St. Dimitrie programs meetings. At the very least, help him to make contact with us or with someone in AA. Explain to them that by talking to other people who have had a drinking problem that he can learn more about alcoholism for himself.

If the alcoholic refuses help, remember that change occurs as a process, rather than as an event. For most people with a drinking problem it will take some time for them to accept the necessity of complete abstinence, the benefits of treatment, and the helpfulness of the AA group. Offer to loan them a copy of this book, or one of the AA books. Offer to discuss what they read with them as their Spiritual father. If the alcoholic is coming to you, he knows that he needs help. He may not accept your solution all at once but after he understands his condition, he will have a difficult time avoiding the responsibility of getting sober. Encourage people to be honest with you, and to be honest with his or herself about how their drinking is affecting their family life. It is not about guilt. It is about helping them to accept responsibility for change, when change is needed.

One other important thought that we should mention here is that it is the responsibility of the alcoholic to change, and it is not the responsibility of the priest or counselor to change the alcoholic. We only provide information and support to help the alcoholic to make better decisions. For there to be meaningful progress it must be the alcoholic who makes the decisions and who takes the affirmative action of change. The responsibility for the change is the alcoholics, and no one else's. We do try to help in this process, but we cannot do for the alcoholic what he must do for his own self.

## **VII. STEPS FOR ALCOHOL SCREENING AND BRIEF INTERVENTION**

As a family doctor you are in an ideal position to identify and manage patients that may have drinking problems, or who are at risk of developing drinking problems. Family doctors are usually visited by people experiencing drinking related problems because doctors offer relief from some of the physical complications related to the use of alcohol. The statistics vary, but as many as 25 % of the adult population here in Romania have drinking patterns which put them at risk for developing problems related to their use of alcohol. These problems include but are not limited to accidents, emotional and mental disturbance, cancers, diabetes, heart problems, liver problems and alcoholism or alcohol dependence. You may be the first person the problem drinker sees when he or she enters into the cycle of alcohol abuse and its related problems.

We know that as a doctor you are very busy. Yet we believe that you are interested in giving your patients the best opportunity to live useful and productive lives, free of the potential disasters awaiting most people who abuse alcohol. This guide is designed to help you to identify and manage patients who are at risk for developing more serious problems related to alcohol abuse. It offers practical advice on screening patients for alcohol problems, evaluation of those problems, and brief intervention strategies for helping people to make better choices about the use of alcohol. There are important reasons for making this intervention. Untreated alcoholism results in a variety of physical, social and economic consequences to its victims. Alcohol use can also interfere with treatment of medical problems, including inter-acting in a harmful way to many prescription drugs. Finally, untreated alcoholism often results in death.

Your patients look to you for advice about their health generally. The information they receive should contain basic information about alcohol use, especially for those who are found to be at risk of developing more severe problems. Research has shown that simply discussing your concerns about alcohol use can be effective in changing patients drinking behaviors before their problems become more chronic and acute.

We hope that this guide will assist you in your practice, and that it will become an important part of your work.

### **Basic Information for Your Patients**

Many people who drink alcohol are not at risk for developing alcohol related problems because they drink in moderation. However, all drinkers should know about the risks associated with consuming alcohol. The following is basic information and advice that you can offer to your patients who drink alcohol.

#### **Recommendations to patients about Low-risk drinking:**

We suggest advising patients that drink to drink in moderation. For men, this means no more than two drinks per day. For women, no more than one drink per day. People over 65 should consume no more than one drink per day. Please note that we are talking about a „drink” as being 12 grams of pure alcohol, or about one-half liter of beer, 250 grams of wine or 100 grams of strong liquor. Under certain conditions, we advise people to abstain altogether. If they are pregnant or considering pregnancy, or if they are taking a medication that interacts with alcohol. Also, if there are existing medical conditions such as liver disease, hypertension or other conditions that would be complicated by alcohol use. Finally, if the patient shows signs of alcohol dependence we advise a program of complete abstinence for alcohol.

#### **Four steps for screening, evaluation and brief intervention:** **ASK, EVALUATE, ADVISE AND MONITER**

Step One: Ask about alcohol use.

Step Two: Evaluate for alcohol related problems.

Step Three: Advise the patient based on the evaluation.

Step Four: Monitor the patients progress.

**Step One:** Directly asking questions about alcohol use.

Screen for alcohol problems when:

- Giving a normal health examination.
- Before prescribing medications that could interact with alcohol.
- If there are presenting problems related to alcohol use.

Ask all patients the simple question, „do you drink alcohol?” It is normal for people to drink, and no one should be offended by such a question. As their doctor, it is important to know certain facts about such an important factor in their lifestyle.

If they do drink, then it is relevant to know something about their use patterns. If your patient drinks any amount of alcohol, ask these questions about their alcohol consumption:

- On average, how many days per week do you drink alcohol?
- On a typical day when you drink, how many drinks do you have?
- During the past month, what is the maximum number of drinks you took on any one occasion?”

**The „Four important questions”.** Asking your patients these four questions will help greatly when making a later evaluation of their risk factors. They will give you a good idea if there are psychological or social problems related to their alcohol use.

- Have you ever felt that you should reduce the amount that you are drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever taken a drink first thing in the morning?

If your patient says „yes” to any one of the above questions, then ask them if it occurred within the past year. It is relevant to know if the problems are past or current. Some people have problems with alcohol, and then make corrective lifestyle changes.

There may be a drinking problem, or the patient may be at risk of developing one if the alcohol consumption is for men: more than 14 drinks per week, or 4 drinks on one occasion. For women, it is more than 7 drinks per week or 3 drinks on one occasion. Also, there is risk for alcohol dependence if the patient answered „yes” to one or more of the previous four questions.

## **STEP II. Evaluation of Alcohol related problems.**

In evaluation of any alcohol related problems, it is useful to consider three possibilities. That your patient may not be alcohol dependent, but is at risk for developing problems, that he or she is currently has alcohol related problems, or that your patient is alcohol dependent.

### Category One: Those at increased risk:

People in this category are not necessarily having alcohol related problems, nor necessarily are they alcohol dependent. If they have the indicators listed, they are at risk and should be advised that they are at risk of developing alcohol related problems. If these problems do arise, talking about alcohol risk facts allows you to make an intervention at a later date, based on your current discussions with the patient.

Indicators of being at risk include:

- Drinking over recommended levels, as outlined earlier
- Drinking in high-risk situations, such as while driving a car, while taking medications or when having other health problems.
- Having a personal history of alcohol related problems.

Assessment questions to ask your patients alcohol use patterns, and about their family history.

- How long have you been drinking at your current levels?
- How many times a week are you now drinking?
- How many times in a week or month do you drink over 4 drinks on one occasion?
- What is the most alcohol that you have consumed on one occasion during the past year?
- Has anyone in your immediate family ever had drinking problems?

### Category Two: Those currently experiencing Alcohol-Related problems.

Indicators of currently experiencing alcohol related problems:

- One or two positive responses to the „Four Important Questions” in the last year.
- Evidence of alcohol-related medical or psycho/social/behavioral problems.

Assessment questions:

- Review the patient’s medical history for evidence of alcohol related medical problems such as: blackouts, depression, hypertension, trauma, chronic abdominal pain, liver problems, sexual problem, sexual problems.

- Ask about interpersonal or work related problems-with family, employer, school performance, accidents or injuries or other non-medical problems related to alcohol.

Remember that we are not trying to make a diagnosis, only to determine if they have a drinking problem, if it is current, and if so how severe is the problem at this time.

Category Three: Those who may be alcohol dependent.

Indicators of dependency:

- Three or more items in the “Four Important Questions” have occurred in the past year.
- Evidence of one or more of the following symptoms
  1. Compulsion to drink---preoccupation with drinking.
  2. Impaired control---unable to stop or moderate once drinking episode begins
  3. Relief drinking---drinking to avoid withdrawal symptoms
  4. Withdrawal—evidence or history of tremors, nausea, sweats, or mood disturbance.
  5. Increase in tolerance-----it takes more alcohol than before to get the desired effect.
  6. Decreased tolerance-----it takes less alcohol than before to get the effect.

Assessment Questions:

- Ask your patient the following questions:
  1. Do you ever feel a strong urge to drink? Do you regularly think about drinking?
  2. Does it take you more drinks to get you high than it did a few years ago?
  3. Does it take you fewer drinks to get you high than it did a few years ago?
  4. Are there times when you are unable to stop drinking once you have started?
  5. Do you change your plans from time to time so that you can get a drink?
  6. Do you ever drink in the morning to relieve the sickness of the previous days drinking?

**STEP THREE: ADVISE APPROPRIATE ACTION**

**State your medical concern** by being specific about your patient’s drinking patterns and related health risks. This is so that he or she is advised about the risk that they are taking. This is just as you would for any health threatening behaviors.

- ASK: “How do you feel about your drinking?” Knowing this gives an indication of their level of awareness of their problem, and their willingness to take action if needed.

**Advise to cut down or to abstain:**

- Advise to abstain totally if:
  1. there is evidence of alcohol dependence.
  2. if there is a history of repeated failed attempts at controlling the frequency of drinking, controlling the amounts consumed, or controlling the effects of the alcohol.
  3. if the patient is pregnant or trying to conceive.
  4. if the patient has a contra-indicated medical condition.
  5. if they are taking medications would interact unfavorably with alcohol.

### **Agree upon a plan of action:**

- ASK: Are you ready to try to cut down or abstain?
- Spend time with those who are willing to make needed changes and help them to develop a plan. Use your own experiences, or suggest that they can get help by coming to the St. Dimitrie program, or to an AA group.
- Especially on the first visit, be sure to **invite them to come again** and to discuss any further problems that they may have in cutting down or abstaining. Often times the potential problem drinker will accept advice when it is based in his own experience. If he continues to have problems, he will come and see you again if he thinks that you understand him.

