

Holmes's Complete Guide To Stop Drinking Alcohol

**The Easy, Mindful
& Pain-free way**

Mark Holmes



This edition is published in 2021 by Addiction Help Agency Ltd.,
2 Frederick Street, Kings Cross, London, WC1X 0ND, UK.

www.addictionhelp.agency

Copyright © 2021 Mark Holmes

The right of Mark Holmes to be identified as author of this Work has been asserted by him in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988. "Holmes's Complete Guide" is a trademark of Addiction Help Agency Ltd.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, copied in any form or by any means, electronic, mechanical, photocopying, recording or otherwise transmitted without written permission from the publisher.

Disclaimer

This book is a general educational health-related information product. The information contained in this book is not intended to replace the services of trained health professionals or be a substitute for medical advice. You are advised to consult with your health care professional with regards to matters relating to your health, and in particular regarding matters relating to diagnosis or medical attention. The publisher and author are not responsible for any adverse effects or consequences resulting from the use of any of the suggestions, or procedures discussed in this book. While all attempts have been made to verify information provided in this book, the author and publisher assume no responsibility for errors, omissions, or contrary interpretation of the subject matter herein.

ISBN: 9798527919226

To:

Allen Carr
The most inspiring *coach*

Dr. Aaron Beck M.D.
The most inspiring *psychiatrist* on Cognitive Behavioral Therapy

Dr. Kirk Warren Brown
The most inspiring *academic* on Mindfulness research

And last but not least,

Sir Arthur Conan Doyle
The most inspiring mystery writer that ever was

Without all of whom
this book could not have been written.

Table of Contents

Introduction	xi
<i>Chapter 1.....</i>	<i>1</i>
The Suspect?.....	1
Morning Has Broken.....	2
<i>Chapter 2.....</i>	<i>15</i>
Symptoms & Diagnosis.....	15
C.A.G.E. Questionnaire.....	16
The Michigan Alcoholism Screening Test	18
Short Inventory of Problems	20
Diagnostic and Statistical Manual of Mental Disorders	22
Reflecting on your Self-Assessments	24
Alcohol Biomarkers	27
The Counselling Contract	28
Self-Monitoring.....	29
<i>Chapter 3.....</i>	<i>37</i>
His First Drink; The Murder Weapon	37
<i>Chapter 4.....</i>	<i>53</i>
Synthesis & Analysis.....	53
Alcohol Drinking Analysis Report	55
Unique Female Characteristics of Drinking Alcohol.....	59
Drinking Alcohol Reduction & Meditation Development Plan....	69
<i>Chapter 5.....</i>	<i>81</i>
The College Years: Training to Excess	81
Mediators of Binge Drinking Alcohol.....	86

<i>Chapter 6</i>	93
From Mindlessness to Mindfulness	93
The Mindful Attention Awareness Scale (MAAS).....	95
Meditation	98
The Five Obstacles To Meditation	101
The Anapanasati Sutra	106
<i>Chapter 7</i>	115
Drinking to Sexcess	115
What Really Turns Women On.....	117
<i>Chapter 8</i>	125
Inside Your Thoughts	125
Penn Alcohol Craving Scale	126
The ABC Model.....	139
The Cognitive-Behavioral Model	143
The Downward Arrow Technique	145
The Dysfunctional Attitudes Scale	145
The Three C's Approach.....	150
The Automatic Thoughts Questionnaire	150
Alcohol Chain of Behavior.....	153
Strategies to Manage Triggers.....	160
<i>Chapter 9</i>	173
Reward or Relief?	173
Alternative Positive Effects.....	180
101 Alternative Activities To Drinking Alcohol.....	184
Does alcohol relieve stress?	187
<i>Chapter 10</i>	197
Thought Surgery	197
Techniques To Enhance Meta-cognition	202
Analysing the causes of urges and cravings	207
Cognitive Distortion Dispute Tools	213

<i>Chapter 11</i>	221
Miami Mid-Life Vice	221
The Age Associated Risk of Drinking Alcohol	224
Rosenberg's Self-Esteem Scale	229
The Six Pillars of Self-Esteem.....	230
Self-Compassion Scale	248
The Positive Psychology Movement	252
Character Strengths and Virtues.....	253
<i>Chapter 12</i>	261
Food for thought	261
Recovery Diet.....	264
Recommended Daily Allowances.....	265
Recovery Fitness.....	272
<i>Chapter 13</i>	281
Anger Management	281
Anger Expression Inventory (AEI)	288
A.W.A.R.E.....	294
The Guest House.....	295
<i>Chapter 14</i>	303
"Are you lonesome tonight?"	303
The UCLA Loneliness Scale.....	305
<i>Chapter 15</i>	317
On One's Last Legs	317
The Pittsburgh Sleep Quality Index	319
Effects of Alcohol Use and Cessation on Sleep.....	325
Alcohol Withdrawal Syndrome (AWS).....	326
<i>Chapter 16</i>	339
Conclusion	339
Moz's Top 10 Break-out Tips	340
The Worst Last Night of Your Life	346

Afterword	348
Recommended Recovered Reading	351
Appendix	353
MAST SCORING - Analysis of Responses.....	353
Part 1 - SIP Scoring Sheet	355
Part 2 - SIP Profile Scoring Sheet.....	357
About the Author.....	359

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

Epigraph

*"It isn't that they can't see the solution. It is that they can't see the problem." G. K. Chesterton, *The Scandal of Father Brown* (1935)*

"It is the act of an ill-instructed man to blame others for his own bad condition; it is the act of one who has begun to be instructed, to lay the blame on himself; and of one whose instruction is completed, neither to blame another, nor himself." - Epictetus.

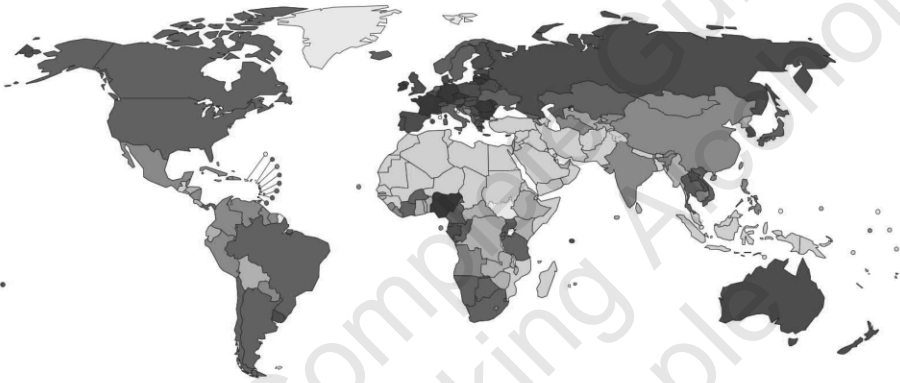
"Most of us are just about as happy as we make up our minds to be." - Abraham Lincoln

"I saw that all the things I feared, and which feared me had nothing good or bad in them save insofar as the mind was affected by them" - Spinoza

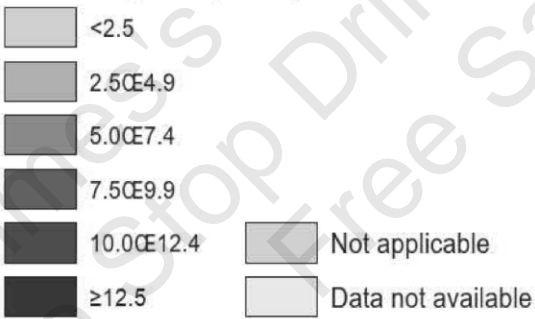
"There's nothing good or bad but thinking makes it so" - Hamlet

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom." - Viktor Frankl

Alcohol per capita consumption (APC) (15+ years; in litres of pure alcohol), 2016



Consumption (litres)



Global status report on alcohol and health 2018.
Geneva: World Health Organization; 2018.

Introduction

ROLL UP, ROLL UP! ISN'T IT A BEAUTIFUL DAY? Isn't this the brightest, happiest day you have ever had in your life? It will be. The answer is right here, right now and that is a good enough reason alone to celebrate!

You have in your hands **Holmes's Complete Guide To Stop Drinking Alcohol *the Easy, Mindful and Pain-free Way*** and I promise it will be exactly that: Easy, Mindful and Pain-free. As long as you promise me three things: One, you are going to keep an open mind about *learning* a new way; Two, follow all the instructions here; And three, trust and believe that you *can* do this. I know you *can* because I *did* it!

We are going to have fun exploring some interesting mysteries and misconceptions about drinking alcohol, so if you were expecting some boring, dour and miserable recantation of why alcohol is bad for you, and how many people it kills each year, with a few slaps on the wrist added in for good measure (!) you've come to the wrong place!

You already *know* why alcohol is bad for you. But the mystery is since you know so well why it is bad for you, why do you keep on doing it? Followed by, why do you keep on trying to quit and failing? This seems like the ultimate mystery that perhaps only the great Sherlock Holmes can solve! I will start by saying you will be relieved to know that it doesn't mean you're weak or lack willpower.

On the *contrary!* You have *tremendous* willpower and will no doubt have proved this on more than one occasion in the past with an abstention from alcohol for varying periods, days, months, even years,

but you obviously haven't been able to find a permanent solution. And for good reason.

I was exactly where you are right now. I had managed to stop drinking once for a month without any help whatsoever. That was hell.

So, I tried AA, but I just couldn't face the idea of standing up in front of everyone and calling myself an alcoholic for the rest of my life. I also couldn't accept that I was different to everyone else and had a 'disease' called alcoholism because I was different in some way to 'normal' people. I also couldn't accept that I needed a *higher power* to abstain and that even then I couldn't be cured.

Then I tried Allen Carr's method and realized I wasn't born with an incurable disease after all and managed to abstain for three months, which felt fantastic, but I still returned to drinking. It wasn't the 'Complete' way that ***Holmes's Complete Guide*** is because, I learnt from Aaron T. Beck's *Cognitive-Behavioral Therapy* (CBT) theory, that I needed to understand my *own* thoughts, feelings and emotions and cravings and triggers for a *permanent* cure, which is why I wrote this book.

Sadly, Allen Carr takes a somewhat cookie-cutter or one-size fits all approach. He offers no activities with self-assessment tools, such as the many offered here, which differentiate people's thoughts, feelings and experiences and allow *individualized* reflection. He also does not claim to use any recognized therapeutic model nor base his theories on much scientific research, as we do here and fully-referenced so you can check the facts *yourself*.

