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# Title: Alcohol Addiction and Abuse

## Author: Bassam Imam

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### ALCOHOL ADDICTION AND ABUSE

There are 2 kinds of alcohol, ethanol and methanol. Both look identical however, methanol is so toxic drinking just a few drops of it can cause blindness, more of which will kill a person. Neither can it be inhaled nor make contact with a person's skin.

Ethanol is the main ingredient in fermented and distilled drinks. Consuming a small quantity of it will result in a buzz, further on intoxication will set in. In large doses inebriation, vomiting, loss of consciousness or coma may ensue. Alcohol poisoning can lead to death. The word alcohol as is used today is derived from the Arabic word Al-Kuhl.

{In Ancient Egypt} "Beer was commonly known as 'Hqt' ('heqet' or 'heket'), but was also called 'tnmw' ('tenemu') and there was also a type of beer known ashaAmt ('kha-ahmet'). The

determinative of the word Hqt (beer) was a beer jug." (Ancient Egypt Online: Beer in Ancient Egypt)

The beer in ancient Egypt was thick, made from barley, herbs, honey, and spices. It was a 'clean' substitute to the bacteria infested Nile River water, which often-times had to be boiled before drinking. Beer was an important aspect of their society, so much so even children consumed it. Beer was particularly important for the poor, but well-to-do Egyptians also considered it an important part of their diet. Wine was consumed by the wealthy. Beer was one of the main methods of payment for services rendered; it was money in thick liquid form. Beer was illustrated on the walls of the tombs, as were portrayals of the ancient Egyptian brewery. Overall, it was the women who made this much sought after drink.

Ancient Egyptians gave alms of beer to the Gods that they worshipped, and was also used in other religious practices. Ancient Egyptian beer wasn't very intoxicating. It was more nutritious than today's beer and sweeter. During some religious ceremonies ancient Egyptians drank beer along with wine, resulting in drunkenness. According to one interpretation of ancient Egyptian folklore, it was Osiris (Ausir or Ausar, worshipped by ancient Egyptians as the God of the Afterlife) that taught ancient Egyptians how to brew beer.

Wine, which was commonly known as Yrp (irep) was expensive. Wine was used as gifts to the Gods and to the deceased. The ancient Egyptian word for wine preceded the word for vine, indicating that wine was purchased from abroad prior to the purchase of grapes. Tomb walls are testament to extravagant wine drinking party, wherein, much wine was consumed. Drunkenness was seen as something interesting.

Vineyards were scattered throughout the area, but as expected, the biggest share were located near the Nile Delta. Grapes were garnered by hand. Then, they were put in special containers where they were traditionally squashed, or placed in special wine presses. The out-flowing juices ended up in open containers resulting in fermentation. The containers were then sealed. Inscribed on these containers were the date, name of the vineyard, and the person in charge of the production of the wine. Following the aging process, the jars were carefully broken. The wine was then drained into other special jars. When the wine was ready to be served, it was drained into empty vessels that had a short trunk.

The ancient Greeks loved to have parties and symposiums (large structured drinking parties) wherein they drank much. They used whatever excuse or occasion, big or small, to commemorate or celebrate by drinking alcohol. Even the death of

a beloved one or the changing of the season was considered a valid reason to drink.

Large drinking parties were specifically structured, occurring at specific times and with rules. Plutarch characterized the typical drinking party as "a passing of time over wine, which guided by gracious behaviour, ends in friendship." (By Christopher Xenopoulos Janus; Hellinicomserve.com: The Drinking Parties -- Symposiums in Ancient Greece)

It was accepted tradition for the presenter to etch the names of his guests on a wax tablet, along with the day and hour selected for the symposium. The tablet was then given to a slave who was responsible for going to the houses of the guests and handing them their tablet.

Initially, the symposiums usually contained 9 individuals, including the presenter. But as time passed, symposiums in Athens grew so large it became necessary to assign a commission to guarantee the number of guests pass the legal maximum. But from the 4th Century B.C. onward, exceptional houses had a designated room for drinking and reclining referred to as an andron (men's chamber). Over time androns became more decorated, and furnishings more stylish.

The Roman people were also big drinkers. Wine was an integral part of daily life. The typical Roman Citizen couldn't imagine living without wine or other alcoholic drinks. Wine was believed to be good for social relations, praised by some of Rome's most ingenious writers. The renowned Roman poet, Ovid, born Publius Ovidius Naso (March 20, 43 BC - Circa 18 AD) wrote, "There, when the wine is set, you will tell me many a tale --- how your ship was all but engulfed in the midst of the waters, and how, while hastening home to me, you feared neither hours of unfriendly night nor headlong winds of the south." (Facts and Details.com: WINE AND DRUGS IN ANCIENT ROME)

Ironically, the lack of refrigeration, air conditioning, or chemical preservatives sped the process of grape juice turning into wine. Roman wine was sweet high in alcohol content. This was partly due to the use of late season grapes in the production of wine. But like their Greek predecessors, wine was usually watered down. The belief of the day amongst Romans was that only Barbarians consumed undiluted wine. The wine consumed in the typical home (normally with every meal) was weaker than its tavern counterpart, understandably so. More so, like many other peoples of the day and of earlier times, wine was safer to consume than water. The acids and alcohol in wine helped to hinder the growth of harmful bacteria and pathogens.

No wonder, Romans believed that wine had important medicinal qualities. In addition, it was typical for Roman

soldiers to drink a litre of wine every day, likely being a factor in their utter brutality on the battlefield and against civilian enemies. The well-to-do Romans chose to drink in appealing places containing beautiful gardens. Citizens and slaves alike drank more than a litre a day.

Grapes were typically squashed by the feet of slave workers. When all was done, the batter was sent to a winepress wherein the grape squashing process would continue. The resultant juices streamed down a stem where it was shovelled out and placed in 400 litre clay pots packed with honey, thyme, pepper, and other spices. Workers then mixed the mishmash with broomsticks clothed in fennel. Between 1 and 3 weeks later the brew converted into a lathery red liquid containing around 12 percent (24 Proof) alcohol. Note that the wine was only drinkable for 10 days. Following this time it would begin to decay making it undrinkable.

The places for drinking alcohol in many societies and cultures around the world and the philosophy that surround this substance have altered notably throughout time. One of the biggest changes has occurred in the workplace. In many cultures alcohol was accepted in the working environment. The acceptance of alcohol consumption has been, to a large extent, relocated to the recreational and private sector.

On an official basis, the vast majority of occupations will not tolerate open drinking, in particular drunkenness at work. As society and work have become more complicated and technologically advanced, the open consumption of alcohol in the workplace has lessened. Today, many of our jobs require 'sober performance'. For example, people don't want to speak to a drunk or alcohol-breathed customer service representative, a physician, professor, plumber, and so forth. The Industrial Revolution (beginning in the late 18th early 19th century) relocated much of the work from home or in a close-knit community to an impersonal specified setting. Operating machinery required sobriety and coordination; the gadgets were dangerous and tedious to operate even for sober persons.

Rum Rations of a pint a day were initiated by the Royal Navy in the 17 century, a gallon of beer allowance, and a bonus double ration of rum before battle.

A person with an addiction has little or no control regarding the use of the pestering substance, behaviour, or activity. Chemical addictions can result in severe adverse effects on the person's life, to the point of becoming harmful, extremely dangerous, life threatening, or death. Initially, the addictive substance or behaviour was a trivial matter then became a habit, then an addiction.

Addiction has inherently mental, physical and/or behavioural components. There is a powerful, harmful, often-times intrusive need to acquire the substance or perform a specific or designated activities that will satisfy the unhealthy craving (alcohol, tobacco, illicit drugs, prescription medication, caffeine, certain foods, gambling, porn, etc.), even at the expense of living a normal, happy life. Cravings aggravate the addiction, and are one of the main factors directly responsible for relapses. Uncomfortable mental states (anxiety, depression, stress, etc.) may also strengthen or return cravings. Loss of control is a very powerful component of addiction. In fact, the word 'addiction' traces its origin to the Latin word for 'enslaved' or 'bound to', and rightfully so.

Alcohol is an intoxicant-depressant that slows down the central nervous system (CNS). In brief, the CNS controls most of the activities of the body and mind; it consists of the brain and spinal cord. With this in mind, there is no doubt that drinking alcohol will affect a person's thoughts, actions, behaviours, and intentions. Increased alcohol consumption will have a strong adverse effect on a person's ability to concentrate, speak, see, physically coordinate his or her actions, evaluate and interpret. Furthermore, overall health will be affected. Our brains rely on a fragile harmony of chemicals and processes. In severe cases, a person's physical and mental health may be permanently-adversely affected.

Alcohol will never affect everyone in the same way; a person can drink the same amount as in a previous occasion with variable results.

The CAGE questionnaire was Developed by Dr. John Ewing, Founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill (NOTE: 2 or more 'yes' answers indicates a strong likelihood of alcohol abuse).

#### BELOW ARE CAGE QUESTIONS:

- Have you ever felt that you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener?)

Alcohol Use Disorders Identification Test (AUDIT). This is a more in-depth questionnaire than the CAGE questions. It has been established by the World Health Organization (WHO) in 1982, as a basic screening tool to recognize the early warning signs

of harmful drinking and identify mild drinking. The AUDIT test includes 10 multiple choice questions that can be answered in the following manner: Once a Month or less, 2 to 4 times a Month, 2 to 3 times a week, 4 or more times a week.

#### BELOW ARE AUDIT QUESTIONS:

- How often do you have a drink containing alcohol?
- How many drinks containing alcohol do you have on a typical day when you are drinking?
- How often do you have six or more drinks on one occasion?
- How often during the last year have you found that you were unable to stop drinking once you had started?
- How often during the last year have you failed to do what was normally expected from you because of drinking?
- How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?
- How often during the last year have you had a feeling of guilt or remorse after drinking?
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- Have you or someone else been injured as a result of your drinking?
- Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?

#### BELOW ARE IMPORTANT FACTORS RELATED TO ALCOHOL'S EFFECT ON A PERSON:

- The quantity of alcohol consumed.
- What kind of alcoholic beverage was consumed (Beer, Wine, Champagne, etc.) was the drink consumed straight or with soda, cola, or other non-alcoholic liquid?
- The time frame in which the alcohol was consumed.
- Other drugs or medications used in conjunction with the alcohol.
- Was the alcohol consumed on an empty stomach; if not what and how much food and non-alcoholic beverages were consumed.
- How much time has elapsed since the person's last drink?
- Were any of the drinks spiked?
- What are the expectations of the person regarding the drinking of alcohol?
- The person's past experiences with alcohol consumption?

- Was the person driving, operating machinery, or performing a task wherein his, her, or other peoples' safety was compromised.
- Was the person an alcoholic or problem drinker, or a novice drinker?
- Was the person a law-abiding Citizen or a convicted felon? Did the person commit a crime under the influence of alcohol?
- Gender and age. Women tend to have less muscle and bone mass than men.
- People over 65 or are seriously handicapped are at greater risk of alcohol-related complications.
- The physical and mental health and maturation level of the person.
- Was the person drinking alone or in a social setting? If alone where, and why so? If in a social setting where and what kind of social setting?
- Did the drinking occur on a chartered airline, train, bus line, or ship?
- Why was the person drinking (New Year's Eve, Christmas, Birthday, Graduation, Passing Final Exams, Job Loss, Divorce, Vacation, etc.)?
- Religious, moral, ethical, and familial view regarding alcohol consumption.

Alcohol abuse can wreak havoc on a person's health states. Most drinkers make the mistake of thinking that because booze is legal in their respective countries or jurisdictions, it's nowhere nearly as dangerous as illicit drugs. Think again; in fact because alcohol is legal in much of the world people have easy access to it, and will often lower their guard when consuming it.

Alcoholism and Alcohol Abuse can also be referred to as Alcohol Abuse Disorder (AAD) or Alcohol Dependence (AD). Throughout this book the author will use these and other phrases interchangeably.

#### A PERSON WITH AAD MAY HAVE THE FOLLOWING CHARACTERISTICS:

- A serious problem controlling drinking patterns.
- Inability to stop drinking at the appropriate time.
- Needing a drink upon awakening.
- Outright denial, even if the signs of AAD are quite visible to family, friends, co-workers, and others.



- Unnaturally absorbed and immersed with alcohol, in spite of it creating serious problems in life. Alcohol may become the most important thing in life, more so than food, water, work, family, friends, freedom, personal hygiene or home.
- Unnatural sleeping habits, unhealthy changes in the sleep-wake cycle.
- Over time, more and more alcohol must be consumed to acquire the level of satisfaction of past uses.
- Eventually reaching a point wherein intrusive and harmful withdrawal occurs when alcohol use is suddenly reduced, terminated, or delayed.
- Even after drinking compromises their health and safety, and that of others; still the drinker is unable to quit.
- The body and mind have become addicted or dependent on alcohol consumption.
- Any excuse is used to justify the drinking of alcohol or getting drunk.
- Mood swings, irritability, violent behaviour, criminality, a significant lowering of inhibitions leading to devious behaviour including rape or molestation, cheating on a spouse, gambling money away, etc.

#### SHORT-TERM EFFECTS OF ALCOHOL ABUSE INCLUDE THE FOLLOWING:

- Drowsiness, sluggishness.
- Dizziness, light-headedness, onset of vertigo.
- Slurred speech.
- Decreased shyness and inhibitions (the barriers that block unacceptable speech and conduct weaken)
- Decrease in motor skills harmony and coordination.
- Reduction in alertness and a slowing in reaction time
- Mental disorientation, confusion, memory impairment or total loss
- Violence, law-breaking activities (minor or serious crimes)
- Respiratory depression or respiratory insufficiency (less than 12 breaths per minute or a failure to provide normal ventilation and perfusion of the Lungs.
- Spatial disorientation
- Irregular heartbeat
- Choking on vomit or other substance
- Death

A sure way to never become an alcoholic is to never start drinking in the first place. Aside from a child born with foetal alcohol syndrome (FAS), or a person who is forced to drink, a person who has never had a drink has an alcohol-free clean slate.

For many people, the first alcoholic drink may feel like its raising self-confidence and reducing anxiety. The fact is this is only a feeling; a person's life cannot be improved by having a drink. Inhibition begins to be blocked, the more a person drinks thereafter, the weaker his or her inhibitions become. It is a neurochemical response to the alcohol, irrespective of what the drinker may believe or think. Increased alcohol consumption is often accompanied by anger or even rage, physical and/or verbal aggression, distress, or sadness; some people may seem jolly, but wait until they lose their temper.

### DO NOT ALLOW ALCOHOL OR OTHER DRUGS TO DICTATE OR RUIN YOUR LIFE:

- If you believe in a higher Deity (GOD), pray to HIM, ask for HIS help and forgiveness.
- Use exercise, loosening-up, leisure, and diversion to deal with and reduce stress rather than alcohol. Exercise helps to improve overall fitness and health. Regular exercise can bring about a positive addiction (a healthy habit or addiction: Runner's high, resistance training muscle pump, etc.) and help boost the immune system. Exercise can also help a person sleep better. It can help divert a craving for alcohol into something positive.
- Learn and use breathing techniques when you're depressed, shaken, anxious, or have a craving for alcohol or another drug. NOTE: In serious cases, a medical emergency may arise. This will be discussed later in the book.
- Talk to a trusted and caring person; sometimes professional counselling is necessary. Alcohol will never solve anyone's problems this nemesis will only make matters worse.
- If you do plan on drinking, ask yourself why? How much? How fast? Do I have a termination plan (when will I end this particular drinking session)?
- The person must always stay in control.
- If you continue to abuse alcohol understand that other people, especially intimate ones will be affected.

### IF YOU CHOOSE TO DRINK BELOW ARE A FEW TIPS THAT YOU SHOULD FOLLOW:

- Have a strict limit, understand it, keep track of how much you drink and never exceed it under any circumstances.
- Pair up with one or more trusted friends, look out for each other. Don't be shy to tell your friend that he or she has had enough to drink, and accept the same if it is said.
- Never drink alcohol on an empty stomach.
- Never binge drink, or drink too rapidly.
- If you are hosting a party stop serving alcoholic drinks at a certain time; don't make it too late and abide by the rule.
- Never drink and drive; have a buddy system wherein anyone who is drunk will be driven by a trusted friend, or will be able to take a taxi home. Never drink and drive, even if you feel like you're in complete control. Chances are you aren't.
- Never, ever accept a drink from a stranger; you must always know what's in your drink, and where it came from.
- Caffeine will not sober a person; it's a stimulant.
- Never mix illicit drugs with alcohol. Watch out for prescription medication; understand the do's and don'ts if you're on prescription medication.
- Be prepared to have overnight guests who may be too inebriated to leave.
- If someone vomits from drinking alcohol ensure that they're okay afterwards. Keep an eye on them to make sure that there are no complications.
- If someone at your party passes out, watch out, be very careful. It could be more dangerous than you think.
- Do not serve alcohol to minors or to persons who have reached their limit. Be polite but firm and steadfast in your refusal. Ask him or her to leave the party if the person insists on having more drinks and cannot be kindly persuaded to do otherwise. You may be legally responsible if anything goes wrong.
- Never leave your drink unattended. This rule applies to both males and females, regardless of age or race. Many rapes and sexual assaults of women and men go unreported because the victim was unconscious or too inebriated to understand what was happening to them. And in today's high-tech age, a person's nude and unconscious image, or sex or rape tape can be plastered on Face-book, the internet, and so forth. Please don't take any chances. I'm sure that many victims have said to themselves 'it's always supposed to happen to someone else' or 'I never imagined it could ever happen to me'.

LONG-TERM EFFECTS OF ALCOHOL ABUSE LEADS TO AN INCREASED RISK OF BOTH PHYSICAL AND MENTAL HEALTH PROBLEMS INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

- Permanent brain damage (alcohol dementia or Wernicke-Korsakoff Syndrome (memory Loss), irreparable damage to brain cells, reduced coordination and motor control).
- Mental health problems and disorders.
- Stomach ulcers.
- Certain types of cancer (the body transforms alcohol into acetaldehyde, a powerful carcinogen; long-term alcohol abuse wreaks havoc on the drinker's immune system).
- Bleeding in the gastrointestinal tract.
- Diabetes: The body's sensitivity to insulin may be curtailed, which can bring about Type 2 Diabetes. Diabetes is a prevalent side effect of pancreatitis, which is commonly caused by alcohol abuse. Alcohol contains many calories and too much sugar (empty, harmful calories which can shock the body).
- Inflammation of the pancreas (pancreatitis)
- Increased risk of heart complications.
- Onset of mental illnesses, and/or a worsening of pre-existing ones.
- Suicide
- High blood pressure
- Stomach ulcers
- Impotency
- Muscle atrophy
- Nerve damage
- Significant weight gain (fat and bloating), or significant weight loss (reduction in muscle tissue and Tone, weakening of the body)
- Menstrual problems in women.
- Onset of additional addictions.
- STDs resulting from unprotected sex.
- Injuries resulting from behaviour occurring during periods of intoxication.
- Liver disease (cirrhosis, cancer)
- Blood vessel disorders.
- Vitamin and mineral deficiencies.
- Anaemia: Prolonged alcohol abuse can result in the abnormal reduction of the oxygen-carrying red blood cells (chronic abnormal fatigue, unusually accelerated heartbeat, especially

during exercise, shortness of breath and headache, especially during exercise, trouble concentrating, faintness, light-headedness, pallor (pale skin), leg cramps and spasms, restlessness, sleeplessness)

- Increased victimization, troubles with the law.
- Black-outs.
- Coma.
- Death.

"With continual alcohol use, one may go to be too early or late, not sleep across the night, and have an unusual eating regime, eating little throughout the day and/or overeating at night. This can lead to a vicious cycle of drinking because these individuals, in response, will consume more alcohol to fall asleep easier only to complain of more disrupted sleep across the night and additionally have a greater craving for alcohol," as conveyed to Science Daily by J. David Glass, professor of biological sciences at Kent State University. (July 15, 2010; Mercola.com: Exercise May Be a Highly Effective Option for Alcoholics)

#### BELO, ARE POTENTIAL PROBLEMS, RELATED TO ALCOHOL ABUSE AND GUM DISEASE:

- A markedly increased risk of getting oral or throat cancer.
- Irritation and soreness.
- Poor oral hygiene habits or absolutely none whatsoever.
- Alcoholic have high sugar content. Much of the time it can't be tasted, keeping the drinker oblivious as to its harmful effects on the teeth and gums.
- Drinks with high alcohol content tend to burn the mouth. Many winos, drunkards, alcoholics, and habitual abusers of alcohol often have their drinks straight (no juice, cola, soda, etc. mixed with the drink).
- Poor nutrition and bad eating habits will result in a lowered immune system, raising the probability of tooth and gum disease.
- Heavy drinkers may be oblivious to early signs of gum and tooth problems.
- In chemistry alcohol is sometimes used as an instrument. It will perform the same function in an alcoholic drinker's mouth (reduction in saliva).
- Increased acidity in the mouth which may soften tooth enamel.

"Addicts or alcoholics often come in with terrible teeth ... Alcoholics typically battle two issues: the alcohol

irritates all the soft tissue in the mouth and it decreases the amount of natural saliva. In terms of the tissue, the skin of the mouth is very delicate and the alcohol is corrosive to the gums, cheeks and skin. It can affect the way the tissue cells divide, which is why people who drink heavily have a greater chance of getting mouth or throat cancer ... Gum disease causes teeth to get loose within the gum ... The gum erodes and can no longer support the teeth. Drinking, drugs, and smoking—all of which cause dry mouth, exacerbate this problem. Saliva is a natural healing property that helps to fight bacteria. When the mouth is dry, bacteria grows, which breaks down the gums, and jeopardizes the teeth," said Beverly Hills dentist, Dr. Parimal Nagjee. (June 23, 2011, By Kristen McGuinness; thefix.com: Tooth and Consequences: How Alcohol Affects Your Teeth)

'Club Drugs' as they're commonly known as, are used as a tool in the sexual assault of a targeted victim, wherein, the victim who has been drinking alcohol unknowingly receives a rape drug in her or his drink. Alcohol intensifies the effects of rape drugs. The helpless victim is raped, perhaps impregnated, and may acquire one or more Sexually Transmittable Diseases (STDs). Please be advised that although many of these may occur in social gatherings with strangers or acquaintances, sometimes the rapist is a boyfriend. In rare cases, a husband drugs his wife then takes advantage of her.