### **For patients who are not alcohol dependent:**

- Recommend low-risk consumption limits based on the guides and their health history. Remind them that there is nothing wrong with drinking, but sometimes it does become a problem.
  - Advise them to set a “drinking goal”, and ask them if they are ready to consider making a mild change in their drinking habits for the sake of their health.
  - Patients will respond better if they have options to consider, such as: “Some patients prefer to set a limit to the amounts that they drink, and some prefer to abstain for periods of time. What do you think would work best for you?”
  - Provide education to your patients about alcoholism, and about drinking guidelines.
1. Ask them to think about positive reasons for cutting down or abstaining.
  2. Ask them to examine what triggers unhealthy drinking episodes
  3. Ask them to examine their drinking patterns in light of current problems.
  4. Give them materials to help them to set healthy drinking goals.

### **For patients with evidence of alcohol dependence:**

- Refer them to the St. Dimitrie program for an additional evaluation
- Refer to treatment or to AA if the patient is open to going
- Involve your patient in the decision making process
- Discuss the options available
- Schedule an appointment with someone at St. Dimitries while the patient is in the office.

### **SOME COUNSELING TIPS:**

- Use an empathetic, non-confrontational style of discussion
- Offer your patients some choices about how to effect change
- Emphasize that it is the patients responsibility for changing their drinking behavior
- Convey confidence in your patients ability to change drinking behaviors.

### **STEP IV: MONITORING PATIENT PROGRESS**

Follow up with your patient in much the same way as you would if he had hypertension or diabetes. Remember that behavior change is an incremental process that often involves trial and error.

#### **For those cutting down or doing short term abstinence program:**

- Remind the patient that you or other staff are available if they need help.
- Give your patient encouragement and support their efforts at change at each visit by:

1. reviewing their progress to date
2. commending your patient for efforts made
3. reinforcing positive change (verbal affirmations)
4. assessing continued motivation

- Consider scheduling additional appointments if needed
- Consider their motivation, and refer to AA or to the St. Dimitrie program if appropriate, even if it is for “education” about alcohol.

For patients who have been advised to abstain or who have been referred to a treatment program:

- Ask for reviews from counselors on progress
- Monitor symptoms of depression or anxiety. Be supportive but don't over medicate. The post-acute withdrawal symptoms usually lessen after the first few weeks of abstinence.
- If relapse occurs, be prepared to give the patient permission to make their own choices, but let them know that you are there to help them if they want help.

### **What to do about patients who are not ready to change their drinking behaviors**

Do not be discouraged about patients who have drinking problems, and that are not ready to change. Sometimes change happens slowly and sometimes it does not happen at all. By offering them advice, you have begun a process of change, and they may be taking their drinking more seriously. Continued reinforcement of your concerns for them is sometimes helpful.

**For the “At Risk and Problem Drinker” if they are not ready to take action:**

- Restate your concerns about their health
- Reinforce your willingness to help them if they need help, but only when they are ready to accept help.
- Continue to monitor alcohol use at their future visits

For the “**Alcohol Dependent**” consider these additional strategies:

- Encourage them to attend an AA meeting
- Advise them to consult with the St. Dimitrie program
- Ask them to discuss your recommendations with family members and to invite their family members to attend follow-up visits
- Advise them about the Al-anon program for family members
- Recommend a trial period of abstinence, monitor for withdrawal and review their progress.

Most importantly remind them that:

- That alcoholism is a disease
- That if they are alcohol dependent, that they may be able to control their drinking for short periods, but that it will be difficult to control it over the time.
- If they are alcohol dependent and if they choose to drink that they will have ongoing problems related to their alcohol use.
- That alcoholism is a primary, progressive chronic and fatal disease.

**IF THEY CONTINUE TO HAVE PROBLEMS, LET THEM KNOW THAT YOU ARE THERE TO HELP THEM.**

Acknowledgements: U. S. Department of Health and Human Services, U.S. National Institute of Health, U.S. National Institute on Alcohol Abuse and Alcoholism.

## **VIII. ABOUT ALCOHOLICS ANONYMOUS**

**Disclaimer: The author cannot speak for Alcoholics Anonymous. Although most of the information below is taken directly from official AA literature, the statements below should be considered the authors own interpretations of the AA fellowships views. For a more official introduction to AA, you are encouraged to contact the headquarters of Alcoholics Anonymous. The addresses are located the Appendix. The St. Dimitrie program collaborates with AA, but is not formally associated with its foundation. Although we endorse AA, we are a separate program.**

Alcoholics Anonymous ("AA") is the most widely know and accepted organization in the field of alcoholism treatment in the world today. Two chronic alcoholics founded AA in 1935 when they realized that they could stay abstinent themselves by helping each other to stay abstinent, and thereby started the "group support" method that we have today. Shortly after the start of AA program, the 12 steps emerged. The 12 steps simply reflect how the early AA's found sobriety. AA has spread throughout the world, and according to the AA General Services Office, there are over 90,000 AA groups with 2.5 million active members worldwide. At this time here in Romania there are only about 20 AA groups, but this number is growing.

Although AA is not an alcoholism treatment program in itself, it provides a "program of recovery" as outlined in the fifth chapter of its book, "Alcoholics Anonymous". This free program offers the means for alcoholics to seek relief from their addiction to alcohol. AA does this by providing a set of spiritual principles, as outlined in the 12 Steps, by which to achieve and maintain sobriety. Also, AA acts in providing peer group support, which helps its members to maintain abstinence on a "daily basis". Most alcohol and drug treatment programs, including the St. Dimitrie Program, encourage or include AA group activities for their patients during and after treatment.

Perhaps AA is best described by its preamble: "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other, that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and to help other alcoholics to achieve sobriety."

Every parish priest has knowledge of people who are trying control their drinking. A typical AA meeting is made up of people who come together to discuss their problems as they relate to alcoholism and to give mutual for abstinence. If as a priest or doctor you can organize a group of two or three people who are willing to begin an AA group, and if they want to call themselves an AA group, the group is formed by virtue of their common purpose. To quote one long time AA member, "*AA is simply one alcoholic helping another alcoholic to stay sober*".

While it may be difficult and time consuming, it is not impossible for you to start an AA group in your own parish. If you would like to start an AA group, I encourage you to contact an already established AA group for help. You may also contact the St. Dimitrie program, and we will assist you in getting your group started. In the appendix there is a list of some of the known AA groups in Romania, and you may contact them for more information.

Anyone who believes that they might have a drinking problem is welcome in AA. If there is a meeting in your area, take them to an open AA meeting. If possible, contact the group first and let them know that you are coming. Remind your client that at AA, he will meet people who have themselves admitted to having a drinking problem, and going there will help him to know if he has a drinking problem

## **IX. SOME BASIC AA PRINCIPALS**

**Disease Model:** AA believes that the disease of alcoholism comes with a variety of biological, psychological, social, and spiritual consequences. In other words, alcoholism is considered to be a "bio-psycho-social-spiritual disease." Recovery from alcoholism involves addressing physical, emotional, social, and spiritual problems associated with alcoholism. This means that they see alcoholism as more as a medical problem that is centered in the mind of the alcoholic, and not a moral deficiency. It has been described in their basic text, the book "Alcoholics Anonymous" as being a "physical allergy coupled with a mental obsession" to drink alcohol. I will note here that while visiting a famous Romanian monastery that I asked the Abbot of this monastery for his thought about alcoholism. He said, "the alcoholic is irrational, his problem centers in his mind". This observation was from a man who has never read a book on alcoholism, but who had counseled with many alcoholics over several years. I was amazed, because he said almost exactly what the AA books say about alcoholism.

**Alcoholism is a progressive condition** that can be arrested but not cured. Lifelong abstinence is necessary for recovery.

**AA points to the heavy price that addiction takes on the total person**, including a narrowing of the human experience leading to emptiness, alienation, isolation, and loss of meaning and purpose in life. From an AA perspective, these problems can be addressed through the spiritually based recovery program as outlined in the 12 Steps that are found in Chapter five of the book, "Alcoholics Anonymous".

**Powerlessness:** No significant change is possible until the alcoholic can admit that he needs help. That is, that he cannot stop drinking without help from God.

**Higher Power:** This is a frequently misunderstood term in AA literature. The AA intent is to say that we can stay sober, but we need to develop a better relationship with "God" in order to overcome our human weaknesses. The point is that for the purposes of developing a recovery program it is important to improve our relationship with Him. You can be a priest, and yet still be an alcoholic that has lost his relationship with God.

**Inventory and Confession:** It is a basic belief in AA that recovery from alcoholism is possible only if the alcoholic is able to be honest with himself, and with other people about his past and present difficulties.

**Change with God's help:** The AA members also request the help of God so that they can know themselves better, and with His help to change those parts of themselves that need to be changed. In the Church, this might be referred to as "repentance".

**Amends:** There are other aspects of spirituality from the AA perspective, such as making amends with those the alcoholic has hurt. This is usually done under the guidance of an older AA member, or spiritual advisor.

**Attending Meetings:** One of the most essential components of the AA 12-Step approach to recovery is active and frequent attendance at AA meetings. This helps to stabilize new members in their abstinence. It should be noted that in early AA, one AA meeting each week was considered adequate. Today, many people attend meetings more frequently. There is no official recommendation about this, and we suggest that people decide for themselves how many meetings they need to attend in order get the support that they need to remain abstinent. Some people enjoy the social aspects of AA's fellowship, and so they attend frequently. Other people get sober in AA and then stop going to the meetings. Many of the people that stop going to the meetings will relapse without the group support, but some of them do stay sober even without AA.

**Alcoholics Anonymous has no opinions about “outside issues”.** For example, AA is not a temperance society and does not become involved with questions like whether other people should drink alcohol or not. Its members simply know that they themselves cannot safely consume alcohol.