Holmes's Complete Guide is inspired by Cognitive-behavioral therapy (CBT) and if you don't know anything about counselling it is important to help you understand a few of the basics here. There are many different forms of counselling, such as Humanistic, Integrative or Psychodynamic therapy, which may involve years of psychoanalysis to find a 'solution', but CBT is different because it is a *short-term* and *goal-oriented* counselling technique. It was pioneered by Dr. Aaron T. Beck, a Yale-educated former Psychoanalyst, in the 1960s, while he was a psychiatrist at the University of Pennsylvania. Cognitive-Behavioral Therapy is *Cognitive*, derived from the Latin for *thinking*, and *Behavioral* meaning it is based on our actions, and consciously attempts to identify the *learnt* links between the two, to facilitate *unlearning*, and new learning.

Dr. Beck explained, "The philosophical origins of cognitive therapy can be traced back to the Stoic philosophers, particularly Zeno of Citium (fourth century B.C.), Chrysippus, Cicero [sic.], Seneca, Epictetus, and Marcus Aurelius." ¹ In the first century Epictetus famously said, "Men are disturbed not by the things which happen, but by the opinions about the things." ²

And Dr. Beck quoted Spinoza: "I saw that all the things I feared, and which feared me had nothing good or bad in them save insofar as the mind was affected by them" ³

So how does it work?

Cognitive Behavioral Therapy aims to empower you with the tools you need to control your own thoughts and emotions and be aware that when these are created by 'wrong thinking' their effects may lead to irrational behavior.

"CBT builds a set of skills that enables an individual to be aware of thoughts and emotions; identify how situations, thoughts, and behaviors influence emotions; and improve feelings by changing dysfunctional thoughts and behaviors. The process of CBT skill acquisition is collaborative. Skill acquisition and homework assignments are what set CBT apart from 'talk therapies.'" ⁴

Holmes's Complete Guide is CBT inspired because it provides the tools and guidance to help you to explore your own thoughts, feelings and experiences to identify what is leading you to take actions you sometimes may not desire.

It will give you the most up-to-date, honest and unbiased research about drinking alcohol. For example, research suggesting drinking alcohol is the best way of making friends at university; research showing that the AA is more effective than CBT, the method which inspired this book (don't worry, CBT is a lot easier but you be the judge!); I'll even show you research suggesting that sex is better when drinking alcohol (don't worry, it isn't, but I will let you make your own mind up after reading the counter-research!)

If you like finding out more about yourself through quizzes I have searched high and low to include the most famous, validated and tested, leading psychological questionnaires in the world on topics ranging from drinking alcohol to sleep patterns, anger to anxiety and depression, and mindfulness to dysfunctional beliefs, so you can test yourself, and even more importantly, give you the answers! CBT has been proven to be an equally effective self-help technique so you can work independently or discuss the results with your therapist or medical professional using this book as part of your cessation program.

This book includes a structured alcohol reduction program and mindfulness development program to stop drinking alcohol easily, mindfully and painlessly with detailed examples and illustrations. There are clear goals at the start of every chapter to focus learning, and a summary of the essential points at the end of every chapter to reinforce learning.

Later chapters relate to Relapse Prevention using the famous H.A.L.T. acronym incorporating detailed research and diagnostic questionnaires on **Hunger, Anger, Loneliness and Tiredness** which are essential to securing permanent cessation.

It is perfectly natural to be skeptical, but even a stoic would have to ask themselves, what do I stand to lose by not giving it a try, never mind, what do I stand to gain?

When you have completed this program you will be:

- Aware and fully informed of the latest research on alcohol.
- Insightful of your own triggers, automatic thoughts, intermediate beliefs and core beliefs.
- Able to stop drinking alcohol easily, mindfully and painlessly.
- Empowered to lead a clean, happy and sober life permanently.

Finally, all of the quit drinking books that claim alcohol is a depressant are *wrong*. This book contains the latest and most up-to-date research which offers a radical alternative to the public perception of the nature of drinking. This is no less than a *revolution* in alcohol awareness.

This book is called ***Holmes's Complete Guide*** because it combines four key elements:

- 1) Cognitive Behavior Therapy, a proven therapeutic methodology that has helped millions of former addicts conquer their addiction.
- 2) A bibliotherapy interspersed with a fun Sherlock Holmes investigative narrative.
- 3) Ancient secular, and non-secular, Meditation Techniques
- 4) Fully sourced with over 300+ academic references

Finally, this book reflects my own success overcoming alcoholism permanently using this method.

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

¹ Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy of Depression*. New York: Guilford Press

² *The Discourses of Epictetus, with the Encheridion and Fragments*. Epictetus. George Long. translator. London. George Bell and Sons. 1890.

³ Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.P.156

⁴ Cully, J.A., & Teten, A.L. 2008. *A Therapist's Guide to Brief Cognitive Behavioral Therapy*. Department of Veterans Affairs South Central MIRECC, Houston

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

Chapter 1

The Suspect?

"From a drop of water," said the writer, "a logician could infer the possibility of an Atlantic or a Niagara without having seen or heard of one or the other. So all life is a great chain, the nature of which is known whenever we are shown a single link of it."
- Sir Arthur Conan Doyle; *A Study in Scarlet*

GOALS

- To examine the effects of drinking alcohol before consumption begins.
- To explore the link between exposure to drinking alcohol in movies and alcohol consumption in teens.
- To understand the influence of popular music on drinking alcohol
- To determine the link between children viewing TV commercials and excess risk of drinking alcohol
- To determine the cultural norms of drinking alcohol

We have our suspect and we shall apply Sherlock Holmes' science of deduction and analysis to examine every single observation, however great or small, we can make of him, and from the detail, bottom up so-to-speak, induce our hypothesis based on these observables to explain why he committed the crime. What is the crime? Why no less

than poisoning himself to death, of course, but we shall come to that later.

Using the biblical measure of three score and ten, or around seventy years, we shall put our suspect's life under the microscope by arbitrarily dividing it into the morning, 6am – 12pm, [0-24 years old], afternoon, 12pm to 6pm, [25-49 years old], and evening, 6pm to 3am [50 – 74 years old] and look for clues in each relayed in key incidents. This artifice, age and gender, by the way, is like a skeleton to dress our mannikin of a suspect who could be any age or gender. You will know our subject far better than I as you collect data on 'him', which I shall use to represent 'him' or 'her' out of generosity to the fairer sex, because we haven't proved they committed any crime... yet! Get your magnifying glass out to look for clues as we search the story of 'his' life because you may find parallels in your *own*.

Morning Has Broken

"The world is full of obvious things which nobody by any chance ever observes."

- Sherlock Holmes; The Hound of the Baskervilles

Let us begin with the circumstances of our suspect's birth and see if we can spot any pattern in the key events that follow which may explain why anyone would want to try to drink a poisonous substance like *alcohol* which can kill them, before they've even *tasted* it?

"As noted in the Ninth Special Report to the U.S. Congress on Alcohol and Health (NIAAA 1997), expectations about alcohol's effects begin developing early in life, even before a person drinks any alcohol (Zucker et al. 1995)." ¹

Moriarty, (why not!), was born in London in the late swinging sixties, 24th June 1968, bang in the middle years of Generation X to Alan, a theatrical agent, and Ann, a housewife. They always affectionately called him "Moz". Neither of them ever drank alcohol. This may appear to immediately rule out the parents as a potential *partner-in-crime* which research suggests otherwise could be a link:

*"The data suggest that observation of adult behavior, especially parental behavior, may influence preschool children to view smoking and drinking as appropriate or normative in social situations. These perceptions may relate to behaviors adopted later in life."*²

Alan's father and mother never drank alcohol either, but Ann's father was a violent alcoholic, who beat her mother, and was demoted from the rank of Sergeant in the Second World War for an alcohol-related offence. Could the *maternal effect*³ in genetics be relevant here, in terms of Moz's phenotype being determined by Ann's genotype? Particularly when maternal effect mutations typically involve examining the phenotype of the organisms one generation later? It is curious to purely speculate, of course, like Sherlock Holmes might.

There was no internet when Moz was born. It seems impossible to imagine a world without it now. Music was swapping continents. An American band with "*Best of the Beach Boys*" was top of the charts over here, ironically, and across the pond, a British band, *The Beatles* were having a huge hit with their psychedelic album "*Sergeant Pepper's Lonely Hearts Club Band*". There were only three TV channels in the UK, and the BBC and ITV had just started regularly broadcasting in color.

Moz's favorite TV show when he was eight-years old was the BBC's Saturday-morning *The Multicoloured Swapshop* (1976) hosted by Noel Edmonds, based on the idea of trading toys over the television like a primitive *eBay*! Nothing to do with drinking alcohol, or

maybe it is? They'd list toys and ring up kids *live* to see if they wanted to swap, which made television seem so much more *real* to him.

The research suggests that kids in primary or elementary school, like Moz at this time, have negative views of people who drink alcohol:

"Children in the early years of elementary school are apt to have mostly negative alcohol-related associations, describing drinkers with words such as "sleepy," "dizzy," "goofy," and "rude" (Dunn and Goldman 1998)." 4

When Moz was eleven, he went to the cinema to see *Moonraker* (1979) starring Roger Moore as James Bond, with his famous *Dry Martini* catchline, "shaken, not stirred", saving the day, as always, in this his *eleventh* international blockbuster in almost as many years. Although, in this movie, rather than Martini, Bond celebrates his success at saving the world in the climax by sharing *champagne* with a beautiful woman in a brief three-minute scene in a luxurious bed.

In the first study of 10 - 14-year-olds to examine whether there is a causal relationship between exposure to alcohol in movies and influence on the start of teenage alcohol drinking, exposed to only an average of a 2 ½ minute scene involving alcohol, researchers found evidence of a moderate effect.

"This study provides the first evidence for an association between exposure to movie alcohol use and early-onset teen drinking. The association is moderate in effect size."

5

American 'frat-house' movies celebrating wild alcohol-fueled college parties also started to hit British cinema screens at this time, like *Animal House* (1978), *Porkies* (1981) and to a lesser extent, the post-college, *St. Elmo's Fire* (1985). Although they were age-restricted at

the cinema, they were easily available from VHS Rental shops, which were common by the time Moz was a teenager.

