SESSION 4
WHAT IS CHEMICAL DEPENDENCY?

OVERVIEW:
To provide factual information and dispel myths regarding chemical dependency. To discuss
signs and symptoms of chemical dependency, as well as, the stages of progression. The goal
of session 4 is to understand the effects of chemical dependency on the individual the family
and society.

ICEBREAKERS:

* The Situation Game
  Kindergarten - Parent
* Stop/Milk
  Kindergarten - Parent
* Count The F's
  Kindergarten - Parent

WORKSHEETS:

* Progression of Alcohol Consumption
  7th grade - Parent
* The Feeling Chart
  4th grade - Parent
* Parental Information Regarding
  Substance Abuse
  Parents
* Indications That Someone May
  Be Abusing Drugs
  4th grade - Parent
* About Alcoholism
  4th grade - Parent
* What is Co-Dependency
  High School - Parent
* Progression & Recovery
  High School - Parent

STORY:

* Mrs. Smith's Family
  Kindergarten - Parent
* An Affair
  High School - Parent
* An Open Letter To My Family
  High School - Parent

GAMES:

* I Agree/Disagree
  4th grade - Parents
* Stages
  7th grade - Parent

Building Awareness (BATS)
This is a game that will liven the group atmosphere. Have everyone whisper to the person on their right, "You are...(i.e. Batman, Brigitte Bardot, etc.)". Be creative! To the person on their left, they whisper, "You are in... (i.e. in the bathtub, on top of a flagpole, etc.). Next everybody finds new seats. Then they whisper to the person on their right, "You are wearing...", to the person on their left, they whisper, "You are doing...". Now each person tells the group who he/she is, where he/she is, what he/she is wearing and what he/she is doing. The results are hilarious.

Kindergarten - Parent
This ice breaker is a fun way of teaching the students not to listen to their peers. Instead to think about their own answer before acting. Be sure to point this out at the end of the exercise.

- Ask the group if they know how to spell stop or milk (only use one word at a time).
- Have the group spell the word together on the count of five times.
- After they have spelled the word together five times:

  If you used stop, ask: What do you do when the light turns red?

  If you used milk, ask: What do cows drink?

- They will usually answer go and water, which is incorrect.
COUNT THE F'S

FEATURE FILMS ARE THE RESULT OF YEARS OF SCIENTIFIC STUDY COMBINED WITH THE EXPERIENCE OF YEARS.

DIRECTIONS: Give each group member a handout & ask them to count the F's. Advise group to raise their hand when they know the answer.

GOAL: This exercise is an example of how people tend to overlook the obvious. This often happens in a family which is dealing with chemical dependency.

ANSWER: 6 F'S

Kindergarten - Parents
NON-DRINKER
SOCIAL DRINKING

Drinking to calm nerves.
Increase in alcohol tolerance.
Desire to continue drinking when others stop.
Uncomfortable in situation where there is no alcohol.
Relief drinking commences.
Occasional memory lapses after heavy drinking.
Preoccupation with alcohol (thinking about next drink).
Secret irritation when your drinking is discussed.

Lying about drinking.
Increasing frequency of relief drinking.
Hiding liquor; sneaking drinks.
Increasing dependence on alcohol.
Drinking bolstered with excuses.
Feeling guilty about drinking.
Increased memory blackouts.
Tremors & early morning drinks.
Promises & resolutions fall repeatedly.
Complete dishonesty.
Grandiose & aggressive behavior.
Loss of other interests/ unable to discuss problems.
Family, work & money problems.
Neglect of food/ controlled drinking fails.
Family & friends avoided; Drinking Alone-Secretly.
Possible Job Loss.

Radical Deterioration of family relationships.
Unreasonable resentments.
Physical & moral deterioration.
Loss of "will power" & onset of lengthy drunks.
Geographical escape attempted.
Persistent remorse.
Impaired thinking & memory loss.
Loss of family.
Decrease in alcohol tolerance.
Successive lengthy drunks.
Hospital/ Sanitarium.
Indefinable fears (paranoia).
Unable to initiate action; extreme indecisiveness.
Unable to work; obsession with drinking.
All alibis exhausted.
Complete abandonment: "I don't care".

