



Substance Use Disorder: Alcohol Use Disorder For CHO/SN





LEARNING OBJECTIVES

- Understand the concept of substance use disorders; particularly alcohol use disorder
- Understand the physical, mental and social health consequences of alcohol use disorder
- Learn strategies to help an individual with alcohol use disorder



WHAT IS SUBSTANCE ABUSE?

Substance abuse is defined as:

“A maladaptive pattern of use indicated by continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use [or by] recurrent use in situations in which it is physically hazardous”.





CLASSIFICATION OF PSYCHOACTIVE SUBSTANCES

- Substances that **cause sedation** (suppress the Central Nervous System) also known as **Sedatives/ Depressants**,
 - Examples- include alcohol, opium, and opioid drugs, cannabis, volatile solvents like petrol, paint thinners, glue, etc.
- Substances that **cause stimulation** (arouse the Central Nervous System) also known as **Stimulants**,
 - for example- nicotine in cigarettes and chewing tobacco, caffeine, cocaine, etc.
- Substances that cause hallucinations also known as **Hallucinogens**,
 - for example- Lysergic acid diethylamide (LSD), and Psilocybin is present in some varieties of mushrooms, etc.

ALCOHOL AND ITS EFFECTS ON HEALTH

Alcohol is a drug and may be classified as a sedative, tranquillizer, hypnotic or anesthetic, depending upon the quantity consumed

The impact of alcohol consumption depends on:

- Total volume of alcohol consumed,
- Pattern of drinking.





DIFFERENT TYPES OF DRINKING



SOCIAL DRINKING

- occasional drinking in social rounds
- not causing any medical or social problems



HARMFUL DRINKING

- drinking cause damage to the person
- associated with adverse social consequences



ALCOHOL DEPENDENCE

- a sense of compulsion to drink alcohol daily
- gradually increase the amount of alcohol to feel well



WHY DO PEOPLE DRINK TOO MUCH?