**AA and Treatment Programs:** Treatment programs like the St. Dimitrie program and AA go hand in hand. We know that by using the community support that Alcoholics Anonymous offers, that the treatment more is more likely to be successful. Also, AA alone, without treatment, is not as effective as AA with treatment. In addition, the AA literature suggests that some alcoholics need medical intervention before coming to AA, and some will need special professional help after getting into AA. Most alcoholics benefit most from both treatment, and AA. Some alcoholics do not respond to AA and will stay sober only by attending treatment, but this is not usually the case. Usually, treatment is not effective unless the patient goes to AA after going to a treatment program.

**AA tries to be neutral** in specific questions about God, and church. As a result AA is open to all alcoholics, no matter what their religious background, or lack thereof. However, if you read the AA books, you will find that AA members are encouraged to “return to their faith”. Many alcoholics do not begin to attend church until after they sober up. Then, after going into AA, there is a renewed interest in spirituality, and the Church, because there is so much discussion about “God” and “Spirituality” in the AA program. According to AA, it is essential that the alcoholic grow spiritually.

**Any type of person may have the illness of alcoholism.** This is reflected in AA’s membership. No matter what social position or profession a person may have, if drinking has an “unfavorable impact” on a person’s life, and that person cannot stop drinking, then most AA members would believe that person is an alcoholic.

**Spiritual principles in AA are directly from the Bible,** and the bible is the spiritual foundation of the Twelve Steps. In fact, they are universally accepted spiritual principles that are to be found in all of the worlds great religions.

**Some Thoughts about AA and the Church:** It would be accurate to say that Orthodoxy is a broad program of recovery for human beings suffering from all human ills and failings. AA is a program of recovery specifically focusing on the spiritual, emotional and physical disease of alcoholism. This allows for the Orthodox Christian to focus on his recovery from alcoholism in AA, while using the Church to enhance and broaden his Spirituality generally. We suggest that Orthodox Christians who use AA be in contact with their priest or Spiritual advisor. AA encourages its members to attend their churches, and AA always tries to cooperate with the clergy. The priest can encourage abstinence, and assist the alcoholic in understanding and working the 12 steps of recovery.

**AA is not for everyone,** and does not try to fit everyone’s needs. Some people for whatever reasons do not accept the spiritual approach to treating alcoholism, and AA has no opinion about this. A simple way to state this is that “AA is not for those who need it, but for those who want it”.

**Alcoholic’s Anonymous** is a program of recovery that has helped millions of people worldwide to stop drinking. The most fundamental beliefs of the AA program are that if its members are to remain sober, that it is necessary for them be honest with themselves, to trust God, and to help other alcoholics.

## **X. FOR THE FAMILY AND FRIENDS OF THE ALCOHOLIC**

**Disclaimer: The author cannot speak for Al-Anon Family Services. Although most of the information below is taken directly from official Al-Anon literature, the statements below should be considered the author’s own interpretations of the Al-Anon fellowships views. For a more official introduction to Al-Anon you are encouraged to contact the headquarters of Al-Anon Family Services. The addresses are located in the appendix along with those of Alcoholics Anonymous.**

The family and friends of alcoholics often suffer more from the alcoholics drinking than does the alcoholic. At the St. Dimitrie program we offer a family support program, and encourage family members to attend the Al-Anon Family Services program. The Al-Anon program, while separate from Alcoholics Anonymous, is closely associated with AA and has the common use of the AA 12 Steps.

We include this discussion of the basic Al-Anon program here for two primary reasons. First, because we at the St. Dimitrie program endorse and believe in the positive spiritual approach of Al-Anon. Secondly, Al-Anon is like AA in that it is a community based program. Any two people who are interested in helping themselves to deal with the effects of alcoholism in their own lives can start an Al-Anon meeting. We hope that by including a section on Al-Anon in this manual it will encourage the starting up of these types of family support group meetings in Romania.

The family members in Al-Anon use the 12 steps of Al-Anon in much the same way as do AA members use the 12 Steps in AA. The only real difference is that of focus, and the particular problems that each program faces. In this section I am introducing the 12 Steps generally, and attempt to give a basic introduction to recovery principals as found in both AA and in Al-Anon.

## **XI. A BRIEF DISCUSSION OF THE 12 STEPS**

**STEP ONE: We admitted that we were powerless over alcohol—that our lives had become unmanageable.**

Difficult as it is, step one is very necessary and is the foundation step of recovery. Admitting that he is powerless over alcohol allows the alcoholic to be open and to accept the need of doing something about his addiction. At first it is difficult to admit complete defeat, but until the alcoholic admits that he cannot safely drink alcohol, he will continue to try and to control his drinking. He will not think it necessary to avoid the “first glass” and he will continue to drink, and will continue to have the problems that his drinking causes.

The same is true for the family member. We must admit that we are powerless over alcohol, and powerless over the alcoholic. As family members, we accept too much responsibility for the alcoholics drinking. We sometimes mistakenly believe that we “**cause**” the alcoholic to drink, and that we can “**control**” the alcoholic by either doing or not doing certain things. Cooking his favorite food, or dressing a certain way, or behaving in a special manner are all ways that we try to control the alcoholics drinking.

Until we can “let go” of the alcoholics behavior our own lives remain “unmanageable”, and we become frustrated, angry and sometimes even bitter towards the alcoholic because he does not respond to our efforts at controlling his drinking. When we make the admission that we are as powerless over his alcoholism as he is, we begin to be able to take more constructive action. We begin to turn our lives, our loved one’s lives, and our alcoholic over to the care of God. We begin to understand the things that we cannot change, and we begin to work on improving our lives in a realistic way. This means that with God’s help we start to work on changing the things that we are able to change in ourselves, and in our daily lives. This does not mean that we stop loving the alcoholic. It just means that we detach from his behavior, and allow him to accept responsibility for in his own life.

**STEP TWO: Came to believe that a Power greater than ourselves could restore us to sanity.**

It is important for the alcoholic to consider this step carefully. If we are powerless over alcohol, and our drinking history proves that we are, then we are not completely “whole” or “well” mentally. We no longer choose to drink or not to drink, or how much we will drink once we start. We

need God to help us to find sanity again, because no one else can help us. There are no medical cures, no psychiatric solutions, and no way out of our dilemma except by use of spiritual measures. **Step two is simply the acknowledgement that God can and will help us to avoid the insanity of the first drink, and that He will help us to find some peace and serenity in our lives if we are willing to cooperate with His grace.**

It is also important for the family member to understand the meaning of this step. In step one, we admitted that we were fighting a losing battle. Most of us would also admit that we needed help in order to release the obsessive thoughts and behaviors, and the many fears and resentments that we have had towards the alcoholics drinking. For the family members, what this step is referring to in "restore to sanity", is for us to again have peaceful and meaningful relationships with the people around us, with ourselves, and most of all with God. Step two says that we need to be restored to mental, emotional and spiritual wellness, and that God, who is a Power greater than we are, will accomplish this miracle for us.

### **STEP THREE: Made a decision to turn our will and our lives over to the care of God, as we understood Him.**

If we have taken the previous two steps carefully, we have admitted that we are powerless over alcohol, and that we have need of restoration to mental, emotional and spiritual well being. Also, we have recognized that God is able and willing to help us with our problems. It is possible for Him to do this when we make efforts to make our will conform to His will for us. In Step three, we begin to use the spiritual tools that we now have. Step three begins when we become **willing** to accept God's help, and when we make **a decision** to surrender our life over to His care. We surrender our problems over to Him and give Him the good and the not so good parts of our lives. We ask for His protection, for His guidance, and for Him to be an active participant in our lives.

This may sound like a somewhat simple and idealistic idea, and you may consider that most people turn their lives over to God as a matter of daily living. Well, consider for a moment the spouse of an alcoholic waiting at home while her husband is at the bar drinking. She is worrying about whether or not her husband will come home with any money from the bar. She cannot control the outcome of his drinking, and she is fearful about not having money for food next week. She is anxious and worried about his safety, because it is winter and he is walking home in the cold. She is angry with him for drinking on payday when he said that he would not, and she is in spiritual despair because this has been going on for years. She has prayed to God for him, wanting him to stop drinking, and now doubts that God listens to her.

When this person "surrenders" her will and her life over God, she lets go of the fear, the anxiety, and the anger because she trusts that God will help her, according to His will. She does not need to control, and to be responsible for the alcoholic. With this surrender to God's will, she finds relief, and only then can she begin to focus on the more productive activities like taking care of herself, and her family. When she puts God back in charge, she can then focus on the solutions to her problems, rather than using up her energy focusing on the problems that the alcoholic creates.

The same is true for the alcoholic. It is important for him to let go of the ego-centered selfishness of the alcoholism, and to trust that God will give him a better life. The alcoholic learns that he is not the central figure in life, and that he will find peace by not trying to control everyone around him. He learns to "Live and let live", so to speak. Letting go of the fear of what is going to happen tomorrow, and trusting that God will help him to take care of the mistakes of the past enables the recovering alcoholic to live in today with some degree of peace and serenity. It is an act of faith to believe that God will perform the miracle of sobriety, and to believe that God will give spiritual well being to the alcoholic and to his family.

When we learn acceptance of God's will for us, we also find that there many things that we can change. We begin to recognize this, and to take more positive action. Step three is best summed up by the "Serenity Prayer": "God, grant me the serenity to accept the things that I cannot change, the courage to change the things I can, and the wisdom to know the difference".

#### **STEP FOUR: Made a searching and fearless inventory of ourselves.**

It is at this point that the decision made in step three is followed up with action on our part. We must begin to be honest with ourselves about our good qualities, and our faults. This is not always easy, because we are accustomed to blaming others for our problems and pain. We may not realize how our own behavior could be making the situation worse. For example, do we blame every crisis and every problem on the alcoholic? If we are alcoholics, do we blame our wives for the unhappy relationship that we have with them? Do we feel sorry for ourselves, and are we resentful and bitter towards society, employers, family, friends, blamed fate, or even God for our problems? Are we intolerant, despairing and suspicious? Have we lacked patience, and not allowed that other person to be whom they choose to be?