- If you order a drink in a bar, keep an eye on the bartender until you've been given your drink. Always know what you're drinking.
- Keep track of how much you drink.
- Never reach the level of inebriation or intoxication. In this case, you won't be able to correctly judge the situation at hand.
- A potential rapist may be quite charming and good looking too.
- Rape can come in any sexual preference form, including heterosexual, bisexual, homosexual, or lesbian. Note that in rare cases a human, drugs and then rapes an animal (bestiality).

ALCOHOL IN CONJUNCTION WITH A DATE RAPE DRUG MAY MANIFEST ONE OR MORE OF THE FOLLOWING EFFECTS ON A PERSON:

- A profound reduction or complete loss of muscle control.
- Abnormal muscle relaxation.
- An intensified feeling of drunkenness or inebriation.
- Loss of consciousness, coma, death.

- Permanent brain, body, or mental health damage.
- Profound slurred speech.
- Stomach problems, nausea or vomiting; in the latter case choking to death may occur. Don't expect the rapist/s to come to your rescue. In an alternative case scenario, the victim may be alone and unable to help her or himself.
- Mental disorientation.
- Blurred or double vision.
- Light headedness, faintness, vertigo.
- Hypotension (low blood pressure, could reach a dangerous level)

Alcohol is the most powerful and frequently used drug in rapes; almost all of the adult victims are females. The drug is used as a means to an end by the rapist/s. The effects of rape drugs such as rohypnol (roofies, ecstasy; this drug is a prescription only powerful sedative), gamma hydroxybutyric (GHB) and ketamine are significantly strengthened when mixed with alcohol. Furthermore, alcohol is readily available drunk at many parties therefore its use will not draw suspicion.

Unfortunately, the presence of alcohol and rape drugs may hamper the victim's memory of who the rapists were. The victim will have a hard time defending her/himself during the rape. And to add insult to injury, particularly to women, both the criminal justice system and society as a whole are more likely to blame her, citing that she was looking for sex or was asking for it because she was intoxicated or had passed out; her behaviour will be carefully inspected and sifted through often-times by a cold and heartless justice system. No wonder, many rape victims fully or partially blame themselves for the act if they were intoxicated and/or on drugs. If she was dressed in a 'provocative manner' it usually works against her.

Rape drugs tend to be colourless, odourless, and tasteless making them easy insertions into an alcoholic drink. Meanwhile, their target is oblivious to what's happening, easy prey.

According to a study conducted by the National Institute on Alcohol Abuse and Alcoholism: "At least one-half of all violent crimes involve alcohol consumption by the perpetrator, the victim, or both. Researchers have consistently found that men who have been drinking alcohol commit approximately one-half of all sexual assaults. Depending on the sample studied and the measures used, the estimates for alcohol use among perpetrators have ranged from 34 to 74 percent. Similarly, approximately one-half of all sexual assault victims report that they were drinking alcohol at the time of the assault, with estimates ranging from 30 to 79 percent." (March 16, 2013, by Helen

Redmond; Socialistworker.org: Rape is a Crime, Drinking Alcohol Isn't)

"There are date rape drugs in circulation, and innocent women have been raped due solely to a date rape drug or a date rape drug and alcohol ... However, the majority, it appears, of rapes that occur with non-consenting women occur because they have been either intoxicated more than they believe or they have been given higher quantities of alcohol than they thought they had been given," said Dr. Corey Slovis, chair of emergency medicine at Vanderbilt University Medical Center. (October 28, 2013, By Jessica Bliss, The Tennessean via usatoday.com: Fewer rape cases involve spiking of drinks with drugs, experts say)

Many experts know that binge drinking result in increased incidences of rape. Women, and to a lesser extent men, must be forewarned of the dangers of being in an environment engulfed in excessive drinking. Although the drinking of alcohol does not force any perpetrator to rape or sexually assault someone, people who become sexually violent when intoxicated must never drink alcohol, or seriously control their drinking. The latter may be difficult to do when a person has passed the buzz stage.

Living in a fraternity or a sorority house is often a very powerful barometer of heavy and binge drinking. Compound this with the already ever-present and all-prevailing college atmosphere of drinking and partying, no wonder fraternity and sorority houses are widely known for their heavy drinking parties. Sports events are another avenue to sell booze on campus. Removing fraternities off campus will not curb the drinking problem. The drinking mentality is ever present on college campuses. Any excuse to drink is available (sporting event or participation in a game, end of finals, end of mid-terms, finished an exam/s or term paper/s, end of semester, holiday break, a sporting event, birthday, ladies' night, weekend or long-weekend, graduation, got a job, feeling down and depressed, feeling happy and elated, getting drunk just for the hell of it, and so forth). Many college students don't just drink, they get hammered; they drink to get drunk.

Many of these heavy drinkers suffer from underlying mental health problems. They may be using alcohol to treat or forget about their underlying problems. Unfortunately, heavy drinking students who hang around other heavy drinking students often-times don't perceive themselves as having a drinking problem; 'I drink like my other friends'.

I can't understand how a person could get hammered so often, wake up hung-over, and not feel sick to his or her stomach. Binge drinking is a potentially dangerous symptom of the 'animal house' environment and mentality. Many college students are away from home living on campus or in an apartment-



like setting, thereby leaving the watchful eyes of their parents. Getting hammered on a regular basis is quite harmful to school performance.

"The frequency of binge drinking by fraternity men and sorority women leads to an 'Animal House' style of living ... It should cause great concern and immediate action at every institution hosting these groups ... Four or five drinks doesn't mean they're drunk or alcoholic ... but it puts them in a group that has problems related to drink, such as missing classes, getting hurt or having trouble with the police," said Dr. Henry Wechsler, a lecturer on social psychology at the Harvard School of Public Health. (December 6, 1995, By William H. Honan; Nytimes.com: Study Ties Binge Drinking To Fraternity House Life)

Helping college students oppose and bypass the college drinking environment can be done through education. Every community college, college, and university in North America (and abroad) should have an extended orientation and education program identifying the alcohol abuse problems on campuses, and the dangers this poses to each and every heavy drinker and binge drinker. Furthermore, healthy and beneficial alternative activities should be available for college students to choose from.

"I think it is important to communicate to students that they are not alone, they are not even in the minority, if they choose not to binge drink ... On a large university campus, there are plenty of students who are not drinking -- not just not binge drinking, -- but not drinking at all," said Jeff Hayes, Penn State professor of education and psychology and a licensed psychologist. (September 5, 2013; By Kevin Silman; Penn State News: Probing question: How serious is the binge drinking problem on college campuses?)

"Alcohol and drugs {disrupt inhibition} ... In a lot of these young women, their judgment is impaired. Their radar is clouded with alcohol. When they're clearheaded, they might say, 'This guy is not someone I want to be alone with'," said Paul Rinaldi, associate director of the Addiction Institute of New York City. (February 12, 2004, By Lloyd Vries, CBS/AP; cbsnews.com: Binge Drinking, Rape are Related)

A Lincoln, Nebraska woman lived through a terrible nightmarish ordeal. Heather Jurey a victim of a gang-rape initiated through a date rape drug wants to warn other women about this dangerous nemesis. As is often the case, Heather believed that it could have never happened to her.

"You say it jokingly. Watch my drink, make sure someone doesn't slip something in it, or slip something in it if you want to, but I never thought it would actually happen," said

Heather. (November 29, 2012, By Cassie Anderson; 1011Now.com: Date Rape Victim Shares Story as Warning to Others)

Heather did what many men and women do; spend a night out at a downtown bar, dancing, drinking, and having fun. Out of nowhere, a handsome, young prince charming kind of a guy approached her. He offered to buy her a drink, she accepted, and they danced. All the while, this man had evil intent in mind.

"A guy asked to buy me a drink and I said 'yeah that's fine.' Then he asked if he could dance with me. I said 'that's fine', so we danced. Then I started feeling really dizzy," said Heather. (ibid)

In hindsight, Heather now understands that the fast-acting effect of the drink she was given was a red flag. Her body shouldn't have reacted in way it did, claiming that she only had 3 drinks in the course of several hours. She believes that the man had spiked her drink with a date rape drug. She does remember being pushed into a car, wherein, upon awakening, the man who gave her the drink was raping her. She was alone with no witnesses around.

"No one was there and her (Heather's) friends left her downtown without telling her. If you are a single female you need to go downtown with a group of people you can trust and don't leave your friends," said Molly Trueblood, Heather's friend. (ibid)

Heather says there were 3 men in the car, and each one of them raped her. The driver of the car was a woman. It was a dark-coloured car, with dark tinted windows. The assailants were likely pimps, or part of a sex trafficking ring, I say this because a woman was amongst them, and as stated by Heather, she was the driver of the car. Things could've been a lot worse; thankfully, Heather was able to flee her rapists and then call for help. As painfully attested by Heather, she barely remembers the horrible night in question, but it's a night she'll never forget.

What follows is a true story about a gay man who was raped. He has hidden his true identity opting to use the name Anonymous. The incident occurred in the Hillcrest region of San Diego, California.

Anonymous suddenly awakened foggy-eyed and disoriented following a night of partying. Having had just one previous hangover in his entire life, he knew quite well that what he felt was not a hangover on the contrary it was much sharper and painful. Anonymous was in the nude. Yet he never slept in the nude.

Anonymous was feeling an incredible, almost unbearable pain in his rectum; a dead giveaway for a rape victim. More so, he didn't bottom (the person who is mounted). There was a memory

loss of close to 11 hours. Then, the choppy flashbacks began. Anonymous suspected the worst; he had been drugged and raped. Thereafter, he did what many other men wouldn't dream of doing he went to the emergency room. Anonymous kept asking himself "how could someone do this?" (June 6, 2013, Anonymous; San Diego Gay & Lesbian News: Gay Man's Horrific Story. 'I Was Drugged and Raped' via Rape and Related Issues by Bassam Imam)

Anonymous divulged the facts of the incident to trusted ones. Eerily He had been told "That happened to me;" "That happened to my friend;" When I used to work at {so-and-so-place} he used to hear about that happening all the time." (ibid)

On a positive note, Anonymous is improving day-by-day. Friends, family, the local police department, counsellors and backers have been helpful. But still, Anonymous has no clue as to who the perpetrator/s were. I suspect that he was gang-raped. The extreme pain in his rectum compounded by his being naked, sounds like a group of men worked together to commit the perfect rape. One man could've done the job, but it would've been quite a chore, indeed.

ALTHOUGH ALCOHOLISM IS TREATABLE, IT IS A DAILY STRUGGLE FOR MANY OF ITS SUFFERERS. BELOW ARE IMPORTANT FACETS OF LONG-TERM OR LIFELONG SOBRIETY:

- **DETOXIFICATION:** The poison (alcohol and other drugs) in the person's body must be flushed out. This is potentially a very dangerous stage. Persons with serious alcohol abuse related problems may have serious withdrawal symptoms including but not limited to convulsions, hallucinations, delirium tremens, coma, or in rare cases death. Withdrawal symptoms are treated with benzodiazepines (anti-anxiety drugs).
- **REHABILITATION AND LONG-TERM RECOVERY:** Essential medications and counselling are essential for aiding and guiding the alcoholic back to a normal a healthier sobriety-based life. In-patient and out-patient care are available.
- **PRESERVATION OF SOBRIETY FOR LIFE:** Regular attendance in Alcoholics Anonymous (AA) meetings or other such related groups and long-term support. The alcoholic must have a person or network to confide in if he or she feels that the urge to drink and life's problems have become unbearable. This can include a designated person/s at AA, a medical professional, counsellor, social worker, or any other trusted person. The long road to lifetime recovery will be difficult. No one should tell the alcoholic that it will be easy.

DEPENDING ON THE CASE, THE ALCOHOLIC MAY NEED TO TAKE CERTAIN DRUGS TO HELP PREVENT FALLING OFF THE SOBRIETY WAGON: (NOTE: THESE ARE POWERFUL MEDICATIONS THAT HAVE SIDE EFFECTS AND CAN ONLY BE PRESCRIBED BY A PHYSICIAN):

- **DISULFIRAM (ANTABUSE):** This is a drug that acts as a noxious deterrent to alcohol. It brings about a strong uncomfortable sensitivity to alcohol even after drinking only a small amount. This is a potentially dangerous drug. As such, the patient must be fully aware of the potential harm of taking this drug while under the influence of alcohol. No alcohol consumption, whether directly or in camouflaged form (cough medicines, mouthwashes containing alcohol, sauces, foods, etc.). Furthermore, the patient must not be allergic to any of the ingredients in Disulfiram. The physician must know what other medications the patient is taking. Disulfiram works by inhibiting the breakdown of alcohol.

Possible side effects associated with the use of Disulfiram include nausea, vomiting, upset stomach, eye pain or tenderness, vision problems, skin rash, acne, mental changes; dullness, reduced strength or pain in hands or feet. In extraordinary cases there may be a darkening of urine, a visible change in stool colour, painful discomfort in the stomach, yellow eyes or skin, a feeling of lethargy, reduction in sexual ability in males, unusual taste in the mouth. Note that other symptoms may ensue. This is why it is imperative that for as long as the patient is using Disulfiram he or she must be under a physician's care; the same applies regarding the termination of this drug.

- **NALTREXONE:** This is a drug that prevents the parts of a person's brain from feeling pleasure or a positive sensation following the use of alcohol or narcotics. Naltrexone can be used for a long period of time, helping the patient to get back on his or her feet. Using this drug will not make a person feel sick if alcohol is drunk with it. However, it will eliminate all pleasure from drinking alcohol.

Possible side effects associated with the use of Naltrexone include nausea, headache, constipation, light-headedness, jitters, sleeplessness, sluggishness, and anxiety. NOTE: Because Naltrexone inhibits the feeling of pleasure or positive sensations if the patient consumes alcohol or uses narcotics he or she may overdose; chasing a pleasurable feeling that will never be attained.

- **ACAMPROSATE (CAMPRAL):** This drug is used in conjunction to counselling in the treatment of alcohol abuse. This drug is believed to preserve the chemical balance in the brain that would contrarily be disturbed by alcohol withdrawal. Hence, the patient's craving for alcohol is reduced.

Acamprosate has been shown to be most effective for alcoholics who have stopped drinking or who are in the process of stopping. Persons who continue to consume alcohol extensively or those who continue to use narcotics should not use Acamprosate.

### BROADLY SPEAKING A PERSON WHO IS AN ALCOHOLIC OR SUFFERS FROM ALCOHOL ABUSE HAS 3 TREATMENT OPTIONS:

- **Medical Treatment and Medication** used to aid alcoholics to stop drinking, to provide essential medical care, and to help prevent relapses.
- **Mutual Support and Aid Groups** (Mutual Help Groups, are essential for long-term recovery from alcoholism and alcohol abuse. These groups help millions of people every single year to reach and maintain long-term recovery and sobriety. Alcoholics Anonymous (AA) and Al-Anon Family Groups are the most renowned of these groups.
- **Mental Health Care and Counselling** direct patients towards the changing of drinking behaviour and adapting alternative methods to deal with stress and cravings. Workers in the field process the patient's past, and help him or her face the present through verbal communication between patient and the therapist. Changing the patient's emotions and dysfunctional beliefs are very important.

Every Alcoholic needs talk therapy of one form or another to get out of the daily drinking routine and to live a life of sobriety. The alcoholic can also talk to caring family members, friends, and other recovering alcoholics. The alcoholic **MUST NOT** seek help from alcoholics who are still drinking and in denial, or other bad influences. Past drinking and partying friends are a potentially dangerous influence.

### BELOW ARE BEHAVIOURAL THERAPY OPTIONS THAT MAY BE USEFUL TO PROBLEM DRINKERS:

- **Motivational Enhancement Programs:** These programs have been constructed to strengthen the problem drinkers' understanding and recognition of the adverse impact that alcohol has had on

their lives, family and friends, co-workers, and society. They're motivated to accept responsibility for previous actions and to make a commitment to alter future behaviour. Therapists assist alcoholic patients in understanding and welcoming the benefits of lifelong sobriety, undergoing proper treatment, and following through with a lifelong commitment.

- **Cognitive Behavioural Coping-Skills Therapy:** Consists of several therapeutic approaches the focus of which is to help the alcoholic patient amass new skills to recognize, handle, and change problem drinking behaviours.
- **12 Step Facilitation Therapy:** This peer-support approach inspires people to become active in a 12-step program that compliments professionally supervised therapy.
- **Behavioural Couples Therapy:** Designed to help the patient recover from his or her alcohol abuse problem and to repair the harm done to relationships. If both partners are alcoholics a variant approach within this therapy type is used. Marital and family counselling involves the whole family.
- **Brief Interventions:** Time limited can be one-on-one or in small group counselling discussions. The counsellor furnishes information regarding the person's drinking pattern and probable dangers.

"Alcoholics Anonymous {founded in 1935 at Akron, Ohio by Bill W., a New York stockbroker and Dr. Bob S., an Akron surgeon} is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem. "(Alcoholics Anonymous: What is A.A.?)

Anyone can attend open A.A. meetings. However, closed meetings are only open to members and alcoholics. A person must be an alcoholic to become a member, and understandably so. People who have other addictions are eligible to become members on the condition that they're also alcoholics. All persons seeking A.A. membership must have the desire to quit drinking.

One of the most important reasons that AA has been so successful is that the recovering alcoholic has face-to-face intimate contact with other recovering alcoholics. No one mocks another person; they've all made big mistakes, some bigger than others. Nevertheless, they're all in the same predicament;

alcohol and perhaps one or more other addictions have wreaked havoc on their lives and they're trying to live a life of sobriety.

Indeed, there's no such thing as a 100 percent fool-proof method for all persons. If we look at the overall picture, many people must give make at least several, sometimes numerous attempts in their struggle against alcoholism. But in all honesty, AA has done quite well. Where would we be without it? AA paved the way for the establishment of other organizations combating the nemesis of alcoholism and alcohol abuse, and other addictions.

THE CORE OF AA'S RECOVERY PROGRAM CONSISTS OF THE FOLLOWING 12 STEPS. NOVICE MEMBERS ARE NOT OBLIGATED TO ACCEPT ALL 12 STEPS IF THEY FEEL UNCOMFORTABLE TO DO SO:

- We admitted we were powerless over alcohol - that our lives had become unmanageable.
- Came to believe that a Power greater than ourselves could restore us to sanity.
- Made a decision to turn our will and our lives over to the care of God as we understood Him.
- Made a searching and fearless moral inventory of ourselves.
- Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
- Were entirely ready to have God remove all these defects of character.
- Humbly asked Him to remove our shortcomings.
- Made a list of all persons we had harmed, and became willing to make amends to them all.
- Made direct amends to such people wherever possible, except when to do so would injure them or others.
- Continued to take personal inventory and when we were wrong promptly admitted it.
- 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.
- Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs. (Alcoholics Anonymous: The Twelve Steps of Alcoholics Anonymous)

Alcoholics Anonymous' Big Book, named so because of the thickness of the papers used for the first edition (1939), is the story of by what means many thousands of men and women have

recovered from alcoholism. This book is instrumental in the emergence and wide use of the 12-step program. It is a basic text, authored by none other than Dr. Bob Smith and Bill Wilson. The Big Book can be found in many public libraries, purchased in bookstores, or online.

Al-Anon Family Groups strives to attain strength and hope for families and friends of problem drinkers. Alateen is part of Al-Anon Family Groups. Alateen is a fellowship of youth Al-Anon members whose lives have been adversely affected by another person's drinking.

#### ALATEEN GROUP'S FOCUSES ON THE FOLLOWING IMPORTANT POINTS:

- Share experiences, strength, and hope with each other.
- Discuss difficulties.
- Learn effective ways to cope with problems.
- Encourage one another.
- Help each other understand the principles of the Al-Anon program.
- Learn how to use the Twelve Steps and Alateen's Twelve Traditions (Al-Anon Family Groups: How Will Alateen Help Me?)

#### ALATEEN'S TWELVE TRADITIONS ARE AS FOLLOWS:

- Our common welfare should come first; personal progress for the greatest number depends upon unity.
- For our group purpose there is but one authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
- The only requirement for membership is a problem of alcoholism in a relative or friend. The teenage relatives of alcoholics, when gathered together for mutual aid, may call themselves an Alateen Group provided that, as a group, they have no other affiliation.
- Each group should be autonomous, except in matters affecting other Alateen and Al-Anon Family Groups or AA as a whole.
- Each Alateen Group has but one purpose: to help other teenagers of alcoholics. We do this by practicing the Twelve Steps of AA ourselves and by encouraging and understanding the members of our immediate families.
- Alateens, being part of Al-Anon Family Groups, ought never endorse, finance or lend our name to any outside enterprise, lest problems of money, property and prestige divert us from our primary spiritual aim. Although a separate entity, we should always cooperate with Alcoholics Anonymous.



- Every group ought to be fully self-supporting, declining outside contributions.
  - Alateen Twelve Step work should remain forever nonprofessional, but our service centers may employ special workers.
  - Our groups, as such, ought never {to} be organized; but we may create service boards or committees directly responsible to those they serve.
  - The Alateen Groups have no opinion on outside issues; hence our name ought never {to} be drawn into public controversy.
  - Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, films, and TV. We need guard with special care the anonymity of all AA members.
  - Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles above personalities.
- Another fellowship-style organization aiding alcoholics and other addicts is the Secular Organizations for Sobriety (S.O.S.). S.O.S. is a relatively new organization, established in 1985 by a sober alcoholic named James Christopher. S.O.S. has helped many thousands of addicts to reclaim their lives. S.O.S. accepts anyone earnestly seeking sobriety from alcohol addiction, drug addiction, and compulsive eating. Please keep in mind that many alcoholics suffer from more than one addiction.