There is research evidence of a link between the amount of exposure to movies featuring drinking alcohol and the start of adolescent drinking in secret and binge drinking:

*"In the study by Hanewinkel and Sargent (2008), there was a dose-response relationship between hours of movie alcohol exposure and initiation of drinking without parental knowledge and binge drinking, steeper for low hours of exposure than higher...The study by Sargent et al. (2006) found a linear association between movie exposure portraying alcohol use and onset of alcohol use from zero incidence at zero exposure to an incidence of 20% when exposure reached 11 h."*⁶

Moz lived inside movies when he could, his father was always away and his mother uncommunicative, and when he couldn't he was listening to music or reading.

Moz's favourite songs around this time were: *Don't Give Up On Us* (1976) by David Soul; *I Don't Like Mondays* (1979) by the Boomtown Rats, led by singer Bob Geldof, who later became famous for organizing *Live Aid*, more shortly, and *View from a Bridge* (1982) by Kim Wilde, who he had a crush on! (Are there any *clues* there?)

Research has shown that British adolescents listen to music 2.45 hours a day.⁷

In a fascinating study, all the top songs in one year were studied to determine how many were about drinking alcohol, about a quarter (23.7%), and why people were using this substance, the most common being peer/social pressure with almost a half citing this (48%):

*"In the 93 songs with substance use, it was most often motivated by peer/social pressure (45 [48%]) or sex (28 [30%]); use was commonly associated with partying (50 [54%]), sex (43 [46%]), violence (27 [29%]), and/or humor (22 [24%])."*⁸

The study analyzed which type of music was associated with which motivation.

*"Sexual motivations were most common in R & B/hip-hop and rap songs. Mood management as a motivation was highest in rock, pop, and country songs. Financial motivations were highest in rap and R & B/hip-hop songs, and addiction/craving was most commonly portrayed in rock songs."*⁹

Finally, the study examined the consequences of substance use in the songs, positive versus negative, and they were predominantly positive (68%), specifically with more positive social consequences (48%), more positive sexual consequences (32%) and more positive emotional consequences (15%).

"Overall, of the 93 songs with substance use, 15 (16%) portrayed more negative than positive consequences, whereas 63 (68%) contained more positive than negative consequences. In almost half (45 [48%]) of the songs, the social consequences were positive, compared with only 7 (8%) in which consequences were negative. Sexual (30 [32%] vs 2 [2%]), emotional (14 [15%] vs 5 [5%]), and financial (22 [24%] vs 0) consequences were also more likely to be positive than negative. In contrast, legal (0 vs 8 [9%]) consequences were more likely to be negative than positive. Mental consequences were no

more likely to be positive than negative (6 [7%] vs 8 [9%]), as were physical consequences (5 [5%] vs 10 [11%]).”¹⁰

Moz's favourite books were all American but can you spot any other common theme, or clues, among them: J.D. Salinger's *Catcher in the Rye* (1951) about Holden who finally smokes and drinks alcohol as a 'way out'; Jack Kerouac's *On The Road* (1957) about chasing girls, smoking drugs and drinking late into the night; Charles Bukowski's *Factotum* (1975) about an unemployed smoking alcoholic drifter; and Stephen King's *The Shining* (1980) about an alcoholic caretaker. Three quarters of these authors, except perhaps for Salinger, were alcoholics themselves.

In 1984, Moz was sixteen when he took his 'O' level exams and his teachers and parents couldn't believe how well he'd done, coming in the top 5% of the Year group. He hadn't told any of them he'd revised so hard because it was his dream to be a pilot, for fear of breaking the spell.

In 1985, Moz was seventeen when Bob Geldof's 17-hour *Live Aid* concert for Africa took place in London and Philadelphia and was shown live on TV. Phil Collins sang live in both places by flying Concorde between the venues, even if it was the same song 'In the air tonight' sung twice, he can be excused because he was in the air a lot that night(!) (like Moz wanted to be!)

Many singers/musicians, at the height of their careers on stage that night, are on record as having an Alcohol Use Disorder including Elton John, Francis Rossi of Status Quo, Santana, Darryl McDaniels of Run DMC, Brian Wilson of the Beach Boys, Keith Richards of the Stones, David Bowie, John Taylor of Duran Duran, Adam Clayton of U2, Pete Townshend of the Who, Tom Petty, Neil Young and Eric Clapton.

Castlemaine's XXXX beer commercials were also being shown on ITV that year. One showed a van being overloaded with crates of XXXX beer and when one man suggests 'Something for the ladies?'

the other orders two bottles of 'sweet sherry', but when they are placed on the overloaded van it collapses. The man states "Looks like we overdid it with the Sherry!" Followed by the voice-over, "Australians wouldn't give a Castlemaine four X for anything else.'

This is a funny ad and research suggests that adolescents are influenced by how much they like the humour in beer advertising:

*"Amongst 10 to 17-year-olds, the perceived likeability of beer advertisements is a function of the positive affective responses evoked by the specific elements featured in the advertisements. Liking of specific elements featured in beer advertisements, such as humour, animation and popular music, significantly contribute to the overall likeability of these advertisements and subsequently to advertising effectiveness indicated by an intent to purchase the product and brand promoted by the advertisements (Chen et al., 2005)."*¹¹

The following year two brothers called Charles and Maurice Saatchi changed history with their famous "Labour isn't working" poster showing a long queue outside the Job Centre, which brought Margaret Thatcher to power for the first time. Some maintained that this advertising didn't make a difference to the outcome, but Saatchi and Saatchi quickly grew to become the biggest Advertising Agency in the world.

Although cigarette advertising had been banned on TV in 1965 - strange if advertising doesn't make a difference - Hamlet were still advertising their cigars on TV in 1986. In one, the mature man's date strokes his hair as he leans forward, and pulls off his wig over his drink. Cut to the jazz band playing Bach's Air on the G String and the man smoking a Hamlet Cigar alone with a relaxed smile on his face and the slogan "Happiness is a cigar called Hamlet."

That same year, the most famous commercial on TV was for Cinzano Bianco starring Leonard Rossiter, a famous British TV comic

actor at the time. He apologizes to Joan Collins, the famous sexy and glamorous actress, sitting next to him on a plane for almost spilling her *Cinzano Bianco*, only to tap the arm of her chair, making her seat recline, and causing her to spill it all over herself. "Getting your head down, sweetie," he says, "Jolly good idea."

This has all happened before Moz's 18th birthday, before Moz has even tried an alcoholic drink. The question is wouldn't this be enough to make anyone want to at least *try* an alcoholic drink, particularly if it was suddenly legal for you to do so in the UK at this age? In America, the legal age is 21, but the point remains.

Frankly, why would advertisers spend millions if it didn't make any difference, and research supports a direct relationship between alcohol advertisements and alcohol use:

*"A one standard deviation increase in viewing television programs containing alcohol commercials in seventh grade was associated with an excess risk of beer use (44%), wine/liquor use (34%), and 3-drink episodes (26%) in eighth grade."*¹²

In another study, alcohol advertising was proven to increase consumption by youth and related the amount of consumption to the increase in advertising expenditure per dollar per head:

"Youth who saw more alcohol advertisements on average drank more (each additional advertisement seen increased the number of drinks consumed by 1% [...]) Youth in markets with greater alcohol advertising expenditures drank more (each additional dollar spent per capita raised the number of drinks consumed by 3%)"

I have only given examples of a few TV commercials here but there were many other commercials for alcoholic drinks.

In fact, as a guide, in the US between 1971 and 2012 advertising expenditure on alcohol increased 400%.¹⁴

When alcohol is the product of popular advertisements it is obviously legal and acceptable within the culture at this time. It obviously wouldn't be the same in any Islamic culture. "Normal" is culture dependent, and culture makes us normal, in a process of enculturation, which cannot *not* happen.

*"Some parts of your culture you absorb without even thinking about it. Others you learn by observing and adopting them, and others are taught to you. The fact is that enculturation can't not happen. That's because, one way or another, you live in a culture that shapes you and the things you know."*¹⁵

It is not normal to smoke cigarettes because advertising them was banned, although it is still legal to purchase them, but normal to smoke cigars because it is fine to advertise them and apparently, they are relaxing and make you happy. Nobody in any Western culture would believe this is true today.

It has been scientifically proven that nicotine is a very dangerous, biologically harmful, carcinogenic and addictive drug whether in cigarettes or cigars. I use the comparison between smoking cigarettes and cigars to illustrate the changing nature of what is considered *normal*. Nicotine is chemically a stimulant but advertised here as an aid to *relaxing*. How utterly perverse and ironic. Similarly, it is *normal* to drink alcohol because it was legal to advertise alcohol, and still is today for some reason, and advertised as *funny*. How similarly ironic, unless there is something amusing about similarly slowly killing yourself.

Now taking into account the movies, music, books and advertising, without wishing to belabor the point, before Moz has

even had a drink of alcohol, there is an extremely strong positive cultural influence to *drink alcohol*. So strong, in fact, that it almost wouldn't be considered normal *not* to drink alcohol. So, if you stop drinking alcohol, will you stop being *normal*? Of course not, but it's as well to address all fears.

The difference between manslaughter and murder is *intention*, and therefore a good detective has to determine the *motivation* to commit the crime. Our evidence of enculturation, or *assimilation* into the culture may be circumstantial, but it all points directly to the motivation for the suspect to commit the initial crime.

This is complicated by the fact that it is almost impossible to get a *confession* from the suspect at this point, firstly, because it is before he has committed the crime, and secondly, because he can't see it with his own eyes, the evidence is invisible to him. It is the culture; the *way things are done* around here; everybody's doing it; it's *normal*.

*"Across studies, drinking was described as something very normal, which everyone does, and is culturally expected."*¹⁶

In Amazon rainforests average male life expectancy is 42¹⁷, but nobody in Western culture would accept death as an occupational mid-life-crisis hazard, just because it is 'normal' in an Amazonian rainforest tribe.

It takes a three-hundred-and-sixty-degree change in the way we think, a silent revolution, to re-evaluate the way we view the world and the influences it has on us *after* it has had those influences on us. This is why having an *open mind* was emphasized at the beginning of this book. Our thinking may have been 'abnormal', 'wrong' or 'faulty' before we even had a drink of alcohol, which is the only reason why we would have had the drink of alcohol in the first place. How many alcoholics' lives would have been *infinitely* far better if they never had.