It is also important that we recognize our fears as a lack of faith, and that we be able to recognize that we lack trust in God. It is fear that leads to resentments that will drive the alcoholic back into drinking. For the family members and the alcoholic it is the same. Fear of the future and resentments over the past will trigger the emotional anger, despair, controlling behaviors and turmoil that causes so much pain in the family. Unless we can recognize these factors in ourselves, recovery is difficult, if not impossible. Fear is a lack of faith, and resentment is a type of unforgotten anger that is fueled by the fear of self-centered thinking.

In this step we actually list on paper the things in our lives that we need spiritual help with. In Al-Anon and in AA literature there are guides that help with taking these steps. The goal of this step is to help us to find spiritual balance in our lives. We do this by knowing ourselves better and then changing those things about ourselves that we need to change, with God's help. We must also be honest about our good qualities, as they are strengths that we can count on. They are a part of the foundation that we rely on to help us through the difficult times.

#### **STEP FIVE: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.**

If we have been able to admit to some faults in ourselves it is a relief to admit these things to God so that we can ask Him for help in overcoming these shortcomings. We start to get relief from them when we ask for His help specifically in the areas of our fourth step inventory. We find peace when we admit our failing to another human being that we can trust. Discussing our spiritual needs with an understanding person such as the priest, doctor or spiritual advisor, we get appropriate direction in our spiritual lives. We begin to feel that we are again a part of society, and that we not so alone with all of our problems and difficulties. We begin to trust our thinking again, and we begin to trust in ourselves. We also begin to trust in other people again, and to trust in God in a new way. This is the beginning of a life long process of discovery and change which allows us to accept the good in ourselves, and with God's help to change the parts in ourselves which needs to be improved on.

For the priest, it is important to note that this is not a confession in the usual sense. It is less an admission of guilt, than it is an acknowledgement of "short-comings" that need to be corrected. Of course, many of the things discussed in the fifth step could also be found in a confession, and sometimes it could be done as a confession, but usually it is not. This step can take one or two hours, and sometimes longer. It involves discussion of the process of how our characters are flawed, and not just the problems themselves.

Also, it is helpful if the sponsor or spiritual advisor is familiar with the basic recovery principals (the 12 Steps) found in AA and Al-Anon. This allows for the person hearing the fifth step to understand that the goals of the person giving the step go beyond the admission of a few sins. I have talked to several people in Romania who are in recovery, and they do not like to present their step fives to their priests because they believe that the priest does not understand what they are trying to accomplish in presenting their fifth step. For the person that is taking step five it is like taking a new path in life, because they want to change their spiritual direction, and to renew themselves. They believe that it is important that the priest understand their motives, and their intentions.

A good way to look at this step is to compare it with someone who is preparing for entrance into a monastic community. Their spiritual advisor may want a general confession of sins, but will also want to know that the person desiring to enter the community understands what they are trying to accomplish by entering the community. If the novice believes that the abbot understands what he or she is trying to do by entering the community, there will be trust between them. The spiritual advisor can be of great assistance if they understand that the person taking this step is trying to accomplish significant changes in their spiritual life.

### **STEP SIX: Were entirely ready to have God remove all these defects of character.**

It is the usual intention of the person who takes step five to make a serious effort at changing the more serious difficulties that they have found in step four, and discussed in step five. This means being willing to “surrender to God” the anger, self-pity, resentments, controlling behaviors, despair, self-centeredness and other “character defects” or “sins” that may have been discovered in the previous steps. This is an action step, and allows us to not only confess our failing, but now to honestly allow God’s grace to remove those things from us that are causing our pain and difficulties.

Some of our faults are so much a part of our lives that we lack “complete” willingness to turn loose of them, and this is normal. The point is that we are now willing to grow spiritually in the direction that God gives us. We don’t become saints, we simply begin a process of allowing His grace to work in our lives. This process is our conscious effort to be willing to change what needs changing in our lives, with His help.

Getting rid of our faults usually takes time, and repeated efforts. In step six, it is the beginning of a process that will continue to change our spiritual lives as long as we continue to have the willingness to allow God to be active and to remove our “defects of character”. This step is tied to the other steps, particularly steps four and ten, in which we engage in a process of inventory and reflection about our attitudes and behaviors.

### **STEP SEVEN: Humbly asked Him to remove our shortcomings.**

The important word here is “Humbly”. Humility allows us to acknowledge that we need to have God’s grace in dealing with our addiction, or our reactions to someone else’s addiction. We gain in humility when we ask for His help in removing those “shortcomings” within ourselves that cause us so much confusion and pain. Sometimes we ask for His help throughout the day in removing our shortcoming. If they become more difficult, we ask for more strength and guidance. We keep in mind that our human failings are seldom removed all at once, and that it sometimes takes time for us to achieve our ideals. If we fall short of our chosen ideal, we then renew ourselves by asking for the strength to continue with our struggle. It is like the old spiritual song, “Lord, please don’t move my mountain, just give me the strength to climb”.

Fear is our greatest enemy. It is the fuel of our selfishness, our anger, our frustration, and our lack of peace. When we begin to ask God to remove our fears, we begin to find relief from this most

difficult emotion. We have less emotional turmoil, and we move closer to God. Our desires become more God centered and less self-centered. We lose the obsession to drink, and we begin to find tolerance of others. We begin to find peace with others and ourselves.

**STEP EIGHT: Made a list of all persons we had harmed and became willing to make amends to them all.**

Steps eight and nine deal specifically with human relationships. We sometimes do grave harm to ourselves, and to our family and friends when we allow ourselves to be controlled by another persons drinking. Our behavior can sometimes be as destructive as the alcoholics, although usually not as dramatic. We may become so absorbed with what the alcoholic is doing that we forget our responsibilities to other family members. Sometimes we lash out at the alcoholic, and sometimes we neglect to take care of ourselves when we worry about the alcoholic's drinking.

For the alcoholic, admitting wrongs done is one thing but making amends to the person wronged can be frightening. However, in making these amends we lose our sense of guilt, and we find the spiritual grace that comes with honesty and fairness in relationships. Our thinking and our behaviors improve, and we find the peace that we seek, without using alcohol or drugs.

Sometimes amends are as simple as an apology for wrongs done. Sometimes we might do an act of charity or do some friendly action as a way to compensate for past wrongs. Sometimes, it is impossible to make amends, but we must not neglect the necessity of being willing to make the amends. Our spiritual growth will depend on our desire and willingness to grow in honesty, and to become a creature that is pleasing to God. If we neglect the opportunity to make amends, we lose the opportunity for spiritual growth. For the family member, it can mean a loss of peace, a sense of guilt, or worse, a relapse into old ways of thinking and behaving. For the alcoholic, it can lead to a reversal in spiritual direction, and a return to drinking. It is not so much the amend itself that is relevant as the loss of willingness to live one's life on a spiritual plane. Our pride tells us, "I don't need to do this", and our fear tells us, "I dare not do this". When pride and fear dominate our thinking we are in "double trouble" and this can lead us back into the addictive thinking of negativity and despair.

**STEP NINE: Made direct amends to such people wherever possible, except when to do so would injure them or others.**

Our peace and serenity begin the day that we give up drinking. However, if we are to continue in tranquility and right thinking we must make right the harm done in the past. This requires courage, and faith that God will help us with making the amends.

It is important that we not avoid taking this step, but there are a few things that we should consider before taking any action on our own. We need to carefully consider how our amends will affect the person to whom we are making the amends. We cannot buy our peace of mind at the expense of someone else's peace of mind. It is recommended that prior to taking this step that the person doing it consult with a sponsor or spiritual advisor. We must ask ourselves questions such as these: Will making a financial amend effect the welfare of my family? If I tell my spouse about an affair, could it damage our relationship permanently? Can I be honest about a dishonest business deal, and not do damage to the reputations of the other people involved? We must consider how our amends will affect others. However, for most people these issues are not a problem, and the amends should be made as quickly as possible. We should not use any excuses to avoid being honest about taking this step, and most importantly, we must not avoid taking this step because we are afraid of it. Making amends where needed is a clear sign of our spiritual maturity, and willingness to change our way of living.

It is at this point in our spiritual growth that many of us begin to feel a new freedom and a new happiness. We begin to experience a new way of understanding other people. Resentments will be gone, and we find a sense of self-respect that has been missing for years. We find peace, and the old self-seeking attitudes vanish. We lose our fear of other people and economic insecurity. We find new abilities to deal with problems that used to confound us. We begin to know that God does things for us that we could never do for ourselves.

**STEP TEN: Continued to take personal inventory and when we were wrong promptly admitted it.**

Up to this point we have been mostly concerned with finding peace, serenity, and our emotional balance. Step ten gives us the tools by which to maintain this harmony once we have found it. In step ten self-examination becomes a way of life, and it is something that we practice every day. When we recognize and admit our faults, we can take action in removing them before we get us out of balance emotionally, and off the spiritual path. Unless they are dealt with, the challenges of envy, anger, fear, resentments, hurt-pride, jealousy and other common human failings can lead anyone off the chosen path of recovery. In this inventory, it is necessary that we look at our wrongs, and not the wrongs that we believe others have done to us. If we only see the faults of the other person we will not know much about ourselves. It is helpful if we can examine our own motives for doing things that we do. This will tell us a great deal about ourselves, and will help us to understand our own shortcomings.

For the family member, using step ten helps to prevent the emotional and spiritual relapse of going back into the old behaviors of controlling the alcoholic, nagging, complaining about him, and other self-defeating behaviors that can lead to emotional and spiritual turmoil. Step ten keeps us centered in the “now”, in the “present” time, “in today”, and gives us a way to find some spiritual direction when things get difficult.