ALCOHOLISM
CONTINUED INSANITY

Handout for discussion
7th grade - Parent
THE FEELING CHART

| PAIN | NORMAL | EUPHORIA |

Progression of the Disease

Phase 1: Learning the Mood Swing (Autonomic Learning)

Phase 2: Seeking the Mood Swing

Phase 3: Impaired Judgement/Dependent Life Style

Phase 4: Harmful Dependency
PARENTAL INFORMATION REGARDING SUBSTANCE ABUSE

The problem of Substance Abuse (alcohol, tobacco and other drugs) in the United States is critical and is getting worse. Illegal drug trafficking is growing at epidemic proportions.

SOME REASONS FOR SUBSTANCE ABUSE

- Peer Pressure - a way of being accepted by others.
- Curiosity - looking for new experiences.
- Feeling good.
- Escaping problems or reality.
- Relieving boredom.

SIX IMPORTANT FACTORS TO PREVENT SUBSTANCE ABUSE AMONG OUR CHILDREN

- COMMUNICATE openly with our children. Be interested in and take part in their activities. Speak frankly and listen when they speak.
- LEARN what the are doing and who their friends are. Know their problems before they take drugs and help them to look for solutions and positive alternatives.
- SHOW our children that we can ordinarily overcome the tensions of daily life without the use of drugs.
- SET A GOOD EXAMPLE by not abusing drugs or alcohol ourselves. We cannot expect our children to listen to warnings about drugs, if the misuse of alcohol and prescription medications is part of our daily lives.
- ASSESS THE FACTS about drugs. Your child could already know a great deal about drugs. Intimidation tactics that are established on incorrect warnings are not effective.

Handout for discussion: Parents
## Indications That Someone May Be Abusing Drugs

<table>
<thead>
<tr>
<th>Behavior Change</th>
<th>Physical Changes</th>
<th>Marijuana Effects</th>
<th>Stimulant Abuse</th>
<th>Depressant Abuse</th>
<th>Hallucinogen Abuse</th>
<th>P.C.P. Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Lying</td>
<td>1: Drastic weight loss or gain.</td>
<td>1: Bloodshot eyes.</td>
<td>1: Hypervigilant</td>
<td>1: Thick, slurred speech.</td>
<td>1: Unresponsive to requests, commands zombie-like demeanor.</td>
<td>1: Nystagmus (fluttering of the eyes).</td>
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<tr>
<td>2: Late for work continually</td>
<td>2: Radical change in clothing.</td>
<td>2: Dryness of mouth.</td>
<td>2: Bug-eyed</td>
<td>2: Sleepy.</td>
<td>2: Bug-eyed.</td>
<td>2: Gait Ataxia (moon walking).</td>
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<tr>
<td>4: Deviation from normal behavior</td>
<td>4: Slurred speech.</td>
<td>4: Pungent odor on hair, clothes, breath.</td>
<td>4: Can't sit still, fidgety.</td>
<td>4: Droopy eyelids.</td>
<td>4: Possible aggression.</td>
<td></td>
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<tr>
<td>5: Rapid mood swings: happy one minute &amp; depressed the next.</td>
<td>5: Listlessness.</td>
<td>5: Inappropriate laughter, smiling, fixation on inanimate objects,</td>
<td>5: Arrogant.</td>
<td>5: Lack of Energy.</td>
<td>5: Lack of Energy.</td>
<td></td>
</tr>
<tr>
<td>6: Lack of motivation.</td>
<td>6: Munchies.</td>
<td>6: Overly active.</td>
<td>6: Overly active.</td>
<td>6: Overly active.</td>
<td>6: Overly active.</td>
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<tr>
<td>7: Decrease in work/school output.</td>
<td></td>
<td>7: Overly confident.</td>
<td>7: Overly confident.</td>
<td>7: Overly confident.</td>
<td>7: Overly confident.</td>
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<td>8: Change in friends.</td>
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<tr>
<td>9: I don't care</td>
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<td>attitude.</td>
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</tbody>
</table>

Handout For 4th - Parents
ABOUT
ALCOHOLISM

EFFECTS ON THE FAMILY: The way alcoholics think and behave is not only harmful to themselves, it is also harmful to their family members individually, as well as to the family as a whole. The emotional upset caused by the alcoholic's drinking behavior makes everybody miserable and creates an unhealthy climate that strains the relationships which hold the family together.

