

## 6. SUBSTANCE ABUSE: ALCOHOL AND DRUGS

### OVERVIEW

In this module, we examine the different kinds of drugs, both those accepted by Western Society and those which are banned. We explain how people become dependent, and show how you can help people conquer their addiction, using the "disease concept" as your guideline.



**Extract**

### THE EXTENT OF THE PROBLEM

One hundred thousand people in Britain die prematurely because of smoking. Seven hundred thousand people have a serious alcohol problem. Two hundred and fifty thousand people are addicted to tranquillisers.

Each of these people has a family that is affected by their behaviour, so the problem is a large one. There are more deaths and disabilities each year from substance abuse than from any other cause. About 18 million Americans have alcohol problems; about five to six million Americans have drug problems. More than half of all adults has a family history of alcoholism or problem drinking.

In the USA, more than 9 million children live with a parent dependent on alcohol and/or illicit drugs. Fetal alcohol syndrome is the leading known cause of mental retardation (The National Council on Alcoholism and Drug Dependence).

### THE COUNSELLOR'S ATTITUDE TOWARDS DRUGS

Our attitude towards drugs is conditioned by our background and culture. A judge will soundly condemn a drug addict, and may sentence them to prison, but the judge may be addicted to alcohol. The journalists reporting the trial may smoke cannabis for recreation. The clerk of the court may be taking Benzodiazepines tranquillisers. The police officer that arrested the person may be addicted to tobacco. Society deems some substances acceptable, and others not. People then happen to be brought up on the right or wrong side of the divide.

Attitudes towards drugs vary among different cultures. Moslem countries frown on alcohol. Bolivian farmers chew coca leaves, which produce cocaine. EU commissioners condemn cannabis production but subsidize tobacco production.

Yet attitudes are constantly changing. Today, many senior police officers are in favour of de-criminalizing drug use. So you should try not to hold pre-conceptions about drug abuse. An open mind and a non-judgmental attitude are essential.

Moreover, a drug scene which seems squalid to the outsider can seem exciting to the drug user. Therefore, the counsellor has to understand the users culture and needs before they can start to help them.

### **EXERCISE 6.1**

What is your attitude to drugs? Are you addicted to any legal or illegal drugs? How do you think your attitude to drugs will effect your position as a counsellor?

### **SMOKING**

As a counsellor, you may be asked to help a client quit smoking. Smoking kills one in four smokers, many of whom die a painful death. Out of 1,000 young male smokers, one will be murdered and six will be killed on the roads; but 250 will die from smoking. It shows what a big killer smoking is.

Tobacco causes a wide range of illnesses, including lung cancer and heart disease. Babies born to smokers are under-weight and weak.

Withdrawal is not easy because nicotine is highly addictive. The user may also experience stress because they have lost an emotional support.

### **SMOKING AND THE COUNSELLOR**

Smokers present a problem for the non-smoking counsellor. You will be in the same room with the smoker for an hour, surrounded by fumes. When you see your next client, you will smell of stale tobacco smoke. Some counsellors refuse to take on a smoker.

You can ask a smoker not to smoke. After all, they would not smoke in front of their GP. They may then decide not to ask you to counsel them, and this may not worry you greatly.

Research shows that trying to persuade smokers to quit has little effect unless the smoker is already considering it. Therefore, exhortations bring little benefit.

The client may light up at certain times when they make coffee, for example. You may ask the client to write down the times and places where they smoke, and encourage the client to avoid those times and places. Separating smoking from social breaks may help. For example, ask the client to avoid a smoke-filled canteen at work.

### **LEARN WHY THE CLIENT SMOKES**

It is important to find out what has motivated the client to smoke. Smokers often find that tobacco relaxes them and helps them concentrate.

The oral craving - to have something in the mouth - is another urge. Some smokers start over-eating when they quit, substituting one problem for another. See if the client can find a non-fattening, non-harmful substitute.

Nicotine patches work for some clients. Placed on the upper thigh like a plaster, the patch will slowly release a metered dose of nicotine.

