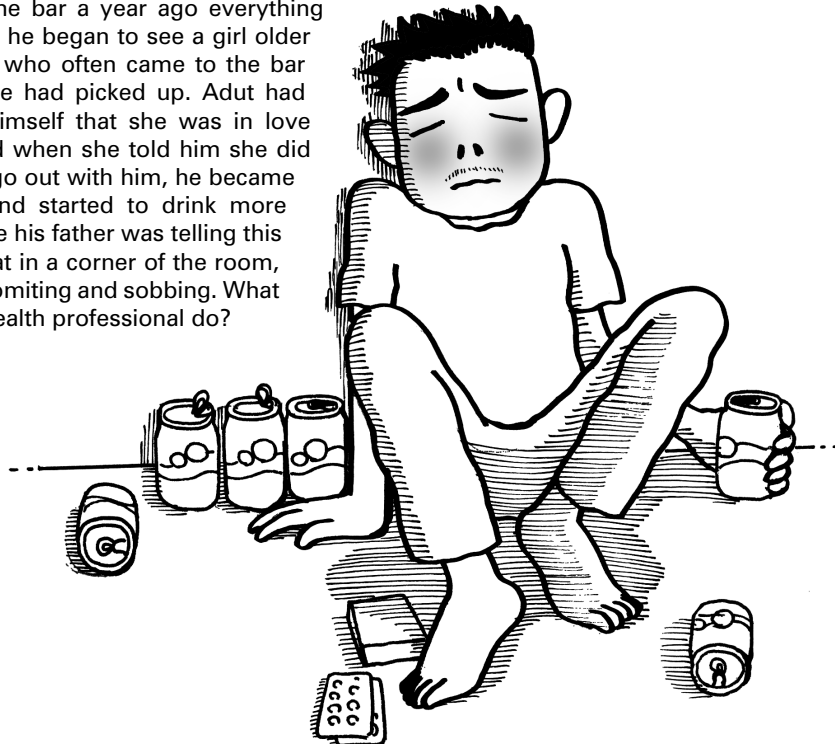


Alcohol and drug dependency

10.1 Alcohol problems

Case 10.1

Adut is a 17-year-old boy brought to the city clinic by his father at 10:00 h. His father had to support him as they walked in as Adut was staggering and hardly able to hold himself upright. Adut's father said that Adut had not got up to go to work that morning as usual. When his father went to his room to wake him, he realised he was drunk. He knew that Adut had come in very late the night before, well after his parents had gone to bed. Beside Adut's bed there were a number of cans of beer and an empty bottle of his mother's antidepressant tablets. It was clear that Adut had drunk a great deal of beer and swallowed some tablets. Fortunately, there had only been about ten tablets in the bottle. Adut worked in a bar. He was not really old enough to do this but he looked much older than his age. For the past few months Adut had often come home drunk. When he first started working at the bar a year ago everything was fine, but he began to see a girl older than himself who often came to the bar with men she had picked up. Adut had persuaded himself that she was in love with him and when she told him she did not want to go out with him, he became depressed and started to drink more heavily. While his father was telling this story Adut sat in a corner of the room, alternately vomiting and sobbing. What should the health professional do?



10.1.1 Information about alcohol problems

The sale of alcohol is legal in most countries, but the age at which the sale of alcohol becomes legal depends on the culture and the country. In countries in which the sale of alcohol to adults is legal, it is often easy for young people below the legal age to obtain alcohol. In many Muslim countries, however, drinking alcohol is not permitted for any section of the population.

Recommended limits of alcohol for young adults are 21 units a week for men and 14 units a week for women. A unit is one of the following:

- half a pint of beer – about 300 ml
- one small glass of wine – about 125 ml
- a small measure of spirits – about 30 ml.

Adolescents should drink less than this as their bodies are not capable of dealing with these levels without causing harm.

Young people drink alcohol to:

- experiment
- socialise with friends
- have fun or celebrate
- relieve boredom
- relax and remove inhibitions, for example in their sexual behaviour
- reduce worries, anxiety and depression.

Like other drugs, the effects of alcohol vary from person to person and how a young person may be affected may depend on:

- the quantity they have drunk
- how quickly they have drunk the alcohol
- whether they have mixed the alcohol with other drugs
- how regularly they drink
- their mood when they are drinking
- their age, gender and body weight
- their general health and nutrition
- whether they have been eating adequately while they were drinking alcohol
- whether they have been binge drinking (binge drinking means drinking heavily over a short period of time or drinking constantly over a number of days or weeks).