SUSPICION: Family members are often suspicious of the alcoholic's actions, leading to frequent accusations and conflicts over whether or not he or she has been drinking. This chronic suspicion drives everyone crazy.

INSECURITY: Alcoholics become neglectful of their domestic duties and of the emotional needs of their family members. Also, drinking puts their jobs and financial security at risk. All this causes family members to feel insecure.

GUILT: Family members blame themselves for the drinking. They start believing that their own shortcomings are driving the alcoholic to drink and that everything would be fine if the could just be better people.

FEAR: Family members fear the unpredictable consequences of the drinking— the mood shifts, irritability, anger, sometimes even violence. They also fear matters will get worse and the family unit will disintegrate.

DISAPPOINTMENT: Family members are constantly being disappointed by broken promises and unfulfilled expectations. This is because alcoholics are frequently unable to live up to their commitments and obligations.

ISOLATION: Family members become isolated from one another by the unwritten rule against discussing the problem. Each is forced to find his or her own ways of coping with the pain and normal family communications break down.

EMBARRASSMENT: Embarrassment often causes family members to avoid attending events where drinking is likely to occur and to avoid bringing people into the house. It also prevents them from going outside the family to seek help.

RESENTMENT: As the alcohol dependency places more and more unfair demands on the family, members become angry and resentful. This puts a strain on their relationships and threatens to destroy the unity of the family.

Handout for discussion: 4th grade - Parents

SOURCE: Learn About Alcoholism
What Is Codependency?

Below are behaviors and characteristics of a person coping with a loved one who is abusing alcohol and/or other drugs. The first step to change is recognizing the behavior. The second step is changing one behavior at a time.

Handout for discussion (groups dealing with a chemical abuser):
High School - Parents

1. My good feelings about who I am stem from: being liked by you, receiving approval from you.
2. Your struggles affect my serenity. My mental attention focuses on solving your problems or relieving your pain.
3. My mental attention is focused on: pleasing you, protecting you, manipulating you to do it my way.
5. My own hobbies and interests are put aside. My time is spent sharing your interests and hobbies.
6. Your clothing, personal appearance and behavior is dictated by my desires, as I feel you are a reflection of me.
7. I am not aware of how I feel, I am aware of how you feel. I am not aware of what I want, I ask you what your want. If I am not aware, I assume.
8. The dreams I have for my future are linked to you.
9. My fear of rejection determines what I say or do.
10. I use giving as a way of feeling safe in our relationship.
11. My social circle diminishes as I involve myself with you.
12. I put my values aside in order to connect with you.
13. I value your opinion and way of doing things more than my own.
14. The quality of my life is in relation to the quality of yours.
Family Disease of Addiction
Progression & Recovery
MRS. SMITH'S FAMILY

Mrs. Smith has a husband and three children. Her husband works in an office downtown. He's angry and frustrated about his wife's drinking. He worries a lot that she may lose her job. He often calls the office where Mrs. Smith works to say that she has the flu and is too sick to come to work when she's really sick from drinking.

Mr. Smith has trouble concentrating at work. He keeps his trouble to himself because he'd feel ashamed if anyone found out about his wife's problem.

Tad is fourteen years old. He is an A student and he feels very responsible for what is happening at home. He feels like he always has to do everything right. Sandy, who is twelve years old, is an average student and is very quiet. She spends a lot of time in her room alone reading books. Pam, who is ten years old, acts rowdy, clowns around a lot, gets bad grades and is often in trouble at school.

The Smiths live in a large apartment, and they recently bought some expensive new furniture that is not yet paid for. Things are very tense at the Smith home. Everyone is nervous and scared, but they do not talk to one another about their feelings. They rarely eat or do other things together anymore. They all feel sad, guilty and very lonely.

1. How do you think Mrs. Smith's children feel about her drinking?
2. What does Tad's having to do everything right tell you about how he feels?
3. What does Sandy's staying in her room a lot tell you about how she feels?
4. What does Pam's acting rowdy, clowning around and getting into trouble at school tell you about how she feels?
5. How does Mr. Smith feel about his wife's drinking?
6. Why does Mr. Smith call Mrs. Smith's workplace to say she's sick and not talk to anyone about his troubles?
7. What do you think might happen to the children's school work and friendships because of Mrs. Smith's drinking?
8. How might Mr. Smith's worries affect his job?
9. How will Mrs. Smith's drinking affect her job?
10. If a family member has a drinking problem, what might happen to a families activities (i.e. meals, shopping, vacations).
11. Will Mrs. Smith have as much time for her family as she use too?
12. Where can the family get help?