The field has widened now, who is the suspect? Movies or actors, books or writers, music or musicians?

Marshall McLuhan famously said, "The medium is the message,"¹⁸ so maybe it is the Television *more than* the Show, or the system of government *more than* the Party?

But if the suspect is *you*, how do you know if you're an alcoholic *more than* the next man?

Summary

- Expectations about the effects of drinking alcohol begin long before drinking alcohol and parental smoking and drinking may influence preschool children to think it's normal.
- A link has been found between exposure to drinking alcohol in movies and teens drinking alcohol earlier.
- Almost a quarter of popular songs were about drinking alcohol, mostly due to peer/social pressure and the consequences of drinking alcohol as positive.
- Research shows a direct relationship between children viewing TV commercials and excess risk of drinking alcohol.
- 'Normal' is culture dependent.

¹ National Institute on Alcohol Abuse and Alcoholism. Psychosocial Factors in Alcohol Use and Alcoholism. November 2016.

<http://pubs.niaaa.nih.gov/publications/10report/chap03c.pdf>

² Dalton MA, Bernhardt AM, Gibson JJ, Sargent JD, Beach ML, Adachi-Mejia AM, Titus-Ernstoff LT, Heatherton TF. Use of cigarettes and alcohol by preschoolers while role-playing as adults: "Honey, have some smokes". Arch Pediatr Adolesc Med. 2005 Sep;159(9):854-9. doi: 10.1001/archpedi.159.9.854. PMID: 16143745.

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/486117>

³ Griffiths AJ (1999). An Introduction to genetic analysis. New York: W. H. Freeman. ISBN 978-0-7167-3771-1

⁴ National Institute on Alcohol Abuse and Alcoholism. Psychosocial Factors in Alcohol Use and Alcoholism. November 2016.

<http://pubs.niaaa.nih.gov/publications/10report/chap03c.pdf>

⁵ Alcohol use in motion pictures and its relation with early-onset teen drinking. James D Sargent, Thomas A Wills, Mike Stoolmiller, Jennifer Gibson, and Frederick X Gibbons. Journal of Studies on Alcohol 2006 67:1, 54-65

⁶ Peter Anderson, Avalon de Bruijn, Kathryn Angus, Ross Gordon, Gerard Hastings, Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies, Alcohol and Alcoholism, Volume 44, Issue 3, May-June 2009, Pages 229-243,

<https://doi.org/10.1093/alcalc/agn115>

⁷ North AC, Hargreaves DJ, O'Neill SA. The importance of music to adolescents. Br J Educ Psychol. 2000 Jun;70 (Pt 2):255-72. doi: 10.1348/000709900158083. PMID: 10900782.

⁸ Primack BA, Dalton MA, Carroll MV, Agarwal AA, Fine MJ. Content Analysis of Tobacco, Alcohol, and Other Drugs in Popular Music. Arch Pediatr Adolesc Med. 2008;162(2):169-175. doi:10.1001/archpediatrics.2007.27

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/379041?resultClick=1>

⁹ Primack BA, Dalton MA, Carroll MV, Agarwal AA, Fine MJ. Content Analysis of Tobacco, Alcohol, and Other Drugs in Popular Music. Arch Pediatr Adolesc

Med. 2008;162(2):169–175. doi:10.1001/archpediatrics.2007.27

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/379041?resultClick=1>

¹⁰ Primack BA, Dalton MA, Carroll MV, Agarwal AA, Fine MJ. Content Analysis of Tobacco, Alcohol, and Other Drugs in Popular Music. Arch Pediatr Adolesc Med. 2008;162(2):169–175. doi:10.1001/archpediatrics.2007.27

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/379041?resultClick=1>

¹¹ Peter Anderson, Avalon de Bruijn, Kathryn Angus, Ross Gordon, Gerard Hastings, Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies, Alcohol and Alcoholism, Volume 44, Issue 3, May-June 2009, Pages 229–243,

<https://doi.org/10.1093/alcalc/agn115>

¹² Stacy AW, Zogg JB, Unger JB, Dent CW. Exposure to televised alcohol ads and subsequent adolescent alcohol use. Am J Health Behav. 2004 Nov-Dec;28(6):498-509. doi: 10.5993/ajhb.28.6.3. PMID: 15569584.

¹³ Snyder LB, Milici FF, Slater M, Sun H, Strizhakova Y. Effects of alcohol advertising exposure on drinking among youth. Arch Pediatr Adolesc Med. 2006 Jan;160(1):18-24. doi: 10.1001/archpedi.160.1.18. PMID: 16389206.

<file:///C:/Users/pc/Downloads/423alcoholsnyder.pdf>

¹⁴ Gary B. Wilcox, Eun Yeon Kang & Lindsay A. Chitek (2015) Beer, wine, or spirits? Advertising's impact on four decades of category sales, International Journal of Advertising, 34:4, 641-657, DOI:

10.1080/02650487.2015.1019961

<https://www.tandfonline.com/doi/full/10.1080/02650487.2015.1019961>

¹⁵ <https://www.dictionary.com/browse/enculturation> on 21-06-2021

¹⁶ Morris, H., Larsen, J., Catterall, E. et al. Peer pressure and alcohol consumption in adults living in the UK: a systematic qualitative review. BMC Public Health 20, 1014 (2020). <https://doi.org/10.1186/s12889-020-09060-2>

¹⁷

<https://www.npr.org/templates/story/story.php?storyId=111889498&t=1618217052854> on 12th April 2021

¹⁸ McLuhan, Marshall (1964). Understanding Media: The Extensions of Man. ISBN 81-14-67535-7.

Chapter 2

Symptoms & Diagnosis

“If the fresh facts which come to our knowledge all fit themselves into the scheme, then our hypothesis may gradually become a solution.”

- Sherlock Holmes; Wisteria Lodge

GOALS

- To complete a full initial assessment using four independently validated self-assessment tools: C.A.G.E., M.A.S.T., S.I.P. and D.S.M.
- To score and reflect on the initial assessment to inform your own conclusions.
- To commit to the program by signing a Counselling Contract.
- To understand how to self-monitor using a Daily Drinking Log and a Daily Urges Log

On this journey, it is more fun, and an essential and integral component of CBT, that you are an *active* participant rather than a passive participant, and complete the activities along the way. The *full* initial assessment phase consists of four tests to assess where you at now. These have all been independently validated, tested and

published in peer-reviewed journals recognized by medical professionals the world over. Clients often find this initial assessment phase a valuable and therapeutic means to orient themselves objectively in regards to their drinking patterns. Further, research has shown that even completing assessments alone can reduce drinking alcohol.

“According to our analysis, assessment alone had a significant effect on drinking. It is, therefore, possible that completing an assessment led participants to monitor and reflect on their own behavior leading to a decrease in consumption... Our results suggest that this monitoring effect did not increase alongside the number of assessments, but that the completion of 2 or more assessments predicted a similar level of reduction.”¹

The first activity is called the C.A.G.E.² questionnaire, below, where C.A.G.E. is an acronym of the first letter of questions relating to *Cut Down, Annoyed, Guilty and Eye-opener*.

C.A.G.E. Questionnaire		
<u>Instructions:</u> Please tick (✓) for 'True' and cross (✗) for 'False'.		✓/✗
1	Have you ever felt you needed to cut down on your drinking?	
2	Have people annoyed you by criticizing your drinking?	
3	Have you ever felt guilty about drinking?	

4	Have you ever felt you needed a drink first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover?	
---	--	--

If you answered 'Yes' to any two of the above questions it indicates that the possibility of alcoholism should be investigated further. The following *Likelihood ratios with CAGE scores in 821 patients attending general medical outpatients*³ table gives the *likelihood ratio* of alcoholism for each score based on a survey of the outcomes of 821 patients who took the CAGE test.

Likelihood ratios with CAGE scores in 821 patients attending general medical outpatients			
<i>CAGE score</i>	<i>Alcoholic</i>	<i>Non-Alcoholic</i>	<i>Likelihood ratio</i>
0	33	428	0.14
1	45	54	1.50
2	86	34	4.50
3	74	10	13.00
4	56	1	100.00
Patients defined as alcoholic or non-alcoholic according to Diagnostic and Statistical Manual of Mental Disorders criteria			

The second activity is called the *Michigan Alcoholism Screening Test* (M.A.S.T.)⁴. This test has been adapted from "The Michigan Alcoholism Screening Test: The Quest for a New Diagnostic Instrument" by M. L. Selzer, 1971, American Journal of Psychiatry,

127, p. 1655. Be as honest as you can when answering these questions.

This test can also be completed free online at our *Addiction Help Agency* website and it will calculate your score for you automatically [here](#).

The Michigan Alcoholism Screening Test		
Q.	<u>Instructions:</u> Please tick (✓) for 'True' and cross (✗) for 'False'.	✓/✗
1	Do you feel you are a normal drinker?	
2	Have you ever awakened in the morning after some drinking the night before and found that you could not remember a part of the evening before?	
3	Does your spouse (or do your parents) ever worry or complain about your drinking?	
4	Can you stop drinking without a struggle after one or two drinks?	
5	Do you ever feel bad about your drinking?	
6	Do friends or relatives think you are a normal drinker?	
7	Do you ever try to limit your drinking to certain times of the day or certain places?	
8	Are you always able to stop drinking when you want to?	
9	Have you ever attended a meeting of Alcoholics	

	Anonymous (AA)?	
10	Have you gotten into fights when drinking?	
11	Has drinking ever created problems with you or your spouse?	
12	Has your spouse (or other family member) ever gone to anyone for help about your drinking?	
13	Have you ever lost friends or girlfriends/boyfriends because of drinking?	
14	Have you ever gotten into trouble at work because of drinking?	
15	Have you ever lost a job because of drinking?	
16	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	
17	Do you ever drink before noon?	
18	Have you ever been told you have liver trouble? Cirrhosis?	
19	Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?	
20	Have you ever gone to anyone for help about your drinking?	
21	Have you ever been in a hospital because of drinking?	
22	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem?	
23	Have you ever been seen in a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergy for help with an emotional problem in which	

	drinking had played a part?	
24	Have you ever been arrested, even for a few hours, because of drunk behavior?	
25	Have you been arrested for drunk driving after drinking?	

In order to manually calculate your score, please go to MAST Scoring in the Appendix.