S.O.S. is a substitute for the widely known 12-step model of recovery. Religious and non-religious persons are welcome. However, the overall setting of the support group is secular. S.O.S. respects recovery in any pattern. S.O.S. is a non-profit network of autonomous, non-professional local groups, dedicated solely to helping individuals achieve and maintain sobriety/abstinence. There are group meetings in numerous cities throughout the world. Membership is free.

#### THE GENERAL PRINCIPLES OF SOCIETIES FOR SOBRIETY ARE THE FOLLOWING:

- All those who sincerely seek sobriety are welcome as members in any SOS group.
- SOS is not a spinoff of any religious or secular group. There is no hidden agenda, as SOS is concerned with achieving and maintaining sobriety (abstinence).
- SOS seeks only to promote sobriety those who suffer from addictions. As a group, SOS has no opinion on outside matters and does not wish to be entangled in outside controversy.
- Although sobriety is an individual responsibility, life does not have to be faced alone. The support of other alcoholics and

addicts is a vital adjunct to recovery. In SOS members share experiences, insights, information, strength, and encouragement in friendly, honest, anonymous, and supportive group meetings.

- To avoid unnecessary entanglements, each SOS group is self-supporting through contributions from its members and refuses outside support.
- Sobriety is the number one priority in a recovering person's life. As such, he or she must abstain from all drugs or alcohol.
- Honest, clear, and direct communication of feelings, thoughts, and knowledge aids in recovery and in choosing non-destructive, non-delusional, and rational approaches to living sober and rewarding lives.
- As knowledge of addiction might a person harm or embarrassment in the outside world, SOS guards the anonymity of its membership and the contents of its discussions from those not within the group.
- SOS encourages the scientific study of addiction in all its aspects. SOS does not limit its outlook to one area of knowledge or theory of addiction. (sossobriety.org: About S.O.S.)

Since 1976 Women For Sobriety (WFS) has been a non-profit organization committed to aiding women defeat alcoholism and other addictions. WFS was the first national self-help organization for women alcoholics. WFS's New Life Program helps in attaining sobriety and to preserve ongoing recovery. WFS's focus is on helping all women discover their unique path to recovery by discovering the self, acquired by sharing experiences, hopes, and encouragement with other women in comparable circumstances. The program is abstinence-based. WFS' New Life Program came about through the hard work and dedication of Dr. Jean Kirkpatrick, a recovering alcoholic.

WFS focus on the unique problems that women have in recovery; self-esteem, confidence, self-value, self-respect, and self-worth, and the need to combat the feelings of guilt and humiliation. Women who have had a history of abuse with men can feel safer and be more candid about conveying their feelings to other women. Other women in the group will likely have had similar experiences.

#### BELOW ARE WFS "NEW LIFE" ACCEPTANCE PROGRAM AFFIRMATIONS:

- I have a life-threatening problem that once had me.  
I now take charge of my life and my disease. I accept the responsibility.
- Negative thoughts destroy only {me}.

My first conscious sober act must be to remove negativity from my life.

- Happiness is a habit I will develop.  
Happiness is created, not waited for.
- Problems bother me only to the degree I permit them to.  
I now better understand my problems and do not permit problems to overwhelm me.
- I am what I think.  
I am a capable, competent, caring, compassionate woman.
- Life can be ordinary or it can be great.  
Greatness is mine by a conscious effort.
- Love can change the course of my world.  
Caring becomes all important.
- The fundamental object of life is emotional and spiritual growth.  
Daily I put my life into a proper order knowing which are the priorities.
- The past is gone forever.  
No longer will I be victimized by the past. I am a new person.
- All love given returns.  
I will learn to know that others love me.
- Enthusiasm is my daily exercise.  
I treasure all moments of my new life.
- I am a competent woman and have much to give life.  
This is what I am and I shall know it always.
- I am responsible for myself and for my actions.  
I am in charge of my mind, my thoughts, and my life.  
(womenforsobriety.org: "New Life" Acceptance Program)

Organizations helping men, women, adolescents, and family and friends of alcoholics and alcohol abusers are as a whole an incredible asset. Without these organizations, society's alcohol abuse related problems would no doubt be much worse. But let us not forget that much of the world has little or no social networks for alcoholics. As such, we in the Western World should be thankful for this blessing.

A person need not be an alcoholic or a long-time drinker to be severely harmed or to die from alcohol. Even one night's outing can be enough. Binge drinking is an extremely dangerous practice that is unfortunately, prevalent among young people. Binge drinking can occur in a group, party setting, fraternity setting, at a bar, or alone.

Binge drinking involves the drinking of alcohol for the explicit purpose of getting drunk, in a short period of time. The binge drinker's liver and body are not given enough time to flush out the alcohol or to recuperate. In general, 5 drinks in a row for men, and 4 for women are considered binge drinking.

Note that these estimates identify the onset of binge drinking, not the maximum that a person will drink. Many binge drinkers will drink more than the previously stated quantity of alcohol. The alcohol level following the consumption of this level of drinks will be considerably higher than the legal limit (.08%, in the U.S.) for driving a motor vehicle.

THE FOLLOWING MEASUREMENTS ARE CONSIDERED ONE DRINK IN THE U.S.:

- 12 ounces of beer that contains about 5 percent alcohol.
- 5 ounces of wine that contains about 12 percent alcohol.
- 1.5 ounces of distilled spirits that contains about 40 percent alcohol.

BELOW IS A LIST OF POSSIBLE DANGERS FROM UNCONTROLLED BINGE DRINKING:

- Alcohol Poisoning (Acute Intoxication).
- Serious light-headedness
- Falls and accidental injuries.
- Motor vehicle accidents.
- Severe impairment of coordination and motor skills.
- Diarrhoea.
- Permanent brain damage.
- Liver damage.
- Memory loss or impairment.
- Reduction in judgement.
- Vomiting (the airway might be blocked, or a stomach rupture may occur; overconsumption of alcohol interferes with the normal function of the gag reflex).
- Poor Control of Diabetes.
- Inflammation of the pancreas.
- Loss of consciousness or coma; death can occur in rare instances.
- Increased risk of harming oneself or others.
- Increased risk of getting into trouble with the law.
- STDs and unintentional pregnancies.
- High blood pressure, stroke.
- Additional dangers if other drugs (prescription or non-prescription) are used in combination to the binge drinking.

BINGE DRINKING WILL MARKEDLY INCREASE THE CHANCES OF ALCOHOL POISONING. BLOOD ALCOHOL COUNT (BAC) OR BLOOD ALCOHOL LEVEL (BAL) THE FOLLOWING FACTORS ARE IMPORTANT:

- The alcohol content in the drinks.
- Duration of time involved.
- The amount of food in the stomach before, during, and after drinking.
- Gender.
- The physical and the mental health of the person.
- Any and all prescription or non-prescription medication taken, or any illicit drug use.
- The Body mass index.
- Age

#### ALCOHOL POISONING BASICS:

- BAL as become toxic (dangerously high)
- BAL may continue to rise even after the person has stopped drinking.
- Too much alcohol has entered the system too quickly. The liver hasn't had time to metabolize the alcohol.
- Basic essential functions may be dangerously jeopardized (Breathing, pulse, and temperature control begin to close down). NOTE: In severe cases breathing may stop; cardiac arrest).
- Major Disorientation.
- A high risk of loss of consciousness.
- Serious convulsions.
- Repeated vomiting (Note that the gag reflex may be seriously hampered)
- The skin will be moist or cool to the touch.
- Diminished responses (significant or complete loss of reactions)
- An abnormally marked increase in perspiration.

#### WHAT SHOULD A PERSON DO IF SOMEONE IS SUFFERING FROM ALCOHOL POISONING?

- Get medical help immediately. Don't be shy or scared; chances are it's a life and death situation.
- Be persistent in trying to keep the person awake; DO NOT allow the person to sleep it off.
- Maintain the person in the sitting position.

- If the person is unconscious he or she should be laid on the side to help prevent choking. Do not leave the person; keep a close eye on him/her.
- Never give the person caffeine, it will cause further dehydration.
- Never give the person another drink, even one gulp.
- No cold shower; can be extremely dangerous.
- If the person is lucky to make it to the hospital, medical staff will try to correct any breathing complications, allocate fluids to treat dehydration and low blood sugar. The patient's stomach will be likely flushed to help release toxins from the body.

Binge drinking is a prevalent aspect of college life in North America. Without knowing or truly believing the possible consequences of this behaviour, initiates and upper class-men alike believe that it's fun. Peer pressure can be overwhelming, especially for a freshman who's away from home. Compound this with the fact that many young athletes believe that they're nearly invincible. If only one student was to slip into a coma, die, or survive with major limitations following binge drinking, we could easily call this a tragedy not only for the drinker, but also for his/her family and friends.

#### BELOW IS A BRIEF SYNOPSIS OF 7 TRAGIC BINGE-DRINKING RELATED DEATHS, NONE OF WHICH HAD TO HAPPEN:

1. Lydia Gale Clark died on her 21st birthday after 'downing 16 shots' while bar hopping for 6 hours out with her friends on a Friday night. She had absolutely no idea that she was going to die on the same night. It happened, in spite of her parent's warning her about the dangers and effects of alcohol. Lydia's father, Brad Clark, was both overwhelmed and bewildered by the drinking mentality of college students. "I don't get this rite of passage where these kids think you have to do 21 shots [on your twenty-first birthday]. I mean, holy cow." (Projectknow.com: 7 Crazy Binge Drinking Deaths)
2. A 19 year-old Acadia student died following an episode of binge drinking. The 19 year-old was seen playing a 'fashionable game' called 'flip cup' in the residence hall, later discovered in a basement dorm room. His parents were so distraught they asked the media to keep the news private. However, a friend of the deceased student did say, "He was drinking a 40 oz. of something and he pretty much drank the whole thing ... not even mixing it." (ibid)

3. 18 year-old freshman Philip Dhanens died of binge drinking after he and 15 other pledges were locked in a room and instructed not to come out until they drank all of the liquor; this was part of a fraternity hazing ritual.
4. 18 year-old freshman Timothy Jarvis drank the entire contents of a bottle of rum in a bet, wherein, he claimed that he could down the bottle in 30 minutes; unfortunately for him, it only took 15 minutes. He didn't die on the spot, but fell to his death shortly afterwards, having tumbled down a flight of stairs, causing severe injuries. Perhaps Timothy fell because he was in the process of dying. Regardless, he drank hard liquor, straight, and unbelievably fast.
5. 19 year-old college student Megan Helal is believed to have drunk between 10 and 17 Vodkas drinks (size unknown) at a binge drinking party, in her boyfriend's university. This time around there was some semblance of justice. Megan's parents sued the fraternity and bar.
6. Molly Ammon died while at a Spring break party. She's believed to have had 13 drinks, consuming them quickly. Shockingly, her BAL was 5 times the legal limit. Unaware of the dangers of their actions, her friends put her in bed to sleep off her drunkenness.

Angie Ammon, Molly's mother, wasn't worried because Molly was until then a responsible person. Furthermore, the Spring break party was near their home. Molly Ammon has posted a Facebook page entitled "Molly Ammon Spring Break Awareness." Her intent is to warn other families about the binge drinking that occurs at college parties.
7. Seventeen year-old Chris Skinner died after partying in 2 houses. His friend's parents allowed him and other friends to drink, in spite of the youth being underage. They were sent home at midnight. By this time they were very drunk; a friend claimed that Chris was 'sloshed' at the time. Shockingly, they didn't go home. They went to another home wherein, the house parents allowed them to continue drinking.

As part of their party custom, the group wrote on Chris' body because he was the first person to pass out; even his friend's mother took part in the writing. Sadly, Chris never awakened, he died. His BAL was close to 5 times the legal limit.

Even without permanent complications or death a person who survives a bout of heavy drinking will likely feel it the following day; this sickly feeling is called a hangover. A hangover is an assortment of physically and mentally

uncomfortable reminders, indications, and symptoms directly related to a recent bout of excessive drinking. The best way to avoid a hangover is to not drink alcohol. However, if you do choose to drink you must drink moderately. These symptoms almost always begin the morning following a heavy night of drinking, unless the person does not have a normal sleep-wake cycle and is engulfed in alcohol daily and at all hours (the town wino, drunkard hobo, homeless drunk, and so forth). The intensity of the hangover is related to how much alcohol was drunk in what amount of time, how much and what was eaten the night before, how much sleep the person had if any, relative health, the mandatory activities of the hangover day (school, work, football training, etc.), vomiting, where the person awakened (at home in bed, on the street, or in jail, etc.), and any other factor or incident that can affect the physical or mental state of the hung-over person.

### WHY DO THE HANGOVER SYMPTOMS OCCUR?

- Drinking too much alcohol. Some people can drink more than others for them to be hung-over.
- Alcohol causes a person's body to produce more urine, resulting in dehydration.
- Alcohol brings about an inflammatory reaction from the immune system, producing the typical hangover symptoms.
- Alcohol irritates the lining of the stomach; a rise in the production of stomach acids and slows down stomach emptying.
- Alcohol may cause blood sugar levels to drop.
- Alcohol causes blood vessels to enlarge.
- Alcohol can bring about a feeling of sleepiness and lethargy however it will diminish the quality of sleep.
- Alcoholic drinks contain elements called congeners (predominately contained in dark liquors such as brandy, whiskey, and wine. Congeners are responsible for some of the taste, colour, and scent of the respective drink).

### BELOW ARE COMMON SYMPTOMS OF A HANGOVER:

- Accelerated heart rate.
- Nervousness, apprehension, and/or concern.
- Irritable.
- Groggy feeling, sleepiness but finding it difficult to sleep.
- Quivering or shakiness, irregular motor functions.
- Dizziness.
- Dehydration and thirst.



- Nausea and/or vomiting.
- Diarrhoea.
- Flatulence (passing gas).
- Stomach ache.
- Throbbing headache.
- Sensitivity to sound or noise.
- Bloodshot eyes.
- Photophobia (over-sensitivity to light or sunshine).
- A feeling of weakness, lack of energy.
- Partial or complete memory loss of the on-goings the night before.
- An uncomfortable interruption in the normal sleep-wake cycle.
- Muscle and body aches.
- Excessive salivation.

#### BELOW ARE POTENTIALLY DANGEROUS SYMPTOMS OF A HANGOVER:

- Irregular breathing tempo.
- Breathing fewer than 8 inhalations per minute.
- Mental disorientation, the person is in a trance-like state, slumber, passes out, is unconscious, or falls into a coma.
- Convulsions of any sort.
- Hypothermia (dangerous drop in body temperature)
- Pale-coloured skin, or bluish in colour.
- Vomiting that does not abate.

#### WHAT TO DO IF YOU HAVE A HANGOVER AND DO NOT SUFFER FROM ANY DANGEROUS SYMPTOMS?

- Sleep if you can, if not then rest as much as you're able to. Your body needs to recuperate.
- Rehydrate your body with healthy liquids (water, vegetable juice and fruit juice; aside from the other benefits Vitamin C is also needed).
- No caffeine! Caffeine can dehydrate you. It will not sober you up. On the contrary, it may make it more difficult for you to sleep or to rest sufficiently.
- Eat foods that contain healthy amounts of minerals and proteins.
- Take a shower and put on some fresh clean clothing. You must not be unkempt.
- Do not blindly self-medicate yourself. Know what you're taking and read the warning label.

- You'll likely have to wait it out. If you do decide to get drunk, do not forget the atrocious symptoms of your previous hangover; this time around they may be worse or possibly dangerous.

Alcohol withdrawal is a very powerful and potentially fatal response to an abrupt ending or significant reduction in alcohol consumption by a person who is addicted to the substance. In some cases alcohol withdrawal symptoms need not take long to manifest themselves.

Abusive drinking practices for a protracted period of time will disrupt the brain's neurotransmitters (Brain chemicals that communicate information throughout our brain and body). During the early stages of drinking, alcohol will enhance the affect of GABA (Gamma-Aminobutyric Acid), the neurotransmitter that brings about feelings of relaxation and calm. Unfortunately, continual alcohol abuse ultimately curb activity resulting in a powerful need to consume more and more alcohol. Under the context, this anomaly is known as tolerance. Tolerance is ever-so-common in addictions.

Withdrawal or significant reduction for whatever reason will result in the reversal of the previously suppressed neurotransmitters, but in a dangerously unhealthy manner; it's a shock to the brain and body. This does not mean that the alcoholic should not stop drinking. Stoppage must be done in a proper medical setting.

SYMPTOMS OF ALCOHOL WITHDRAWAL MAY INCLUDE THE FOLLOWING (KEEP IN MIND THAT THE RANGE OF REACTIONS CAN BE FROM MILD TO INCREDIBLY POWERFUL AND DANGEROUS):

- The shakes or seizures, paroxysm.
- Nausea and/or vomiting.
- Headache.
- Excessive sweating.
- Low-grade fever.
- Anxiety (mental restlessness).
- Hallucinations.
- Irritation annoyance.
- Impatience.
- Mental turmoil and unrest.
- Insomnia, wake-fullness.
- Death.

- Delirium Tremens (DT's) includes the most astonishingly severe symptoms of alcohol withdrawal. It is a medical emergency the patient may slip into a coma or die.

In early August of 2013, a 53 year-old homeless Butte, Montana man who was suffering from alcohol withdrawal died. Shortly before dying, the man went to his friend's house to try to get some beer, but was found dead in an alley on West Quartz Street. Although death from alcohol withdrawal can happen to anyone in this predicament, when the victim is homeless or very poor it usually doesn't make the news.

{The deceased person} "And the person he was staying with was without alcohol for a couple days they said. The witness stated the victim was very sick ... Alcohol is one of the most severe withdrawals you can go through due to the fact that it shuts down your organs and you either go into seizures and you can die from it," said Butte Undersheriff George Skuletich. (August 7, 2015, by John Emeigh; KXLF.com: Police: Butte man's death may be from severe alcohol withdrawal)

Sadly, many of Butte's homeless people are heavy drinkers, and it's common for the local police to receive calls concerning homeless people passed out on the Streets; as expected, the calls are taken seriously.

"If we find them sleeping on sidewalks and stuff we always respond with medical to make sure that they aren't going through alcohol withdrawals or something more serious," Skuletich said. (ibid)

More so, alcohol withdrawal is an ongoing nemesis at the Butte Detention Center, Staff must have medication on hand. As soon as a physician's permission is granted, the proper medications can be administered.

"We keep a supply of it on hand locked up, and when we call the doctor up, the doctor can prescribe the medications to that individual so we can get them on the medication right away," Skuletich said. (ibid)

As outrageous and irritating as it sounds, some people give their companion animals drinking alcohol. More so, they think that the animal's reaction is amusing and interesting. In the opinion of the author, anyone who willingly gives his or her companion animal alcohol is guilty of serious animal abuse. Furthermore, the person/s is not fit to own any animal.

Alcohol is poisonous to all breeds of cats and dogs. No breed has a special immunity to this poison. Even small amounts of alcohol can cause serious irreparable damage, or even death. Then, who will the owners blame? As a safety precaution, if alcohol is served or can easily be consumed by animals keep the animal in a safe place. As people begin to drink their

perception of danger and their mental capacities diminish. Therefore, it's possible for an animal to drink alcohol; many cats and dogs are curious by nature. If anti-freeze is sometimes consumed by dogs, what makes us think that they won't consume beer, wine, or hard liquor?

Cooking products, plates, mouthwash, perfume, cleaning products, medicines, and foods with alcohol in them are potentially harmful. Check your cat and dogs dental care products. Some manufacturers add alcohol. Be careful, always read the labels, and if you're not sure ask your veterinarian or a qualified professional. Fermented foods eaten in large quantities (for the particular animal) may also be dangerous.

Alcohol beats down an animal's central nervous system. Mental and physical activity slows down, and so does motor coordination. An animal may not know when to stop drinking. Metabolic acidosis occurs when the body produces too much acid.

BELOW ARE POSSIBLE SIGNS OF ALCOHOL INTOXICATION IN CATS AND DOGS (NOTE: IF YOU OWN A DOG OR A CAT ALWAYS HAVE EMERGENCY PHONE NUMBERS AND ADDRESSES WITHIN EASY ACCESS):

- Behavioural changes.
- Reduced motor coordination, inability to stand and walk properly.
- Excessive salivating, slobbering.
- Drowsiness, sluggishness.
- Excitement.
- Unusual aversion.
- Weakness.
- Vomiting or dry-heaving.
- Distended stomach, bloating.
- Excessive urinating.
- Diarrhoea.
- Rapid heartbeat.
- Alcohol breath.
- Seizures.
- Respiratory failure.
- Hypothermia (low body temperature).
- Dangerous drop in blood sugar.
- Lack of response, loss of consciousness, or coma.
- Death.

Some women continue to drink alcohol during pregnancy. Within this group some of them stop drinking when they discover

that they're pregnant others continue to drink, and yet still there are women who abuse alcohol and other drugs throughout their entire pregnancy.

Foetal Alcohol Syndrome (FAS) is the most common result of a pregnant woman's abuse of alcohol. FAS, is an alcohol-related birth affliction, and not surprisingly is the number one cause of mental retardation in the U.S. This is the only cause of birth defects that's avoidable. Furthermore, it significantly increases the likelihood of a miscarriage or still-birth. Putting it in simple words, when a pregnant woman drinks alcohol it's taken in by the unborn baby. More so, the unborn baby's metabolism of the alcohol will be slower than that of the mother. Can you imagine an unborn baby with alcohol in its system?

The scientific community is unaware of any safe amount of alcohol that can be consumed by a pregnant woman, therefore, it is imperative that a pregnant woman stay sober throughout her entire pregnancy, and hopefully for as long as she is nursing her baby. But if she drinks alcohol knowingly or unknowingly during pregnancy her infant may pay a heavy price; in the case of twins it will be double-fold.

Let the pregnant woman beware, there probably isn't a single health official in North America that would recommend the drinking of alcohol during pregnancy, and so do knowledgeable individuals at the American College of Obstetricians and Gynaecologists and the American College of Paediatrics.

Sadly, FAS children commonly have an assortment of handicaps and must be given special medical, educational and familial care, and community support.