In taking this daily inventory it is also important to remember the things that we have done which are positive in nature. It is helpful for us to know our strengths, so that we can rely on them. If we are troubled about something, it is worthwhile for us to recognize our strengths, and ask God to help us where we need it most. Of course, since all virtue comes from God, we are reliant upon Him to give us the strength to overcome our difficulties.

**STEP ELEVEN: 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.**

Taking a “daily inventory” gives us new vision, ability to act and courage to deal with our problems as they arise in our daily lives. But this is only the beginning. When we use the practice of taking our own daily inventory and then combine it with meditation and prayer, we find that we have a very powerful tool with which to move towards God’s will for us. It is this active seeking of God’s will in our lives that allows us to be free of our self-will, and the heavy burden that we carry along with our character defects. When we seek the paths of honesty, peace, kindness, patience, forgiveness, tolerance, mercy and the other virtues, we are then able to avoid serious errors of anger, confusion, despair, bickering, and other negative aspects of the addiction.

With this step as in all steps, the spiritual resources of the Church can be of great help to us all. There are many prayer books, books on meditation, and other guides that can help the person who is not familiar with mediation and prayer. Of course, spiritual guides are available throughout the monasteries here in Romania. We encourage people to seek out these holy and spiritual men and women for help with developing a regular and meaningful practice of prayer and meditation.

**STEP TWELVE: Having had a spiritual awakening as a result of these steps we tried to carry this message to alcoholics, and to practice these principals in all of our affairs.**

If we have been diligent in working these steps we have discovered a few things about ourselves and have developed our own personal recovery program. The first and most important thing that we learn is that we are powerless over alcohol. Until we accept that we cannot drink alcohol successfully, we will continue to drink in spite of the harm that we do to ourselves and to others. We have also discovered that we are powerless over the alcoholic. We do not cause the alcoholism, and we cannot cure or control the alcoholic. In Step two, we discovered that we need God in our lives in a meaningful and real way if we are going to find our sanity again. The “sanity” or “mental well being” is found by turning our will and our life over to God’s protection, care and loving guidance. In order to do this we must be willing to surrender our own self-centered will and to seek God’s will. This requires willingness to change those things that stand between God and us. We make a conscious decision to allow God to be the “Director” of our life. Those defects in our character that are most obvious, we acknowledge and become willing to change with God’s help. None of us are perfect. By discussing these matters with another person we can find new direction and strength in our lives. It takes willingness on our part to have these character defects removed, but God will remove our grosser defects if we ask Him, and if we are willing to cooperate with His help. We find that it is necessary and to our own good to make amends to people we have harmed, but that we need to be careful how we make our amends. It is the willingness to make right the past that is important. We must not allow our fear and pride to interfere with our amends. We have also learned that we can maintain our emotional and spiritual balance by taking a daily inventory. We then discover that it is possible to know God’s will in our lives, if we seek knowledge of His will, through prayer and meditation.

When we put these steps into action in our own lives we have what is called a “spiritual awakening”. Another way of describing it is that our “God consciousness” allows for a more realistic understanding of God. Looking back, we see profound and moving changes have taken place in all dimensions of our lives. These are real changes, ones that have meaning and power in our lives. We are free from the bonds of our addiction, and free from the heavy load of being responsible for other people’s addiction.

In the twelfth step of the Al-Anon program, the word “alcoholics” is changed to “others”, and the message is carried to other family members who need the support that other Al-Anon members can give. “Carrying the message” as it is called gives life and vitality to the individual, to the group, and to the program. One of the cofounders of AA once stated that helping another alcoholic would help to defend against the first drink when sometimes nothing else seems to help. The same is true for Al-Anon. We help ourselves in Al-Anon by helping other people affected by the disease of alcoholism.

The idea of personal growth and renewal by using spiritual principals is not new to Alcoholics Anonymous. It is as old as religion and spirituality. There is no magic in AA or in Al-Anon, and there are no “secrets” and no “for sure cures”. There are no medicines or exercises that make us immune to the disease of alcoholism. All that we have are a few spiritual principals that if lived by will help us to remain abstinent from alcohol. It also offers a fellowship that gives support to its members by encouraging its members to help each other to remain abstinent. The 12 Steps of AA are very simple by their nature. However, they are very profound. Very simple, but sometimes very difficult to put into action. Very understandable at one level, yet we never cease to learn from them. They are very common, and yet very powerful. For most AA and Al-Anon members the recovery principals in the 12 steps are a means to be used to improve their relationship with God. For the person working the 12 Steps, it is a process that is deep and as meaningful. There is no limit as to the spiritual growth that can be attained by practicing these principals, “in all our affairs”.

## **XII. SLOGANS OF AA AND ALANON**

**ONE DAY AT A TIME:** In AA, alcoholics are constantly reminded that “today is the only day” that they need to stay sober. It is the “one day at a time” principal. Anyone can stay sober for one day. The key word is “Today”. As the ancient poet Omar said, “Tomorrow is unborn, and yesterday is dead. Why worry about yesterday and tomorrow if today be sweet”?. Why should we worry about the past, which we cannot change, or worry about future, which we have no control over? If we do the best we can do today, with God’s help tomorrow will be better than today. It is the fear of tomorrow and the regrets of yesterday that spoil the “now” of our existence. Our problems become more manageable if we do not pile on today the remorse or bitterness of yesterday and the burdens of tomorrow. With our burden lightened, we can find more peace in today. This is of course related to the third step, where we turn our life over to the care of God, and ask for His help and protection. We remind ourselves each morning that we will live today as fully and as God centered as we are able to do.

### **JUST FOR TODAY:**

Just for today, I will live today only and not try to solve all of my problems all at once.

Just for today, I will not be afraid to be happy, and will not be afraid of life or of death.

Just for today, I will let be what is, and not try to arrange everything and everybody to suit me.

Just for today, I will not criticize others for what they do or for what they do not do.

Just for today, I will not find fault in others and I will forgive them for what they do.

Just for today, I will have a plan and will not hurry or rush into things.

Just for today, I will I will try not to show it if my feelings are hurt.

Just for today, I will take a little time to relax, to think about God and to be myself.

Just for today, I will turn my life and everyone in it over to God for Him to make better.

Just for today, I will do something nice for someone else, and not let it be known to anyone but God.

**LET GO AND LET GOD:** As I go about my day making decisions and solving today’s problems I may become irritated and tense. The fears within me can turn into a near panic. It is then that I need to “Let go” and let God work in my life. I do my part, and I leave the outcome of my efforts up to Him. He will do the things for me that I cannot do for myself.

**FIRST THINGS FIRST:** We do the things that need to be done first, and this brings order into our lives. We make a priority list of the “important” things that we need to do, not necessarily the one’s that are the most “urgent”. The rewards we get from doing this are a sense of accomplishment and of getting things done. It gives us a sense of value to know that we can accomplish some of the things that we have not been doing because of the extreme focus of the addiction. We do this by taking the time to slow down and to ask God to show us the most important things for us to do. For example, it is best for everyone if we keep our own integrity. This may seem selfish, but it is best for the alcoholic also.

**EASY DOES IT:** Wanting to accomplish too much too soon is counterproductive if we want lasting results. We may want someone to quit drinking, but pushing and controlling the alcoholic may not lead to the desired results. I also need to be easy on myself, and remember that I am also powerless over alcohol, and powerless over the alcoholic. I need to remember that even with God’s help it will take time for me find the strength and peace I need in order to live with alcoholism. I should be gentle with myself if I fall short of the ideal and lose my patience or peace. Remember that we did not get sick over night, and we won’t recover overnight either. The idea is that we are now striving to improve our lives by living with a positive spiritual direction. We expect progress but never perfection, because only God has perfection.

**BUT FOR THE GRACE OF GOD:** We always try to remember that the alcoholic is a very sick person, and not a bad person, or a terrible sinner. He did not choose to be an alcoholic any more

than a cancer patient chooses to have cancer. We try to be thankful that we are not the alcoholic, and we try to not judge the alcoholic in a harsh or unkind way. We also encourage our family members and children to understand his disease, and to see him more as a “sick” person rather than to see him as a “bad” or uncaring person. Also, when the alcoholic is sober he will sometimes be intolerant or judgmental of his fellow sufferers who are not getting the same benefits of the AA program as he is. We can only thank God for our sobriety, and pray for the other alcoholic.

**LIVE AND LET LIVE:** Sometimes we think we know what is best for the other person. This is a reminder to us that perhaps our way is not for everyone. If we are going to find serenity, we must try to improve ourselves, and not criticize the rest of the world.

### **XIII. WHAT YOUR PARISH CAN DO TO HELP**

- Make drug and alcohol information available, with pamphlets, etc. The best means of prevention is education. Offer some serious information about the subject.
- Invite a St. Dimitrie Program counselor to speak to you, and to your parish.
- Consider hosting an A.A. or Al-Anon meeting at your church.
- Give a sermon on alcoholism and the 12-Step Program of Alcoholics Anonymous.
- Consider going to an "open" meeting of one of the AA groups, and to visit the St. Dimitrie program. These groups are open to anyone who is interested in helping alcoholics, or who have questions about alcoholism.
- Ask if there are persons in your parish who are trained or experienced in the drug/alcohol field. Get suggestions from them.
- Create a parish awareness day for drugs and alcohol.
- Start or become involved in local interest groups that will be supportive of developing programs that will help alcoholics to recover.

**Please know that the St. Dimitrie Program is dedicated to working with you at the parish level. We will assist your parish in any way that we are able to in order to help with doing any of the items on the above list. This includes helping you to start an AA meeting in your parish. Please feel free to contact us for further information and support.**

### **XIV. A FEW CLOSING REMARKS**

Here in Romania there has been a serious problem with alcoholism for many years. There is the new and perhaps even more serious problem of drug addiction. This problem is growing worse every day. It is already in every city in Romania, and in a short time it will be in every town and village. Along with this new form of addiction will come increases in diseases like HIV, and increased rates in social problems like prostitution and gambling. It will also affect the social order, by creating an even larger criminal population.