The third self-assessment activity is called the Short Inventory of Problems (SIP) 5 a 15-item test that measures physical, social, intrapersonal, impulsive, and interpersonal consequences of alcohol and drug consumption. You may find there is some overlap between questions in these three self-assessment activities, but that is useful for corroborating results.

Short Inventory of Problems		
Has this EVER happened to you? Circle one answer:	No	Yes
1. I have been unhappy because of my drinking.	0	1
2. Because of my drinking, I have not eaten properly.	0	1
3. I have failed to do what is expected of me because of my drinking.	0	1
4. I have felt guilty or ashamed because of my drinking.	0	1
5. I have taken foolish risks when I have been drinking.	0	1

6. When drinking, I have done impulsive things that I regretted later.	0	1
7. My physical health has been harmed by my drinking.	0	1
8. I have had money problems because of my drinking.	0	1
9. My physical appearance has been harmed by my drinking.	0	1
10. My family has been hurt by my drinking.	0	1
11. A friendship or close relationship has been damaged by my drinking.	0	1
12. My drinking has gotten in the way of my growth as a person.	0	1
13. My drinking has damaged my social life, popularity, or reputation.	0	1
14. I have spent too much or lost a lot of money because of my drinking.	0	1
15. I have had an accident while drinking or intoxicated.	0	1

You can score your responses by going to the Appendix 2) SIP Scoring, in the back of the book.

The fourth, and final, initial assessment is the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (May 2013) which analyses criteria for alcohol abuse and alcohol dependence to diagnose one single disorder, previously they were separate, called Alcohol Use Disorder (AUD)⁶ with mild, moderate, and severe sub-classifications.

Diagnostic and Statistical Manual of Mental Disorders	
In the past year have you (please tick (✓) or cross (✗):	✓/✗
1. Had times when you ended up drinking more, or longer, than you intended?	
2. More than once wanted to cut down or stop drinking, or tried to, but couldn't?	
3. Spent a lot of time drinking? Or being sick or getting over other aftereffects?	
4. Wanted a drink so badly you couldn't think of anything else?	
5. Found that drinking, or being sick from drinking, often interfered with taking care of your home or family? Or caused job troubles? Or school problems?	
6. Continued to drink even though it was causing trouble with your family or friends?	
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	
8. More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?	
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?	

10. Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?	
11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	

Scoring:

The presence of at least 2 of these symptoms indicates Alcohol Use Disorder (AUD). The severity of the AUD is defined as:

Mild: The presence of 2 to 3 symptoms

Moderate: The presence of 4 to 5 symptoms

Severe: The presence of 6 or more symptoms

Reflecting on your Self-Assessments

“Though most of the facts were familiar to me, I had not sufficiently appreciated their relative importance, nor their connection to each other.”

- Sherlock Holmes; Silver Blaze

Reflecting on your self-assessments is important for three main reasons:

1) Everyone is unique and ***Holmes’s Complete Guide*** is designed to give you an accurate picture of where you are at now. If you don’t know where you are, you don’t know how far you need to go. Remember you are not alone and people with similar needs to yours have stopped drinking alcohol permanently using this approach.

2) This objective starting point helps you realistically plan your journey ahead. You may have spent some time learning to drink, and therefore there may be a lot to unlearn, as well as learn, in this new way that is easy, mindful and pain-free if you keep an open mind and are willing to learn.

3) This serves as a motivational tool to always refer back to and realize how far you’ve come and there is proven research evidence that doing it this way is effective as a motivational tool.

All the tests are only *indicators* of alcoholism, not conclusive evidence of alcoholism. Self-assessment questionnaires should not be used in isolation, in other words you should compare the results from different self-assessments rather than reading too much into any one test. However, if you are concerned by the outcomes of any test(s), beyond what you feel you can cope with alone, this should be discussed with your counsellor or a medical professional, who will be

able to view your results in relation to the published results from the quoted sources.

The results of the self-assessments may not be a surprise to you but act like a wake-up call, when you see the results in black and white, even if you knew it inside already. I hadn't understood how I could be an alcoholic, which carries a terrible stigma, and go to work and otherwise *externally* maintain a successful professional career, until I realized later I was in fact a *functioning* alcoholic. Later we will consider how there may be varying degrees of functioning alcoholics.

It is highly recommended to have a medical check-up before committing to this alcohol cessation program, because of the potential physical damage that alcohol may have caused your body. For example, your medical doctor will be able to assess liver damage by touch and complete bloods. You should ensure you have the following specific blood tests which relate to Alcohol Use Disorder: Carbohydrate-deficient transferrin (CDT), Gamma-glutamyl transpeptidase (GGT), Ethyl glucuronide test (EtG), Bilirubin, Uric Acid, Mean corpuscular volume (MCV), Alanine aminotransferase (ALT), Aspartate aminotransferase (AST) and your medical doctor can interpret and explain these results to you.

There is a summary table, *Alcohol Biomarkers* ⁷, below, for some more information.

To read this table you will need to understand the difference between *sensitivity* (sens. %) and *specificity* (spec. %). Sensitivity is how well a test can identify those with a disease, and specificity is how well a test can identify those without the disease.

“Sensitivity refers to the ability of a test to accurately identify those with the trait of interest. Specificity reflects the ability of a test to accurately detect those individuals without the trait. A test with high specificity will produce a low percentage of false–positive results. In populations with low base rates of a particular trait, a

test with high specificity is generally needed to minimize the number of people erroneously labeled as having the trait. When the prevalence of the trait is high, specificity is generally not as critical as sensitivity.”⁸

You may also refer to “Biomarkers of Heavy Drinking”⁹ by Dr. John Allen for the NIH for more information about new and emerging tests. The results may indicate whether you need medical intervention, for example, inpatient or outpatient detoxification to support your alcohol cessation.

In all honesty, I never had a medical check-up or bloods done myself before completing this program, and I was a daily heavy drinker for almost thirty years. However, I may have also answered very differently to you during the initial assessment. By the way, I also suffered no serious withdrawal symptoms using the method in this book, but I will explain how to do that easily and properly when the time comes.

Your self-assessments will continue throughout this program to inform and guide you on your individual journey to *permanent* alcohol abstinence effortlessly and painlessly. The work you do on your own is equally as important as anything you learn from this book, because they inform each other.

Finally, I would like you to sign a *Counselling Contract*, below, to show your commitment to the aims in this book.

While you are reading this book, it is very important that you are sober. As an indication of how important this is, usually a breathalyzer test is insisted on for every counselling session, even for online counselling, which obviously can't be done if you are reading, but in order for this way to work, abstinence whilst reading is vital. (If you have a Blood Alcohol Level of above 0.5 even online counselling sessions are automatically cancelled and need to be rebooked at the client's additional cost because from past experience it is a waste of time to continue.)

Alcohol Biomarkers					
Bio.	Sample Source	Sens. %	Spec. %	Drinking behavior	Window of Assess.
GGT	Serum /Plasma	40-50	80-90	Chronic	2-3 wks
MCV	Blood	60-90	30-75	Chronic	2-4 mnths
ALT /AST	Serum /Plasma	15-69	50-95	Chronic	2-3 wks
CDT	Serum /Plasma	80-90	85-95	Heavy	2-3 wks
5-HTOL	Urine	n/a**	n/a**	Recent Use	5-20 hrs
PEth	Blood	80-90	90-95	Heavy *	2-4 wks
FAEE	Serum	>75	>75	Recent Use	2-3 days
FAEE	Hair	100	90	Chronic	Several Mnths***
EtG	Urine	73-75	55-60	Recent Use	2-5 days
EtG	Hair	70-90	80-95	Chronic Heavy Drinking	Several Mnths***
*=more than 60 grams per day (4-5 standard drinks); **n/a = data not available ***= depending upon hair length					

The Counselling Contract	
The Counselling Contract clearly states that you understand the importance of commitment to completing this program to stop drinking, and that you will follow all the instructions to make it easy, mindful and pain-free:	
1)	I commit to finish reading the book, and in chapter order, because the program is designed to progress sequentially, and not skip out any chapters, or jump ahead. (But you can always jump back!)
2)	I accept the outcome of the initial self-assessments and I am committed to using this easy, mindful and pain-free way to stop drinking and become free from alcohol and permanently clean and sober.
3)	I will complete all the self-assessments and activities which form an integral part of this program and whose effectiveness is supported by scientific research and have been independently verified.
4)	Finally, I agree not to drink any alcohol while reading this book.
5)	I have personally reflected on these terms of the counselling contract while I am sober of mind and not under any undue duress or influence, and fully understand them.
Your Signature: _____ Date: _____	

The 'Good' news, however, is you don't need to stop drinking when you are not reading ***Holmes's Complete Guide***. If you have had enough reading or studying, then simply stop, call it a day, have your drink and continue another time! I used to read research first thing in the morning when I knew I would be clean, rather than after work at the end of the day when I knew I would be tired. I said at the start this way is designed to be easy.

Keep drinking alcohol as you normally drink alcohol for 7 days so that you have an accurate picture of how much you drink. This will

help you, more importantly, to discover what are the *triggers* for your drinking, because therein lies the biggest clue and greatest mystery of all we need to solve together like the great detective himself, Sherlock Holmes!

Self-Monitoring

“Oh, you must not let me influence you in any way! I suggest that you go on your line and I on mine. We can compare notes afterwards, and each will supplement the other.”

– Sherlock Holmes; *The Six Napoleons*

In the traditional CBT therapeutic model, a client will be guided by a counsellor who will give self-monitoring exercises and help clients reflect on these through *motivational interviewing* over ten or twelve weekly sessions. This dialogue is obviously not possible in a book so there is a need for a *surrogate* device to offer a reflective opportunity and any dedicated hard-backed notebook will do to keep a diary of your journey to sobriety. It is not essential, but a *Bullet Journal* is highly recommended.

A Bullet Journal (bujo) is an analogue operating system for organizing your life by planning how you manage your time and your energy:

“The Bullet Journal method’s mission is to help us become mindful about how we spend our two most valuable resources in life: our time and our energy.”¹⁰

You can read more about the system behind it online here ¹¹, but essentially it can be helpful in structuring your day, the importance of which we will consider later, and help you plan and monitor tasks and record reflections in *Collections*.

Any A5 hard-backed notebook can be used with this method.