When drunk in small amounts, alcohol may make young people feel more relaxed; in larger amounts it may affect coordination and judgement and cause loss of consciousness. Other, more immediate effects of alcohol may include:

- feeling more confident
- feeling sleepy
- losing balance or feeling dizzy.

Short-term effects of drinking to excess include the following physical effects:

- a hangover
- nausea
- shakiness
- vomiting and memory loss
- injury
- alcohol poisoning.

Longer-term effects of heavy drinking over a period of time include:

- physical and psychological dependence on alcohol
- significant damage to the brain and liver
- risk of cancer of the mouth, throat or oesophagus
- possible increased risk of neurological disorders, heart problems and sexual problems (especially male impotence)
- emotional and mental health problems such as depression and anxiety
- problems at school, work and with relationships.

Being drunk affects the judgement of adolescents so that they risk:

- having unprotected or unwanted sex
- feeling bad about themselves and embarrassed by their actions
- losing friends or loved ones as a result of their behaviour
- spending money that is meant for more important items.

Using illegal drugs with alcohol is risky. If mixed with stimulants such as amphetamines, the young person may feel less drunk than he really is. If mixed with depressant drugs such as cannabis, there is a greater risk of passing out or overdosing.

In some cities both alcohol and illegal drugs are freely available if you have sufficient money. In these places young people may choose whether to spend an evening drinking alcohol or using illicit drugs, depending on what their friends are doing, how they want to feel and the cost.

Some young people who drink excessive amounts of alcohol are generally anti-authority and have been in trouble with the law. They frequently show aggressive, violent behaviour when they are drunk. Males especially may be involved in gang fighting or be physically abusive to their girlfriends.

Dependence or addiction to alcohol exists when a person feels physically ill if they stop drinking. This is called withdrawal syndrome. It is unusual for young people in their teens to develop alcohol dependence, but most adults who do develop such dependence started drinking alcohol heavily in their teens.

Drinking alcohol excessively damages physical and mental health. It may also result in the destruction of home life and in making serious study or regular employment impossible.

10.1.2 Finding out more about alcohol problems

Usually the young person with an alcohol problem will come to the attention of the police or a health professional because of accompanying emotional and behaviour problems, especially aggressive behaviour or fighting. These will need attention as described in other sections of this manual. Accidental injury is another common presentation.

- Obtain an account of how much alcohol the young person is consuming.
- Is the young person drinking alone or with others? If with others, is a heavy-drinking group the only one the young person belongs to?
- What needs are met by the drinking pattern – social (keeping up with the crowd) or psychological (relieving worry, anxiety or depression)?
- Ask about physical symptoms that might be alcohol-related such as gastritis.
- Ask about mental health problems such as anxiety and depression.
- Check on the presence of warning signs that the person is drinking too much, such as:
 - neglecting studies or work
 - getting into trouble over schoolwork or employment
 - feeling hungover in the morning

- thinking about alcohol a lot during the day
- feeling edgy
- drinking more alcohol than intended
- finding that more alcohol is needed to get the same effect.
- What are the family's attitudes to alcohol?
- What are the strengths of the young person's social position – at school, in employment, relationships with family and friends?
- Does the young person wish to change, cut down or stop his drinking?

Now, using the information you have obtained from the young person with an alcohol problem and the family member(s) you have seen, try to understand what has happened and decide what is the best course of action.

10.1.3 *Helping young people with alcohol problems*

Ask the young person what he hopes he will be doing when he is an adult. Then ask what he thinks will be the likely outcome if he carries on drinking at the same rate as he is now. Find out how much he wants to change. If he shows real motivation to change, then:

- decide with him whether to attempt to achieve complete abstinence or to aim for 'controlled drinking': abstinence is the preferred option, especially if the young person's health has already been affected
- if it is decided to achieve abstinence, then arrange a programme of alcohol withdrawal (Box 10.1)
- if it is decided to achieve controlled drinking, then use the tips in Box 10.2 to control the amount of drink used each day.

There may be little or no motivation to cut down drastically or stop drinking. This is usually the case with teenagers. In this situation advise on ways to make drinking safer (Box 10.2).

- Do not mix alcohol with other drugs
- Finish each drink – do not top up the current drink or you will not know how much you have drunk
- Know your limits – what may be fine for others may not be fine for you
- Do not drink and drive
- Stay with people you know and trust
- If you are having sex, use a condom to avoid the risk of a sexually transmitted infection or an unwanted pregnancy
- Try to develop friendships with others for whom drinking alcohol is not a necessary part of socialising

Whichever form of help is decided on there will be times when the young person goes through difficult times struggling to remain sober. The strategies in Box 10.3 may help the person through these times.