- Read the story to the group and follow with the 12 questions.
- The story will help the students realize how one persons drinking affects the whole family.

Kindergarten - Parent

SOURCE: Johnston Institute, Learning How Chemical Dependence Affects the Family & Society.
AN AFFAIR

BY ROBERT L. RODGERS

DEAR ANN LANDERS: I FIRST MET HER IN HIGH SCHOOL. SHE WAS OLDER THAN I, AND EXCITING. SHE'D BEEN AROUND. MY PARENTS WARNED ME TO HAVE NOTHING TO DO WITH HER. THEY CLAIMED NO GOOD COULD COME FROM OUR RELATIONSHIP.

BUT I KEPT MEETING HER ON THE SLY. SHE WAS SO SOPHISTICATED AND WORLDLY. IT MADE ME FEEL GROWNUP JUST BEING WITH HER. IT WAS FUN TO TAKE HER TO A PARTY IN THOSE DAYS. SHE WAS ALMOST ALWAYS THE CENTER OF ATTENTION.

WE BEGAN SEEING MORE OF EACH OTHER AFTER I STARTED COLLEGE. WHEN I GOT A PLACE OF MY OWN, SHE WAS FREQUENT GUEST. IT WASN'T LONG BEFORE SHE MOVED IN WITH ME. IT MAY HAVE BEEN COMMON-LAW, BUT IT WAS HEARTBREAKING FOR MY PARENTS. I KEPT REMINDING MYSELF I WASN'T A KID ANYMORE. BESIDES, IT WAS LEGAL.

WE LIVED TOGETHER RIGHT THROUGH COLLEGE AND INTO MY EARLY DAYS IN BUSINESS. I SELDOM WENT ANYWHERE WITHOUT HER, BUT I WASN'T BLIND. I KNEW SHE WAS UNFAITHFUL TO ME. WHAT'S WORSE, I DIDN'T CARE. AS LONG AS SHE WAS THERE FOR ME WHEN I NEEDED HER (AND SHE ALWAYS WAS) IT DIDN'T MATTER.

THE LONGER WE LIVED TOGETHER, THE MORE ATTACHED I BECAME. BUT, IT WASN'T MUTUAL. SHE BEGAN TO DELIGHT IN MAKING ME LOOK FOOLISH IN FRONT OF MY FRIENDS. BUT, STILL I COULDN'T GIVE HER UP.

IT BECAME A LOVE/HATE RELATIONSHIP. I FIGURED OUT THAT HER GLAMOUR WAS NOTHING MORE THAN A CHEAP MASK TO HIDE HER SPITE AND CYNICISM. I COULDN'T ANY MORE SEE HER BEAUTY AFTER I CAME TO KNOW HER TRUE CHARACTER.

BUT OLD HABITS ARE HARD TO BREAK. WE HAD INVESTED MANY YEARS IN EACH OTHER. EVEN THOUGH MY RELATIONSHIP WITH HER MADE ME LOSE RESPECT FOR MYSELF, SHE HAD BECOME THE CENTER OF MY LIFE. WE DIDN'T GO ANYWHERE. WE DIDN'T DO ANYTHING. WE DIDN'T HAVE FRIENDS OVER. IT WAS JUST THE TWO OF US. I BECAME DEEPLY DEPRESSED AND KNEW THAT SHE WAS RESPONSIBLE FOR MY MISERY. I FINALLY TOLD HER I WAS LEAVING FOR GOOD. IT TOOK A LOT OF GUTS, BUT I LEFT.

I STILL SEE HER AROUND. SHE'S AS BEAUTIFUL AS WHEN WE MET. I STILL MISS HER NOW AND THEN. I'M NOT BOASTING WHEN I SAY SHE'D TAKE ME BACK IN A MINUTE. BUT BY THE GRACE OF GOD, I'LL NEVER TAKE UP WITH HER AGAIN.

IF YOU SEE HER, GIVE HER MY REGARDS. I DON'T HATE HER. I JUST LOVED HER TOO MUCH. CHANCES ARE YOU KNOW HER FAMILY. THE NAME IS ALCOHOL.