#### BELOW IS A LIST OF FOETAL ALCOHOL SPECTRUM DISORDERS (FAS AND FASD):

- Abnormal facial features (smaller eye openings, depressed cheekbones, abnormal philtrum (an underdeveloped groove between the nose and the upper lip)).
- Sleep and sucking difficulties during infancy.
- Small head circumference.
- Lack of or curtailed higher reasoning and learning.
- Stunted growth.
- Curtailed body weight.
- Lack of coordination.
- Developmental delay.
- Hyperactive, high strung behaviour, problems paying attention, anxiety.
- Learning disabilities.

- Problems at school.
- Lacking social skills.
- Dysfunctional organs.
- Speech and language difficulties.
- Memory problems.
- A noticeable shortfall in imagination and judgement skills.
- Heart, kidney, or bone disorders.
- Problems related to vision and hearing.
- Failure to thrive or succeed.
- Epilepsy.
- A greater risk for unlisted mental and physical disorders.

The effects of FAS on the family of the child can be quite devastating. More so, the handicapped child must be taken care of for the rest of his or her life. And in some cases, one or more partners continue to devastate their lives by continuing to abuse alcohol and other drugs.

Mathew Kaye was born with FAS; having done nothing wrong, he has been sentenced to a life of being mentally and physically handicapped. Angelique Kaye, his mother secretly drank her way through her pregnancy, and then continued on until she died of an alcohol overdose (alcohol poisoning).

Mathew was born 6 weeks early (2 lbs. 11 oz.), alcohol toxins from his mother's body damaged his nervous system and devastated many of his brain cells, he can't walk normally (took his first steps at the age of 3 with a walking frame but at times he must use a wheelchair), suffers from curvature of the spine, was unable to eat solid foods until he was 5 years-old, suffers from learning disabilities and deformed ankles. Mathew has an oval-shaped head, thin nose bridge, and an abnormally small upper lip. The medical diagnosis of FAS shocked Mathew's father; his mother on the other hand was in total denial.

"We were told it was Foetal Alcohol Syndrome and it was caused by drinking during pregnancy ... I couldn't take on board what the doctor was saying ... Angelique sat next to me not saying a word. I couldn't bring myself to look at her. I kept thinking, 'this is {your entire} fault' ... she refused to believe her drinking had hurt Mathew. She was in total denial," said Martin, Mathew's father. (July 9, 2014, by Amanda Revell Walton; Mirror.co.uk: Lover's Secret Boozing During Pregnancy Left Our Son Brain-Damaged)

Martin and Angelique met on a dating site in 2003. At the time Angelique was suffering from depression and had attempted suicide, but she told Martin that he had helped her overcome her problem. They got married then in 2006 she became pregnant. Till

then, according to Martin, things appeared to be going just fine.

Martin was aware that on occasion Angelique would have a drink. But at the time there were 2 things he didn't know; no amount of alcohol during pregnancy is considered safe; Angelique was drinking a lot of alcohol in secret. Following the birth of her child, Angelique's problem drinking became apparent, her depression returned.

Mathew's gravely serious infancy problems added additional stress and anxiety to the couple. Now, Angelique's drinking became more profound, to the point where Martin tried to convince her to cut down on her drinking, but she refused outright.

"I'd demand she stop but she'd just say I was having a go at her. I had to put my anger aside," said Mathew. (ibid)

Near the end of Angelique's life she refused to eat or take care of her son Mathew. She collapsed on several occasions but refused to go to the hospital. Finally, in 2009, Angelique collapsed in the bathroom. Martin had no choice but to call for an ambulance. Unfortunately, Angelique died of a heart attack while in the ambulance. Later, a coroner's inquest ruled that Angelique's heart failure was brought about by alcohol abuse. Martin has a stern but compassionate warning to pregnant women and to women who are trying to get pregnant: "I want to get the message across to pregnant women and to women who are trying to get pregnant: Don't drink. Please don't risk it." (ibid)

Alcohol is the most frequently used drug by teenagers in the U.S. Although estimates vary regarding rate of use-age, it's commonly believed that nearly 50 percent senior high school students consume alcohol around once a month. Nearly 15 percent of teens have been in a drunken state one or more times in the past year. Around 8 percent of teens claim that they binge drink. Note that youth may tend to exaggerate their drinking, thinking that it's the cool thing to do.

#### THE FOLLOWING ARE POTENTIAL DANGERS RELATED TO ALCOHOL ABUSE USE IN TEENS:

- Adversely affects attention span.
- Alcohol withdrawal has an adverse effect on memory.
- Because the teenage brain has not fully developed, alcohol abuse may stunt normal development in specific parts of the brain.
- Drunk driving or joy riding; forget to or refuse to wear a seat belt.
- Increased risk of criminal and/or deviant behaviour.

- Increased risk of thrill-seeking behaviour (sometimes potentially dangerous).
- Teens are more likely than adults to abuse drugs in conjunction with alcohol.
- Teens are not adults; they lack the maturity level to truly understand the risks that they're placing themselves in.
- Education level may be curtailed; grades can be significantly affected.
- Fact: The younger a person begins to drink alcohol (especially the abuser of alcohol) the more likely the person will have a drinking problem in adulthood.
- Increased likelihood of premarital, unprotected sex; unwanted pregnancies.
- Increased likelihood of raping, or being the victim of rape.
- Increased risk of suicide or self-harm behaviour.
- Alcohol abuse can cloak mental health problems and/or create new ones.

Parents should have a serious talk with their children about what alcohol is and its potential harm. Their children should be invited to ask as many questions as they want. They should be taught to say 'No' to anyone who offers them a potentially harmful drug or tries to convince them to do something harmful or deviant. Leaving a discomfiting situation is the best thing to do. Parents should emphasize to their children that getting drunk or high will not make them a 'cool person' or a better person. If this is what is needed to become popular it's not worth it. Parents must convince their children that they must never get into a car with a drunk driver, even if he or she is a trusted adult or relative. Children should call home if they need a ride, or get a ride from a trusted adult who is sober.

#### BELOW ARE USEFUL TIPS FOR CORRECTLY TALKING TO YOUR TEENS ABOUT THE EFFECTS OF ALCOHOL AND DRUGS:

- Choose the most appropriate time and place to talk to your teen. All partners should agree.
- Approach the topic in a calm and caring manner; try not to use denunciations or allegations.
- As a parent/s you must know what you're talking about. Do your research first, and if needed bring along easily read notes.
- Don't get too technical. Speak in words that your teens can easily understand.



- Don't use too many statistics it will be confuse your teens. Be conservative in this sphere.
- Ensure that your teens are comfortable and not fearful of you. This way, they'll be more likely to ask serious questions.
- Explain that alcohol and/or drug abuse is harmful to both teens and adults.
- Honesty is the best Policy. If you drink, explain why, and what safety precautions you take.
- Don't be too suspicious and snoop about your child's life. However, as a parent/s you have the right to ask questions about legitimate suspicions or concerns.
- Be straightforward in your talk; this ensures that your teens truly understand the message that you're conveying to them.
- If your teens have a problem, try to help them. Seeking help from a qualified Professional is a good idea.
- The earlier the better; don't wait too long.
- Tell your teens that you care about and love them. You don't want them to get hurt.

#### BELOW ARE RISK FACTORS RELATED TO TEEN DRINKING:

- American Indians and Native Alaskans have a markedly higher risk of becoming problem drinkers.
- A teen with one or more alcoholic family members is more likely to develop a drinking problem.
- Serious mental illnesses.
- Teens who believe that alcohol will boost their socializing skills.
- Loosening inhibitions in order to build up the courage to pick up members of the opposite sex.
- A teen with a rebellious personality, enjoys breaking the law.
- Easy accessibility of alcohol, especially at home.
- Drunkenness at home is common and not reprimanded.
- The existence of other drug addictions.
- Males are heavier drinkers than females. However, it takes less alcohol to intoxicate women, but women in general develop an addiction at a faster rate and a shorter duration of time than men.

In July of 2011, an innocent slumber party at a Santa Rosa, California home resulted in a heartbreaking tragedy. 14 year-old Takeimi Rao was found dead by her parents. Takeimi along with 3 of her friends were drinking soda and Vodka the night before.

Before the girls began drinking, Panette, Takeimo's mother took them out for burgers. At 2:00 A.M. Pennette woke up and found 3 of the girls vomiting. Thinking that the girls had eaten some bad food, Pennette helped them clean up and then put them to bed.

Takeimi was found later that morning passed out on her bedroom floor. Shortly afterward, the paramedics arrived then pronounced Takeimi dead at the scene. Although the official cause of death had not been confirmed police believed that it was from alcohol poisoning.

"This is a tragic lesson that we all need to learn from ... We as a society think about alcohol and other drug use just as behavioural issues—kids acting out or taking risks—and we don't think of it as a health problem. But from a science point of view, it is," said Susan Foster, vice president and director of policy research and analysis at the National Center on Addiction and Substance Abuse. (July 14, 2011, By Mikaela Conley; abcnews.go.com: 14-Year-Old Dies of Possible Alcohol Poisoning at Her Own Sleepover)

Alcohol abuse wreaks havoc on many marriages. More so, alcoholics deny they have a problem, sometimes for years-on-end, further destroying a marriage and draining it of much of its love, compassion, and patience. Unfortunately, by the time many of these alcohol abusers do seek help the marriage is either over and a divorce has already ensued, or immense harm has been accrued onto the relationship. Some countries and religions make it very hard to get a divorce, and in a minority of cases, divorce is forbidden. It's very stressful to be in this kind of a situation.

Alcohol abuse is the number one festering drug problem in the U.S. It's legal for people over the age of 21. Under normal circumstance if you have the money to purchase a drink, can, bottle, or in some cases a keg of beer, no questions will be asked. The fact is many people who are labelled 'habitual drinkers' are in fact functioning alcoholics. They drink too often and in excess, but stay in the functional stage. These same people can't quit drinking, because alcohol has become a deeply-ingrained, integral part of their lives.

Finding undisputed statistics regarding alcoholism and the breakup of marriages is not an easy task because the dissolution of a marriage is the result of multiple causes. Which came first, the alcoholism or the other problems in the marriage? Every marriage is unique in its own way. Nevertheless, alcohol abuse is a very big problem in any marriage that is afflicted by it. In some marriages both spouses are alcohol abusers.

Children of alcoholics may feel fearful (the alcoholic parent may be violent; or fearful of additional drinking

episodes), anxious, confused (their alcoholic parent's behaviour is often unpredictable), ashamed (they don't want their friends to see their drunken parent), hateful, helpless, or blame themselves. More so, they may be physically, sexually, or verbally abused by their alcoholic parent. Irrespective of this, many children love their alcoholic parents.

"You're not betraying your parent by seeking help. Keeping 'the secret' is part of the disease of alcoholism - and it allows the problems to get worse. Getting help is a healthy step in dealing with the problems a parent's drinking creates. In fact, taking care of yourself is what your parents would want you to do, especially if they have trouble doing it every day because of their drinking." (Kidshealth.org: Coping With an Alcoholic Parent)

#### BELOW ARE SOME HELPFUL TIPS FOR CHILDREN OF ALCOHOLIC PARENTS:

- If you or any member of your family is in immediate danger call 911 or the emergency number in your respective area.
- Seek proper help and support from trusted and caring family members, friends, professionals.
- Recognize and accept that there is a problem.
- Never blame yourself. You can't force your alcoholic parent/s to stop drinking, and they can't blame you for their alcohol abuse.
- Be cognizant of your emotions.
- Learn beneficial, compensatory skills.

#### BELOW ARE SOME OF THE ADVERSE EFFECTS THAT ALCOHOL-RIDDEN FAMILIES SUFFER FROM:

- Physical, sexual, and/or emotional abuse (inflicted upon the other spouse or the children).
- Crumbled communication skills.
- The drinking habits are passed on to their offspring.
- Arrests (DUI, fighting, public drunkenness, etc).
- Much of the aggression and inappropriate behaviour is instituted by the problem drinker. If both partners are problem drinkers the problem is further aggravated.
- Increased likelihood of a split-up or divorce.
- Marked increase in the probability of loss of employment and wages; economic volatility.
- The introduction of additional problems (gambling, illicit drug abuse, spending too much money on alcohol, going out late at night and not returning till the following morning, denial.

- Adultery.
- Degenerated family function (loss of love, leisure activities, socialization, cooking, healthy communication between family members, etc.)

THE ALCOHOLIC SPOUSE MUST BE SOBER WHEN HE OR SHE INTENDS TO DO ANY OF THE FOLLOWING:

- Admit having a problem.
- Intending to quit drinking.
- Agrees to seek the help; delays or procrastination are counter-productive. A precise plan must be established, generalities are too vague.
- Stopping the use of making excuses; not blaming others for the drinking problem.
- Taking full responsibility of his or her actions.

THE NON-ALCOHOLIC SPOUSE CAN DO THE FOLLOWING:

- Agree to have a serious conversation with your spouse. Speak to your spouse calmly, politely and be specific. Take notes beforehand if necessary. Write whatever is relevant to your discussion.
- He or she must be sober.
- Discuss the ramifications of your spouse's continued drinking. When you make a threat (I'll leave you if you don't stop drinking and you don't seek help), stand by it.
- Tell your spouse that you love him or her and that you're willing to do your share in the recovery process.
- Your safety is of the utmost importance. If the drinking spouse is violent or verbally aggressive you may have to split up first. Drinking does not justify being cruel and harmful to one's spouse, kids, loved ones, friends, even strangers.

Even if all goes well and the alcoholic parent does stop drinking, if he or she is unemployed many prospective employers will not hire a recovering alcoholic unless the person can prove sobriety for a minimum period of time (2 years, 4 years, etc.) Loss of medical insurance is another hurdle to tackle. The known alcoholic has a potentially very expensive pre-existing condition. If the alcoholic has lost his or her driver's license because of a very serious violation/s, this will only add to the ongoing recovery process. Many alcoholics and drug abusers alike end up with a criminal record, making it more difficult for them to find decent employment.

"Alcohol and drugs are implicated in an estimated 80% of offenses leading to incarceration in the United States such as domestic violence, driving while intoxicated, property offenses, drug offenses, and public-order offenses." (Ncadd.org: Alcohol, Drugs and Crime).

Many alcoholics are not abusive to their spouses and children. People who are inherently abusive will be that way, drunk or sober. Alcohol releases inhibitions; it unmasks what's already there. As such, no one should be allowed to blame alcohol for their abusive behaviour. Yes, alcoholism is a disease, but this disease is the result of the adverse actions of the individual.

#### BELOW ARE SOME OF THE GAMES A HOSTILE ALCOHOLIC SPOUSE MAY PLAY:

- Will go out to get drunk in order to become nasty and violent.
- Will behave more intoxicated than they really are.
- Use alcohol as a weapon to hurt their spouse and maybe their children.
- Claiming to have no recollection of what they did while intoxicated.
- Blame their spouse, and sometimes their children for their alcohol-ridden state.
- Expect or demand of the sober spouse to act as their safety net.

#### BELOW ARE IMPORTANT SIGNS TO LOOK FOR REGARDING ALCOHOLIC WORKERS:

- Frequent hangovers (sickly feeling, dizziness, confusion, sleepiness, alcohol laced-breath, or alcohol vomit-laced breath).
- Manifestations of alcohol withdrawal.
- Dishevelled neglected appearance.
- Incoherent aberrant behaviour.
- Slurred speech.
- A compulsion and preoccupation with alcohol,
- Markedly reduced ability to handle stress.
- Temper outbursts or tantrums.
- A visible adverse affect on work performance and making unfounded excuses.
- Overly self-conscious about their drinking; resorts to secrecy and lying.
- Loss of physical and mental health and stability.

- Outright anger-laced denial of having a drinking problem, irrespective of the insurmountable proof against the person.
- Insults customers, overly aggressive to customers and workers.

#### BELOW ARE SOME HELPFUL TIPS FOR MANAGERS AND COWORKERS REGARDING ALCOHOLIC WORKERS (WHERE APPLICABLE):

- Ignoring a co-worker's drinking problem will make it worse in the long run.
- Study and analyze the company's policy, union contract or applicable laws related to drug and alcohol use on the job. What is the company's legal tolerance level?
- Observe and study the employee's behaviour regarding signs of drinking. If other workers have also noticed this problem you may ask them to do the same.
- If the worker is drinking on the job then you must talk to him or her. Keep your composure, speak to the person in a calm manner, do not be insulting or too confrontational (NOTE: If it is a sensitive job wherein peoples' health and well-being are at stake, you may have to be more forceful; relieving a worker of his or her duties is an open option).
- In non-dangerous situations, do not be judgemental or accusatory. You can only work with the facts.
- Tell the worker that you're concerned about his or her behaviour.
- Co-worker intervention wherein other workers politely confront the problem drinker, along with documented evidence, can be used if the behaviour is disrupt-full to the natural flow of work performance for others.
- Note: The alcoholic co-worker may be defiant, in denial, and confrontational. Keep your cool.
- Note: These tips are often-times not used, especially in small businesses. The worker will likely be fired on the spot, or with little warning. The owners and workers simply can't afford to be patient with an intoxicated worker (small grocery store, apartment rental agent, theatre usher, ticket attendant, occupations that require little or no skills or training, and so forth)

Driving under the influence of alcohol, especially beyond the BAL permitted by law is potentially dangerous to the driver, passengers, other motorists, and human and animal pedestrians alike, and can also destroy public and/or private property.

Furthermore, disruption of lives and traffic add more pain and anguish to an already putrid situation. A motor vehicle is a very powerful, dangerous weapon in the hands of a drunk driver. Countless lives are lost worldwide, people are maimed for life others are injured and mentally scarred. No person should ever get into the driver's seat of a vehicle if he or she has had any alcohol. People don't have easy access to a BAL calliper on hand. When a person starts to drink his or her judgement begins to be compromised, therefore, keeping track of the quantity of alcohol consumed becomes a complicated chore. Besides, many drinkers, especially alcoholics, believe that they're able-bodied and sober enough to drive irrespective of how much they drank. At other times, they're too wasted to know or truly understand what they're doing until it's too late. Dying under the influence of alcohol is not an honourable death; killing someone while driving under the influence (DUI) is against the law. Driving while intoxicated (DWI) is a harsher offense resulting from drinking while intoxicated.

"In 2013, 10,076 people were killed and approximately 290,000 were injured. Each crash, each death, each injury impacts not only the person in the crash, but family, friends, classmates, coworkers and more. Even those who have not been directly touched help pay the \$132 billion yearly price tag of drunk driving. But together we can eliminate drunk driving." (madd.org: DRUNK DRIVING)

Every year drunk driver accidents cause misery to millions of people around the world. The offense of drunk driving, DUI, or DWI can result from just being in control of a vehicle while under the influence, it may be an offense just sitting in the driver's seat and not even driving (the laws in different jurisdictions vary). This is a preventive measure and a stern warning to the would-be driver.

Drinking and driving commonly result in legal troubles. The right to drive may be curtailed or limited, or in more severe or cases of recidivism, the driver's license is confiscated and/or revoked. Worse yet, stiff fines, and in worse case scenarios jail or prison time can result. The court may order the driver to attend mandatory rehabilitation classes. Insurance premiums can increase, which results in paying more for less coverage. A misdemeanour conviction may result in a fine and/or serving jail time of less than one year. A felony conviction will result in a prison sentence of more than one year and a permanent criminal record. In 1936, Norway introduced a legal measure that placed guilt unto drivers based on the amount of alcohol in their bloodstream.

Naturally, there must be a standardized measurement system regarding how much alcohol needs to be in the system to be

considered too much for driving. DUI is an acronym that denotes driving under the influence. In the U.S. this means that the drinking driver has a BAC of a maximum of .08%. A driver that falls under this category is deemed unable to drive his or her vehicle. Normally, the driver will receive a ticket, an order to appear in court, and the vehicle may be impounded. But in many cases where no accident or major violation occurred, the officer may order the driver to park the vehicle in a safe spot, then to turn off the ignition. The officer may then tell the driver to take a taxi home or to have a friend pick him or her up. In law enforcement this is called discretion. The officer may feel that the driver is otherwise a law-abiding Citizen.

A driver under the influence of alcohol may hear a siren, see red flashing lights. After pulling over, the driver will see a serious looking man or woman in uniform that will knock on the car window or order the driver to lower the window. If the uniformed officer detects a strong scent of alcohol on the driver, or is emanating from the vehicle the driver will be asked to turn off the ignition and then to exit the vehicle. Note that the uniformed officer will not ask someone to pull over unless a traffic violation has been committed or the driver is driving in an erratic manner raising strong suspicions.

What will ensue thereafter is called a Field Sobriety Test (FST). Although a driver is not required by law to take an FST most drunk drivers don't refuse. However, chemical tests by blood or breathalyser should be taken, otherwise, criminal sanctions may ensue (refusing to take a breathalyser will significantly increase the risk of sanctions in court). Each Canadian province and American state has its own respective laws pertaining to this matter.

FSTs help to identify many drunk drivers on a daily basis. The National Highway Traffic Safety Administration (NHTSA) has authorized 3 FST, including the Horizontal Gaze Nystagmus, The One-Leg Stand, and the Walk and Turn Tests. Each of these tests was constructed to measure a particular response or reflex that some researchers believe are compromised in drivers who have been drinking.

Although the FST are commonly used by police officers and are accepted as evidence in a court of law, there are opponents, and they make some valid arguments. There have been reported cases where a police officer has failed a suspected drunk driver, but upon viewing the video evidence it was apparent that the driver had in fact passed the test. Worse yet, the officer may have made up his or her mind about the driver's level of intoxication. More so, the officer is not a medical practitioner. Finally, the suspected drunk driver may have medical problems that compromise his or her coordination and



motor control functions. If a person has failed his or her FST and wants to protest the outcome, the best thing to do is to hire an experienced DUI defence attorney (if you can afford one and have the time for the potentially long legal process).

Educating the public about the dangers of drinking and driving must begin no later than in high school. This is when teens begin to drive. In addition, stern warnings pertaining to the legal and criminal liability of drinking and driving are essential reminders to potential drivers.