Now make a list of the ways in which the health professional might be able to help Adut.

Box 10.1 Alcohol withdrawal and its treatment

Alcohol withdrawal occurs when a person who is dependent on alcohol suddenly stops drinking. It usually begins within 24 hours of stopping drinking and lasts between 4 and 10 days. The more the person was drinking, the worse are the symptoms.

The common warning symptoms that a withdrawal reaction has started are:

- tremor
- shakiness
- poor sleep
- nausea
- anxiety
- irritability
- fever
- restlessness.

As the symptoms worsen, the person becomes confused, hallucinates and may have fits.

Treatment in the general healthcare setting should include:

- education about the relationship between the symptoms and the withdrawal from alcohol
- full physical examination (if the person has a fever, has fits, cannot drink fluids, is dehydrated or has a physical disorder, or is hallucinating or confused, refer them to a hospital)
- thiamine (a type of vitamin) – give 100 mg by intramuscular injection and prescribe a week's supply of thiamine tablets (50mg daily), multivitamins and folic acid (1 mg daily)
- a 4- to 6-day supply of chlordiazepoxide, to be taken as follows:
 - day 1, 25 mg four times a day
 - day 2, 25mg three times a day
 - day 3, 25 mg twice a day
 - days 4 and 5, 25mg at night
 - days 6 and 7, 12.5 mg at night
- alternatively, you can use diazepam, in the same way, starting from a dose of 5 mg four times a day.

Patel (2003)

Box 10.2 Controlled drinking

If a person chooses controlled drinking, then there are some tips you can suggest to control the amount of drink used every day.

- Keep track of how much you drink (if possible by recording it in a diary)
- Have at least 2 or 3 days in a week when you do not have any drink
- Alternate alcoholic drinks with non-alcoholic drinks
- Do not drink 'straight' alcohol – mix it with water or soda, so that one drink lasts longer
- Put less alcohol into each drink (e.g. drink only single pegs)
- Never drink in the daytime
- Make each drink last longer (e.g. an hour)
- Eat before you have your first drink
- Do not drink alcohol to quench your thirst; have water or other non-alcoholic drinks
- Reduce the time you spend in bars or with friends who drink heavily

Patel (2003)

Box 10.3 Dealing with difficult times while remaining sober

These are moments when it is especially difficult to stay sober. Suggest the following strategies to help the person to deal with such times.

- If you drink mainly at night, try to keep yourself busy, and go to places you cannot drink, such as a temple
- If you are in the habit of drinking with friends after work, try to organise a different social activity, such as going to see a film or do a sporting activity
- If you drink heavily only with certain friends, avoid these friends
- If you drink when alone, reduce the time you spend alone; for example, join a support group such as Alcoholics Anonymous or increase the time you spend with your family
- If you drink when you are under stress, learn ways of coping with stress and solving problems rather than blanking them out with alcohol

Patel (2003)

10.2 Drug problems

Case 10.2

Adit is a 16-year-old boy whose father brought him to the clinic. For the past 6 months he has been one of a group of boys and girls of the same age smoking *charas* (cannabis). This group used to meet behind the sports stadium in the town where they lived. His father thought that Adit had been smoking *charas* quite heavily as he could smell it on his breath when he came home every evening. The father recognised the smell as he had smoked *charas* from time to time as a boy. Over the past few months Adit had become increasingly tired and lacking in energy. He had stopped going to the classes he had been attending in order to become an electrician. Instead, when he was not out with his friends, he would just sit in a chair and look at the ceiling. Then about a month ago he had started to behave strangely, muttering to himself. He did not seem able to think straight. When he talked, he did not make any sense. Then he began to accuse his mother of going through his clothes. He seemed really confused and at times almost delirious. His father had told him to stop going out with these friends, but he took no notice. What can the health professional do to help?

10.2.1 Information about drug problems

Illegal drugs are an important part of the youth culture that exists in many urban and some rural areas. Their use:

- makes young people feel that they are part of a group
- marks entry into the adult world
- reduces group anxiety
- results in a shared experience many young people find extremely enjoyable.

However, in some countries, illicit drugs have an important place in cultural or religious rituals. In these circumstances they are only taken on special occasions.

Illegal drugs can be extremely harmful to the individual, but unless health professionals understand the positive reasons why young people use them, they may not be in a good position to help when things go wrong.