- Begin with the Continuum of Chemical Use role modeling exercise
- Read Ann Landers letter to the group.
- Continue with a discussion about Chemical Dependency.

SOURCE: ANN LANDERS

HIGH SCHOOL-PARENT
Handout for discussion. Use with high school and/or parent groups that are dealing with chemical dependency. The letter discusses common mistakes made by loved ones of a chemical abuser.

An Open Letter To My Family,

Don't allow me to lie to you and accept it for the truth, for in so doing, you encourage me to lie. The truth may be painful but get at it.

Don't let me outsmart you. This only teaches me to avoid responsibility and to lose respect for you at the same time.

Don't let me exploit you or take advantage of you. In so doing you become an accomplice to my evasion of responsibility.

Don't lecture me, moralize, scold, praise, blame, or argue when I'm drunk or sober. And don't pour out my liquor; you may feel better, but the situation will be worse.

Don't accept my promises. This is just my method of postponing pain. And don't keep switching agreements. If an agreement is made, stick to it.

Don't lose your temper with me. It will destroy you and any possibility of helping me.

Don't allow your anxiety for me to compel you to do what I must do for myself.

Don't cover up the consequences of my drinking. It reduces the crisis but perpetuates the illness.

Above all, don't run away from reality as I do. Alcoholism, my illness, gets worse as my drinking continues. Start now to learn to understand and to plan for my recovery. I need help from a doctor, a counselor, a recovered alcoholic— I cannot help myself.

I hate myself, but I love you. To do nothing is the worst choice you can make for me.

PLEASE HELP ME!

With Love,

Your Alcoholic
I AGREE/DISAGREE

This activity addresses myths, attitudes and knowledge of substance abuse.

DIRECTIONS:

- Have group member form a straight line in the middle of the room.
- Read statement (listed below).
- Instruct group members to step to the left of the room if they agree, or step to the right of the room if they disagree.
- To maintain control, have members form lines at all times.
- Begin discussion, asking each member why they choose their answer.

4th grade - Parents

1. Drug abuse is a problem that affects only the user. **False** (each substance abuse effects approximately 8 people, including: friends, family, work and school).

2. There are certain symptoms to warn a person that their drinking may be leading to alcoholism. **True** (increased drinking, increased tolerance, blackouts, drinking alone, effects on family and responsibility, change in behavior, need to drink).

3. Because it's a stimulant, alcohol tends to pep a person up. **False** (alcohol depresses the physical system, eventually the person will pass out).

4. Marijuana is a safe drug. **False** (it causes memory loss, cancer, respiratory problems, infertility, stunts growth).

5. PCP (Phencyclidine) is the most unpredictable drug on the streets today. Users often act violent and out of control. **True** (PCP is a veterinary tranquilizer, it causes severe depression, anxiety and aggression).

6. Some problems caused by cocaine abuse are anxiety, paranoia and extreme depression. **True** (Cocaine is a stimulant that speeds up the physical system which
causes anxiety and paranoia. When the drug wears off, the person experiences depression. With every high, comes a low).

7. Only minority and low income individuals become alcoholics and drug addicts.  
   _False_ (Tobacco, alcohol & other drug abuse crosses all economic and ethnic groups).

8. Drugs and alcohol take away a person’s problems.  _False_ (the person experiences relief while under the influence, but has more problems when the drug wears off).

9. Using drugs and alcohol while pregnant does not effect the baby.  _False_ (Tobacco, alcohol and other drugs can cause severe birth defects. The baby receives everything that passes through the mother’s body).

10. Drunk driving is the leading cause of death among teenagers.  _True_ (Although teen violence is on the rise, drunk driving is a major killer).

11. 15-20 million children in the US. live with a parent using drugs.  _True_ (This number is also rising).

12. Children of alcoholics or addicts _do not_ run a higher risk of becoming alcoholic/addicts themselves.  _False_ (COA’s run a high risk genetically as well as from their environmental norms).

13. You cannot be addicted to drugs or alcohol if you only use on weekends.  
   _False_ (Addiction is based on many factors such as: tolerance, amount, behavior change, change in responsibility, times a person drinks/uses and consequences of use).