"Perhaps the most shocking fact of all is that there is no conclusive evidence that a person who is sober will perform better on an FST than a person who is intoxicated." (Fieldsobrietytests.org: Field Sobriety Tests: Standard and Non-Standardized)

#### BELOW IS A LIST OF POTENTIAL PROBLEMS, RELATED TO DRINKING AND DRIVING:

- An inability to focus.
- Compromised reflexes, reaction time.
- A reduced capacity to reason.
- Confusion.
- May drive too fast without knowing it; oblivious to the speed limit.
- Reduced ability to interpret potential dangers.
- Too high and buzzed to drive, or too lethargic and slow to drive.
- Compromised motor coordination.
- Shortened attention span easily distracted.
- Reduced perception and alertness.
- Dizziness, light-headedness.
- Vision (reduced ability to focus on an object, peripheral vision cloudy vision).
- Honesty with oneself (denial about being too drunk and out of control).
- Emotional instability, impatience.
- An inebriated driver may lose consciousness. If he or she is driving on the highway this could lead to catastrophic consequences.

There are countless sad and shocking drunk driver stories. I chose one that involved 4 victims belonging to the same family. In September of 2015, 29 year-old Marco Muzo of King Township, Ontario appeared in court where he faced 18 charges

against him, 3 siblings and their grandfather died in the respective accident.

The accident transpired when a minivan carrying 6 members of a family collided with a black SUV. A third vehicle with 2 passengers in it was also involved. Thankfully, the latter weren't physically injured, but no doubt they endured mental trauma.

#### THE CHARGES AGAINST MARCO MUZO INCLUDED:

- Four counts of impaired driving causing death.
- Four counts of driving over the legal limit.
- Four counts of dangerous driving causing death.
- Two counts of impaired driving causing bodily harm.
- Two counts of driving above the legal limit causing bodily harm.
- Two counts of dangerous driving causing bodily harm. (Sep 29, 2015; cbc.ca: Vaughan car crash: Marco Muzzo faces 18 charges after 3 siblings, grandfather killed)

Wherever alcohol is available, the abuse of this substance is almost always near at hand, regardless of whether the alcohol abusers are on land, in the air, or at sea. Alcohol is alcohol, it will not change its stripes because of its location, nor will the drinkers change their stripes. Airline travel is overflowing with stories of intoxicated passengers making a scene, ruining the voyage for other travellers. Most of these events go unnoticed, except for the worst ones that make big news.

#### BELOW ARE IMPORTANT FACTS REGARDING DRINKING AND TRAVEL BY PLANE:

- Non-recovering alcoholics and heavy drinkers will drink whether they're travelling or not. Any excuse will be given.
- Drinkers may be on vacation, giving them an added excuse to indulge in their habit; they're in good spirits.
- The stress of or fear of flying.
- Boredom, especially on long flights.
- Long flight delays.
- Taking aboard alcoholic gifts from family, friends, or co-workers.
- Drinking in the lounge room of the airport (more readily available in large, international airports).
- Some Airlines offer free drinks (especially in long travels and across oceans).

- Airlines that charge for drinks readily do so; the prices are inflated and as a whole, they want to keep their passengers happy (until one of them goes alcohol-wild).
- Alcohol affects people in different ways; being thousands of feet in the air, in a cramped area may adversely affect the behaviour of some alcoholics and problem drinkers. Note that a person need not be a problem drinker, perhaps he or she decided to get drunk, thinking that it would be a pleasant experience on an airplane.
- Flight attendants and crew may be cautious about seriously reprimanding an unruly passenger, fearing a lawsuit or bad publicity.
- The lowered pressure caused by being in high altitude curtails the level of oxygen in the bloodstream.
- Dehydration from a significant decline in humidity inside planes. The alcohol becomes more potent.
- It only takes one drunk, unruly passenger to cause a plane-wide problem for all passengers. Most travellers who do drink on planes can compose themselves well.

In an unprecedented move Jet2 Airlines has introduced a resolution banning disruptive passengers from flying with them for life in what appears to be a necessary clampdown. Past and potentially future disruptive passengers from any and all airlines are almost always under the influence of alcohol. More so, perhaps this will be the norm for other airlines. The minority of troublesome passengers ruin flights for the overwhelming majority of non-disruptive passengers. As is the case with Jet2 and many other airlines, disruptive passengers commonly board planes with alcohol already in their bloodstream; in effect, they're already buzzed or drunk. Being so high up in the air, cramped, and with men, women, and children aboard, this is not the place to be drunk, disorderly and disruptive. Other problems include bomb threats, assaults on staff, efforts to break into the cockpit, and smoking in the restroom.

"The plane is not a nightclub ... {Its} 6 miles up and going at 500 mph so you can't step outside to get some fresh air," said Jet2's managing director. (June 25, 2015, By Lizzie Deardon; independent.co.uk: Airlines could ban {drunken} passengers from flying for life in crackdown on 'disruptive' travellers).

In the past 2 years, Jet2 has seen a significant rise in disruptive passengers who board their planes drunk. No wonder, Jet2 admits that they to handle "abusive, racist, and often noisy and aggressive" (ibid) passengers, resulting in anguish and disruption for the other people in the plane. To help combat

this nemesis, under Jet2 regulations staff can issue disruptive passengers verbal and written warnings, make emergency landings to evict them from the plane, charge them up to 3,500 British Pounds for 'diversion costs' thereafter. Lifetime bans, handing them over to police, and legal action can be taken. In addition, Jet2 stated that it was planning to educate passengers about the intensified effects of alcohol at high altitudes and to help prevent rowdy behaviour by making the potential punishments clear.

"Most {airline} passengers absolutely know how to behave on board, whilst having a good time too ... It's for that reason that we must stamp out this rise in disruptive behaviour," said Mr. Ward. (ibid)

ScotRail did what other commercial Airlines would never dream of doing; alcohol has been banned from Scottish trains between 9:00 P.M. to 10:00 A.M. The ban would include carrying and drinking alcohol. Naturally, this move was greeted positively by police and the government.

Anti-social behaviour fuelled by alcohol has no place on our trains or at stations ... It's time to call a halt on the irresponsible minority who spoil journeys for the majority ... These individuals disrupt services, abuse staff and fellow customers, and cause accidents," said Steve Montgomery, ScotRail managing director. (June 22, 2012; bbc.com: ScotRail Outlines Train Drink Ban).

Sometimes the outstanding stress of an intoxicated highly inebriated passenger is just too much for the other passengers. And, depending on the particular airline and part of the world the plane is flying, the responses can be quite varied. A 30 year-old very disruptive intoxicated passenger who was allegedly harassing women on board a flight that was cooperatively operated between Siberia (S7) and Cathay Pacific Airlines literally got more than he bargained for.

Passengers on board a Siberia Airlines flight that took off from Hong Kong and was destined to Vladivostok, Russia brutally assaulted and tied the man using seatbelts and tape, bounding his hands and legs (ankles and thighs), and placing him on his back defenceless from the oncoming onslaughts. Meanwhile, the 30 year-old man was punched and kicked without mercy by enraged passengers. Miraculously, the plane arrived on time to Vladivostok. No mention of any arrests was made.

Unruly passengers are less of an overall danger to a plane than an intoxicated airline pilot. Shockingly, an Observer investigation has divulged a marked rise in stress levels that is leading to a dangerous rise in problem drinking pilots. Long strenuous hours, budget cuts, and security measures to fight and prevent terrorism have been the major causes. Pilots, especially

captains hold the highest rank in a passenger airline; more so, the industry as a whole does no routine, thorough checks. Some Airlines require annual, or bi-annual medical examinations, that's basically it.

"With the remote working that pilots do with no checks, people are more likely to slip into a habit without anyone realising. Add this to the long hours and stress and you can see why this job carries a large risk of alcoholism. People need to be educated to really know how much alcohol will affect them and what a unit actually is. Companies are screaming for random testing, but they have to support workers first," said Kate Keenan, a business psychologist at Keenan Research who specialises in mental health and alcohol. (December 28, 2003, By Anushka Asthana; theguardian.com: Stressed pilots turn to drink).

On April 13, 2015, 34 year-old Captain Robert Brandt, and 32 year-old first officer Kevin Wang died in a Carson Air cargo plane crash on the North Shore Mountains. The British Columbia Coroner's Service confirmed that post-mortem toxicology tests indicated that Brandt was drunk, with a blood alcohol content of 0.24 per cent. This BAL is 3 times the limit, and theoretically, under Canadian aviation regulations, crew members are forbidden from being under the influence of alcohol or even drinking within eight hours of the start of a flight.

"There is no indication from anyone else that there was any suspicion of impairment before the aircraft departed," said Bill Yearwood, Transportation Safety Board regional manager of aviation. (August 19, 2015; with files from CTV Vancouver's Lisa Rossington via ctvnews.ca: Pilot in deadly plane crash on North Shore was drunk: Coroner).

Homelessness is commonly associated with alcohol abuse. Although it is correct that many homeless people abuse alcohol and illicit drugs, many others don't. Most alcohol and drug addicts are not homeless. The end result of homelessness may be caused by any of a number of reasons, and unfortunately, we're a far cry from a one-formula solution that will work for all. Societies are very complex, as are the reasons for becoming homeless. Nonetheless, being homeless is a very tough reality to endure, alcohol, Tobacco, and illicit drugs may be a way to escape reality or to join a homeless clique.

"A 2008 survey by the United States Conference of Mayors asked 25 cities for their top three causes of homelessness. Substance abuse was the single largest cause of homelessness for single adults (reported by 68% of cities). Substance abuse was also mentioned by 12% of cities as one of the top three causes of homelessness for families. According to Didenko and Pankratz (2007), two-thirds of homeless people report that drugs and/or

alcohol were a major reason for their becoming homeless." (National Coalition for the Homeless *Substance Abuse and Homelessness* July, 2009 via Leah Miranda, August 24, 2011; [recveryfirst.org](http://recveryfirst.org): The Homeless and Drug Addiction).

In some countries homeless people are abused, spat on, and blamed for their predicament. In the not so distant past, homeless people could be publicly beaten, ostracized, or sent off to jail or prison. Naturally, homeless people appeared dishevelled, stunk, and likely had no legal support system. It was easier for society to beat them mercilessly and/or to send them off where they couldn't be seen. Today in India, some homeless children are deliberately maimed for life in order for them to bring in more money for their abusers. Although homeless people in most modernized nations don't have to endure this fate, still, they are, in a general sense treated as vagabonds, outcasts, drunkards, and not wanting of gainful employment.

Homelessness includes resting and sleeping on the streets, in parks, in subways (where applicable), in carton homes, abandoned buildings, forested areas, bus or train terminals, underpasses, and any other place that can be found and used for rest or sleep. For the homeless, the police and potential danger are often looming on the horizon.

Worse yet, homeless people don't have much money or medical insurance coverage. Normal treatment methods for alcoholism may be rejected or inefficient for a homeless person. Chances are, the person has serious mental health issues, or has developed additional ones from living on the streets. I'm being objective here, being on the streets means having a seriously dishevelled appearance, unkempt, worn out and/or torn clothing, a noxious smell, perhaps lice in the hair, and other problems. Social service workers, medical personnel, and people in the criminal justice system may find it difficult to deal with a homeless person. More so, many doors to homeless people are closed outright: Employment, malls, stores, restaurants, and so forth. I don't like this, but it's the honest truth. Being homeless isn't something prospective employers want to see on someone's resume'. Alcohol, tobacco, caffeine, and perhaps illicit drugs may seem like an effective way to escape the extremely harsh reality of being homeless.

#### BELOW IS AN ABBREVIATED CANADIAN DEFINITION OF HOMELESSNESS:

Homelessness describes the situation of an individual or a family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable

and appropriate housing, the individual/ household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful, and distressing. (Canadian Observatory of Homelessness via [homelesshub.ca](http://homelesshub.ca): Canadian Definition of Homelessness)

#### BELOW IS A LIST OF SOME OF THE MAJOR CAUSES OF HOMELESSNESS:

- Bankruptcy, extreme economic hardship, poverty.
- Divorce, split-up or a sudden disintegration of a relationship with a person/s financial provider, not receiving child support payments.
- Fleeing an abusive Partner without any pre-planning or a safe venue to reside in.
- Runaway teens fleeing an abusive household or other reason/s.
- Mental illness.
- People who are physically challenged or unhealthy.
- Inability to find affordable housing.
- Eviction following the inability to pay rent and/or inability to pay other bills (overwhelming bills).
- A personal catastrophe that breaks down a person.
- Unemployment, catastrophic career loss, underemployment, long periods of unemployment between jobs, etc.
- Release from jail or prison.
- Former military personnel who have now found themselves homeless, no longer living on a base.
- Former military personnel, especially those who sustained maiming or serious wounds (abandoned or neglected by the system).
- Victims of natural disasters.
- Refugees of all sorts.

Alcohol is wreaking havoc on London's homeless people, wherein, cheaper and more easily accessible strong lagers (7.5% - 15% content) are destroying livers, brains, and killing people. The homeless converge in small groups to drink, thereby strengthening the homeless drunkard sub-culture.

"These people are literally drinking themselves to death. These super-strength lagers and ciders were not around in the 80s and 90s, and they have no place in society today. It is scandalous that the drinks industry is making money from the most vulnerable and troubled members of our society," said Jeremy Swain, chief executive of Thames Reach, a London-based

charity. (October 16, 2012, By Rebecca Smithers; theguardian.com: Homeless people 'drinking themselves to death' with super-strength alcohol).

Most Americans don't truly understand how devastating the introduction and persistence of alcohol is to Native Americans. Alcohol was, and still is a very lethal and destructive weapon on par with the obliteration of the plains' Indians buffaloes. Along with the brutal double-faced policies and breaking of treaties, calamitous transfers and loss of lands and of culture, unparalleled persecution, diseases, and massacres, alcohol was the perfect weapon of choice of the colonizers. This nemesis can destroy individuals, families, and societies.

"Certain ethnic groups experience alcoholism on a wider level ... Native Americans {is} one such group. Their rate of alcoholism is much higher than the rest of the population, and one in 10 Native American deaths is alcohol-related ... Alcohol was often traded for Native American goods, and possibly used to relax {and often-times to cheat} the Native Americans in order to get a better trade," said Bethany Winkel, an expert on alcoholism, addiction and treatment. (February 11, 2012, By Palash Ghosh; Ibtimes.com: Native Americans: The Tragedy of Alcoholism).

Alcohol has helped the dominant culture sustain its stereotypes of the drunken, homeless Indian. Many of the personal and social problems plaguing Native American society (domestic violence, homicide, unemployment, diabetes, low self-esteem, rape and sexual assault, school dropouts, feeling of hopelessness, helplessness, and obesity) often-times includes alcohol as one of the culprit causes. Adding poverty resulting from little or absolutely no possibility of any gainful opportunities, facing incredible racism and persecution, the result is catastrophic.

No doubt, the early colonists soon discovered the catastrophic consequences of alcohol to Native Americans. The societies wherein the colonists originally came from had thousands of years of history consuming alcohol. The Native Americans and other indigenous peoples of the Americas were taken by surprise. By the time they realized how devastating alcohol was to their peoples, it was too late to easily reverse the effects. Initially, in a genetic sense, Native Americans were more susceptible to alcohol's devastating effects. But by no means would that account for the centuries-on-end of devastation from alcohol. What has kept this nemesis going was the persistent, un-unending persecution by the dominant society unto Native Americans.

No wonder, Native Americans of the Pine Ridge Indian Reservation near Whiteclay, Nebraska filed a \$500 million



lawsuit against beer manufacturers including Anheuser-Busch In-Bev Worldwide, SAB Miller, Molson Coors Brewing, Miller-Coors, and Pabst Brewing along with 4 beer vendors in Whiteclay, for the horrific ravages that alcohol has brought about unto their community for decades. The Oglala Sioux Tribe stated that the incredible sum would be used to pay for health care, social services and child rehabilitation (an estimated 25 percent of children suffer from foetal-related disorders linked to their parents' drinking).

Alcohol is forbidden on the reservation, a 2 million acre property wherein nearly 40 thousand people live. As stated in the lawsuit, the 4 respective stores sold nearly 5 million cans of beer in 2010. What's shocking is that the town only had 14 inhabitants. Furthermore, the lawsuit alleges that the 4 stores turned Whiteclay into a major hub of alcohol smuggling to the reservation.

"You cannot sell 4.9 million cans of beer and wash your hands like Pontius Pilate," said the tribe's attorney, Tom White. (ibid)

Conforming to a U.S. Federal report released by the Centers for Disease Control (CDC), nearly 12 percent of the deaths within the Native American and Native Alaskan population are linked to alcohol. This is over 3 times the national average. The largest number of tribal deaths occurred in the Northern Plains (Montana, South Dakota). The reservations are secluded and commonly impoverished. Alaska had the lowest death count.

The 2 main culprits were traffic accidents and alcohol liver-related disease, followed by homicide and then suicide. Note that some suicides may appear to be accidental occurrences, but were, in reality suicides (ex. traffic accident, alcohol poisoning, deadly mixture of alcohol and another drug, and so forth). The CDC report did not include alcohol related deaths related to tuberculosis, pneumonia or colon cancer.

"It {alcoholism} has had a very negative impact on our day-to-day life ... adding that the tribe has started promoting alcohol-free events," said Donovan Antelope, a spokesman for the Northern Arapaho Tribe. (August 28, 2008; Associated Press via nbcnews.com: 1 in 10 Native American Deaths Alcohol-Related).

BELOW IS A RACIST PASSAGE THAT APPEARED IN A BROCHURE FOR LAURIE RIVER LODGE, A FISHING LODGE IN MANITOBA. THANKFULLY, IT IGNITED A PUBLIC OUTCRY LEADING TO THE PASSAGE BEING REMOVED FROM THE LODGE'S WEBSITE:

"They are Wonderful people {First Nations} and fun to fish with however, like all Native North Americans, they have a basic

intolerance for alcohol." (May 31, 2014; cbc.ca: Aboriginal people and alcohol: Not a genetic predisposition)

BELOW ARE 2 RACIST STEREOTYPICAL QUOTES ON T-SHIRTS SOLD BY A STORE IN CANADA:

"MY INDIAN NAMES IS DRINKS LIKE FISH," Another shirt read, "MY INDIAN NAME IS CRAWLING DRUNK." (By Apihtawikosisan; Apihtawikosisan.com: The Stereotype of the Drunken Indian).

BELOW IS A QUOTE FROM A QUALIFIED PHYSICIAN, COUNTERING THE AFOREMENTIONED CLAIM:

Taken from a CBC interview, "There is no scientific evidence that supports a genetic predisposition for alcohol intolerance in the aboriginal population ... There will always be theories and research that will try and explain some of this in the way of genetics, as was the case in Germany in the '30s and the case in the U.S. comparing Negro brains and white brains," said Dr. Joel Kettner, associate professor at the University of Manitoba's faculty of medicine and the province's former chief public health officer. (ibid) NOTE: Although the owner of the lodge issued an apology and had the racist quote removed, for the most part the damage has been done. The stereotypes continue.

According to Dr. Evan Adams, aboriginal health physician adviser in the office of the Provincial Health Officer, alcohol-related deaths amongst First Nations peoples in British Columbia is 5 times the provincial rate. Dr. Adams believes that aboriginal leaders must overcome their displeasure in talking about alcohol abuse.

An alcohol strategy would probe the availability of alcohol on reserves, the price of purchasing alcohol and whether it should be raised, education about misuse and abuse of alcohol, the serious risks of binge drinking, and the prospect of more reserves banning alcohol.

As per the Indian Act, chief and Council, with a majority of voting band members, are able to pass bylaws banning the possession of and sale of alcohol, and prohibiting intoxication on a reserve.

"I tend to agree there should be a strategy, but I don't think there's much difference between native and non-native cultures ... There are going to be people who drink because they need to escape those stresses {poverty and overcrowded housing}," said Andrea Elliott, health manager on the Tsartlip First Nation. (Post Media Network Inc. via canada.com: First

Nations must find ways to curb alcohol use: MD; By Judith Lavoie, CanWest News Service)

## BELOW ARE FACTS RELATED TO ABORIGINAL PEOPLES IN NORTH AMERICA THAT CAN SHED MORE LIGHT ON THEIR PLIGHT:

**BANDS AND TRIBES:** These are old Colonialist words that are often used interchangeably today. In anthropology a band consists of between 30 to 50 persons. The word tribe was generally used for a larger number of people. Canadian aboriginals use the term First Nations. They are nations.

**INDIAN RESERVATION:** a reservation that is set aside for American Indians; Canada also has reservations. In the U.S. a reservation is a piece of land officially designated as federal territory later managed by a tribal council. For the most part, Indian Reservations were hell-holes. Inhabitants therein had been transferred, often by force or trickery. The lands were usually of low quality. Disease, starvation and dehydration, exhaustion, extreme mental anguish, shock, and death were common. The purpose of the reservation in the U.S. and Canada was to isolate the native population into smaller and smaller patches of land.

**INDIAN GIVER:** A person who gives a gift or article to a person and then later demands it back. This was a common phrase in the past, but has to a great extent faded out.

**INJUN:** An informal, offensive slang word designating a Native American.

**HONEST INJUN:** Although it stresses the truth of a statement, it's often perceived as offensive.

**REDSKIN:** An offensive term describing a Native American.

**NATIVE AMERICAN MASCOT CONTROVERSY:** Many Native Americans consider the use of native names and symbols by non-natives to be offensive, derogatory, racist and stereotypical. Other Native Americans don't consider these mascots to be offensive.

**HALF BREED:** An offensive term once used in Canada to describe the Métis. In the past, people in high office also used this term.

**INDIAN RESIDENTIAL SCHOOLS:** A cultural genocide policy directed by the Department of Indian Affairs {Canada}. Forced

assimilation, 'de-savage' and 'civilize' the Indians of Canada. Make them 'more white and Christian' like us.