The first purpose of self-monitoring is to identify any *patterns* in your *daily drinking alcohol* over a normal week which is why it should be for a minimum of 7 days. It is important to work with the facts because it is common to under/overestimate actual alcohol consumption. Therefore, it is better to keep your bujo with you throughout the day and write things down as they happen, at the start and before you consume the next drink, rather than try to remember at the end of the day or the following day. Record when (from what time, to what time), what you drink, (beer, wine, spirit), how much you drink (ml) and the strength of the alcohol (% alcohol) every day for one week.

Daily Drinking Alcohol Log					
Day /Date	Time of day (from/to)	Alcoholic Drink (Beer, Wine, Spirit)	Quantity (ml)	% A.B.V.	Total (Std. Drinks)

To calculate the Total *British* Standard drinks, you can use the British NHS formula which is $\text{Quantity (ml)} \times \text{A.B.V. (\%)} / 1000$. One standard drink is different depending on which country you are in, for example, to convert this to US standard drinks you would multiply this by 0.564.

There is also an online calculator here which can estimate your total standard drinks (by country) here if you enter in the quantity and ABV. Here is an example:

Daily Drinking Alcohol Log					
Day/Date	Time of day (from/to)	Alcoholic Drink (Beer, Wine, Spirit)	Quantity (ml)	% A.B.V.	Total (Std. Drinks)
Friday 30/04/21	8pm - 10pm	Four pints of Strong lager	2272 (568 x 4)	4.8	10.91

The second purpose of self-monitoring is to identify the number and severity of any *urges* or *cravings* you have to drink alcohol throughout the day. An *Urge* is every time you think about having a specific type of alcoholic drink, eg. A beer, a glass of wine, etc., The Urge only counts as an urge if it is for a *specific* drink, not if it is a generalized feeling to drink alcohol or wanting to “get drunk”. This would be a *Craving*. A craving is a desire or need to feel the effects of having drunk alcohol. Although the two terms Urge/Craving are used interchangeably by many medical professionals and in many alcohol cessation books, they are *very* different.

“Although they are often used interchangeably, the terms “urges” and “cravings” can be associated with distinct meanings. Thus, Marlatt and Gordon (1985) have defined an urge as a relatively sudden impulse to engage in an act such as alcohol consumption, whereas craving is defined as the subjective desire to experience the effects or consequences of such an act.”¹²

Therefore, obviously, how you deal with urges and cravings is also very different. For example, if it appears that on certain days, like, say, Friday after work, you don’t care what you drink, have no specific urge

for a particular drink, you just want to 'get wasted', you may be looking for an escape from stress, in which case *distraction*, in other words another activity, like five-a-side soccer, would do the trick just as well. Whereas five-a-side soccer is not going to help if you have an urge for a pint of beer.

You can record specific urges and cravings in a *Daily Alcohol Urges & Cravings Log*, below.

Daily Alcohol Urges & Cravings Log					
Day/Date	Time	Trigger	Thoughts /Emotion	Urge or Craving (1-5)	Alcohol use (Y/N)

Again, record these as close to when they happen as possible, so you can rate the urge or craving from 1 to 5, and then identify what thoughts or emotions pre-empted them, and then try to identify the *trigger* for these thoughts.

Triggers can be internal or external. Internal triggers could be anxiety, anger, frustration, sexual arousal, memories, excitement, boredom, fatigue or even happiness. External triggers could be any of the senses, people, places, things, time periods or emotional states

The internal trigger, eg. Boredom, leads to the thoughts, I can't just sit here doing nothing I'll go crazy, leads to the mild urge, I could have just one beer in the pub, which may or may not lead to drinking alcohol.

The external trigger, e.g., Tax bill due in 28 days, leads to the thoughts, I can't afford that-I'll lose my house-I can't face this, leads to the craving, I just want to get out of my head – non-specific drink related - which may or may not lead to drinking alcohol.

Daily Alcohol Urges and Cravings Log					
Day/Date	Time	Trigger	Thoughts	Urge or Craving (1-5)	Alcohol use (Y/N)
Friday 30/04/21	5.30pm	After work drinks	I just want to forget about this awful week.	Craving (Strong 4)	Y
Saturday 1/05/21	7.45pm	Bored	I can't just sit here doing nothing I'll go crazy	Urge: Pint of beer (Weak 1)	N

You may be so used to these internal or external triggers that they are almost imperceptible, so what we want to do is bring light into the darkness and be totally open about what people, places or things trigger you and then make you think of having the drink, or getting drunk, before you have it. It is a little strange at first doing this, because it initially feels like *second-guessing* yourself, which is weird. However, it is a useful skill you will develop during this program called *mindfulness*, but more of that later!

You will be giving a name to something that has always been an abstract or automatic mental thought in the past which made you drink. Name the urge, what specific drink it is for, or identify the craving, and rank the strength of the urge or craving from 1 to 5, one is weak, five is very strong.

Finally, record what happens after the urge or craving, that is, whether you have a drink or not.

Later, it will be interesting to consider whether there is any correlation between the pattern of your drinking and the type, frequency and intensity of your urges and cravings by plotting this

information on a graph. We would hope to see a gradual decline in drinking alcohol as you progress through the book as you learn more about the condition in our narrative *investigation*. When you have gained sufficient knowledge of your triggers and urges and cravings you will be able to plan for *high-risk situations* before you take your *final* drink.

So now we are ready to find out what triggered Moz's *first* ever drink.

Summary

- Research has shown that completing self-assessments alone has a significant impact on the reduction of drinking alcohol.
- The full initial assessment includes four self-assessments: 1) C.A.G.E., 2) M.A.S.T., 3) S.I.P., 4) DSM-5. These aim to give you an objective starting point to plan ahead and a proven motivational tool to refer back to in future.
- A full medical check is highly recommended to determine whether you may need medical intervention.
- A Counselling Contract confirms your commitment to reading this book sober and following all the instructions or it will not work.
- Self-monitoring identifies accurate alcohol drinking patterns in a Daily Drinking Alcohol Log and any urges or cravings in a Daily Alcohol Urges & Cravings Log.

-
- ¹ Bewick, B. M., West, R., Gill, J., O'May, F., Mulhern, B., Barkham, M., & Hill, A. J. (2010). Providing web-based feedback and social norms information to reduce student alcohol intake: a multisite investigation. *Journal of medical Internet research*, 12(5), e59. <https://doi.org/10.2196/jmir.1461>
- ² Ewing, John A (1984). "Detecting Alcoholism: The CAGE Questionnaire". *JAMA*. 252 (14): 1905–1907. doi:10.1001/jama.1984.03350140051025. PMID 6471323. <https://pubmed.ncbi.nlm.nih.gov/5565851/>
- ³ Screening for Alcohol Abuse Using CAGE Scores and Likelihood Ratios, by David G. Buchsbaum, MD, MHA et al, *Annals of Internal Medicine*. 1991;115:774-777. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.959.7149&rep=rep1&type=pdf>
- ⁴ "The Michigan Alcoholism Screening Test: The Quest for a New Diagnostic Instrument" by M. L. Selzer, 1971, *American Journal of Psychiatry*, 127, p. 1655
- ⁵ Miller WR, Tonigan JS, & Longabaugh R. (1995). *The Drinker Inventory of Consequences (DRI-C): An instrument for assessing adverse consequences of alcohol abuse. Test manual (Project MATCH Monograph Series, Vol. 4)*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. <https://pubs.niaaa.nih.gov/publications/projectmatch/match04.pdf>
- ⁶ Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–5, (Feb 2020) National Institute on Alcohol Abuse and Alcoholism <https://www.niaaa.nih.gov/sites/default/files/publications/DSMfact.pdf>
- ⁷ Andresen-Streichert, Hilke et al. "Alcohol Biomarkers in Clinical and Forensic Contexts." *Deutsches Arzteblatt international* vol. 115,18 (2018): 309-315. doi:10.3238/arztebl.2018.0309 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5987059/>
- ⁸ <https://pubs.niaaa.nih.gov/publications/assessingalcohol/biomarkers.htm> on n19-04-21
- ⁹ <https://pubs.niaaa.nih.gov/publications/assessingalcohol/biomarkers.htm>

¹⁰ The Bullet Journal Method (2018) Ryder Carrol, 4th Estate, Harper Collins Publishing, London

¹¹ <https://bulletjournal.com/pages/learn>

¹² Larimer ME, Palmer RS, Marlatt GA. Relapse prevention. An overview of Marlatt's cognitive-behavioral model. Alcohol Res Health. 1999;23(2):151-60. PMID: 10890810; PMCID: PMC6760427.

<https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/10890810/>

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

Chapter 3

His First Drink; The Murder Weapon

“Circumstantial evidence is a very tricky thing...It may seem to point very straight to one thing, but if you shift your own point of view a little, you may find it pointing in an equally uncompromising manner to something entirely different.”
- Sherlock Holmes; *The Boscombe Valley Mystery*

GOALS

- To learn how the weight of ethanol in blood is measured to determine Blood Alcohol Content and associated physiological effects at different levels.
- To learn how a ‘Standard Drink’ is calculated differently in the UK and US and how this relates to Blood Alcohol Content for different body weights and varying levels of impairment.
- To learn how associations are made between alcohol and friendship, alcohol and masculinity, and the perception of non-drinkers, in the process of socialization.
- To identify the *Ironic Taste Trap* that is the key to Pandora’s box.

It's his eighteenth birthday and Moz is all dressed up in his *Nick Kamen's* Levi 501 jeans, and *Henry Cooper's* 'Splash it all over' Brut 33, and really excited and looking forward to drinking alcohol for the *first* time. In other words, what might be described as a car crash waiting to happen.

Moz meets his two best school friends at the bus station behind the Gaumont Cinema and one of them lights up a cigarette as he gets off the bus. Moz asks him if he can have one, and his friend obliges. Moz has some difficulty lighting it, because he doesn't realize you have to inhale when you do, but when he does, he draws in literally a mouthful of smoke, which he ironically didn't expect for some reason, and starts coughing. He feels sick because he thinks he may have swallowed some of the smoke, and naively asks his friend, "Is that *normal*?"

They walk around the corner to the famous Tally Ho pub in North Finchley which is so filled with smoke, Moz doesn't need a cigarette. His best friend agrees to buy the first round and asks him what he wants. A beer. Which one? Moz panics for a moment because he can't think of one and searches the beer pumps quickly to see if there are any he recognizes until, with relief, he notices the Castlemaine XXXX! It is just turned eight o'clock.