Programs like detoxification centers are helpful, and much needed. However, alone they have not been enough to stop alcoholism, and it is not likely that they will be of much effect on the drug use epidemic. The kinds of programs like we suggest add to the programs already in place, and they do make a difference in the lives of many people. One example of this would be in Poland, where there are now over 160 AA groups in Warsaw, and hundreds more AA groups throughout the country. These non-professional groups all have from two to over one hundred sober alcoholics in them at any one time, and at absolutely no expense to anyone. These groups

usually meet in churches, hospitals, or in public buildings. This means that there are thousands of sober AA members in Poland. These programs cannot “cure” the problems of alcoholism and addiction in Romania, but they can make a significant difference in the lives of many people.

Here in Romania we are fortunate to have an asset that all other countries lack, and that is the Romanian Orthodox Church. The people in the Orthodox community here in Romania love and respect the priests, and other spiritual leaders in the Church. In Romania, if we will collectively take an active and aggressive role in starting and conducting the types of programs outlined in this manual we can begin to make a real and meaningful impact on the problem of alcoholism and addiction. At the very least we can provide a means of escape for the many Romanians who are now seeking a means of stopping their active alcoholism. We meet these people, many of whom are Orthodox, in the hospitals that we visit and through doctors. Many of them tell us that first they went to their priest and discussed their drinking problem. They went to their doctors only after the problems got worse. Alcoholics that are alone and unaided in their struggle against their alcoholism will not have much of a chance of breaking free from their bonds of addiction. If we all work together to help the alcoholic, it is possible to help him. Working together, we can make the difference.

## ***Appendix 1***

## ***Are you an alcoholic?***

*Answer these questions as honest as you possible can!*

1. Do you lose time at work because of your drinking \_\_\_\_\_Y \_\_\_\_\_N
2. Does your drinking make your marriage happier? \_\_\_\_\_Y \_\_\_\_\_N
3. Do you drink because you are shy towards other people? \_\_\_\_\_Y \_\_\_\_\_N
4. Does your drinking affect your reputation? \_\_\_\_\_Y \_\_\_\_\_N
5. Do you drink in a bad company or in an inferior environment? \_\_\_\_\_Y \_\_\_\_\_N
6. Does your drinking make you neglect your house chores? \_\_\_\_\_Y \_\_\_\_\_N
7. Has your ambition decreased since you are drinking? \_\_\_\_\_Y \_\_\_\_\_N
8. Do you feel remorse after you drink? \_\_\_\_\_Y \_\_\_\_\_N
9. Have you had any financial difficulties because of your drinking? \_\_\_\_\_Y \_\_\_\_\_N
10. Do you feel the need to drink at a certain time during the day? \_\_\_\_\_Y \_\_\_\_\_N
11. Do you want to drink something the next morning? \_\_\_\_\_Y \_\_\_\_\_N
12. Do you have problems sleeping because of your drinking? \_\_\_\_\_Y \_\_\_\_\_N
13. Has your efficiency decreased since you've been drinking? \_\_\_\_\_Y \_\_\_\_\_N
14. Does your drinking endanger your job or your business? \_\_\_\_\_Y \_\_\_\_\_N
15. Do you drink because you want to get rid of your problems? \_\_\_\_\_Y \_\_\_\_\_N
16. Do you drink alone? \_\_\_\_\_Y \_\_\_\_\_N
17. Have you had any memory loses ("blackouts") because of  
your drinking? \_\_\_\_\_Y \_\_\_\_\_N
18. Have you been treated by a doctor for conditions caused  
by your drinking ? \_\_\_\_\_Y \_\_\_\_\_N
19. Do you drink in order to build your self-esteem? \_\_\_\_\_Y \_\_\_\_\_N
20. Have you ever been hospitalized because of your drinking? \_\_\_\_\_Y \_\_\_\_\_N

### **SELF-EVALUATION**

If you have answered "Yes" to any of these questions, there is an warning signal that you might be alcoholic!

If you have answered "Yes" to any two questions, there are chances that you might be alcoholic!

If you have answered "Yes" to three or more of these questions, you are definitely alcoholic!

In any of these situations, you might find it useful to talk to a specialist that could help you find more answers and information about the disease of alcoholism!

## Appendix 2

### Are you concerned about someone's drinking?

1. Do you lose sleep because of someone's drinking?
2. Do many of your thoughts revolve around the drinking situations and problems resulting because of that person's drinking?
3. Do you try to control the drinking by asking for promises to stop drinking?
4. Do you make threats?
5. Do you have increasing negative attitudes toward the person?
6. Do you mark, hide or empty bottles of liquor or medication?
7. Do you think that everything would be ok if the drinking situation changed?
8. Do you feel alone, rejected, fearful, angry, guilty, exhausted?
9. Are you feeling an increasing dislike of yourself?
10. Do you find your moods fluctuating as a direct result of the drinking?
11. Do you try to deny or conceal the drinking situation?
12. Do you cover and protect for the person?
13. Do you feel responsible and guilty for the drinking behavior?
14. Are you beginning to or have you withdrawn from friends and outside activities?
15. Have you taken over responsibilities that used to be handled by the other person?
16. Are financial problems increasing because of the drinking?
17. Do you find yourself trying to justify your feelings and behavior in reaction to the drinking behavior?
18. Do you have any new physical symptoms like headaches, indigestions, nausea, shakiness?
19. Do you feel defeated and quite hopeless?
20. Is your sexual relationship negatively affected by the drinking situation?
21. If there are children in the home, are they showing any stress and behavior changes that could be related to the drinking situation?

#### ***Self-evaluation***

Three or more "yes" answers mean that there is a drinking problem, you do need to see someone.

With less than three "yes" answers it would still be good to see someone. When concerns develop about another's family member drinking, it is good to talk with a person who is able to determine whether there is a problem with drinking.

**Appendix 6**  
**THE ALCOHOLICS ANONYMOUS WORLD SERVICES'**  
**PERMISSION FOR PUBLISHING OF THE 12 STEPS**

“The Twelve Steps are reprinted with the permission of Alcoholics Anonymous World Services, Inc. (“A.A.W.S.”). Permission to reprint the Twelve Steps does not mean that A.A.W.S. has reviewed or approved the contents of this publication, nor that AA agrees with the views expressed herein. A.A. is a program of recovery from alcoholism only. Use of the Twelve Steps in programs or activities shaped after AA, but related to other problems or their use in a different context than A.A. does not involve anything else.”

Alcoholics Anonymous ® [Alcoholics Anonymous] is a fellowship of men and women who share their experience, strength, and hope with each other, that they may solve their common problem and help others to recover from alcoholism.

- The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions.
- AA does not wish to engage in any controversy, neither endorses nor opposes any causes.
- Our primary purpose is to stay sober and to help other alcoholics to achieve sobriety."

## **THE 12 STEPS OF ALCOHOLICS ANONYMOUS**

1. We admitted that 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 inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were 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 a result of these steps we tried to carry this message to alcoholics, and to practice these principals in all of our affairs.

## **Appendix 7** **USEFUL ADDRESSES**

### **The “St. Dimitrie Basarabov” Project** **for Alcoholism and Addiction Information and Treatment**

400640 Cluj-Napoca  
Ion Meşter str. no. 10  
phone/fax: +4-0264-421-038  
e-mail: [sfdimitrie@hotmail.com](mailto:sfdimitrie@hotmail.com)  
[ffrantz@pcnet.ro](mailto:ffrantz@pcnet.ro)

#### **ALCOHOLICS ANONYMOUS MEETINGS IN ROMANIA** ☒

In order to avoid publishing out of date phone numbers for the AA groups in Romania, we are asking that you contact the St. Dimitrie Project ( [sfdimitrie@hotmail.com](mailto:sfdimitrie@hotmail.com) ) for information on current AA groups in Romania, or contact the website listed below.

Unofficial AA website in Romania: [www.itcnet.ro/aa](http://www.itcnet.ro/aa)

#### **Biroul General de Servicii al Alcoolicilor Anonimi**

**Alcoholics Anonymous World Services, Inc.**

*Box 459, Grand Central Station*

*New York, NY 10163*

[www.aa.org](http://www.aa.org)

#### **Biroul General de Servicii Familiale Al-Anon**

**Al-Anon Family Group Headquarters, Inc.**

*P.O. Box 182, Madison Square Station*

*New York, New York 10010*

[www.al-anon-alateen.org](http://www.al-anon-alateen.org)

## APPENDIX 8

### **A K A T H I S T TO THE MOST HOLY THEOTOKOS IN HONOUR OF THE ICON of The INEXHAUSTIBLE CUP**

Translated by: Sister Dorofea ( Mirochnitchenko ) and Katherine Szalasznyj Ottawa, Ontario, Canada October - - November, 1994 ( Second Edition )

#### **The History of the Icon The Inexhaustible Cup ( Glorified 1878 )**

A peasant from the Efremovskii district of Tula province, a retired soldier, was an alcoholic, and a drunkard [1]. He would drink away all his pension, everything that he possessed, anything that could be found in his house, and eventually he was ruined and literally became a beggar. From excessive drinking, his legs became paralysed, but still he continued drinking.

One day, the man, who seemed to have hit rock-bottom, had an unusual dream. In it a venerable old man came to him and said:

"Go to the city of Serpoukhov [2], to the monastery of the Theotokos [3]. There you will find an icon of the Holy Mother called The Inexhaustible Cup [4]. Have a moleben before it, and you will be healed, both spiritually and physically."