DUNCAN CAMPBELL SCOTT: (August 2, 1862 - December 19, 1947): A Canadian bureaucrat, poet, and prose writer. "I want to get rid of the Indian problem. I do not think as a matter of fact, that the country {Canada} ought to continuously protect a class of people who are able to stand alone ... Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department, that is the whole object of this bill," (1920). It should be noted that forced assimilation had already acquired significant momentum before Scott's famous quote. This quote, in a sense, entailed the colonialists' mentality throughout the Americas.

COLUMBUS DAY: Annually celebrated on the second Monday of October, commemorating Christopher Columbus' arrival to the Americas on October 12, 1492. The beginning of destruction of the indigenous populations and their cultures occurred shortly afterwards, and continues.

BLOOD QUANTUM LAWS (BQL): Legislation that was enacted in the United States to identify and define membership in Native American nations or tribes. BQL was an attempt to calculate how Indian a person was by concluding their degree of racial inheritance. Initially used in Virginia in 1705 to restrict the Colonial civil rights of Native Americans and those with 50 percent or more Native ancestry. Native Americans are compelled to marry within their own race otherwise their heritage may slip away. This law doesn't value {as a Native American} an ancestor who wasn't recorded as being a Native American; it's possible for a 'pure Native American' to not be recorded as so. An additional problem is that the government will decide and have the final say as to who is a 'full Native American' and who isn't. In a nutshell, the government will have the legal, final say as to who is a pure Native American, a half, a quarter, and so on. BQL has been identified by some Native American scholars as 'statistical genocide'.

THE ONLY GOOD INDIAN IS A DEAD INDIAN: An obviously hostile hate-filled statement. The origin of which has been traced back to General Philip Sheridan, 1869; the words he actually spoke were different but nevertheless were offensive. Somehow, the statement was metamorphosed. In 1869 General Sheridan held a conference at Fort Cobb, in the Indian Territory, later becoming a part of Oklahoma. Therein, at the conference, were 50 tribal

chiefs. Comanche Chief Toch-a-way told General Sheridan 'me good Indian'. General supposedly smirked, then replied 'the only good Indians I ever saw were dead'.

RESIDENTIAL SCHOOLS: In 1920, under the direction of Dr. Duncan Campbell Scott (Head of the Department of Indian Affairs 1913 - 1932), all Aboriginal Canadian children between the ages of 7 to 15 were required to attend one of Canada's residential schools. Scott helped strengthen this policy. The residential schools, though often run by the church, were nothing short of hell-holes. Physical, mental, and sexual abuse were common, even in an extreme form. Children were forbidden to speak their native language. There's no telling how many of these innocent children died. We mustn't forget that they were forcefully snatched away from their families and taken to strange boarding schools. The abuse often began upon arrival. The children weren't considered equals to those running the schools. Just one example of the utter brutality of these schools can give the reader an idea of how horrible things could get for a typical child student. A student at a residential school was complaining of tooth pain. Instead of trying to solve the problem, every single one of his teeth was yanked out, WITHOUT ANAESTHESIA! His cries, screams, and pleadings for mercy landed on deaf ears. The children were supposed to adopt their new religion (Christianity) and to learn the language of instruction (English). The U.S. also made use of Indian Reservation Schools. (Suicide and Other Issues, By Bassam Imam)

A University of Minnesota study of 10 American cities revealed that alcohol, in particular malt liquor (beer that has a high alcohol content (5% - 8% or sometimes higher), is more extensively accessible in poor, black neighbourhoods, not in middle and upper middle class neighbourhoods wherein blacks live. The respective neighbourhoods with large concentrations of African Americans have quite notably higher than average numbers of liquor stores. More so, there was a marked availability of 40-ounce refrigerated bottles of malt liquor, and storefront ads advertising malt liquor. The respective establishments are formally referred to as 'off-premises liquor stores', which basically means that the liquor that's sold is to be consumed outside.

"Start at the intersection of Dudley Street and Blue Hill Avenue and go all the way to Mattapan ... There's more liquor stores than churches," said the Rev. Shaun Harrison, who works to keep youths out of gangs at Project GO. (April 3, 2008, By Tania deLuruziaga; boston.com: Alcohol More Available in Poor, Black Areas)

No wonder, some local activists believe that liquor stores are preying on the poor and minorities. The easy access of malt liquor is of grave concern. This drink is refrigerated and available in 40-ounce bottles; ready for purchase and immediate consumption. Often-times, the bottle is consumed by one person; more than enough alcohol content to initiate the process of intoxication. The median cost for one of these intoxicating bottles was a measly \$1.87. Aggravating this predicament is the fact that young African Americans are seeing an increasing number of advertisements in magazines and on television promoting alcohol.

"It's cheaper than pot, cheaper than crack," said Horace Small, executive director of the Union of Minority Neighbourhoods." (ibid)

Although upper- and middle-class neighbourhoods are inclined to speak out against such enterprises, poor and minority communities, having had a history disenfranchisement may barely if at all put up a put. Giving an opposing viewpoint to these findings is Peter Kessel, president of the Massachusetts Package Stores Association (and quite conveniently a liquor store owner):

"Discretion is exercised to protect the public from an overabundance of stores ... We are very proud of the system we have here in Massachusetts - it's based on public need." (ibid)

Yet findings from another study further prove that the easy access and availability of alcohol in poor, African American neighbourhoods does lead to increased drinking, which results in more alcohol abuse and alcoholism.

"Among African Americans in our sample who drank, those who lived in neighbourhoods with a greater concentration of liquor stores were more likely to be classified as at-risk drinkers compared to those living in neighbourhoods with fewer liquor stores per population ... Furthermore, the influence of liquor store concentration on at-risk drinking was much greater for African American women." said Katherine P. Theall, associate professor in the department of community health sciences at Tulane University School of Public Health & Tropical Medicine. (February 15, 2011, Source: Alcoholism: Clinical & Experimental Research via Sciencedaily.com: Density of neighbourhood liquor stores is especially risky for African-Americans who drink, study finds)

According to a recent study published in the journal Alcohol: Clinical & Experimental Research, even when other factors are eliminated more Hispanics get alcohol liver disease (ALD) than other ethnic group, and the onset is at a younger age. Over 15 thousand people in the U.S. die each year from ALD.

Anyone with a drinking problem must be aware mindful of ALD; no alcoholic or problem drinker has automatic immunity to it.

"For the first time, we showed that Hispanics present at a 3 to 10 years younger age {ALD} than Caucasians and African Americans ... also Hispanics with alcoholic cirrhosis were more likely to be hospitalized than Caucasians, indicative of a possibly more severe disease." (February 25, 2015, By May Wilkerson; thefix.com: Study Finds Hispanics at Greater Risk of Alcoholic Liver Disease).

Alcoholism has no boundaries it can slither into any organization or crevice. Any person who has settled in a monastery or convent will be witness to this problem. For centuries-on-end alcoholism has been a problem in the Catholic Church.

There are strains and pressures related to this occupation, outwardly, a priest or a nun is supposed to behave like the epitome of a well-mannered, good Catholic. Furthermore, some priests are on-call throughout the day and sometimes at odd hours, living a life of chastity in a world that is overflowing with sexual symbols. Alcohol is widely available and consumed in Catholic countries, and the culture per se accepts this.

"Priests are called to be the father of the people and held in high esteem ... When they realize they are a frail human being, too, it's not difficult to turn to something that will alleviate that pain," said Daniel Kidd, president of Guest House. (October 15, 2014, By Manya A. Brachear, Tribune staff reporter; chicagotribune.com: Alcoholism claims priests too)

No doubt, an alcoholic priest will set a bad example for his parishioners; in a small Church it will be more damaging. But like other tight-knit groups, there's a culture of silence and cover-up when it comes to problem drinking priests; denial is ever-present. Furthermore, much of the drinking will be done following a hard day's work, alone in the rectory.

"Father William Stenzel, a Chicago archdiocesan priest. In 35 years of ministry surrounding alcoholism, he has observed that when an addicted priest hits bottom, a parish often does, too. Key leaders and devoted parishioners adopt the same unhealthy coping mechanisms of a family with an alcoholic parent-infighting and co-dependency among themselves." (By Wendy Donahue; uscatholic.org: When Father has a drinking problem)

A priest's alcohol abuse can evade exposure longer than in other occupations; celibacy and frequent changes in venue allow for this. Alcohol consumption is ever-present in Church Culture. Communion wine poses another problem for a problem drinking priest. He'll either have to drink grape juice or not perform the mass. But for this to happen, his problem drinking must be made known, or a medical excuse can be used.

Guest House is an addiction treatment center designed for Catholic clergy with facilities in Rochester, Minnesota, and Lake Orion, Michigan. According to guest house, more than 90 percent of their alumni returned to ministry work and mission, in fruitful, long-term recovery. Most of the patients are deep into middle age. The center treats nearly 100 men a year.

"They don't have that kind of addiction like the young people who are getting into bar fights ... They have likely been doing what looked like heavy social drinking for 30 or 40 years. It's only after age 55 or so, as their bodies start to close down but they continue to drink as much or start drinking more, that we'd see anything that looked like the shakes or withdrawal," said Jeff Henrich, executive director of men's treatment for Guest House. (ibid)

In Islam consuming or using intoxicants including, but not limited to alcohol, is strictly forbidden. The Noble Quran uses the word Khamr, denoting an intoxicating beverage, meaning any beverage that contains alcohol. Furthermore, all intoxicants are forbidden in Islam.

#### BELOW ARE VERSES FROM THE NOBLE QURAN, FORBIDDING THE CONSUMPTION OF ALCOHOL:

- They question thee about strong drink and games of chance. Say: In both is great sin and (some) utility for men; but the sin of them is greater than their usefulness... (Noble Quran 2:219)
- O ye who believe! Draw not near unto prayer when ye are drunken, till ye know that which ye utter ... (Noble Quran 4:43)
- O ye who believe! Strong drink and games of chance and idols and divining arrows are only an infamy of Satan's handiwork. Leave it aside in order that ye may succeed. Satan seeks only to cast among you enmity and hatred by means of strong drink and games of chance, and to turn you from remembrance of ALLAH and from (HIS) worship. Will ye then have done? (Noble Quran 5:90-91) (Muslimsandtheworld.com: Is Alcohol Actually Prohibited in Islam)

#### BELOW ARE AHADITHS (SAYINGS OF THE PROPHET MUHAMMAD, PBUH) FORBIDDING THE CONSUMPTION OF ALCOHOL:

- A person came from Jayshan, a town of Yemen, and he asked ALLAH's Apostle (PBUH) about the wine which was drunk in their land and which was prepared from millet and was called Mizr. ALLAH's Messenger (PBUH) asked whether that was intoxicating. He said: Yes. Thereupon ALLAH's Messenger (PBUH) said: Every intoxicant is forbidden. Verily ALLAH, the Exalted and Majestic,



made a covenant to those who drank intoxicants to make them drink Tinat al-Khabal, They said: ALLAH's Messenger, what is Tinat al-Khabal? He said: It is the sweat of the denizens of Hell or the discharge of the denizens of Hell. (Narrated by Jabir ibn Abdullah; Muslim: Book 22, Hadith 4962 via muslimsandtheworld.com: Is Alcohol Actually Prohibited in Islam?)

- ALLAH's Messenger (PBUH) said: Every intoxicant is Khamr and every intoxicant is forbidden {by ALLAH}. He that drinks wine in this world and dies while he is addicted to it, not having repented, will not be given a drink in the Hereafter. (ibid)

#### MORMONS ARE FORBIDDEN FROM DRINKING ALCOHOL:

- As stated in the Gospel Principles manual, The LORD commands us not to use wine and strong drinks, meaning drinks containing alcohol. The First Presidency has taught that strong drink often brings cruelty, poverty, disease, and plague into the home. It often is a cause of dishonesty, loss of chastity, and loss of good judgment. (mormonrules.com: No Alcohol) NOTE: Seventh-Day Adventists are also forbidden from drinking alcohol.

#### STATED BELOW, ARE OTHER CHRISTIAN BELIEFS PERTAINING TO THE CONSUMPTION OF ALCOHOL:

- For years, well-meaning, sincere Christians have debated the subject of drinking. Let me be clear by saying there isn't a single verse in the Bible that says a Christian cannot have a drink; although the Bible clearly warns about the destructive and addictive nature of alcohol (Proverbs 20:1; 21:17; 23:29-35; Ephesians 5:18) and is very clear that drunkenness is always wrong (Romans 13:13; Galatians 5:19-21; 1 Peter 4:3; Habakkuk 1:15; 1 Corinthians 5:11). (September 14, 2015, By Barry Cameron; crossroadschristian.org: Can a Christian Drink Alcohol)
- The Bible is also clear that mature Christians should avoid causing others to stumble by drinking (Romans 14:21), and that leaders ought to avoid drinking alcohol (Proverbs 31:4-7) and cannot be given to drunkenness (1 Timothy 3:3, 8 Titus 1:7) (ibid)

#### BELOW ARE QUOTES, PERTAINING TO SIKHISM, AND ALCOHOL CONSUMPTION:

- The Sikh Rehat Maryada (the Sikh booklet of Code of Conduct) states: A Sikh must not take hemp (cannabis), opium, liquor, tobacco, in short any intoxicant. His/her only routine intake should be food." (SRM: Chapter X, Article XVI via sikhanswers.com: Is Drinking Permitted in Sikhism?; April 12, 2010)
- Sri Guru Granth Sahib Ji clearly states: "Do not drink the false alcohol at all, as far as it lies in your power." (SGGS - 544; ibid)
- Guru Arjan Dev Ji describes those who drink alcohol as: "The false-minded people who drink the alcohol are like the husbands of prostitutes (i.e. shameless and without self-dignity or respect) and their thinking is stupid. But those who are imbued with the sublime essence of the LORD, O Nanak, are intoxicated with the Truth." (Ang 399; ibid)

Alcohol abuse and binge drinking are ever-present in many militaries. The U.S. Military's alcohol-drenched culture is taking a toll on its victims. Sergeant Thomas Brennan, who was medically retired in late 2012, believes that alcohol consumption and partying in the barracks isn't as outwardly apparent now. Marines are aware that underage drinking, and the drinking of hard liquor in the barracks is a punishable offense. Marines must drink with their doors closed. If the marines know that there will be an inspection at a certain time, they make certain that any evidence of alcohol violations disappears beforehand.

Although some military physicians believe that binge drinking and alcohol abuse by military personnel rates do not surpass their civilian counterparts a contemporary report by the Institute of Medicine referred to alcohol and drug abuse among troops a "public health crisis". A lot of the drinking occurs on weekends and on weeknights in the apartments of non-commissioned officers wherein some lower ranked officers will swig hard liquor straight from the bottle, and during required social events and unit functions. Some of the other special occasions for drinking take place in officers clubs, bars, hotel rooms, and so forth.

Alcohol is generally prohibited in war zones, understandably so, but it has a way of reaching its destination, in a circuitous manner, or hidden in another container. Birthdays, battle wins, and so forth are excuses to drink.

{Drinking} "It's a way to deal with stress ... a way to unwind. The problems arise when it becomes a way to self-

medicate for issues like depression or post-traumatic stress disorder ... One of the primary ways we as Americans try to get rid of stress is by drinking," Jason Hansman, an Army Reserve veteran who runs the health and mental health programs for Iraq and Afghanistan Veterans of America. (December 26, 2012, By Jennifer Hlad, Stars and Stripes; stripes.com: US military's alcohol-soaked culture taking toll on service-members)

Military personnel and persons in the armed forces are subjected to particular pressures and stressors that may have critically adverse ramifications on their health. Many service-members enter the military at a young age, wherein, they must grow up really fast. To deal with or conquer the often overwhelming personal and social pressures, military personnel may resort to alcohol or substance use. Especially during combat missions, the pressure, fear, and anxiety can be beyond what a normal person can endure, therefore, the subjected service-members are forced to cope with their problems.

Veterans who have returned from active combat duties are likely to turn to alcohol and substance abuse to forget horrible memories; post-traumatic stress disorder (PTSD) can wreak havoc on a veteran service-member. Those who are still in the military have access to treatment and therapy, and under no circumstances must they be ashamed; it's better to seek help than to continue on a downward spiralling path.

Alcohol abuse among law enforcement personnel is a critical and across the board problem. Some studies find that 25 percent of police officers may suffer from this affliction. No doubt, there's a strong connection between job stress and the associated dangers that go along with it. More so, there's an active sub-culture that accepts drinking. Law enforcement personnel who abuse alcohol are more likely to be guilty of domestic violence. Law enforcement personnel are a very challenging group to reach with intervention and prevention services because their closed-in, club culture.

"They drink a lot, and they drink together ... It's part of the macho image, part of being a cop ... They are very conscious of helping people, and they're very idealistic, but they also get exposed to the culture of policing, which really exemplifies drinking," said John Violanti, a research associate professor at the University at Buffalo and a former New York state trooper who studies police stress and alcohol use. (November 6, 2015, By Tanya Eiserer; dallasnews.com: They Drink When They're Blue: Stress, Peer Pressure Contribute to Police's Alcohol Culture)

BELOW ARE STRESSORS THAT CAN LEAD TO ALCOHOL ABUSE FOR POLICE OFFICERS:

- Potential danger is the norm.
- Encounter life-threatening circumstances.
- Dealing with hostile and dangerous criminals.
- A criminal justice system that is far from being perfect; lack of or little justice is common, leading to persistent frustration.
- Biased news reporting.
- Jurisdictional turf battles among different law enforcement agencies.
- Interviewing victims.
- Seeing victimized people (sometimes dead).
- Trying to keep the workday's problems away from the family home (domestic abuse, high divorce rates are a ever-looming problems)
- Lack of upward mobility.
- Annoying department policies and procedures.
- Too much paperwork.
- The ever-presence of charges of excessive force or police brutality.
- Feeling restrained due to public scrutiny and the possibility of being filmed while dealing with a suspect, criminal, or unruly person.
- Internal Affairs.
- Having to deal with an often-times hostile minority group bias.
- Demeaning, disparaging remarks by the public.
- Developing a naturally distrustful personality.
- Unwinding with a drink (becomes a habit, thereafter an addiction).
- Generalized PTSD.
- The police culture commonly imposes strong pressure to drink.

"Alcoholism and associated addictions are prevalent in law enforcement agencies of every size and type. Naturally, such problems, whether abuse or addiction, are responsible for a host of effects within the work environment, namely: poor and deteriorating job performance; increased on-the-job accidents; abnormal absenteeism; excessive sick leave, and consequently medical claims." (NY State Police via [sclap.org](http://sclap.org): The Alcohol Problem among Law Enforcement Officers).

Firefighters must face 'bursting stress', often-times without notice. They wait at the station, and perhaps the brave, hard-working men and women are eating lunch, then, suddenly, an emergency arises, they must respond to a fire. Furthermore, firefighters must be in good shape, be somewhat fearless while fighting fires and rescuing people, and be able to endure the

incredible anxiety and stress of seeing burned people, smoke inhalation, and other horrible problems. Small wonder, the US Firefighters Association (USFA) estimates that up to 10 percent of firefighters may have a drug abuse problem. In 1993, Cincinnati's National Institute for Occupational Safety and Health conducted a survey including 145 firefighters. The survey revealed that up to 29 percent of firefighters have at one time or another suffered from alcohol or drug abuse. In another survey, 37 percent of nearly 50 respondents to a Virginia Beach Fire Department survey showed that their fire department lost one or more firefighters resulting from alcohol abuse.

52 year- old Scott Schaben began working as a suburban firefighter in the early 1980s, connecting with his co-workers with off-duty beers. Unfortunately, his casual beer drinking became a problem following a divorce a few years earlier (firefighters often have to work unusually long hours resulting in strained or broken marriages). Thankfully, he eventually sought treatment at Rosecrance, a Rockford-based recovery center, apparently America's first treatment program servicing firefighters and paramedics. Rosecrance is headed by a Chicago Fire Department battalion chief.

Being in treatment with other people who understood what it was like to be a first responder was a big help to Schaben. The military, law enforcement, firefighting, and paramedic cultures can be engulfed in a no weakness mentality. When members of these groups do open up to each other during treatment it can do wonders.

"It was just like a huge load taken off my shoulders ... I just felt that even though I didn't know someone, I could still talk to them. It made a big difference," said Schaben. (November 30, 2014, By John Keilman, Chicago Tribune; [chicagotribune.com](http://chicagotribune.com): Rehab center treats firefighters, paramedics for alcohol problems)

"When they go back to the firehouse, they talk to the guys ... and say, 'I'm in treatment. I'm not going to be able to go out afterward {and drink}' ... I've had {clients} who have been really successful with that," said Diana Rudeen, Rosecrance counsellor. (ibid)

No one can doubt that paramedics' puts them at increased risk for PTSD. Unfortunately, paramedics with alcohol or substance abuse problems aren't likely to seek help. They don't want to feel or admit that they're vulnerable. Speaking at a paramedics gathering in Halifax, Nova Scotia, Juliette Saucy described her experience during the devastating hurricane Katrina ordeal that happened on August 29, 2005. She spoke about the serious adverse effects of handling and coping with devastation, for paramedics, who are time and again the first

responders. Ironically, it took this devastating event for paramedics in New Orleans to come forward and seek help, and to continue responding to 911 calls.

"Certainly when you ask for help you're somewhat vulnerable ... so we've created hopefully an environment where they can ask for help. And they do," said Saucey. (June 9, 2006, cbc.ca: Stressed paramedics face flashbacks, alcoholism).

"You'll experience flashbacks, both while you're awake and while you're asleep. You'll have the urge to consume more alcohol or drugs," said paramedic Vince Savoia. (ibid)

Physicians are a learned group regarding medical and related issues. As per alcohol abuse, some physicians, like people in other occupations fall into this trap. Physicians' weekly estimates that 1 in 10 physicians have an alcohol abuse problem. This has an adverse effect on the physician's overall mental and physical health, and job performance.

#### BELOW EXTRAORDINARY STRESSORS PHYSICIANS MAY FACE:

- Seeing sickly and ill patients on a regular basis, some of which may be terminally ill or dying.
- The responsibility of having to make medical decisions.
- Potential lawsuits, medical errors, complaints from patients.
- Having to deal with patients who have excessively high expectations of physicians.
- Having to keep up-to-date on new medications, drug interactions, side effects, and the barrage of questions by patients; pharmacists' calls related to unrecognized words.
- Being on call.
- Emotional fatigue.
- A hectic Schedule; not being able to spend the full amount of time allotted to patients (seeing too many patients, in short sessions are common in medicine).
- NOTE: Destructive habits often begin in med school.