His best friend brings their drinks over, and raising his glass of alcohol like an Olympic torch says, 'Happy Birthday!' And they all touch each other's glasses happily together and say "Cheers!"

Moz pauses for a moment at the murder weapon in his hand, after all, happiness has just proven not to be *a cigar called Hamlet* with his first cigarette, and then bravely takes a sip under his friends' expectant glares. He was anticipating something at least better than a *Coke*, but this was like carbonated-liquid-cardboard with a staple aftertaste! It was disgusting! Like *poison*!

Alcohol not only tastes like poison; it literally *is* a poison. It is a type of monohydric alcohol, with the formula C_2H_5OH . *The International Union of Pure and Applied Chemistry's* name for alcohol is **Ethanol**.

Alcohol can *kill*. Blood Alcohol Content (BAC) is the weight of ethanol, in grams, in 100 milliliters of blood. Therefore, a BAC of 0.02% would mean that there are 0.02 grams of alcohol per 100 grams of blood [or 20 grams per 100mg = 20mg%]. In 1987, of 341 fatal general aviation accidents where alcohol was a possible contributing factor, 13.5% of the accidents involved a pilot with a BAC of 0.02% or greater, and 8.5% of accidents with a BAC of 0.04% or greater. ¹

The legal limit for driving in the UK and US is 0.08%. The alcohol nomogram, *Effects of various blood alcohol concentrations* ², below, from *Medical Facts for Pilots*, since Moz always wanted to be a pilot, shows the physiological effects associated with increasing Blood Alcohol Concentrations.

Effects of various blood alcohol concentrations	
<i>Blood Alcohol Content</i>	<i>Physiological Effects</i>
0.01-0.05 (10-50 mg%)	average individual appears normal
0.03-0.12* (30-120 mg%)	mild euphoria, talkativeness, decreased inhibitions, decreased attention, impaired judgment, increased reaction time
0.09-0.25 (90-250 mg%)	emotional instability, loss of critical judgment, impairment of memory and comprehension, decreased sensory response, mild muscular incoordination
0.18-0.30 (180-300 mg%)	confusion, dizziness, exaggerated emotions (anger, fear, grief) impaired visual perception, decreased pain sensation, impaired balance, staggering gait, slurred speech, moderate muscular incoordination
0.27-0.40 (270-400 mg%)	apathy, impaired consciousness, stupor, significantly decreased response to stimulation, severe muscular

mg%)	incoordination, inability to stand or walk, vomiting, incontinence of urine and feces
0.35-0.50 (350-500 mg%)	unconsciousness, depressed or abolished reflexes, abnormal body temperature, coma; possible death from respiratory paralysis (450 mg% or above)

Amy Winehouse, the famous singer, was 27 when she was found dead from alcohol *poisoning* beside two empty bottles of vodka, which is typically 40% abv. The second postmortem revealed she had 416 ml of alcohol per 100ml in her blood ³, which is below the threshold of 450mg% listed in the pilot's alcohol nomogram for 'possible death.'

Alcohol nomograms based on the general population should not be taken too literally because Blood Alcohol Contents are different for men and women, and dependent on the amount of alcohol drunk, time and body weight. ⁴

We can see how the BAC varies depending on the number of *standard* drinks and body weight in an Alcohol Impairment Chart, below. One *Standard Drink* in the UK is an alcoholic drink that contains 8g of pure alcohol, the weight of about 10 ml of pure alcohol. One standard drink in the UK is equivalent to 0.564 (just over half) of one standard drink in the US. Therefore, one standard drink in the US contains the weight of 17.7ml of pure alcohol. Unfortunately, one standard drink is different according to the country measuring it, but you can use an online calculator to convert between them [here](#).

We are going to predominantly use U.S. measures and charts because the data is more readily available and easier to verify online.

One standard drink in the U.S. is roughly equivalent to 12oz of beer 5% A.B.V. (roughly half a British pint), or 1.5 ounces of spirits 80% proof (1.5 ounces = 44.36ml (roughly equivalent to a British double shot of 50ml, a single being 25ml, and A.B.V. is half of proof therefore 40%), 5 ounces of wine 12% A.B.V.

The British NHS formula to calculate standard drinks in the UK is strength (A.B.V) x volume (ml) / 1000 = no. of units. For example, 2

pints of Castlemaine XXXX Gold = 3.5% A.B.V x 568ml (1 UK pint) x 2 = 4102/1000= 4.102 units, so roughly 4 standard drinks ⁵. To convert this to the equivalent of US standard drinks, so we can use the US *Alcohol Impairment Chart* ⁶ below, we need to multiply 4.102 by 0.564, which gives us 2.31 standard drinks in the US, or use the Conversion calculator above.

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

ALCOHOL IMPAIRMENT CHART (MALE)									
APPROXIMATE BLOOD ALCOHOL PERCENTAGE									
Body Weight in Pounds									
<i>Drinks</i>	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only safe driving limit
1	4.0	.03	.03	.02	.02	.02	.02	.02	Driving Skills Significantly Affected
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	Possible Criminal Penalties
5	.19	.16	.13	.12	.11	.09	.09	.08	
6	.23	.19	.16	.14	.13	.11	.10	.09	LEGALLY INTOXICATED CRIMINAL PENALTIES
7	.25	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	Possible Death

As a guide, Moz is 5 foot 11 inches and weighed almost 13 stone, or about 180 lbs, so, say, after four pints, Moz would have had the rough equivalent of 8 standard drinks in the US (based on one standard drink is 12oz of beer roughly equivalent to half a British pint) and therefore a BAC of 0.17. Reading from the previous alcohol nomogram we can see that a BAC between 0.09 and 0.25 is associated with "emotional instability, loss of critical judgment, impairment of memory and comprehension, decreased sensory response, mild muscular incoordination".

There is a risk of death from respiratory failure with blood alcohol concentrations above 0.4 g%, which is even off the chart!

One hundred per cent alcohol, if it was sold pure, is such a powerful *poison* it only takes eight ounces to kill you.

*"According to Livestrong.org, "The approximate lethal dose of 90 to 100 percent isopropanol for human adults is only 250 milliliters, or about 8 ounces." Eight ounces. To put it in perspective: the average shot glass is 1.5 ounces. A can of Coke is 12 ounces. Ingesting only eight ounces of rubbing alcohol can kill you."*⁷

Alcohol can be produced as a result of fermentation of rotting vegetable matter. Without wishing to gross you out, and forgive the bad language, but ethanol is also literally *sh*t*; it is produced as a bodily waste product:

*"Several species of the benign bacteria in the intestine use fermentation as a form of anaerobic metabolism. This metabolic reaction produces ethanol as a waste product. Thus, human bodies contain some quantity of alcohol endogenously produced by these bacteria. In rare cases, this can be sufficient to cause "auto-brewery syndrome" in which intoxicating quantities of alcohol are produced."*⁸

So, you are literally drinking *sh*t* when you drink alcohol. And to make matters worse alcohol endogenously produced by intestinal bacteria is a proven *baby-killer* according to a paper by "Dr Geertinger et al entitled, "Endogenous alcohol production by intestinal fermentation in sudden infant death."⁹

Back at Moz's birthday party, his friends eagerly ask Moz what he thinks of his *first* alcoholic drink? And Moz innocently says he thinks they've given him the wrong lager, because his can't be right. His friend has a sip of it to check, and says it's fine. Moz asks if he can try his friend's lager, which was a different brand, but it tasted just as bitter and sour. The point is any beer would have, but Moz accepted this with relief because he had thought there was something wrong with *him* not liking the taste of lager. If all lager tasted bad then that was fine to him, it just did, it wasn't about the taste at all. Moz took a larger swig of his drink, to prove he could, like a test of his manhood, almost regurgitated it before he had half-way, and his friends clapped gleefully as he finally gulped it down.

His older friend had already finished his pint and bought the next round before Moz's glass was even empty, and then told him to 'keep up'. The second pint still tasted awful, but it was easier to drink than the first, and before he knew it, it was his round and he felt like he was *King of the World!*

Rather than the polite, thoughtful, slightly shy, bookish Moz, he was now holding forth on the 'fucking great tits' of the girl in *Porkies* before she passed out from drinking alcohol in bed with the guy in the toga! Which his friends thought was absolutely *hilarious*, rather than a rude objectification of women. But *anything* sexual would have been funny, because they were all still virgins!

At 11.00pm the barmaid collecting glasses from the tables told Moz and his friends it was time to leave. Everyone had bought a least two or three rounds, and Moz definitely three, so Moz must have drunk at least ten pints of beer in three hours and could barely stand up. Now, guess what his BAC would be and the physiological effects? Ten pints, as a very rough guide, are 20 standard drinks, which is off the BAC Chart. However, to be exact, using an online calculator ¹⁰, we can see his BAC was 0.2152. His friends helped him to stand and walk out the pub where he immediately vomited. (According to the alcohol nomogram that shouldn't have happened yet!)

Moz swears he will never drink another beer in his life. His friends call him a minicab to take him home. He falls on the bed and looks up at the ceiling spinning, he crawls onto the floor to make it stop because he can't think straight, and somehow 'lower down' seems more stable. He swears again he will never ever drink again in his life.

In the morning, he woke up fully-dressed with his duvet half over him on the floor and his head thumping with a massive hangover and for the third time *swears* he will never drink another beer in his whole life. It is now less than 24 hours since Moz's first beer, and he has already sworn three times *on his life* that he will never drink again.

Look at the alcohol nomogram chart and you will see that 'vomiting' is a symptom of a BAC of 0.27 - 0.40, and Amy Winehouse was found dead from alcohol poisoning in the morning with a BAC of 0.416.

Like a great detective, we have to retrace the steps of the suspect that night for clues as to why Moz would *poison* himself by consuming alcoholic drinks which he *didn't even like* to **excess** that night? Was it an accident or did he secretly have a suicidal tendency? After all, his favorite songs and books as a kid were quite depressing? Was Moz the victim *and* prime suspect, or were there other suspects? Just because they found Amy Winehouse alone, doesn't necessarily mean she was alone the night before, although the coroner found nothing suspicious about her death.