A discussion with the GP is also effective, if the client wants to give up. Other cures like acupuncture, hypnotism, or smokers' classes have high rates of recidivism (backsliding). In some cases, 80% of clients return to smoking.

Often it is effective for the counsellor to ask the client what it would take to quit smoking. It is a simple approach, but it works.

### **EXERCISE 6.2**

Do you have a friend that smokes? If you do, ask them questions about their habit. Try and ascertain why they smoke, and discover if they've tried giving up in the past.

## **DRINKING**

Alcohol makes people relax, for it is a drug just as much as nicotine or cannabis. However, thousands of people have a problem with drink - they drink too much, too often.

Excessive drinking costs British firms £800 million (\$1 billion) every year from absenteeism caused by alcohol.

The alcoholic leads a secret life of hiding bottles, going on secret drinking trips, and stealing money. They can exhibit shaky hands, slurred speech, anxiety and depression. They are caught drunk-driving by the police.

Alcohol is easy to get; it is on sale everywhere. It also provides a quick release from stress. This makes it the obvious choice for people in difficulty.

The World Health Organisation reckons that between 1% to 10% of the world's population is dependent on alcohol, and is disabled by it. If the client craves alcohol, and if they cannot control what they drink, they are alcoholic.

Alcohol abuse can stem from excessive stress at home or work. If you can find out what is stressing your client, you can help them resolve that stress, which may help them recover.

## **THE DISEASE CONCEPT**

Most civilized nations and health care professionals use the "disease concept" or "model" in providing treatment to individuals with drink or drug problems (The books listed in Exercise 6.3 give a full explanation of the disease and recovery process).

The disease concept does not assign blame or make alcohol or addiction a moral issue. It identifies the problem, which is pathological consumption of alcohol or drugs; and it gives the solution, which is abstinence and treatment.

Addiction is classified as a **disease** and is a primary disorder because it has an:

- Onset
- A course that the process takes
- In addition, it will result in death if left untreated

Alcoholism is a **disease** and not a symptom of another disease or emotional problems.

Alcoholism may also result in physical complications or disability including:

- Hepatitis
- Cirrhosis
- Neurologic disorders
- Gastritis
- Heart disease
- And reproductive disorders, among others.

In the alcohol treatment community it is generally accepted, and taught to the client, that the drinking causes the problems. The problems do not cause the drinking. When working with an alcoholic you should assume this point and discuss it often.

### **EXERCISE 6.3**

Go to the library and explore the "disease concept" used in chemical dependency (alcoholism and addiction) treatment and recovery programs.

Some books to look for include:

- *I'll Quit Tomorrow*
- *How to Help Someone Who Doesn't Want Help: A Step-By-Step Guide for Families of Chemically Dependent Persons*

Both books are by Vern Johnson.

Also, watch the movies "Clean and Sober" and "When a Man Loves A Woman."

## **DIAGNOSING ALCOHOL DEPENDENCE**

For a medical diagnosis of alcohol dependence, a person must exhibit within a twelve month period, at least three of the seven following dependency symptoms:

1. Tolerance - The need to drink more
2. Withdrawal or drinking to avoid or relieve withdrawal symptoms
3. Drinking larger amounts or for a longer period than intended
4. Unsuccessful attempts or a repeated desire to quit or to cut down on drinking
5. Much time spent on using alcohol
6. Reduced social or recreational activities in favour of alcohol use
7. Continued alcohol use despite psychological or physical problems

Working with individuals who are alcohol dependent can take you to task. Education is the greatest asset you will need to keep your client honest and on track.

Most individuals come to a counsellor after their treatment program has ended. They need firm help and support to heal and to keep them from drinking or using drugs again. Your work in this field is important. Your services have great value, especially when you help an addict stay clean. Honesty, open-mindedness and willingness are essential to the client/counsellor relationship.

A chemical dependent individual has "triggers" that can set off a bout of drink or drug abuse. Triggers should be identified and discussed, often.