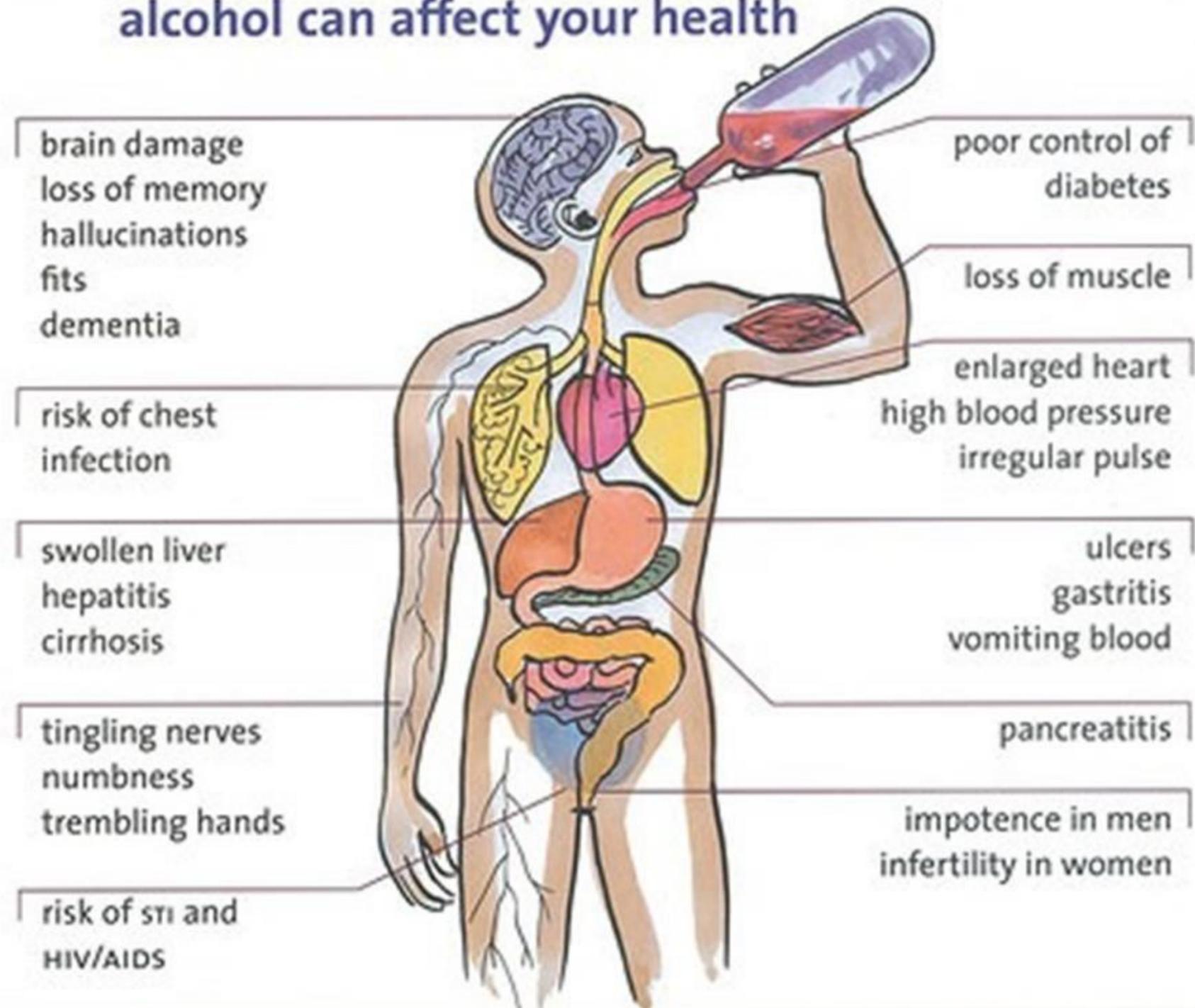


- Peer pressure – starts at teenage and influenced by friends who drink
- Alcohol easily available and cheaper than other substances.
- Feel more relaxed
- To forget about their problems
- Feel that a drink will help when stressed or can't sleep
- Reduce pain after a hard day of manual or physical labour



GENERAL HEALTH PROBLEMS

alcohol can affect your health





WHAT ARE WITHDRAWAL SYMPTOMS?

- Withdrawal symptoms occur when the dependent person doesn't get his/her drink
- They occur as a sign that a person has become physically dependent on alcohol and can't be without alcohol anymore
- Dependent people often have to get their first drink early in the morning to avoid withdrawal symptoms





WITHDRAWAL SYMPTOMS

ALCOHOL Withdrawal – Symptoms

MINOR WITHDRAWAL

6 – 36 hrs from last drink

Normal mental status
Tremor
Mild anxiety
Headache
Diaphoresis
Palpitation
Anorexia
GI upset
Insomina

Minor withdrawal symptoms can persist at low levels for up to 6 mths

HALLUCINATIONS

12 – 48 hrs

Normal mental status
Vital signs normal.
Usually visual.
Can be auditory, or tactile
Resolves in <48hrs, before DTs start

SEIZURE

6 – 48hrs (early as 2hrs)

Generalized tonic clonic
Usually singular
May be series of Sz over short period of time
If recurrent seizures think other cause, and get CT / LP.