Cannabis (hash, weed, grass, *bhang*, *charas*, *ganja*) is the illegal drug most widely used by young people. It is a depressant drug that produces a sense of relaxation and well-being. Occasional, experimental use of cannabis is not usually harmful. Excessive use may:

- result in apathy and a lack of motivation to get anything done
- trigger a brief state of confusion lasting a few hours
- trigger an episode of much longer-lasting schizophrenic psychosis in a vulnerable young person
- result in psychological but not usually physical dependence; if a regular user stops using cannabis, he really misses using the drug but does not usually have a physical withdrawal syndrome.

Other illegal drugs include amphetamines and ‘ecstasy’. These are used because they give a ‘buzz’, with feelings of excitement and well-being. Excessive use of amphetamines may trigger acute psychosis. A number of deaths have been reported from the use of ecstasy as a result of overheating and dehydration.

Some groups of younger children, in their early teens or even younger, inhale solvents such as petrol, glue, lighter fluids and paint thinners. This gives them a sense of relaxation and well-being.

Heroin, cocaine, barbiturates and lysergic acid diethylamide (LSD) are used by a small minority of young people in some parts of the world. These drugs are generally regarded as more harmful than cannabis. The drugs are usually expensive, so young people who become ‘hooked’ on them have difficulty finding the money for their drug habit. In some countries, the use of ‘crack cocaine’ (a form of cocaine made by mixing powdered cocaine with baking powder and smoking it) is quite widespread among teenagers. All these drugs have serious harmful effects.

Young people who become addicted to alcohol or illegal drugs may take to crime, especially stealing from home and elsewhere, so that they can pay for their drug habit.

Although drug addiction is unusual in childhood and adolescence, most adult drug addicts began their drug habit in their teenage years.

10.2.2 Finding out more about young people who are using illegal drugs

Usually the young person with a drug problem will come to the attention of the health professional because of being confused or because there are accompanying behaviour or emotional problems. They may be involved in stealing to obtain money to fund their drug habit or be depressed or showing signs of schizophrenia (see Section 11.2). They may have physical health problems, such as infections, due to the drug use or they may have run out of drugs and are having withdrawal symptoms.

Parents will often be the first people who want to help the young person. They may have noticed:

- the smell of cannabis
- that the young person has become secretive and refuses to communicate
- that he is always short of money and sums of money have started to go missing in the house.

You should ask parents:

- ‘Have you noticed any change in his behaviour? Since when?’
- ‘Do you suspect he is using drugs? If so, why?’
- ‘How do you feel about this?’ A sympathetic attitude could be helpful later on.

Occasionally, the young person may come for help because they have:

- an associated health problem
- run out of drugs and want the health professional to give them a supply
- withdrawal syndrome
- decided they really want to stop using drugs.

You should ask the young person:

- ‘Which drugs are you using? How often do you take drugs?’ This will tell you about the type and frequency of drug use.
- ‘How do you take the drugs?’ If by injection, ask: ‘Do you share needles? If so, have you had a HIV test or hepatitis B test?’
- ‘Have you tried to stop the drugs on your own? What happened?’ Young people who have tried to stop may be more motivated to accept help.
- ‘How is the habit affecting your health? Your relationships with other family members? Your studies or work?’
- ‘Would you like to stop using the drugs? Why now?’ Being motivated is an important sign that the person may succeed in giving up the habit.

Now, using the information you have obtained from the young person with a drug problem and the family member(s) you have seen, try to understand what has happened and decide what is the best best course of action.

10.2.3 Helping young people with drug problems

In most cases, young people using illegal drugs do not come to health professionals for help for their drug habit. They come because of an associated physical health problem, for example tiredness, depression, anxiety or signs of a psychotic illness. For advice on how to manage these problems, see the relevant sections.

If the young person is unconscious, has severe withdrawal or has a serious infection, then refer to a hospital emergency department. If the young person is not in need of urgent medical attention, then try and form a trusting relationship with him. Then:

- set a definite date for stopping taking the drug
- allow at least a week to recover from a withdrawal phase.

If there is a risk of serious withdrawal symptoms, then, if one is available, refer to a specialist drug clinic where drugs such as methadone can be used to reduce withdrawal symptoms.

The principles for treating the minority of drug users who are willing to receive treatment are abstinence, relapse prevention and rehabilitation. This requires a specialist facility. For young people who are not willing to stop now:

- refer to a community group that helps drug users
- consider ways of reducing the drug misuse, for example from smoking half a gram of heroin a day to a quarter of a gram
- move from more dangerous to less dangerous ways of using drugs, for example from injecting drugs to smoking them
- give advise on reducing the risk of infections from injections using dirty needles
- point out the damage that the drugs are causing
- always offer the young person a chance to come back to talk to you.

Now write down ways a health professional might be able to help Adit.