Without a penny to his name, and having no use of his legs, the man did not dare to go on a journey. But the holy man came to him a second and then a third time, and was so adamant in his admonition to obey his instructions, that the poor drunk did not dare to disobey any more, and he set off as quickly as he could, dragging himself on all fours.

In one of the neighbouring villages where he stopped to rest, an old woman took him in for the night. To ease his pain, she massaged his legs, and put him to rest on top of the clay oven, a customary place for the old or sickly, because of the warmth. During the night the travelling man felt a pleasant sensation in his legs, and discovered that he was able to stand. On the following nights his legs became even stronger. And so, first with two walking-sticks, and then with just one, he arrived in Serpoukhov.

Once in the monastery, he told about his visions, and asked to have the moleben served. But nobody there had ever heard of such an icon. They started to search for it, and noticed one that was hanging in the passage to the sacristy [5], that bore an image of a chalice. On the back of it, to their surprise, was written "The Inexhaustible Cup".

In the icon of St Varlaam [6], the disciple of the holy bishop Metropolitan Aleksii, the man immediately recognised the face of the holy elder who had appeared to him in his dreams.

From Serpoukhov the man departed, completely healed. The news about the miraculous icon spread quickly through the city, the region, and all of Rus'. Alcoholics ( those bound by the passion of drink ) and their families and friends, were coming to pray before the Mother of God for healing, and in time many came back to thank the all-merciful Theotokos for her speedy help.

Let it be known that this akathist service came to us in Canada in 1994, and we perceive that this is God's will and from the compassion of the Theotokos. In these times there is the renewal of the Church's life in the lands of Rus', and the rediscovery of God's mercy and tender care.

## **AKATHIST TO THE THEOTOKOS IN HONOR OF THE ICON OF THE INEXHAUSTIBLE CUP**

**KONTAK 1:** A wonderful and marvelous healing has been given to us by your holy icon, O sovereign Lady Theotokos. By its appearance we have been delivered from spiritual and physical ills, and from sorrowful circumstances. So we bring you our thankful praise, O all-merciful Protectress. O sovereign Lady, whom we call "The Inexhaustible Cup": bend down your ear and mercifully hear our lamentation and tears that we bring to you, and give your healing to those who suffer from drunkenness, so that we may cry out to you with faith: "REJOICE, O INEXHAUSTIBLE CUP THAT QUENCHES OUR SPIRITUAL THIRST!"

**IKOS 1:** Angelic powers and multitudes of saints continually glorify you, the Theotokos, Queen of all, the intercessor for us sinful christians wallowing in lawlessness and remaining in sins. It is for our consolation and salvation that you in your mercy gave us your miraculous icon, so that looking upon it, as at the one and only star among a multitude of stars on a starlit night, we may prostrate ourselves, shouting from the very depths of our heart:

REJOICE, dwelling-place of the unapproachable God.  
REJOICE, our constant wonder.  
REJOICE, you make our sorrow wipe away our sins.  
REJOICE, you make our grief heal our ills.  
REJOICE, through your miraculous icon, you bring us your heavenly mercy.  
REJOICE, O joy of our grieving heart.  
REJOICE, our wonderful reconciliation with God.  
REJOICE, O Theotokos, the Inexhaustible Cup that quenches our spiritual thirst!

KONTAK 1 Select [8] and wondrous deliverance has been given to us by your holy image, O sovereign Lady Theotokos, which through its appearance has delivered us from afflictions of the spirit and flesh, and from sorrowful circumstances. Therefore we bring you our thankful praise, O most merciful intercessor. Incline yourself in mercy toward us, "Chalice of Non-intoxication", [9] we call you: heed our sighs and heartfelt cries, and deliver us, suffering from the infirmity of drink, as with faith we cry out to you: REJOICE, O SOVEREIGN LADY, O CHALICE OF NON-INTOXICATION, WHO SATISFY OUR SPIRITUAL THIRST!

**KONTAK 2:** On seeing the deep sorrow and grief of people possessed by the destructive vice of drunkenness, and also their true repentance, you have willed, O most holy Lady, to show your mercy to the blessed city of Serpoukhov by the appearance of your miraculous icon "The Inexhaustible Cup", so that all who fall down before it with faith and a contrite heart will receive healing from this grievous illness, and thus may cry to God from the depths of their heart: ALLELUIA!

**IKOS 2:** Having understood the meaning of the threefold apparition of St Varlaam, and his order to go to the city of Serpoukhov, the man possessed by the illness of alcoholism did so, and there, in a monastery he found your holy icon called "The Inexhaustible Cup". On seeing such mercy bestowed on us sinners, we cry out to you with veneration:

REJOICE, through pious people you show to us sinners the glory of your marvelous work.  
REJOICE, sagacious guide, showing us the way of salvation.  
REJOICE, O good teacher, by your goodness you attract us to yourself.  
REJOICE, by bestowing on us your great blessings you teach us gratefulness.

REJOICE, you destroy our destructive passions  
REJOICE, you help us in our good intentions.  
REJOICE, O Theotokos, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 3:** The power of the Almighty and the grace of the sovereign Mother of God strengthened a man suffering from alcoholism, when in obedience to an order of the Theotokos, given to him by St Varlaam, he set out for the city of Serpoukhov, in spite of his paralysed legs. On his arrival, he found the icon of the most pure Theotokos, and was healed from illness of the soul and that of the body. Therefore, from the very depth of his heart, he gratefully exclaimed to God: ALLELUIA!

**IKOS 3:** You are an inexhaustible fountain, a cup of heavenly gifts that ever ever remains full. And the people of the city of Serpoukhov, as well as all orthodox, from every city and village, who come to your most wonderful icon, "The Inexhaustible Cup", are healed. And so with grateful lips they cry out to you:

REJOICE, O vessel of holy water that dissolves our sorrow.  
REJOICE, O cup by which we receive the joy of our salvation.  
REJOICE, you attend to our spiritual and physical ills.  
REJOICE, your prayers tame our passions.  
REJOICE, you give to each according to his needs.  
REJOICE, you give generously to all.  
REJOICE, you have opened for us the treasury of mercy.  
REJOICE, you show mercy to the fallen one.  
REJOICE, O sovereign lady, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 4:** People laden with passions and addictions, doubting of ever finding deliverance, come with repentance to your inexpressible mercy. And on having been healed, from the very depths of their hearts they cry to our Saviour born of you: ALLELUIA!

**IKOS 4:** On seeing the sorrow and tears of parents, wives and children whose family member is possessed by the passion of addiction, the Lord gave us your icon, O Theotokos, and all who come to it receive consolation and spiritual joy. And so we cry out to you with tears of gratitude:

REJOICE, O lamb, you gave birth to the Lamb of God.  
REJOICE, you are the ladle that draws up joy from the source of immortality.  
REJOICE, you are the alleviation of the grief of sorrowing mothers.  
REJOICE, you are the hope of the hopeless.  
REJOICE, you gracefully protect those who come to you.  
REJOICE, you are the delight and joy of those in grief.  
REJOICE, your helping hand is there for those who seek it.  
REJOICE, O Theotokos, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 5:** O most gracious Lady, you have shown us your holy icon to be the star that leads to God, so that looking upon it and praying to you, we may say: O Theotokos, give healing to those who are suffering from drunkenness and any other illness of mind and body, and teach us all to praise God, singing: ALLELUIA!

**IKOS 5:** O Theotokos, on seeing the marvels and wonders granted to those who humbly venerate you, wonders pouring from your icon that miraculously appeared in Serpoukhov, and also from those that were but copies of it, we cry out to you:

REJOICE, you are a speedy protectress of all who come to you.  
REJOICE, you hear our prayers.  
REJOICE, you have blessed the city of Serpoukhov.  
REJOICE, you have shown the glory of your miracles in the region of Moscow.  
REJOICE, inexhaustible Treasure for all who are in need of healing.  
REJOICE, O almighty help to those who strive for sobriety.  
REJOICE, O almighty help to those who fight against the world, flesh, Satan and addictions.  
REJOICE, you defend those who lead a good life in this world.  
REJOICE, O sovereign Lady, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 6:** O Theotokos, we proclaim your wonders that pour forth from your icon, "The Inexhaustible Cup", and with tears we pray to you: Save us all from the passion of drunkenness and from other addictions and sins, and teach us, O Pure One, to abstain from all impurity, and to sing to God: ALLELUIA!

**IKOS 6:** In the light of the Divine Glory, you look at your Son, the eternal God and Lord Jesus Christ, standing in the chalice as shown on your icon mysteriously called "The Inexhaustible Cup"; and you give from it deliverance from drunkenness to us who come unto you and bring to you this unceasing praise:

REJOICE, for the angelic powers and the human race rejoice because you.  
REJOICE, for your glory surpasses both human and heavenly praise.  
REJOICE, you have revealed to us the mystery of the Divine Eucharist by showing the image of your Son in the chalice.  
REJOICE, you show us the Lamb born of you who is always eaten but never consumed.  
REJOICE, O cup of life and immortality that leads us to the gates of eternal life.  
REJOICE, you fill our thirsty souls with the water from the fountain of immortality.  
REJOICE, you do not withhold your blessing even from the most rejected and despised.  
REJOICE, by your compassion you pull us away from the pit of perdition.  
REJOICE, O Theotokos, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 7:** A man wanted to thank you, O Theotokos, for healing from alcoholism, so he adorned your miraculous icon that is in Serpoukhov, singing to God from the depths of his heart: ALLELUIA!

**IKOS 7:** We see a new miracle from your holy icon, O Theotokos. A servant of God, Stephen, a victim of the disease of alcoholism, was imploring your maternal intercession, and he has been granted a cure. So in gratitude he adorned your icon with rich gifts, and falling before it he called to you with tears:

REJOICE, lifegiving fountain of healing.  
REJOICE, heavenly cup of divine gifts.  
REJOICE, river that carries healing.  
REJOICE, the sea into which sink all our passions

REJOICE, with your tender maternal hands you raise up those who fall under the weight of drunkenness.