Treat with Benzos

If untreated, 1/3 → DT

DELIRIUM TREMENS

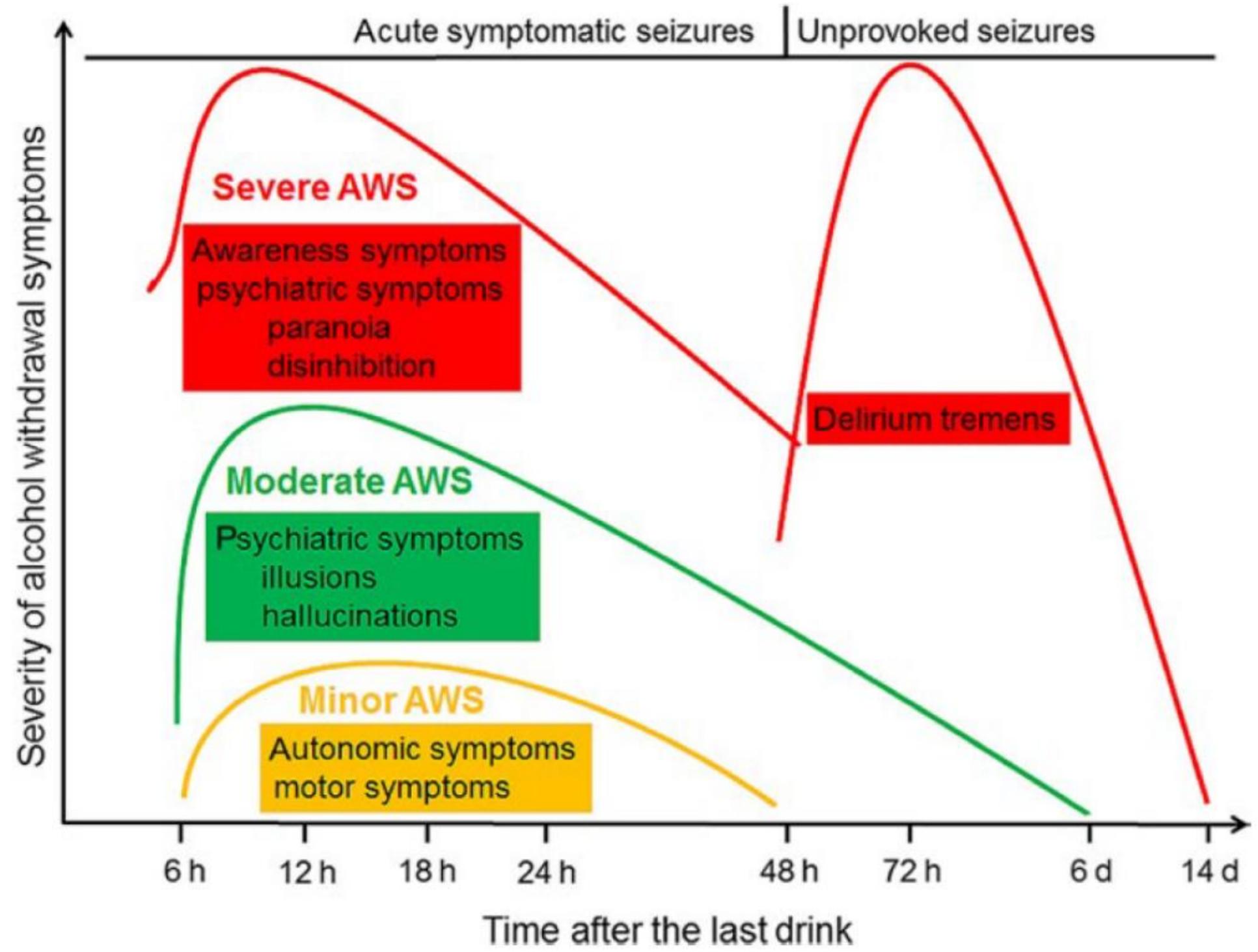
48 – 96hrs

Disorientation, Agitation
Hallucinations
↑ Autonomic activity
tachycardia
febrile, diaphoresis
hypertension
Resp Acidosis → ↑ pH →
Resp Alkalosis
Lasts 5 – 7 days
5% Mortality

↑ DT Risk:

previous DT
age >30
concurrent illness
sustained drinking
very elevated ethanol
longer period between last drink and onset of withdrawal