Without wishing to open up a case that is closed, Amy's example is important because alcohol poisoning is scary, not funny, but all Moz will later remember, and if he doesn't his friends will no doubt remind him, is what a 'funny' night they had! Memory is selective and we tend to only remember the 'good' times. But the key question is after Moz had gotten over the initial hurdle of not liking the taste, what made him continue drinking *poison* with them? Could the reason be *them*, more than the *poison*?

His friends bought *rounds* of drinks which, and buying *rounds* as we've already said is "normal" in England, and may seem innocent

enough, if not generous, but research has shown actually constitutes *peer pressure*.

*“Buying “rounds”—where each man, in turn, bought drinks (usually pints of beer) for the group—was constructed as an essential part of pub etiquette (“the male equivalent of a friendship bracelet”), which sometimes led to excessive drinking, due to the pressure to keep up with the fastest drinker.”*¹¹

Drinking alcohol for Moz was described in the investigative narrative as “like a test of his manhood” which is another clue. Peer pressure to drink alcohol is linked to proving masculinity:

*“Failing to be seen to be drinking like a man was represented as evidence of something being “wrong”, which was then associated with being gay or having no money; both appear as reflections of compromised masculinity.”*¹²

In the wider social context seven sub-themes in which peer pressure to drink alcohol have been identified by research: *man up* (as previously described); *drinkers’ negative perceptions of non-drinkers* (non-drinkers perceived as ‘boring’ or ‘judgmental’ by drinkers); *Being an “outsider”* (non-drinkers feeling peers don’t want to socialise with them if they are not drinking); *Fitting in* (drinkers feeling they need to drink alcohol to be accepted in a social group); *A sociable thing* (drinking alcohol is an integral part of socialising); *Dull drinkers* (non-drinkers describing drinkers of alcohol as repetitive talkers and shallow); *It’s what occurs* (drinking alcohol is what everybody does)¹³.

Therefore, *peers* are at least co-suspects, and, sadly, co-victims, too, in the process of *socialization* which *normalizes* drinking alcohol within Western culture.

We are socialized by family and friends, in Moz's case particularly peers because his parents didn't drink alcohol, to think drinking alcohol is normal. It isn't. How can drinking a *poisonous* drug be *normal*?

But if you don't drink alcohol in Western culture, there must be something *wrong* with you. If you don't drink alcohol in Western culture, you are simply not normal. If you don't drink alcohol in Western culture, your thinking is just not right. It is *our* thinking after all, but how much are we really thinking for ourselves, or learning from others, under all these influences in the process of *socialization*; which is practically by definition *invisible*.

If Moz had any anxiety about having his first drink, he's just witnessed on TV how smoking apparently relieves stress. Moz's seen the commercial so many times he could hum Bach's *Air on the G String* as soon as you ask him 'what is happiness called?' And he doesn't even listen to classical music! However, as soon as he inhales the smoke, his body reacts violently to the toxic smoke, and he is bent double coughing it out. It tastes disgusting but Moz is so indoctrinated and brainwashed by the forces of socialization he uses all the willpower he can summon to overcome his body's natural resistance.

The problem is there is a good reason why Moz's body resisted smoke. We learn from our senses very early on what is good or bad for us. If we touch something hot, we quickly pull our finger away so we don't burn it. If we stare at the sun, we turn our head away to avoid damaging our eyes. If we are too close to the speaker in a nightclub, we move away to protect our ears because it is painful. If we smell dog poo it stinks and we avert our nose to avoid throwing up. If we taste rancid milk, we immediately spit it out, so we are not sick.

Therefore, why are we surprised that Moz's body violently reacted to the smoke? Because he still continued.

And he still continued because of every little piece of the puzzle in the pattern so far, of heroes of movies, songs, literature and advertising. They were the *key* to Moz's mindless insane persistence, in spite of his body's resistance, in taking a poisonous drug.

Again, just like coughing after inhaling smoke from his first cigarette, Moz's body tried to eliminate all the poison he'd consumed drinking alcohol by vomiting.

Moz's body knew better than his mind what was good for him after the first drag of his cigarette, the first sip of his beer, but his mind overruled his body. If society can perceive this drug called Nicotine so wrongly, isn't it at least possible that society may perceive other drugs wrongly too in the future, like drinking *alcohol*?

Moz ordered the only brand of beer he recognized *from the commercials*, nothing to do with preference for any particular product due to taste. It was due to the *anticipation* of beneficial positive effects. How else would he know when he's never tried any beer before? Think how powerful that *brainwashing* must be for you to drink ten pints, around five litres, of a substance you don't like the taste of?

For a moment, close your eyes, and just remember the taste of your first alcoholic drink? Or, when you finish reading this today and have an alcoholic drink, turn off any distraction, such as music or TV, and just focus on the *taste* of the alcoholic drink. If you are drinking your alcohol with a mixer then it is the sweetness of the mixer, or sugar, you might enjoy, but focus on the actual taste of the alcohol in the beverage, be it beer, wine or spirits. Notice how the actual alcohol tastes bitter or sour, and just like poison, because as research has informed us earlier, it *is* poison.

Herein lies the *Ironic Taste Trap*, what Allen Carr calls the "Acquired Taste", because alcohol tastes so bad we never perceive it is a threat¹⁴. Drinking alcohol tasted so bad to Moz, how could he possibly believe he could ever lose control of drinking it? If it tasted

fantastic, like some heavenly strawberry milkshake, or new variety of *Coke-Plus-Plus*, he might've thought 'hold on, how much am I drinking here, and what does this stuff cost?' Certainly, six pints of anything however heavenly the taste would seem a little excessive, even for a birthday, and it certainly wasn't cheap either! But because drinking alcohol tastes so bad, it doesn't seem like a threat, or something like birthday cake, where you'd want to be careful how many slices you had because it tastes so good.

Even if you had trekked all day through the Sahara Desert, you would be hard pushed to drink ten pints of water non-stop. But rather than refresh you, and in spite of a beer being 80% water, the alcohol in it dehydrates you, and being a diuretic, makes you urinate more. Therefore, the more alcohol you drink, ironically, the thirstier you are.

"Alcohol is a diuretic. It causes your body to remove fluids from your blood through your renal system, which includes the kidneys, ureters, and bladder, at a much quicker rate than other liquids. If you don't drink enough water with alcohol, you can become dehydrated quickly."

15

Remember, Moz has sworn off ever drinking alcohol again in his life three times within twenty-four hours of his first beer. Why would he conclude the morning of his life-in-a-day, having worked so hard for twelve years at school and passing all his exams, risk wasting it all, by getting totally wasted in college?

But first, enough about Moz for the moment, this isn't all about him, it's all about *you*.

Summary

- Blood Alcohol Content (BAC) is the weight of ethanol (g) in 100ml of blood.
- An Alcohol Nomogram calculates BAC based on gender, weight and standard drinks consumed and a BAC between 0.27 and 0.30 can cause possible death.
- Peer pressure to drink alcohol is linked to friendship and proving masculinity and the negative perception of non-drinkers in a process of socialization which normalizes drinking alcohol.
- The *Ironic Taste Trap* is because alcohol tastes so bad, we never perceive it is a threat and think we can stop drinking alcohol whenever we want.

Holmes's Complete Guide
To Stop Drinking Alcohol
Free Sample

-
- ¹ Medical Facts for Pilots, Publication AM-400-94/2 by Guillermo J. Salazar, M.D. and Melchor J. Antuñano, M.D. FAA Civil Aerospace Medical Institute, Aeromedical Education Division, AAM-400, P.O. Box 25082, Oklahoma City, OK 73125.
- ² Medical Facts for Pilots, Publication AM-400-94/2 by Guillermo J. Salazar, M.D. and Melchor J. Antuñano, M.D. FAA Civil Aerospace Medical Institute, Aeromedical Education Division, AAM-400, P.O. Box 25082, Oklahoma City, OK 73125. <http://flightphysical.com/pilot/alcohol.htm>
- ³ <https://www.bbc.co.uk/news/uk-england-london-20944431>
- ⁴ A Confidence interval approach to the development of blood alcohol concentration charts, Arstein-Kerslake, G W, Journal of Safety Research, Vol: 17 No: 3, 1986, Elsevier. <https://trid.trb.org/view/309370>
- ⁵ <https://www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/#:~:text=You%20can%20work%20out%20how,dividing%20the%20result%20by%201%2C000>
- ⁶ Fournier, Angela & Ehrhart, Ian & Glindemann, Kent & Geller, E. Scott. (2004). *Intervening to Decrease Alcohol Abuse at University Parties Differential Reinforcement of Intoxication Level. Behavior modification. 28. 167-81. 10.1177/0145445503259406.* <https://tinyurl.com/alimpchart>
- ⁷ <https://www.hazeldenbettyford.org/articles/why-is-drinking-rubbing-alcohol-bad#:~:text=According%20to%20Livestrong.org%2C%20%22,rubbing%20alcohol%20can%20kill%20you>
- ⁸ <https://en.wikipedia.org/wiki/Alcohol>
- ⁹ P. Geertinger MD; J. Bodenhoff; K. Helweg-Larsen; A. Lund (1 September 1982). "Endogenous alcohol production by intestinal fermentation in sudden infant death". *Zeitschrift für Rechtsmedizin. Springer-Verlag. 89 (3): 167–172. doi:10.1007/BF01873798. PMID 6760604. S2CID 29917601.*
- ¹⁰ <https://www.drinkfox.com/tools/bac-calculator/uk>

¹¹ Emslie, C., Hunt, K., & Lyons, A. (2013). The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife. *Health Psychology*, 32(1), 33–41. <https://doi.org/10.1037/a0029874>

¹² Emslie, C., Hunt, K., & Lyons, A. (2013). The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife. *Health Psychology*, 32(1), 33–41. <https://doi.org/10.1037/a0029874>

¹³ Morris, H., Larsen, J., Catterall, E. et al. Peer pressure and alcohol consumption in adults living in the UK: a systematic qualitative review. *BMC Public Health* 20, 1014 (2020). <https://doi.org/10.1186/s12889-020-09060-2>

¹⁴ Carr, Allen. *The Easy Way to Stop Drinking: A Revolutionary New Approach to Escaping from the Alcohol Trap*. United Kingdom, Sterling Pub., 2005.

¹⁵ <https://www.healthline.com/health/does-alcohol-dehydrate-you>

You can purchase "Holmes's Complete Guide To Stop Drinking Alcohol" here.