



March 2022

Alcoholics Anonymous Australia

Newsletter for Professionals

Bringing Up the Touchy Subject of a Patient's Drinking

"In 30 years of practice it almost never happens that someone comes in and announces that they have a problem with alcohol," says one licensed clinical social worker and certified addictions counsellor.

"Patients would rather that their problems be about anything other than alcohol. They would rather admit to mental illness, even schizophrenia, than to call themselves an alcoholic."

The reason for this, she says, is simple: "They don't want to stop drinking. Alcohol is a feel-good substance, and they are afraid of giving it up."

Another professional in the addictions field, agrees. "No one is quick to admit to current problems with alcohol or drugs. When I was in private practice years ago, I saw about 2,000 patients over four and a half years and none ever admitted current heavy drinking."

Broaching the subject of alcohol with a patient or client who shows signs of a drinking problem can be awkward. Drinkers often feel ashamed of their problem, while they downplay its seriousness. Directly confronting them may do no more than provoke a flat denial. For these reasons professionals very often steer clear of the matter. But waiting for that patient or client to bring up the subject on their own amounts to giving up on the issue, according to some with first-hand experience in the matter.

Happy to Discuss Anyone Else's Drinking

Whereas practically no patient would talk about their own drinking problem, "lots admitted that they had family members who drank too much," says the doctor. The doctor, who also has a master's degree in public health, remembers a phone call from the daughter of a woman patient disclosing that her mother drank alcoholically. "I believed the daughter, but I never brought up any problem with alcohol to her mother. I did not know how."

Nowadays, she says, when the conversations get to a patient's drinking, "instead of asking if someone has a problem with alcohol, I ask when was the last time they overdid it. Not asking specific questions is a mistake."

When a patient opens up about their alcohol abuse, the doctor tries to steer them to Alcoholics Anonymous. "Here's the number for A.A. meetings — just go. You don't have to say anything, and you can sit in the back."

Back in her time in private practice, the doctor also made use of Al-Anon. [Al-Anon is a Twelve Step Fellowship for those who have problem drinkers in their lives.] She was introduced to a woman at a medical convention who was a member of Al-Anon and who told her about it. "When I returned from that conference," she says, "I added a question about drinking problems among family members to the medical history forms filled out by patients. If they checked 'yes' on that question about a family drinking history, I would

suggest they go to an Al-Anon meeting and come back and tell me how it was."

What she discovered was that some of her patients found their way to Alcoholics Anonymous through Al-Anon. "Over the course of a few years, five patients who had gone to Al-Anon returned to tell me that they discovered there that they had a problem with alcohol. I suspect there were many others who got to A.A. through Al-Anon. It never occurred to me that it would work this way."

Introducing Pertinent Questions On Assessment Forms

Both professionals have found that the information forms filled out by new patients are often the best place to introduce questions about drinking problems, especially if the questions are about alcohol abuse in a patient's family. From the social worker's perspective, "It all starts with a thorough assessment. I ask a series of questions about a person — their past health, illnesses, allergies, family health history, etc. Mixed in are questions about a person's family's drinking. As reluctant as people are to talk about their own drinking, they are very willing to talk about the drinking problems of those in their family."

She then proceeds to explore with patients their own drinking patterns. "I ask them about their first drink. Almost invariably, they remember it — in detail," she says. "Then I'll ask them how much they drank the past week, and was it the same amount as the week before, and the same as a year earlier. If they protest that their drinking has nothing to do with the problem that brought them into therapy — be it depression or a marital problem — I tell them that I need the whole picture."

When it comes to suggesting to a patient that they may have a problem with drinking, as a therapist she chooses her words carefully. "I never say 'you are an alcoholic.' Rather, I say, 'you may have a problem with alcohol.' I'll say, 'your father had a problem with alcohol, and there's a documented genetic component, and you therefore are a high-risk candidate.' And if they came to me for depression, for example, I'll explain how there might be a link. Then I tell them about their options, that first, there's A.A."

As a social worker and addictions counsellor, she says that she has become familiar with a few A.A. meetings in the area through her patients. "I coach my patients on what to expect at a meeting — that they won't have to say anything, the general format, that it's free, that it is not group therapy, that it's all volunteer," she says. "I have to rely on A.A. for patients with drinking problems because I have only 45 minutes a week with them. I tell my patients that therapists will come and go but A.A. will always be there."

2022 AA Australia Membership Survey- Who Are We?

At long last the AA Australia Membership Survey is underway.

Due to Covid and the lack of face-to-face AA meetings, which interfered with its distribution, the survey had been delayed several times.

However, at a recent National Forum, held in Brisbane at the end of February the survey was launched.

The aim of the survey is to provide a snapshot in time of our fellowship's makeup which will assist with the General Service Board of Alcoholics Anonymous in its planning, provide

information that can be used in our public information material and be of interest to the media and professionals who work or have an interest in the field of alcoholism.

All members are asked to participate and hopefully we will have a great uptake.

Once completed, the results will be collated and analysed. It is intended to publish the results by the end of the year, and they will be publicly available to all our professional friends who are interested in alcoholism and our Fellowship.

Invitation to all Professionals



After two years of cancelled conventions and broken dreams, AA members in Melbourne are putting the finishing touches for our first post lock down, face-to-face National convention.

If you're a Health care professional or have an interest in recovery from alcoholism please join us at the Pullman Hotel Albert Park from the 22nd of April to the 24th and see AA in action.

For more information on the event and programme of AA meetings click [here](#)

Entry is free for all non AA members

How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact

General Service Office of AA

48 Firth St Arncliffe 2205

Ph: 02 95998866

Fax: 02 95998844

Email. gso@aa.org.au

Website: www.aa.org.au

If you would like to receive this publication via email twice yearly, please email gso@aa.org.au with "subscribe" in the subject line