WITHDRAWAL SYMPTOMS





MENTAL HEALTH

- Psychological dependence
- Experience of typical symptoms of a common mental disorder (e.g. sleeping problems, sad or irritable moods, fears)
- Experience of hallucinations (e.g. hearing voices or seeing things)
- Unreasonable jealousy
- In chronic cases: loss of memory and orientation and become a 'helpless person' (alcohol damages the brain)
- Epileptic fits
- Increased risk of suicide



SOCIAL HEALTH

- Relationship breakdown
 - Arguments about spending too much money on alcohol and not fulfilling household duties when drunken
- Becoming unreliable at home and work
- Social Isolation
- Loss of employment, financial instability
- Homelessness
- Stress on family, friends, partners
- Motor accidents



DEPENDENCE

Dependence on any substance can be assessed when at least 3 of the following symptoms together in the past year

- Strong desire to use (craving)
- Unable to control the amount used/ quit using
- Withdrawal symptoms when they don't use or use less than usual amount (e.g. hands shaking, feeling irritable, not able to sleep)
- Needing more and more quantities of the substance to get the desired effect (Tolerance)
- Neglecting responsibilities and spending more time using the substance or with related activities (Salience)
- Continuing to use although aware of the negative effects



RECOGNIZING SIGNS OF DEPENDENCE

- Loss of interest in sports and daily routine
- Loss of appetite and body weight
- Unsteady gait, clumsy movements, tremors
- Reddening and puffiness of eyes, unclear vision, Slurring of speech
- Fresh, numerous injection marks on body and blood stains on clothes
- Nausea, vomiting and body pain





- Drowsiness or sleeplessness, lethargy and passivity
- Acute anxiety, depression, profuse sweating
- Changing mood, temper, tantrums
- Emotional detachment
- Impaired memory and concentration
- Presence of needles, syringes and strange packets at home





RISK FACTORS FOR SUBSTANCE USE DISORDER



Family Factors

- Sexual or physical abuse
- Parental or sibling substance abuse
- Parental approval or tacit approval of child's substance use
- Disruptive family conflict
- Poor communication discipline and supervision
- Parental rejection

School Factors

- Lack of involvement in school activities
- Poor school climate
- Norms that accept substance use
- Unfair rules
- School failure



RISK FACTORS FOR SUBSTANCE USE DISORDER



Community Factors

- Poor community bonding
- Disorganized neighbourhoods
- Crime
- Drug use
- Poverty
- Low employment

Peer Factors

- Bonding to peer group that engages in substance use or other antisocial behaviours



ROLE OF CHOS

Identifying Dependence

• Alcohol Use Disorder Identification Test (AUDIT)

• AUDIT has 10 questions, and the possible responses to each question (except 9 & 10) are scored 0,1,2,3, or 4. Questions 9 and 10 have possible responses of 0, 2, and 4. The range of possible scores is from 0 to 40, which is interpreted as follows:

- 0: abstinent and never had any problems from alcohol use
- 1 to 7: Low-risk alcohol use
- 8 to 14: Harmful alcohol use
- 15 or more: Alcohol dependence.





MANAGEMENT OF SUDS AT SHC-HWC

Non-Pharmacological Management

- Motivational Interviewing
- Relapse Prevention
- Coping Strategies
- Craving Management
- Assertiveness Training
- Support family
- Self-help groups





Pharmacological Management

- Management of withdrawal symptoms:
 - Diazepam tablet or slow IV injection 5-10mg or lorazepam tab/IM/IV 4mg
 - Complicated withdrawal: referred to a secondary or tertiary care hospital at the earliest
- Multivitamin/ Nutritional Support
- Correcting fluid and electrolyte imbalance
- Treatment of co-existing medical problems (e.g. hepatitis)
- Anticraving/ Deterrent agents (by Medical Officer)





RED FLAGS IN SUBSTANCE USE DISORDER



- When the person is unable to stop substance use with simple advice
- If there are seizures
- If there are physical health problems, e.g. fever, mouth patches, yellowness of eyes, any other
- If the individual appears confused/ claims to hear or see what others cannot
- When the individual/family appear significantly distressed.