The American Medical Association (AMA) Code of Ethics well respected in its own right, demands that physicians promote personal health and well-being and to expeditiously notify pertinent authorities of an impaired or inadequate colleague. It looks nice on paper, but the fact is, many physicians will not report another colleague, at least not initially. Physicians are fearful of turning in one of their own, the unofficial social reprisals against the 'tattle tale' act as a deterrent. As an overwhelming rule, physicians tend to be vastly over-worked. Getting tangled or engaged in an alcohol or substance abuse accusation or legal matter is both complicated and time

consuming. Nevertheless, a physician's work is very important, and people's health and lives are literally at stake and so is the institution wherein the alcoholic is employed. One way or another, the matter must be brought to the attention of the suspected physician.

"Some doctors don't want to be wrong ... adding that they're conscientious and evidence-driven, and don't want to risk ruining a friendship or damaging a career by acting on a suspicion. But when it comes, the 'evidence' may take a catastrophic form, such as injury to a patient, a conviction for driving under the influence, an overdose, or a suicide," says Dr Schorling. (May 6, 2015, By Shelly Reese; medscape.com: Drug and Alcohol Abuse: Why Doctors Become Hooked).

According to a report entitled Invisible Patients, written by a Department of Health-appointed working group chaired by Professor Alastair Scotland, chief executive of the National Clinical Assessment Authority, thousands of physicians and dentists are placing patients at possible danger, because these very professionals are addicted to alcohol.

More so, as reported in a government review of the National Health Service (NHS; England), many physicians and dentists are depressed to the point of contemplating suicide or are addicted to drugs. As is the usual case, many of these suffering professionals are fearful of seeking help due to the possibility of being disgraced or lose their jobs; denial is another all-encompassing dilemma.

The report bills overcrowding on hospital wards as one of the significant problems staff must endure. Indeed, working under incredible stress and being addicted to alcohol and/or drugs will result in a greater likelihood of making mistakes, and communication problems.

"Evidence is also beginning to emerge of substance misuse problems among nurses and pharmacists ... It may be easy to spot a health professional {that} is obviously under the influence of drugs or alcohol, but persistent and long-term substance misuse can be harder to pick up and the consequences for quality and safety of care harder to predict." (Invisible Patients via dailymail.co.uk: Stress driving doctors and dentists to drink addiction; April 24, 2010, By Daniel Martin for the Daily Mail)

Thankfully, the British Medical Association (BMA) has a 24-hour stress helpline and a service wherein a physician can find another physician who will aid him or her in finding treatment. Health care workers who have alcohol or drug problems must treat themselves before they think they're able to treat others.

BELOW ARE COMMON STRESSORS IN THE NURSING PROFESSION:

- Having to deal with ill patients during every single shift.
- Inadequate control. Bossy, obnoxious, self-righteous, know-it-all physicians and/or a cold-hearted administration.
- Lengthy work hours.
- Rotating shift-work or having to work the 'graveyard shift'.
- Relational conflicts.
- Lack of resources.
- Below acceptable or cheap reward system.
- Violent or unruly patients.
- A horrid stench in some rooms or floors of the institution (fecal matter, urine, vomit, lack of bathing, antiseptics, and so forth).
- Not appreciated for hard work done.
- NOTE: Nursing is one of the most under-rated professions. To attain an R.N. (Registered Nurse) licensure or certification takes an incredible amount of hard work and study.

Nurses have markedly easier access to drugs because of the very nature of their work. Alcohol can also be a problem for nurses, especially at work. Nurses at hospitals see many patients, are tasked with distribution of medication, and come into intimate contact with patients and their families, and visitors. Therefore, alcohol on a nurse's breath can easily be detected by other people. Because nurses are lower in rank than physicians, the response from management regarding alcohol abuse especially at work, can be quite severe at times.

The Indiana State Board of Nursing felt the need to revoke the license of 55 year-old Linda S. Bullinger, a Muncie, Indiana registered nurse (RN) who came to work with alcohol on her breath. In 2008, Bullinger was suspended by the IU Health Ball Memorial Hospital after co-workers claimed that she reported to work at 7:00 A.M. in the emergency decision unit with alcohol on her breath and with glazed eyes.

Bullinger claimed to have been out drinking until 4:00 A.M. that day morning. She was sacked from her job a couple months later following her arrest by Muncie Police on drunk driving and resisting arrest charges. Following an entry into a recovery monitoring agreement with the Indiana State Nursing Assistance Program, Bullinger worked at Edgewater Woods, a nursing home in Anderson, Indiana. In 2009, she was fired because she came to work with alcohol on her breath. And later, she was sacked from the Parkview Nursing Center in Muncie, Indiana, for being drunk on the job; her BAC was .258, over 3 times the legal limit for driving.



In another alcohol-related case which is worse than the aforementioned one, 44 year-old Nedda Bentley, a registered nurse with the West Boca Medical Center in Boca Raton, Florida suffered a bout with alcohol abuse on January 20, 2015. This was her very first day of orientation as a registered nurse. Bentley was also a registered emergency medical technician (EMT).

Initially, it appeared that Bentley had taken a long lunch break, or was somehow delayed by unavoidable circumstances. The truth is hospital security discovered Bentley near her vehicle, shaking, with an open can of beer. More so, there were 9 beers in her vehicle, 6 warm and 3 cold. She refused to take a drug and alcohol test.

On May 15, the Florida State Department of Health barred Bentley from practicing nursing and as an EMT until an impaired practitioner program believes she's safe to practice. During a May 6 department evaluation, Bentley admitted to having an alcohol abuse problem, drinking a dozen cans of beer a day. To her own demise, she came to the evaluation under the influence of alcohol, with a BAC of 1.1.

"Ms. Bentley reported that she 'gets shakes' and suffers from withdrawal symptoms if she does not drink alcohol," State Surgeon General Dr. John Armstrong wrote in the report. (June 10, 2015, By Anthony Cave; keysnet.com: Nurse caught drinking on the job)

BELOW IS A PENNSYLVANIA COURT RULING REGARDING A NURSING ASSISTANT WHO CAME TO WORK WITH ALCOHOL BREATH FOR THE SECOND TIME. THIS EMPLOYEE HAD PREVIOUSLY SIGNED A WRITTEN AGREEMENT AGREEING THAT ONE MORE VIOLATION COULD RESULT IN TERMINATION OF EMPLOYMENT:

If the employer already has a policy in place and the employee has been made aware {of} it, an employee who smells of alcohol or who acts intoxicated can be sent for testing. An employee cannot be forced to be tested for alcohol, but can be terminated for cause if there is valid suspicion of intoxication and the employee refuses to be tested. (Commonwealth Court of Pennsylvania, December 8, 2005; nursinglaw.com: Alcohol Abuse Suspected on the Job: Hospital's Policy to Require Screening Upheld by Court).

When a dentist comes to work intoxicated, someone in the office must stop him or her from performing any procedure. Unlike other health workers, dentists usually perform some kind of invasive procedure on many of their patients' teeth. A case in point is that of 57 year-old Dr. Robert Garelick, a Long Island, New York dentist accused of being intoxicated while drilling a patient's teeth. Dr. Garelick, was unceremoniously

handcuffed and then removed from his Lindhurst office. Thankfully, the dental hygienist had enough courage to do something about it. Unfortunately, Dr. Linkhurst had already done some damage to the patient.

"I observed Dr. Garelick looking for cavities in the right side of the patient's mouth, but the cavities were in the left side ... I pointed this out to the doctor and that's when he ordered more Novocain for the patient ... So now, he basically numbed the whole patient's mouth," said hygienist Kimberly Curtis. (January 23, 2013, By Bill Hutchinson, Vera Chinese; nydailynews.com: DRILLING WHILE INTOXICATED)

It wasn't the first time that Dr. Garelick came to his dental office intoxicated. According to Curtis Dr. Garelick once came to work so intoxicated she felt impelled to call his wife because he couldn't stand up. While intoxicated, Dr. Garelick put a patient's teeth in serious jeopardy by using a drill on a chipped tooth; a very dangerous tool, indeed. Curtis claims that right before he used the drill on the chipped tooth he went into his office and then took a drink from squeeze bottle. Following his drink he walked past Curtis and she claims that he had alcohol on his breath.

"He was filing the tooth down ... When you're using that drill, you have to be very careful and have a steady hand," said Curtis. (ibid)

Alcohol abuse can sometimes reach epic proportions in an entire country. One case in point is the Russian Federation, I specifically chose this country from amongst the big drinking ones because it's large, very powerful, and is a good example a nation in 'alcohol turmoil'. Alcohol has literally conquered a portion of the Russian Federation. According to the World Health Organization (WHO) 20 percent of men in the Russian Federation die of alcohol related matters. There are millions of alcoholics in the Russian Federation, sadly, as is the case today, the vast majority of them will die that way, barring a miraculous event. This problem goes back many centuries. Ivan the Terrible inspired his denizens to consume alcohol in state owned bars.

The typical Russian alcoholic also smokes cigarettes, another serious health hazard; you may see him sitting on a dilapidated bench, in front of a train station, or staggering along, most people may be oblivious to him because it's not an unusual occurrence. The thought of his next drink and how much it will cost may run through this person's mind. In Russia, even police officers can be seen under the influence of alcohol. No wonder, a study in the Lancet reports that 1 in 4 men in Russia die before they are 55, and most of these deaths are alcohol related (in particular, liver disease and alcohol poisoning) . Vodka is the Russian Federation's national drink.

"Taxation on alcohol remains low, with the cheapest bottles of vodka costing just 30 rubles (\$1) each ... There is a simple answer to why so many Russians fall prey to alcohol ... it's cheap. Between 30-60% of alcohol is clandestinely made, and therefore untaxed. A large quantity is run off on 'night shifts' at licensed factories where state inspectors are bribed to remove tags on production lines at the end of the working day," as Tom Parfitt clarified in the Lancett, 2006. (September 25, 2013; theatlantic.com: How Alcohol Conquered Russia).

The Russian government is somewhat helpless, but at the same time needs valuable tax monies and revenues from alcohol sales. In brief, there were unsuccessful attempts at battling the alcohol menace, several of which occurred prior to the Bolshevik Revolution of 1917, another in the late 1950s, early 1970s, and mid-1980s. Worse yet, much of the alcohol consumed in the Russian Federation is hard liquor in particular Vodka, drank straight (without soda, cola, juice, or other liquids). Beer and wine are weaker in potency the former will fill a person's stomach much faster than straight booze.

Former Soviet leader Mikhail Gorbachev severely reduced vodka production, going so far as prohibiting its sale before 2:00 P.M. In addition, perfume was forbidden from being sold before noon because desperate people drank it. Statistically, lives were saved however, the state lost much revenue monies along with Gorbachev's popularity.

As is the case, none of the attempts worked for long, and will never work until there's a major social revolution in the Russian Federation; society's attitudes towards alcohol abuse must change, and this includes the government's licentious greed for tax revenues, and combating the rampantly corrupt system that's in place.

"They binge drink. That's the main problem. It's the pattern of drinking not the per-capita amount they are drinking ... Russians have always drunk a lot. They sometimes say it's because of the cold weather but this is just an excuse. This is the nation's lifestyle that needs to change. (January 31, 2014, By Tulip Mazumdar; bbc.com: Vodka Blamed for High Death Rates in Russia).

In 2009, Russian Federation President Dmitry Medvedev began a campaign to combat the alcohol problem in Russia. On January 1, 2010, controls on the price of vodka came into effect. The national average for PURE ALCOHOL consumption is about 18 litres (32 pints) per year. President Medvedev wants to reduce the rate of alcoholism and alcohol abuse, and improve the health and life-expectancy of Russians. Hopefully, this will be the first step in the right direction.

"This law is not the solution, it is just a small step, albeit a positive one, in the fight against alcoholism ... I believe that every problem must be addressed comprehensively. I think that alcohol consumption is an issue of national importance," said Elena Igorevna, a doctor with Moscow's Scientific Centre for Substance Abuse. (January 1, 2010, By Daniel Fisher; [bbc.co.uk](http://bbc.co.uk): Trying to break Russia's vodka dependence).

"We have had these remarkable fluctuations in life expectancy which really defy our understanding of the nature of disease in a population--generally outside wartime you do not get changes of the scale that we have seen ... To try to understand this phenomenon, we clearly need to understand what's going on at all ... levels ... So, to put it another way, it's not just enough to ask--if we are looking at alcohol--why do people die? We need to ask, why do they drink? What do they drink? Why, when they drink to the extent that they do, do they fall down and why does no one pick them up," said Dr. Martin McKee explained during a presentation at the Center for Strategic and International Studies in Washington, DC. (December 15, 2010, By Richard Weitz; Russia: Binge Drinking and Sudden Death)

The drinking of ethanol-based liquids and poisons like anti-freeze do occur. These poisons must never be consumed by humans even in tiny quantities. Unfortunately, some hard-core drinkers within the Russian Federation consume diminished versions of these poisons, out of desperation and the unfounded belief that it will not be dangerous to do so. Even the Russian Federation's military has been affected by the problem of alcohol abuse.

"The Russian armed forces face a massive personnel problem, and the country's demographic trends will reduce the availability of potential male recruits even further in coming years. By 2016, the number of men available for conscription will be half that of 1996, a problem exacerbated by the fact that many potential recruits are unfit for service due to alcohol-related complications," noted Richard Weitz at World Politics Review. (February 15, 2011, By John Hudson; [thewire.com](http://thewire.com): Alcohol Is Killing off Russian Men)

Even the Russian political elite, aren't immune to alcohol abuse' long reach.

Boris Yeltsin (February 1, 1931 - April 23, 2007; congestive heart failure) was a Russian politician, later becoming the first president of the Russian Federation (1991-1999). Yeltsin was well-known throughout the world. But his popularity had nothing to do with his presidential abilities. It

was directly related to his unusual, drunken behaviour and antics.

Known as the happy drunk, even his enemies abroad found his drinking and antics amusing. Perhaps, they also enjoyed it because his behaviour was disgraceful to the Russian Federation. His politics were often blasted.

#### BELOW IS A BRIEF DESCRIPTION OF 3 OF YELTSIN'S EMBARRASSING DRUNKEN ESCAPADES:

- According to former President Bill Clinton's personal memoirs, in 1995, during a visit to the White House by President Yeltsin and a friend, they became so intoxicated that President Yeltsin was allegedly discovered outside in his underpants trying to wave a taxi because he felt like having pizza. More so, President Yeltsin got smashed the following day.
- In a 1992 incident, President Yeltsin was invited to a state banquet in Kyrgyzstan, wherein he boozed-it-up, then used President Kyrgyz Akayev's head as a drum, using spoons as drumsticks.
- In 1994, President Yeltsin went to Germany to see off the final remnants of Russian troops leaving Germany. Not caring that German Chancellor Helmut Kohl was also present, he got wasted, then proceeded to make a spectacle of himself, taking on the role of conductor of the band, then dancing away and blowing kisses to shocked onlookers.

What's known by foreign nationals who've lived in an expatriate compound or lived extensively in Saudi Arabia, is that alcohol, drugs, music and parties, and unlawful sex (premarital, prostitution) do exist, but not in public view. The religious police are controlled by the brutal, corrupt, Saudi Government. In other words, 'secret parties' are hands-off for the so-called religious police.

In one particular case (there are countless others) a Halloween Party in 2009 (celebrating Halloween is forbidden in Islam), detailed by Jeddah consulate officials, thrown by a Saudi royal. Alcohol and prostitutes were plentiful.

All was kept secret from the outside world behind heavily-guarded mansion gates. No wonder, more than 150 young Saudi men and women were at the party. As is the case in many of the secret parties hard liquor and other imported drinks are available. Sadiqi (190 Proof or 95 percent alcohol) is the local underground drink, good for a quick buzz or inebriation.

"Alcohol, though strictly prohibited by Saudi law and custom, was plentiful at the party's well-stocked bar. The hired Filipino bartenders served a cocktail punch using sadiqi, a locally-made moonshine ... It was also learned through word-of-mouth that a number of the guests were in fact 'working girls', not uncommon for such parties." (December 7, 2010, By Heather Brooke; theguardian.com: Wiki-Leaks Cables: Saudi Princes Throw Parties Boasting Drink, Drugs and Sex).

Aside from the big VIP parties an ex-pat can drink alcohol or get drunk inside one of the special compounds housing mainly foreigners. These camps are likely gated, and/or fenced. Some locals may enter these camps to visit friends, for work, or to enjoy themselves, boozing. Alcohol within these compounds may be brought in via an embassy, consulate, a Saudi prince, a non-Saud VIP, or home brewed within the compounds. Foreign beer, wine, and hard liquor sold on the black market are very expensive nonetheless, but there are prospective buyers.

Regarding the ex-pats compounds, the Saudi police and authorities often turn a blind eye, unless it's sold or consumed in public. For an average ex-pat worker, smuggling alcohol into the country is absolutely out of the question. For this crime, there are severe penalties, depending on the person's nationality (country listed on passport), the quantity, and the position of the person. He or she may receive a jail sentence, lashes, loss of employment, and then deportation. A precise punishment for the crime for everyone cannot be stated; there are too many variables involved. The Saudi criminal justice system is very arbitrary.

Foreigners who are caught selling or supplying Saudis with alcoholic beverages outside of the expat compounds will likely receive very harsh penalties, including being sentenced to jail and be forced to endure a public whipping. More so, a foreigner entering Saudi Arabia especially by plane must sober up, and under no circumstances have alcohol on his or her breath. If the Saudi authorities do make the decision to punish a violator of the anti-alcohol laws, foreign embassies as a whole will be impotent, unable to do much.

Home brew in Saudi Arabia comes with a potential danger. The exact potency may not be known and worse yet the amateur brewer may have made a dangerous mistake during the process. Serious illness or severe alcohol poisoning is possible. Some alcoholic foreigners delight in going to a country where alcohol is forbidden, assuming that they'll stay sober throughout their whole stay. But to their utter dismay, soon after their arrival to the kingdom they discover that alcohol is readily available, but in an underground fashion. More so, there are Saudi alcoholics. With no AA or other alternative treatment options

they must leave the country, somehow treat themselves, or continue drinking.

Alcoholics or young men who want to experiment with alcohol that do not find what they're looking for may turn to dangerous or lethal methods to achieve intoxication. One case in point (there have been other cases) happened in 2006, in four cities in Saudi Arabia. An estimated 60 men drank cologne. 20 of the men died, while 40 others were in critical condition in hospital. According to the local Okaz newspaper, the alcohol poisonings occurred in Mecca, Medina, Riyadh, and Taif.

"How could they die in search of an illusory pleasure? ... Most likely these young people suffer from personality disorders or are troubled by certain social or family issues. We should not ignore them and work on solving these problems. We should investigate what would drive them to do such things. There will be negative consequences if we ignore this because it could grow to dangerous levels and might reach a point where it will be impossible to stop," said Dr. Abdul Lateef Al-Sabban, a social science consultant at King Abdul Aziz University in Jeddah. (April 20, 2006; Arab News: Thrill-Seekers Find Death Drinking Alcoholic Cologne via plancksconstant.org: 20 Saudis Die After Drinking Poisoned Cologne, By Bernie, April 22, 2006)

And for many young Saudi men who want to booze it up, but in a more accepting environment, crossing the King Fahd causeway (known by many as the Johnny Walker Bridge), or the second bridge currently being built, to be named after the King of Bahrain, over a thin strip of sea to Manama, Bahrain is their answer. While many others, are accompanied by their wives and children, intent on shopping in Manama's malls. Nevertheless, there are literally too many Saudi men drinking it up in Manama's fancy hotels and bars, ordering expensive drinks.

Tensions are rising between the 2 Gulf emirates. Officials in Bahrain have complained to the Saudi Government citing that the large numbers of Saudi party-goers is having a negative influence on Bahrain's society. Note that Bahrain is barely a dot on the map. Heading back home creates a potential disaster on the causeway. Many drivers are DUI or inebriated. More so, many of these drinkers simply don't know how to handle their booze; they have too much money to spend, and consider Manama a Disneyland of sorts. Bahrain has always been more open and cultured than its Saudi counterpart.

"There's no way I'm driving around here at the weekend ... Those guys still haven't got the hang of holding their liquor," said a South African oil man. (March 4, 2001, By Philip Jacobson in Kuwait; telegraph.co.uk: Saudi men flout Muslim laws in bars of Bahrain).

It appears the Bahraini authorities and at least some of its citizens have finally had enough. Recently, The Ministry of Culture and Tourism imposed a ban on the sale on serving alcohol or operating nightclubs in 3 star hotels throughout the country. More than 100 thousand passengers cross the causeway every week. The period before the Holy Month of Ramadan the number of passengers soars. During Ramadan selling alcohol is forbidden in Bahrain.

The temperance movements from the 19th and early 20th centuries, was a coordinated attempt to advocate and encourage moderation in the consumption of alcohol or campaign for total abstinence. Most of the members and supporters were women and their children. In many cases they were victims of the drunkenness of their men-folk. They considered alcohol to be the boogeyman, responsible for serious health problems, poverty, and crime.

In Europe, the earliest temperance movements were established in Ireland making headway in the 1820s, spreading to Scotland and then England. The Church of England Temperance Society was founded in 1862 and restructured in 1873. During the 1830s, temperance movements arose in Norway and Sweden. As in the U.S., churches played a big role in this endeavour.

In the U.S. a promise of abstinence had been promoted by an assortment of preachers at the turn of the 19th century, in particular by England born John Bartholomew Gough (August 22, 1817 - February 18, 1886). The American Society for the Promotion of Temperance was established in 1826 by Lyman Beecher and Reverend Justin Edwards. Edwards promoted drinking in moderation. He was a bit harsh, wanting drunkards to die off and clear the world of awesome evil. Maine became the first state in the union to become dry, passing a law on June 2, 1851, serving as a classic example for other states.