Another concern is that a chemical dependent person more often than not will substitute one drug for another, just because of its availability.

## **DRUG TREATMENTS FOR ALCOHOLICS**

Helpful solutions in alcoholism treatment are the drugs:

- Disulfiram (known as Antabuse)
- Clonidine
- Naltrexone

## DISULFIRAM/ANTABUSE

Antabuse is prescribed in pill form by a doctor. It reacts against alcohol. If the client drinks alcohol, Antabuse makes them ill - with sweating, vomiting and fainting. If the client wants to stop drinking, the drug can help.

## CLONIDINE

Clonidine is an anti-hypertensive agent used in alcohol withdrawal treatment. Clonidine has benefits in reducing rapid heart rate and sweating and is helpful when used with alcohol withdrawal treatment (It is also used to treat migraine headaches, and nicotine addiction).

## NALTREXONE

Another agent is Naltrexone. It comes in pill form and when taken by an alcoholic it curbs the craving for alcohol. In an article in the New York Times, it showed that the drug could be used to make it easier for alcoholics to stop drinking again and to continue their treatment. The study also showed that the results are even more beneficial when the drug is used in Twelve Step (the program used in Alcoholics Anonymous) or other recovery programs; especially in the early stages of sobriety.

## **ALCOHOLICS ANONYMOUS**

Another non-medical treatment for alcoholism is Alcoholics Anonymous. In the AA group, each person affirms that they are an alcoholic ('my name is Andrew and I am an alcoholic'). The individuals recount their successes and failures in giving up the bottle. They share their experience, strength and hope with each other to stay on their path of sobriety.

### THE ADVANTAGES OF AA

- Meetings are held outside the home. This gives the recovering person a chance to meet with other recovering people. When they leave home for a meeting, it also gives the spouse and others in the home a breather while the alcoholic is away for the evening.
- Meetings add structure and give the recovering person something to hold on to through the early and disturbing stages of recovery. The structure of Twelve Step groups is sometimes referred to as "pre-determined" and rigid, but it does save lives.

- People who have recovered will tell you the same thing: "You keep going to meetings, no matter where they are held, no matter how you feel about it. You will eventually see that those AA meetings are places where lives are saved and members learn how to stay sober."
- Some groups have their share of "broken down people" who attend meetings. However, if you look behind the closed door, you will find doctors, lawyers, and a wide range of professional people who attend meetings anonymously. All types of people, blue collar and indigent included, gather in these meetings to get and stay sober. No one knows for sure how, but AA works!

#### THINGS THAT COULD DISCOURAGE A CLIENT FROM AA

- It lacks in-home, one-to-one counselling. Not everyone wants to deal with their issues in a semi-public forum.
- Its insistence on a pre-determined structure
- It tends to hold meetings in draughty halls
- Agnostic clients will not like its Christian overtones

#### **EXERCISE 6.4**

Find out if there is an Alcoholics Anonymous group in your local area. If there is, you may suggest that your clients attend to see if it will help them recover.

Also, do some research on the internet into the Twelve Step program of recovery.

#### **TRANQUILLISER ABUSE**

Librium and Valium are two well-known tranquillisers, which are part of a group of drugs known as Benzodiazepines (or diazepam). Throughout the 1960s, '70s and '80s, they were prescribed widely, because they are effective in reducing anxiety, aiding sleep and relaxing muscles.

However, they also have disadvantages. They are highly addictive, and can induce depression and suicide tendencies. They are even thought to cause brain damage, aggression, rage and road traffic accidents.

It is hard to stop taking diazepam, which is said to be more addictive than heroin. Reducing the diazepam intake should be done gradually and under a doctor's supervision.

Xanax was initially prescribed as a substitute for Valium, especially in the case of Valium dependency. It was believed to be a safe and non-addictive alternative. Time proved this wrong. It was found to be as addictive as the other substances used as tranquillisers.