IF THE INDIVIDUAL IS PRESCRIBED DISULFIRAM



- Warn that he should NOT drink any alcohol, otherwise life-threatening reactions can occur, which can continue for up to 2 weeks following the last dose.
- Warn him NOT to use any alcohol-containing products such as cough syrups or any medicines without doctor's prescription. Also tell him not to use alcohol-based aftershave lotions, inhalation of paints or varnishes.
- If the individual is prescribed long-term medication (e.g. Acamprosate/ Naltrexone): Watch for allergic reactions (e.g. skin rash), adverse effects such as headache, nausea, sedation, hepatotoxicity. Ask the individual to report any such effects immediately. Monitor vitals regularly during follow up.



Myths	Facts
Alcohol causes health problems only when used in large quantities.	There is no known safe limit for alcohol use. Health problems can set in with any quantity or at any time.
Alcohol makes a person attractive and enhance sexual performance.	Alcohol damages the skin and causes a person to age rapidly, so it cannot make anyone look attractive. Alcohol also damages the reproductive system and blood vessels, causing infertility
Alcohol makes a person brave.	Alcohol affects the nervous system and makes a person say or do inappropriate things which he/ she would never do when sober. So the person just appears to be out of his/her mind to others, rather than brave.
Alcohol improves work performance.	In people who have been using alcohol for a long time, they become dependent on it, so that they are unable to concentrate if they do not use.
Alcohol induces good sleep.	Alcohol disrupts the natural sleep cycle. Therefore, following alcohol-induced sleep, the person will still feel tired and drowsy in the morning.

CASE STUDY

Vishal is a 43 year old man who is coming to the primary health clinic with a number of physical complaints. He reports that he is not sleeping well and feels like vomiting in the morning with burning stomach pains. He has been to a doctor who prescribed him pills for the stomach pain and nausea which didn't help much. Today he is also trembling and sweating and 'begging' the ANM to give him some sleeping pills. The ANM suspects that he might be suffering from an alcohol use disorder. Being asked about how much alcohol he drank in the last two weeks he admits that he has been drinking about 4-6 beers daily and sometimes in-between shots of self-brewed spirits. Now he is desperate as he has run out of money.





CASE STUDY: QUESTIONS

- With which symptoms is Vishal presenting in the primary health center?
- What might be the causes that Vishal is drinking so much?
- How can the CHO ask Vishal in a sensitive way about his alcohol consumption?



PROVIDING HELP TO PERSONS WITH SUDS

How to help a person with Alcohol use disorder?

Mental Health First Aid for a person with an alcohol use disorder

Give reassurance and information

- Harmful use of alcohol is a common problem
- Alcohol Use Disorder is a real medical condition
- Assure that drinking too much is not a character weakness but that some people are just more vulnerable than others to drink too much
- Provide information about the harmful effects of too much alcohol





Assess the risk of suicide, self-harm or harm to others

- Ask about suicidal thoughts and concrete plans
- A person with an alcohol use disorder is at a high risk of committing suicide
- Many suicide attempts happen under the influence of alcohol

Encourage to get appropriate help

- Refer to CHO for talking treatment/counselling
- Refer to MO for medical problems
- Refer to the hospital with severe withdrawal, over dosage
- If the person is motivated, refer him/her to a center specialized in treatment of alcohol use disorders

Encourage self-help treatments- Give advice

- For sleeping problems
- For a healthy diet
- For regular exercise
- For regular relaxation
- To avoid sleeping pills or other addictive substances (e.g. tobacco, cannabis)
- To join a support group, if available (e.g. alcoholic anonymous (a worldwide support group for sober ex-users))
- For cutting down drinking or stop alcohol





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Thank You