Likely, the first international temperance organization was the Order of Good Templers, established in 1851 at Utica, New York, stretching across the United States, Canada, Great Britain, Scandinavia, a number of other European countries, Australasia, India, areas in Africa, and South America. The Women's Christian Temperance Union, founded in 1874, in Cleveland, Ohio, was an American temperance movement that became international in scope. A World Prohibition Conference in London (1909) led to the formation of an International Prohibition Confederation.

No doubt, the most physically pompous and unusual person in the temperance movement in America was Carry A. Nation, born November 25, 1846, in Gerard County, Kentucky, died on June 9, 1911 in Leavenworth, Kansas. She was popularly known in her days for using a hatchet to destroy saloons. She was a large woman,



standing at 6 feet and weighing an estimated 175 lbs. She worked alone, or with other women in a group. Entering a saloon, singing, praying, casting harsh insults then she'd get to work with her destruction.

Nation became part of the temperance movement in 1890 as a result of a U.S. Supreme Court decision weakening the prohibition laws in Kansas, the state she was residing in at the time. In response, Nation believed that she had a right to destroy the illegal saloons in Kansas.

The 'Noble Experiment' formally known as Prohibition came into effect in January 1920 through the ratification of the 18th Amendment. The sale, manufacture, or transportation of alcohol was forbidden. Supporters of Prohibition, including Herbert Hoover ((August 10, 1874 - October 20, 1964) the 31st President of the United States (1929 - 1933) and others, greeted Prohibition as a positive step toward ridding society of the evils of alcohol consumption. Some supporters believed that by the next generation alcohol will be forgotten. But some realists argued that alcohol consumption will continue, but in an underground fashion.

Although it was the 18th Amendment that solidified Prohibition, it was the Volstead Act (formally known as the Prohibition Act) enacted in 1919, taking effect the following year, that provided clarification and enforcement of the law. The prohibitions included beer, wine, and any other intoxicating drinks (0.5 %) alcohol by volume or more. Furthermore, the Act declared that any article designed to manufacture alcohol was illegal. Specific fines and jail terms were included for violating Prohibition. Right before Prohibition came into effect numerous restaurants and bars across the United States handed out complimentary glasses of wine, brandy, and hard liquor. While others, taking advantage of the moment charged an exorbitant amount of money for each drink.

As reported by the Manchester Guardian on January 17, 1920, "One minute after midnight tonight ... America will become an entirely arid desert as far as alcoholics are concerned, any drinkable containing more than half of 1 per cent alcohol being forbidden." (theprohibitioninpicturesblogspot.ca: How Prohibition backfired and gave America an era of gangsters and speakeasies)

Almost immediately, the true reality of the matter became apparent. Hardware stores began to sell convenient stills. Distilleries in Canada and Mexico reaped enormous benefits. Prohibition gave rise to 'Bootleggers' 'rum runners', speakeasies, lucrative gangster-ism, and wide scale corruption and illegal drinking by otherwise law-abiding citizens, politicians, and law enforcement personnel. The 'Noble

Experiment' was a failure from its inception. In a twisted sort of way, banning alcohol inspired more people to drink.

**SPEAKEASY:** A saloon, bar, nightclub, or other establishment that sells alcoholic drinks illegally, in particular during Prohibition. They require passwords or another code to enter. In 1923, New York City was believed to have more than 5000 speakeasies.

**BOOTLEGGING OR RUM-RUNNING:** The illegal, clandestine manufacture, sale, or transport of drinking alcohol. A bootlegger was the person/s that performed the illegal acts.

**FLAPPERS:** The term was first used in Great Britain following the First World War. These were the liberated, wild, adventurous women of the 1920s, in particular of the Prohibition Era. Unlike their predecessors, these women frequented speakeasies, drank, smoked, wore short hair and makeup; sexual encounters were common.

Many drinkers of alcohol became ill. There were no federal, state, or local health inspections of the alcohol that was manufactured. Medical professionals testified in front of Congress speaking about the many injuries and fatalities related to alcohol poisoning. Hard liquor was more common than beer, it brought in more profits.

Local gangs and organized crime markedly increased. Unlawful monies from prostitution, gambling, and drugs were now supplemented with a drug that was much wider in scale and sought after by criminal and 'law-abiding citizen' alike, booze. Bootlegging in major cities across the country was controlled by organized crime. Organized crime was an extremely violent enterprise that used bribery (politicians, law enforcement, and judges), intimidation, physical brutality, vandalism, and murder to keep its grip on the manufacture and smuggling of alcohol, and to and supply their many speakeasies.

The most notorious 'crime boss' in America during Prohibition was Al 'Scarface' Capone. He was born on January 17, 1899, in Brooklyn, New York to an Italian immigrant family. He died of prolonged, untreated syphilis on January 25, 1947 in Palm Island, Florida. Capone was deemed a menace to society.

By 1933, it became clear to politicians, criminal justice practitioners, and Americans as a whole that Prohibition was a disastrous failure. On March 22, 1933, Franklin D. Roosevelt (January 30, 1882 - April 12, 1945), the 32nd President of the United States, signed the Beer and Wine Revenue Act. In brief, this law allowed the manufacture and sale of particular kinds of

beer and wine. This wasn't enough for the many millions of Americans who strongly desired a full repeal of the 18th Amendment. They got what they wanted. On December 5, 1933, the 21st Amendment came into effect. It was the only amendment explicitly ratified to repeal an existing amendment.

The manufacturing and dinking of alcohol in jails and prisons is strictly forbidden. Exclusions to this rule are rare, granted for religious ceremonies, the quantity of alcohol permitted is small. Furthermore, the laws of the particular jurisdiction and the prison administrator must grant permission. A large percentage of inmates drank alcohol on the outside. Being incarcerated is very stressful, wherein, nerve-wracking boredom often sets in, creating a craving for mental escape.

Some of the prison names for alcohol include Brew, Buck, Chalk, Hooch (the generic name), Jack, Jump, Juice, Pruno, Raisin and Toilet Wine. Inmate's intent on making hooch will work very hard. Fruits, sugar, ketchup, potatoes, even hand sanitizer has been used to make this much sought after drink. The fermentation process always emanates an awful smell.

According to William Faneuff, warden at MacDougall-Walker Correctional Institution in Connecticut, "if an inmate so much as opens a bag of alcohol to check on its progress, he or she risks detection ... If you've smelled it once, it would hit you like a brick wall ... Even through a closed door." (December 30, 2014, By Claire Sustanovich; themarshallproject.com: Prison Moonshine).

All's not fine though, making prison hooch is a big gamble. Sometimes, the results can be catastrophic. Any time a person drinks bootleg alcohol from whatever source, the safety of the drink is in question. In 2006, there was a serious botulism outbreak at a Utah Prison. The source of the problem appeared to be a baked potato stashed away weeks earlier, then used in the hooch mixture. Affected inmates continued to have health problems nearly a year after the outbreak.

"A baked potato saved from a meal served weeks earlier and added to the Pruno was the suspected source of C. Botulinum spores," as written by public health investigators in the Morbidity and Mortality Weekly Report (MMWR). (October 5, 2012, By Scott Hensley; npr.org: Botulism Outbreak Tied to Contaminated Prison Hooch).

When a person has an alcohol abuse and gambling problem (co-occurring disorder), commonly each of these 2 behaviours tends to increase the intensity of the other. When a problem drinker is gambling, mental capacity, inhibition, and a fear of the loss of income can be severely diminished. Intoxicated gamblers can lose a lot more than the money in their pockets. Furthermore, on a crap table, it's easier to cheat a drunk than

a sober opponent. There's no mercy on crap tables, slot machines, online poker games, horse racing, the lottery industry, bets between 2 or more persons, and any other kind of scenario wherein wagering is made. Ending up on the Streets is a strong likelihood. What's more, gambling and drinking may seem like a means to socialize. To all those who enter a casino, the odds are always stacked heavily in favour of your opponent (the casino). Both problems must be tackled simultaneously; Professional treatment is imperative.

#### PERSONS THAT HAVE AN ALCOHOL AND GAMBLING PROBLEM ARE LIKELY TO DO THE FOLLOWING:

- Drink more, or to excess.
- Spend more money, loss of real fear.
- Inability to identify negative ramifications; sometimes catastrophic ramifications.
- Inability to stop gambling (until money runs out).
- Stay at the particular gambling setting longer.
- Endure more mood and behavioural fluctuations. May become unruly.
- Lose track of time, forget appointments and other important responsibilities.
- The intent upon entering the locale may be to only have a few drinks, but as more booze is consumed, the intent fades into a forgotten thought.
- The drinking problem is further aggravated because at many large-scale casinos drinks are subsidized or may be free of charge (why not have another drink?).

#### SOME OF THE KEY ASPECTS OF PROBLEM GAMBLING INCLUDE:

- An increased obsession or fixation on gambling.
- An increased need to bet more money again and again in spite of visible negative consequences.
- Agitation, annoyance, or anger when trying to quit gambling.
- 'Addicted Gamblers Mirage Syndrome' (chasing after a mirage; seeing potential wins, when in reality all there is are grave losses).
- The gambling addiction gains control over the person's will to stop.

Gamblers Anonymous (GA) is a fellowship of men and women, who work together, share their experiences, strengths and desires to aid each other in overcoming their common problem,

and to aid others in their recovery from their gambling problem. The only condition for membership is the will to stop gambling. No doubt, there are recovering alcoholics in GA meetings.

People who gamble large sums of money and also have a drinking problem must seek help immediately. The self-destructive behaviour must stop. Furthermore, many people in this category are husbands, wives, fathers, or mothers, thereby affecting other people in an adverse manner.

If however, a person is adamant about continuing his or her destructive behaviour, he or she must understand the laws in the respective jurisdiction. On a worldwide view, there's almost always no recourse for a gambler who lost a lot of money while under the influence of alcohol. However, some jurisdictions do have laws that forbid casinos from allowing visibly intoxicated persons from gambling, but taking the casino or other establishment to court won't be an easy chore. My best advice is DO NOT TAKE ANY CHANCES.

In early 2014, Mark Johnston, 52, a southern California gambler, business man, and big drinker, sued a Los Vegas casino (the Grand) for loaning him money and serving him alcoholic beverages while he was visibly intoxicated. Johnston lost \$500,000 on Super Bowl weekend 2014. Johnston was playing pai gow and blackjack.

According to the lawsuit, "Johnston had two to four drinks at the Burbank airport, one drink on the hour-long flight to Las Vegas, one drink prepared by his limousine driver when he arrived, another drink while riding inside the limo, and then 'several more' drinks at dinner shortly after checking into his hotel." (March 6, 2014, By Matt Pearce; latimes.com: Gambler who lost \$500,000 sues, saying casino let him play drunk).

Johnston's legal team will rely on eyewitness testimony and video surveillance to validate the claim that he was intoxicated. The Grand was going after Johnston for attempting to evade his large gambling debts. Johnson placed a stop-payment order on the casino credits, and is also seeking damages from the Grand for disgracing his name. Nevada law prohibits casinos from permitting plainly drunk patrons to gamble and from serving them complementary (free) drinks.

As disclosed to the Los Angeles Times, by Sean Lyttle, Johnston's attorney, "What we typically see in cases like this where someone's obviously had too much to drink, a host, a pit boss is stepping in, saying, 'Hey buddy, why don't you take a break?' ... It seems that everyone in the building was perfectly all right with my client bidding for 17 or 18 hours nonstop, just being served drink after drink." (ibid)

In his own defence, Johnson told CNN, "I am not a sore loser {YES YOU ARE!}. I've lost half a million. I've lost

\$800,000. I've lost a lot of money. This has nothing to do with that. Obviously I can afford what I lost ... This is about you [the casino] almost killing me. What if I had gone to bed that night, with all those drinks in me, and I threw up on myself and I choked and died?" (ibid)

MANY CELEBRITIES AND PROMINENT PEOPLE HAVE BATTLED WITH ALCOHOLISM, SOME OF THEM WERE ABLE TO RECOVER, OTHERS CONTINUED ON THE PATH OF DESTRUCTION UNTIL DEATH OVERCAME THEM. BELOW IS A SHORT LIST OF WELL-KNOWN NAMES (IN THE WESTERN WORLD):

- Former First Lady Betty Ford: I have always admired her courage to be vulnerable in front of the world when she admitted she had an addiction problem ... It let all of us who were or came from families riddled with addiction, know that we were not alone and to acknowledge that all families have challenges. I believe she helped millions of people through the worst days of their lives and gave them hope," said actress Suzanne Somers. (July 8, 2011, By Bruce Fessier; desertsun.com: Betty Ford showed strength in admitting weakness for alcohol, pain medicine).
- Renowned Novelist Stephen King: Drug and alcohol addiction. Has been sober and clean for many years.
- Comedian-Actor the late Robin Williams: Was addicted to alcohol and drugs early in his career. Sobered-up in 1982 following the crushing news of his comedian friend John Belushi dying of a cocaine overdose. In 2006, he started drinking again. He promptly went to rehab on his own free will.
- Actor Mel Gibson: Shockingly, he began to drink at the age of 13. In 2006, he went into rehab following a DUI arrest.
- William Shatner (Captain Kirk from the original Star Trek Series): Was able to overcome alcoholism, staying sober till this day. Unfortunately, Nerine, his wife of 9 years, died from an alcohol and valium overdose, face down in their pool.
- Leonard Nimoy (First Officer Spock from the original Star Trek Series): The problem began when he got into the habit of having 2 glasses of wine as soon as the cameras stopped (the end of a long acting day). Fame and his character, playing the part of a straight-faced emotionless Vulcan were additional problems.

"I started drinking regularly, ritually, during the second or third year of our series ... The minute we finished the last

shot I would have a drink. Then it became a series of drinks, little by little. Before I knew it I was drinking more and more because my addictive personality was taking over," said Nimoy. (October 31, 2001, By Hugh Davies, Entertainment Correspondent; telegraph.co.uk: Star Trek drove me to drink, says Spock).

#### BELOW ARE QUOTES FROM THE PORN INDUSTRY, REGARDING ALCOHOL AND DRUG ABUSE:

- "The drugs we binged on were Ecstasy, Cocaine, Marijuana, Xanax, Valium, Vicodin and alcohol," said porn actress Erin Moore. (October 29, 2008, By Guest Author; covenanteyes.com: Ex-Porn Star Tells the Truth Part 2).
- "Guys are punching you in the face. You get ripped. Your insides can come out of you. It's never ending. You're viewed as an object-not as a human with a spirit. People do {alcohol and} drugs because they can't deal with the way they're being treated," said Tanya Burleson, formerly known as Jersey Jaxin. (ibid)
- "Porn stars have repeatedly admitted to being on pain killers, alcohol, or drugs to get through the scenes. This is because the scenes are often very painful and it's the only way they can get through them. Additionally, getting porn actors addicted to drugs or alcohol helps to keep them stuck in the industry as they depend on money and more drugs/alcohol. (July 9, 2014; pornenlightenment.com: The Dark Side of Porn).

The alcohol abuse and addiction problem is a worldwide phenomenon. Wherever alcohol can be manufactured and is consumed, this problem will exist, the magnitude of which depends on a multiple of variables. Even in countries where alcohol is illegal, we still find people with alcohol abuse related problems, most of which will be underground.

I hope this book has been helpful to you. If you suffer from an alcohol or drug problem please seek help immediately. It's very tough for a person to self-cure without the aid of others. If you believe in a higher deity, pray for a cure. Be aware that the cure for alcoholism and abuse is a daily matter. The battle will have to be fought every single day. Good luck.

BELOW ARE URLS AND ADDRESSES OF WEBSITES THAT ARE RELEVANT TO THE TOPIC OF THIS BOOK. WHAT IS WRITTEN ON THE RIGHT OF THE URL IS WHAT YOU TYPE IN THE SEARCH ENGINE. FOR BEST RESULTS, PLEASE USE YAHOO CANADA (ENGLISH):

## HELPFUL ORGANIZATIONS :

<http://www.aa.org/> Alcoholics Anonymous

<http://www.al-anon.org/> Welcome to Al-Anon Family Groups

<http://al-anon.org/for-alateen> Alateen: For Teens: Al-Anon/Alateen

<http://www.sossobriety.org/> Secular Organizations for Sobriety

<http://www.womenforsobriety.org/> Women for Sobriety

<http://www.recovery.org/topics/addiction-recovery-helplines/> Drug and Alcohol Recovery Hotlines: Toll Free (NOTE: U.S.A.)

<http://www.thegooddrugsguide.com/info/drug-helplines/alcohol-help-lines.htm>

24 Hour Drug Alcohol Helplines: The Good Drugs Guide (NOTE: U.S.A.)

<http://www.nih.gov/about/almanac/organization/NIAAA.htm> National Institute on Alcohol Abuse and Alcoholism (NIAAA)

<http://www.canadadrugrehab.ca/> Canadian Alcohol & Drug Rehabilitation Programs Centers

<http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/help-aide/get-help-obtenir-aide-eng.php> Get Help: Healthy Canadians

<http://www.drugandalcoholhelpline.ca/> Drug and Alcohol Helpline (NOTE: Ontario, Canada)

[www.drinkaware.co.uk/understand-your-drinking/is-your-drinking-a-problem/alcohol-support-services](http://www.drinkaware.co.uk/understand-your-drinking/is-your-drinking-a-problem/alcohol-support-services) Alcohol Support Services: Drinkaware U.K.

<http://www.supportline.org.uk/problems/alcohol.php> SupportLine: Problems: Alcohol Advice Support (NOTE: U.K.)

<http://www.drugs.ie/phone> National Helpline: Drug and Alcohol information: Drugs i.e. Phone (NOTE: U.K.)

<http://festeringfae.tumblr.com/hotlines> Helplines and Resources for those in Need

## DRUG ABUSE AND ADDICTION BASICS :

[www.medicalnewstoday.com>...>alcohol/addiction/illegaldrugs](http://www.medicalnewstoday.com/...>alcohol/addiction/illegaldrugs) What is Addiction? What Causes Addiction?

[www.everydayhealth.com/addiction/addiction-basics.aspx](http://www.everydayhealth.com/addiction/addiction-basics.aspx) Addiction Basics: EverydayHealth.com



[www.helpguide.org/harvard/how-addiction-hijacks-the-brain.htm](http://www.helpguide.org/harvard/how-addiction-hijacks-the-brain.htm)

Understanding Addiction: How Addiction Hijacks the Brain

[www.drugabuse.gov](http://www.drugabuse.gov) The Science of Drug Abuse and Addiction: The Basics

[www.psychologytoday.com/basics/addiction](http://www.psychologytoday.com/basics/addiction) Addiction: Psychology Today

[www.who.int](http://www.who.int) › [Health topics](#) WHO: Alcohol

#### ANCIENT EGYPTIAN GREEK ROMAN:

<http://thefoodblog.com.au/2009/07/of-arabic-origin-alcohol.html> Of Arabic

Origin – Alcohol- The Food Blog

<http://www.differencebetween.net/science/difference-between-ethanol-and-methanol/> Difference Between Ethanol and Methanol

<http://ancientegyptonline.co.uk/beer.html> Ancient Egypt Society: Beer

[http://www.thekeep.org/~kunoichi/kunoichi/themestream/egypt\\_alcohol.html](http://www.thekeep.org/~kunoichi/kunoichi/themestream/egypt_alcohol.html)

Ancient Egyptian Alcohol: Beer, Wine and the Festival of Drunkenness

<http://www.helleniccomserve.com/drinkingparties.html> The Drinking Parties:

Symposiums in Ancient Greece

<http://factsanddetails.com/world/cat56/sub369/item2070.html> WINE AND

DRUGS IN ANCIENT ROME: Facts and Details

#### ALCOHOL ADDICTION AND ABUSE BASICS:

[www.healthy Canadaians.gc.ca/...abuse-toxicomanie/alcohol.../index-eng.php](http://www.healthy Canadians.gc.ca/...abuse-toxicomanie/alcohol.../index-eng.php)

Alcohol Abuse: Healthy Canadians

[www.mayoclinic.org/diseases-conditions/alcohol-use-](http://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/basics/definition/con-200220866)

[disorder/basics/definition/con-200220866](http://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/basics/definition/con-200220866) Alcohol Use Disorder: Mayo Clinic

[www.healthline.com](http://www.healthline.com) › [Reference Library](#) Alcoholism: Causes Risk Factors

Symptoms

[www.helpguide.org/articles/addiction/alcoholism-and-alcohol-abuse.htm](http://www.helpguide.org/articles/addiction/alcoholism-and-alcohol-abuse.htm)

Alcoholism and Alcohol Abuse: Help Guide

[www.the-alcoholism-guide.org](http://www.the-alcoholism-guide.org) The Alcoholism Guide

<http://www.searidgealcoholrehab.com/stages-characteristics-alcoholism.php>

Stages and Characteristics of Alcoholism

[www.1011now.com/home/headlines/Date-Rape-Victim-Shares-Story-as-](http://www.1011now.com/home/headlines/Date-Rape-Victim-Shares-Story-as-Warning-to-Others-181284741.html)

[Warning-to-Others-181284741.html](http://www.1011now.com/home/headlines/Date-Rape-Victim-Shares-Story-as-Warning-to-Others-181284741.html) Date Rape Victim Shares Story As

Warning to Others

#### TREATING ALCOHOLISM:

<http://patient.info/doctor/cage-questionnaire> CAIGE Questionnaire: Doctor: Patient

[www.the-alcoholism-guide.org/alcohol-use-disorders-identification-test.html](http://www.the-alcoholism-guide.org/alcohol-use-disorders-identification-test.html) The Alcoholism-Guide: Alcohol Use Disorders Identification Test

<http://www.webmd.com/mental-health/addiction/understanding-alcohol-abuse-treatment> Treatment of Alcohol Abuse and Alcoholism: WebMD

<http://www.counselling-directory.org.uk/alcohol.html> Alcoholism Counselling: Counselling Directory

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<http://www.apa.org/helpcenter/alcohol-disorders.aspx> Understanding Alcohol Use Disorders & Their Treatment

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