



Alcohol and Substance Misuse

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Alcohol Levels of Use 1

Units of alcohol

$\frac{1}{2}$ pint beer (3-4% ABV) = 1 unit

1 glass wine = 1.5 units

1 measure of spirits = 1 unit

n.b. 1 can strong (9%) beer = 3 units



Alcohol Levels of Use 2

Safe <14 units/wk women <21 units/wk men

And not more than 3 units/day women
not more than 4 units/day men

And 2 alcohol free days per week

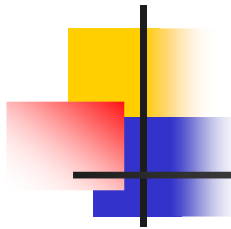
Hazardous 21-35 women 35-50 men

Harmful >35 women > 50 men



Alcohol Epidemiology

- 27% of men and 14% of women exceed safe limits for alcohol
- Rates are highest for people age 18 to 24 where 42% of men and 26% of women exceed safe limits
- 10% of men and 3% of women show evidence of alcohol dependence
- 13% of men and 7% of women age 18 to 24 show evidence of alcohol dependence



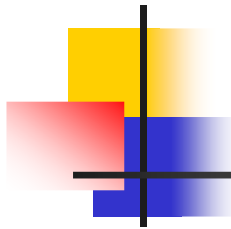
Alcohol Problems

ICD 10 Classification

Alcohol Dependence Syndrome

3 or more of the following in preceding 12 months

1. Strong desire or compulsion to drink
2. Difficulty in controlling drinking
3. Withdrawal state or use of alcohol to avoid withdrawal
4. Tolerance
5. Neglect of alternative interests
6. Continued use despite harmful consequences



Alcohol Problems

ICD 10 Classification

Harmful use

A pattern of use that is causing damage to health. The damage may be either physical or mental.

DSM IV – Alcohol Abuse – emphasises adverse *social* consequences of drinking



Alcohol Problems

Definitions

Hazardous Use

(not an ICD 10 Term)

- Men - Regular consumption of > 5 units of alcohol per day
- Women - Regular consumption of > 3 units of alcohol per day



Alcohol Problems

Definitions

Binge drinking

Different definitions

- Consuming 11 units or more on 1 occasion
- Consuming 5 units or more on 1 occasion
- Consuming ½ bottle of spirits or 2 bottles of wine on 1 occasion
- Unrestrained drinking bout lasting for at least 2 days



Alcohol

Detection of problems

- History
 - Typical drinking day
- Questionnaires
 - CAGE
 - AUDIT
- Examination
- Biochemical Tests
- LFTs, GGT, MCV, CDT, blood alcohol breath alcohol



Alcohol Adverse Effects

- Social – violence, accidents, disruption of relationships, impaired work performance
- Psychological – anxiety, depression, morbid jealousy exacerbation of major mental illness
- Physical – GI disease, cardiomyopathy liver damage, pancreatitis, peripheral neuropathy, delirium tremens, Wernicke-Korsakof syndrome, foetal alcohol syndrome



Alcohol related problems 1

- 5000 deaths caused by alcohol per year
- 33000 deaths caused indirectly by alcohol per year
- 1 in 4 acute male hospital admissions are alcohol related
- 1 in 6 people attending A & E have alcohol related problems



Alcohol related problems 2

Alcohol is a factor in

- 60 to 70% of homicides
- 65% of suicides
- 60% of assault victims
- 50% of serious road traffic accidents
- 50% of domestic violence
- 47% of serious injuries
- 40% of self poisoning
- 22% of orthopaedic admissions



Alcohol Detoxification

- Use chlordiazepoxide up to 20mg qds
- May use reducing regime or 'symptom-triggered' regime
- Note need for parenteral thiamine
- Frequent detoxification (>3 per year) may lead to 'kindling' and more severe withdrawal symptoms



Alcohol Treatment 1

- Minimal interventions
20 minute assessment using AUDIT and 5 minutes advice reduces alcohol intake in hazardous drinkers
- Brief Treatments
3 to 4 hours of a CBT treatment such as Motivational Interviewing is effective where dependence is moderate and there are no severe social or mental health problems
- Intensive treatments
Longer term CBT treatments offered by specialist services



Alcohol Treatment 2

Specific Pharmacological Treatments

- Disulfiram (Antabuse)
produces a toxic reaction when alcohol is consumed –headache, flushing nausea - rarely hypotension and collapse
- Acamprosate (Campral)
may reduce craving for alcohol
- Naltrexone



Alcohol Treatment 3

abstinence v controlled drinking

It is best to aim for long term abstinence
if there is evidence of severe
dependence and/or physical harm

Alcoholics Anonymous AA

An abstinence based approach within a
strong group ethic



Alcohol Prevention

- Education
- Taxation and price control
- Prohibition

Drug Misuse

Major drugs of misuse

- Cannabis
- Amphetamine
- Cocaine
- Heroin
- Others
 - Benzodiazepines - Ecstasy
 - Volatile substances - LSD
 - Steroids - OTC's



Drug Misuse Classification

Classification is as with alcohol –

- Dependence
- Harmful use
- Abuse (DSM IV)



Drug Misuse Assessment

- History
 - Amounts used (Remember polydrug use is the norm)
 - Dependence/withdrawal
 - Route of administration
 - Funding of drug use
 - Health issues
 - Criminal justice issues



Drug Misuse Assessment

X uses

£20 heroin per day

3 or 4 rocks of cocaine every week

£20 cannabis per week

diazepam - 'when I can get it'

alcohol – 2 cans of 'Super' at night

amphetamine – not for 5 years

20 cigarettes per day



Drug Misuse Treatment

Harm Reduction

The philosophy of harm reduction involves the use of *intermediate goals* which fall short of full abstinence and may fall in a variety of spheres e.g. crime or health.

The concept started with concern about the risk of spread of the HIV virus.

The term remains a controversial one.



Drug Misuse Treatment

- Driving force for treatment is crime reduction
- Major crimes
 - supplying
 - Theft
 - Burglary
 - Robbery
 - Fraud
 - prostitution



Drug Misuse Treatment

Opiates

- Detoxification
 - Clonidine or lofexidine
 - Methadone
 - Accelerated
- Maintenance
 - Methadone mixture
 - Injectables
 - Subutex
 - heroin
- Relapse prevention - Naltrexone



Drug Misuse Treatment

- There are few specific treatments for other drugs of misuse, and none of proven effectiveness
- Motivational interviewing is of benefit
- n.b. Treatment and Testing Programmes



Drug Misuse

Blood borne viruses

- Hepatitis B
 - 20% IVDU's show previous exposure, 1% are carriers
- Hepatitis C
 - 50+% IVDU's are carriers
- HIV
 - Carrier rates in UK are <1%



Dual Diagnosis 1

- Dual diagnosis = severe mental illness + problem substance use
- Up to 50% of SMI patients may have a DD
- These patients show worse outcomes
- Treatment remains very problematic



Dual Diagnosis 2

Does substance misuse cause mental illness?

- Increasing evidence that cannabis use may predispose to the development of schizophrenia
- However major diagnostic error is to ascribe psychiatric symptoms to drug use