### **PRESCRIPTION DRUG ABUSE**

When drugs are prescribed and taken as directed there is little chance of addiction. When the drug is not taken as directed, or if it is prescribed to a person with a desire to experience the drugs' side effects, that is where the problem begins.

Prescription drug addiction can affect the young, middle-aged, or elderly. Addicted individuals may come from any occupation, hold entry level or high level positions, be parents or grandparents, single or married. As a counsellor you will encounter clients who are not using prescribed drugs as directed or using them for a condition other than what they were prescribed.

You can try to counsel a person who is misusing prescription drugs. However, you need to do it under the supervision of a doctor. The process goes like this:

- The patient has to have a commitment to stop using the drug (s)
- Advice and direction from the doctor must be followed
- Your client may need additional support from outside groups
- If it is proven that the individual cannot stop and abstain, then a doctor will suggest a more intense approach.

### **DRUG ABUSE AND THE INTERNET**

The recent rise in making drugs easily available is compounding the drug problem. The internet makes drugs easy to get. Even a child can order them.

Most people do not go to the doctor and falsify their medical complaints, but the internet makes this easy to do. The attraction of doing it anonymously adds to the problem. Most people do not realise this is illegal.

## **SOLVENT ABUSE**

Solvents are cheap and deadly. There are over 30 sniffable substances in the average home. Each year, 120 young people die in the UK from glue sniffing, some on their first sniffing session.

Most glue sniffers are aged between 12 and 16, but some are younger. One in ten secondary school children try sniffing. Most of them try it once or twice and then leave it alone. However, solvent abuse can be addictive and can lead to hard drugs. One in a hundred children become regular abusers.

Students in big cities are "pharming" these days. "Pharming" is a new word for grabbing a handful of prescription drugs and ingesting some or all of them. Young people steal grandma's pills and distribute them at school.

Children consider it "cool" and the "in thing" to take drugs. As long as your young client has this belief, you will not be able to change their attitude. They may also not be in the mood to listen to some of the dire warnings given out by the authorities. For example, in response to the threat, 'drugs kill'; they can point to drug abusers who are very much alive. Children may say, "You've got to die of something." It's a tough problem to solve. Youth are defiant and think they are invincible.

## **REMINDER**

Have you completed the following exercise?

- Exercise 6.1.
- Exercise 6.2
- Exercise 6.3
- Exercise 6.4
- Exercise 6.5

Tick the box when you have completed the exercise. When you have done the exercise, you can move on to the assignment that follows.

## **SUMMARY**

- You are able to help a client quit smoking
- You know how to help clients stop drinking
- You know about tranquillisers and solvent abuse
- You are aware of the illegal drugs your clients might be using, and you know how to help these clients
- You are familiar with the "disease model" of alcoholism and addiction
- You are able to help clients addicted to gambling
- You can help clients who are addicted to food
- You have become more aware of alcoholic/addict behaviours
- You have considered using the prepared statement of advice
- You know what to do in an emergency

## ASSIGNMENT 6

Brenda has a recognised drinking problem and has not drunk for 90 days. She wants to get her life back together. She was in a treatment program and had after-care, but that recently ended. Her friends, a couple, want her to join them in their weekly get together where they smoke marijuana. Her husband is indifferent about this. She wants you to help her take charge of her life.

Your assignment is to demonstrate, in essay form, that you have grasped the main ideas of helping another with an alcohol or drug problem. If you wish, use the ideas that are set forth in this module. One thing that you should consider is that conventional wisdom and health care professionals recommend that the client should not make any major life changing decisions during the first year of abstinence.

When you have completed the assignment, please send it to your tutor for marking.

Suggested books:

*Passages Through Recovery: An Action Plan for Preventing Relapse*  
by Terence T. Gorski

*Sober for Good: New Solutions for Drinking Problems - Advice from Those Who Have Succeeded* by Anne M. Fletcher

*It Will Never Happen to Me* by Claudia Black

---

Well, that's the end of the extract. If you want to know more, you'll have to register!

We look forward to welcoming you on to the course, and helping you become a counsellor.