REJOICE, you do not turn down gifts of gratitude.

REJOICE, joy of pious people.

REJOICE, you grant us those of our petitions that are good for us.

REJOICE, O sovereign Lady, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 8:** It must be strange and incredible to unbelievers to hear that your icon "The Inexhaustible Cup" procures miracles. But to us who believe in your words proclaimed about your first icon, "The Grace of the One who is born of me and my own blessings will always be with this icon", this present icon also exudes your mercy. And so, reverently we venerate it, crying to God: ALLELUIA!

**IKOS 8:** People suffering from alcoholism and addictions do put all their hope in you, O sovereign Lady. Bend down to our ills and our passions. For who but you, O Theotokos, shall raise us out of the pit of perdition and of physical and spiritual misery? And thus having bent our knees, we cry out to you:

REJOICE, you do not reject the prayers of those who are sinful.

REJOICE, you give your help to those who ask for it.

REJOICE, you show the depth of your compassion for the sinner.

REJOICE, you give courage to those who have lost all hope.

REJOICE, you extend your helping hand to those who suffer from drunkenness.

REJOICE, by your gift of grace you console those who suffer patiently.

REJOICE, you nurse our physical and emotional ills.

REJOICE, you teach us to despise the empty pleasures of this life.

REJOICE, O sovereign Lady, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 9:** All the angels are amazed at your mercy, O Lord, for You have given to sinful mankind a strong protectress and helper. She looks down at our weakness, and heals those suffering from the bitter disease of drunkenness, and teaches the faithful to sing: ALLELUIA!

**IKOS 9:** The most exalted human mind cannot praise enough the appearance of your glorious icon, O sovereign Lady. Nor can we sinners bring from our sinful lips a glorification worthy of our Protectress. On having seen innumerable miracles coming from your icon, we rejoice in our heart and spirit, and proclaim:

REJOICE, from your holy face miracles pour forth.

REJOICE, you speedily deliver us from grief and sorrow.

REJOICE, you put to shame those who deny you.

REJOICE, you protect from every evil those who come to you.

REJOICE, by your gentle radiance you disperse the darkness of our passions and our sins.

REJOICE, you fill our hearts with love for your Son and for yourself.

REJOICE, you show us the path of repentance.

REJOICE, you are our mediator before the righteous judge.

REJOICE, O Theotokos, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 10:** Wishing to save all those who suffer from the diseases of alcoholism and other addictions, you have given us your wonderful icon, O Theotokos, so that all who suffer may come to your miraculous image; and having been healed, may tenderly cry out to God: ALLELUIA!

**IKOS 10:** You are the wall and the shield, O Lady Theotokos, for those who suffer from drunkenness, and also for all those who come to you fervently and who piously venerate your holy icon; for the Lord God gave it to us to help us, and to heal us from this destructive addiction. And thus He inspires us to sing to you:

REJOICE, you alleviate our sufferings and give hope to those who despair.  
REJOICE, you are the healing of our ills.  
REJOICE, with your purity you wipe away our corruption.  
REJOICE, by your holiness you illumine our darkness.  
REJOICE, by your cloak of compassion you clothe our mortal body.  
REJOICE, by your strength you fortify our prayers.  
REJOICE, you strengthen us in our weakness.  
REJOICE, you disperse the dark clouds of passions that surround us.  
REJOICE, O sovereign Lady, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 11:** O pure one, do not despise our humble singing that we bring to you from fullness of love and zeal; and do not turn away your face from those who suffer from drunkenness and despair, but do help us, so that we also may be cleansed from every impurity and may rightly and justly sing to God: ALLELUIA!

**IKOS 11:** most holy Lady! On your icon you are seen like a burning candle in rays of grace, surrounded by the assembly of saints and holy martyrs. And as you indicate to us the path of righteousness, we call to you and say:

REJOICE, by the intercession of St Domnica you save us from this world of trouble.  
REJOICE, by her pleading you help us to overcome passions of the flesh.  
REJOICE, by the prayers of the holy martyr Varlaam, you fill our hearts with pious thoughts.  
REJOICE, by his pleading you illumine our conscience.  
REJOICE, by the prayers of the holy martyr Paraskeva you deliver those who suffer from drunkenness.  
REJOICE, by her intercession you call us to repentance and watchfulness.  
REJOICE, together with the holy martyr Antipas you mellow the bitter heart.  
REJOICE, with him you save those who call on your name.  
REJOICE, O sovereign Lady, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 12:** The grace that shines through your icon "The Inexhaustible Cup" calls to it all those who suffer, all the unfortunate, widows and orphans, and especially those who are ill with the disease of alcoholism. And no one goes away empty-handed from your inexhaustible cup, O merciful one, but all are filled with divine gifts; so that having received healing and help, they may sing to you: ALLELUIA!

**IKOS 12:** Praising your wondrous work and great mercy that you show to those who suffer from addictions, we beg you, O compassionate one - save, have mercy on us, show us the right path, and do not reject us who seek your protection and call out to you:

REJOICE you sustain us on the way to soberness.  
REJOICE, by the dew of your mercy you deliver us from the passion of alcohol.  
REJOICE, by your mercy you heal us from addictions.  
REJOICE you are a speedy help to those who suffer from all kinds of dependence.  
REJOICE, you support those who are even-tempered.  
REJOICE you humble the prideful.  
REJOICE you exalt the humble and wish salvation to all.  
REJOICE, O holy Theotokos, the Inexhaustible Cup that quenches our spiritual thirst.

**KONTAK 13:** O all-merciful Mother of our Lord and God, Jesus Christ, hear our prayer, and deliver us from all ills, physical and emotional, and especially your servant(s) \_\_\_(name(s))\_\_\_, who suffer(s) from this disease, so that he (she, they) may not perish, but might be saved and thus would sing to God: ALLELUIA! ALLELUIA! ALLELUIA!

**This kontak is read three times, and is followed by Ikos 1 and Kontak 1**

**IKOS 1:** Angelic powers and multitudes of saints continually glorify you, the Theotokos, Queen of all, the intercessor for us sinful Christians wallowing in lawlessness and remaining in sins. It is for our consolation and salvation that you in your mercy gave us your miraculous icon, so that looking upon it, as at the one and only star among a multitude of stars on a starlit night, we may prostrate ourselves, exclaiming from the very depths of our heart:

REJOICE, dwelling-place of the unapproachable God.  
REJOICE, our constant wonder.  
REJOICE, you make our sorrow wipe away our sins.  
REJOICE, you make our grief heal our ills.  
REJOICE, through your miraculous icon, you bring us your heavenly mercy.  
REJOICE, O joy of our grieving heart.  
REJOICE, our wonderful reconciliation with God.  
REJOICE, O Theotokos, the Inexhaustible Cup that quenches our spiritual thirst!

**KONTAK 1:** A wonderful and marvelous healing has been given to us by your holy icon, O sovereign Lady Theotokos. By its apparition we have been delivered from spiritual and physical ills, and from sorrowful circumstances. So we bring you our thankful praise, O all-merciful Protectress. O sovereign Lady, whom we call "The Inexhaustible Cup". Bend down your ear and mercifully hear our lamentation and tears that we bring to you, and give your healing to those who suffer from drunkenness, so that we may cry out to you with faith: "REJOICE, O INEXHAUSTIBLE CUP THAT QUENCHES OUR SPIRITUAL THIRST!"

**FIRST PRAYER:** O our merciful and holy Lady Theotokos, hope and refuge of the orphan, defense of the stranger, help of those in need, and protection of those who are bitter: You see our misfortune, you see our sorrow. From all sides we are assailed by temptations, and there is no one to protect us. You, yourself, help us, for we are weak. Feed us, for we are strangers. Show us the way, for we are lost. Heal us, for we hurt. Save us, for there is no hope for us. We have no other recourse, neither protection nor consolation, but you, O Mother of all who suffer and are burdened. Look down on us sinners, who are harsh and bitter, and protect us by your holy omophor, that we may be delivered from all evil that assails us, and especially from drunkenness, so that we may always glorify your all-holy name. Amen!

**SECOND PRAYER:** O all-merciful sovereign Lady, we come to your protection. Do not despise our petitions, but kindly hear us - wives, children, husbands, parents, and all those who suffer from heavy affliction of addictions of all sorts; and restore those who, because of it, fall away from our holy Mother the Church and its salvation. O merciful Theotokos, touch their heart and speedily restore them from their fallen state, and lead them to salutary repentance. Implore your Son, Christ our God, to forgive us our trespasses, and not to turn away His mercies from His people, but that He would strengthen us in sobriety and chastity.

Accept, O all-holy Theotokos, the petitions of mothers shedding tears about their children, wives sobbing for their husbands, children, orphans, beggars, and all those who were forsaken, and us all who venerate your icon. And let your prayers carry our petitions to the throne of the Almighty.

Cover us, and keep us from all snares of the enemy and the traps of the evil one, and at the dreadful hour of our death, help us to pass the ordeal without stumbling. By your prayers, save us from eternal condemnation, so that God's mercy may cover us for the ages to come. Amen!

TROPAR (Tone 4)

TODAY WE FAITHFUL COME TO THE DIVINE AND MIRACULOUS ICON OF THE MOST HOLY THEOTOKOS, WHO FILLS THE FAITHFUL FROM THE INEXHAUSTIBLE CUP OF HER MERCY, AND SHOWS THEM GREAT MIRACLES. AND WE WHO HAVE SEEN THEM AND HEARD OF THEM REJOICE IN OUR HEART AND CRY OUT WITH DEEP FEELING AND DEVOTION: O ALL-MERCIFUL SOVEREIGN LADY, HEAL OUR ILLS AND OUR PASSIONS BY PRAYING TO YOUR SON, CHRIST OUR GOD, THAT HE MAY SAVE OUR SOULS.