14. If a person is not physically addicted, they have nothing to worry about.  _False_  
   (Some drugs are not physically addictive, meaning there aren’t physical withdrawal symptoms. Psychological addiction accounts for 90% of the addiction in all drugs, this is extremely difficult to overcome).

15. Alcoholism and drug addiction can be effectively treated.  _True_ (Hundreds of thousands of alcoholics and drug addicts are living sober, successful and happy lives as a result of treatment).
Stages

✓ Conduct the Continuum of Use list (explained below).
✓ Cut signs and symptoms list on next page into strips (each strip will include one sentence). Place strips, sentence side down, in pile.
✓ Have group discuss the stages of Chemical Dependency (early, middle & late).
✓ Break the group into two teams.
✓ Team A will pick a slip of paper from the pile. They will decide which stage the sign or symptom best fits. If the answer is correct they receive 1 point. Use The Progression of Alcohol Consumption handout as a guide for the correct answer.
✓ Proceed with Team B2 picking a slip of paper from the pile.
✓ The game continues alternating turns, until all stages have been identified.

7th grade - Parent

Nonuse

Misuse
Experimentation

Misuse
Social Drinking

Abuse
Heavy Drinking

Addiction
Alcoholism

Continuum of Chemical

This is an exercise to illustrate the continuum of chemical use. Students are interviewed and placed in a straight line, to show the progression in substance use.

Points to remember

✓ The 3 gate way drugs (the order in which most people begin) are tobacco, alcohol & marijuana.
✓ The younger a person begins using any drug, the faster addiction sets in. The difference between beginning in adolescence vs. adulthood, is addiction develops in months instead of years. The reason is the physical maturity.
✓ Once a person is abusively using any drug, emotional maturity stops.
✓ Begin by selecting a student, place him/her at the beginning of the line. Interview the student about their attitudes toward drugs. State that physical and emotional health is important to this student. He/she chooses not to use drugs for this reason. Ask the student what they do for fun. This student doesn't need drugs to be cool or have a good time.
✓ Choose another student, interview accordingly. This student will represent the experimenting stage. They may have been influenced by peers or curious.

✓ The next student will represent heavy/abusive use. Interview the student accordingly. Explain how this student begins to suffer consequences as a result of his/her use. He/she will minimize the amount and results of their use. People close to them will be affected as the result of their use. This stage is leading into addiction. You may discuss with the group other consequences that may happen to this person.
✓ The last student in the continuum is the addicted person. Interview accordingly. Explain how drugs are in control of this person's life. At this point intervention is required. The consequences can be disastrous.
✓ The continuum should help the students recognize how usually drug use begins with minimal consequence but increases into a major problem. Most people use drugs for fun and to reduce stress, they do not realize where their use will lead them to.
STATEMENTS FOR STAGES GAME

- Drinking to calm nerves.
- Increase in alcohol tolerance.
- Desire to continue drinking when others stop.
- Uncomfortable in situation where there is no alcohol.
- Relief drinking commences.
- Occasional memory lapses after heavy drinking.
- Preoccupation with alcohol (thinking about next drink).
- Secret irritation when your drinking is discussed.
- Lying about drinking.
- Increasing frequency of relief drinking.
- Hiding liquor: sneaking drinks.
- Increasing dependence on alcohol.
- Drinking bolstered with excuses.
- Feeling guilty about drinking.
- Increased memory blackouts.
- Tremors and early morning drinks.
- Promises and resolutions fail repeatedly.
- Complete dishonesty.
- Grandiose and aggressive behavior.
- Loss of other interests unable to discuss problems.
- Family, work and money problems.
- Neglect of food/controlled drinking fails.
- Family and friends avoided; Drinking alone- Secretly.
- Possible job loss.
- Radical deterioration of family relationships.
- Unreasonable resentments.
- Physical and moral deterioration.
- Loss of "will power" and onset of lengthy drunks.
- Urgent need for morning drink.
- Geographical escape attempted.
- Persistent remorse.
- Impaired thinking and memory loss.
- Loss of family.
- Decrease in alcohol tolerance.
- Successive lengthy drunks.
- Hospital/Sanitarium.
- Indefinable fears (paranoia).
- Unable to initiate action; extreme indecisiveness.
- Unable to work; obsession with drinking.
- All alibis exhausted.
- Complete abandonment: "I don't care".