

## Alcoholism and De-Addiction

Alcohol has plenty of romantic associations. The gold-and-scarlet glow of liquor advertisements, the fizz of the champagne opened by a victorious sportsman, the toast at a party or the thrill teenagers feel over a secret beer bash – they all make for the feel-good image of alcohol.

Many people drink socially, or occasionally, and are able to stop after a few drinks. It does not interfere with any other aspect of their life. But for some others who drink, things go awry.

We do not know for sure why some people are more susceptible to alcohol abuse than others. An alcoholic is not just the man in tatters, knocked flat on the road after a binge. Alcoholism is an age no bar, economic status/ social status no bar disease.

**An alcoholic is one, whose drinking causes continuing problems in any area of his life (such as family relationships, job, financial status or health) and who continues to drink in spite of these problems because he has developed a physical and psychological dependence on alcohol.**

Once the djinn in the bottle gets you, you are trapped. And how!

*"If a person has cancer all are sorry for him...But not so with alcoholic illness, for with it there goes annihilation of all things worthwhile in life...It brings misunderstanding, fierce resentment, financial insecurity, disgusted friends and employers, warped lives of blameless children, sad wives and parents..."*  
- Alcoholics Anonymous

This section aims to inform people who may be having problems with alcohol, or know people who have problems with it. We would like you to know that alcoholism is a **disease** that needs multi-pronged *therapy*

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## The Highs and Lows of Alcohol

### A Pleasant Drink

People start drinking alcohol for reasons such as:

- Pleasure
- To be sociable
- To feel relaxed
- To forget worries

Out of the ten people who start drinking for such harmless reasons, two become physically dependent on and mentally addicted to alcohol.

Their body becomes so much accustomed to the use of alcohol over a period of time, that when they stop drinking, "withdrawal symptoms", such as sleeplessness, anxiety, nervousness, tremors, convulsions, hallucinations etc. occur. This state is called *Physical Dependence*.

Alcohol becomes so central to their thoughts, emotions and activities that they cannot control the craving for drink. This state is called *Psychological Dependence*.

### Physical damage caused by alcohol

Repeated excessive drinking over a period of time affects the following organs and tissues.

Organ Affected	Damage
Heart	Unstable blood pressure, irregular pulse rate
Pancreas	Painful inflammation
Liver	Severe swelling, Hepatitis, Cirrhosis
Muscles	Weakness, loss of muscle tissue
Stomach	Gastritis, peptic ulcers, cancer

Nervous System	Tingling and loss of sensation in hands and feet
Brain	Cell damage resulting in loss of memory, confusion, and hallucination
Lungs	Greater chance of infections including TB
Genitals	Temporary impotence
Skin	Flushing, sweating
Blood	Anaemia

## Alcoholism: a Disease, but Treatable

Earlier, people believed that alcoholism was the symptom of some other mental disorder. After extensive research, it has now been established that alcoholism is a disease in itself - a Disease that can be controlled by medical and psychological treatment.

Alternatives such as change of job, marriage, etc will not help you to recover, if you are an alcoholic. Unless treated so that you totally stop drinking, your condition will get worse day by day.

- **It is a primary disease.**
- **It is a progressive disease.**

If you are alcohol dependent, your condition goes from bad to worse. Sometimes there may be periods when you may feel there is improvement. But drinking over a length of time will only lead to deterioration. Drinking excessively leads to cirrhosis and pancreatitis, and even to death.

- **It is a treatable disease.**

This is the good news. You can get help and kick the habit. Treatment that will aid the alcoholic to stop drinking without experiencing severe withdrawal problems is available in India. But you have to get one thing straight: If you have a problem with alcohol, stay away from it. Drinking even a small quantity of alcohol after years of abstinence will lead you back to obsessive drinking. **Alcoholism is a permanent condition. Only total abstinence will help in arresting the disease.**

## The Phases of the Disease

There are three distinctly noticeable phases in alcoholism. Each phase has its signs and symptoms.

- [The Early Phase](#)
- [The Middle Phase](#)
- [The Chronic Phase](#)

## The Early Phase

- *Increased Tolerance:* This is the first warning sign of the development of alcoholism. You would need more drinks to get the same pleasurable feeling, which you got earlier with just one or two drinks.
- *Blackouts:* This is not going unconscious or falling flat. During a black out, you may go through many activities like walking, talking, even driving a vehicle 'apparently normally', but have no recollection of them afterwards.
- *Preoccupation with Drinking:* Even when you are not drinking, you are preoccupied with when and how you will you can get the next drink.
- *Avoiding Any Talk About Alcohol:* Despite the preoccupation, you do not want to discuss your craving with anybody. Even if you have boasted earlier of you capacity to drink, you want to avoid the subject now.



## The Middle Phase

- *Loss of Control:* Initially, there is a loss of control over the amount of alcohol consumed. Later on, you lose control over the time, place and occasion of drinking.
- *Justifying Your Drinking:* You feel guilty and depressed. You justify drinking by giving excuses such as unhappy married life, tension at office, pressure from friends to drink, etc. In an attempt to reduce the feeling of guilt, you keep giving different reasons, but your drinking continues.
- *Grandiose Behaviour:* You talk big and spend big; more than you can afford. Quite often, alcoholics in this phase, do not provide even basic needs for the dependent family, but spend what little they have in extravagant gestures among friends.
- *Temporary Abstinence:* By this time, your drinking has lead to plenty of problems, at home and in the office. You are at the point of losing your job and perhaps your marriage. This might make you abstain for a while.
- *Changing the Pattern:* Some make a change in the pattern of drinking. They try to change what they drink; arrack to brandy, whiskey to beer. They try a change of place or time. But so long as it is alcohol, no matter how many changes are made, they continue to be immersed in the same problems that haunted them before.



## The Chronic Phase

This phase is characterised by noticeable physical, mental and social deterioration. There is a total breakdown in relationship with the family.

- *Binge Drinking:* You drink continuously for days together, do not eat and do not involve yourself in any other activity. At the end of each binge you are left shaken, frightened and guilt-ridden, You promise never to drink again. Soon enough you go on another binge.

- *Ethical Breakdown:* You borrow, lie and even steal to keep liquor in supply. You have no qualms about being unethical. Your sole aim is to get enough to drink, whatever the means.
- *Paranoia and Hallucinations:* You begin to suspect people around you with little reason. You imagine they are plotting against you. You may imagine voices speaking to you. You may see things that do not exist or may feel things crawling on you.
- *Lack of Motor Co-Ordination:* Your hand trembles as you hold the coffee cup. Even to shave you have to 'steady' yourself with a few drinks. You drink to feel better, but it only makes you feel worse.

This is the end of the road. Those who do not stop alcohol consumption even at this stage get mentally ill or die a slow, painful death.

## Dry Drunk: Unhappy Abstinence

You've had enough problems with drink. You decide to pull yourself out of the mess. That's easier said than done. In the initial stages there are several problems.

The disease of alcoholism has two sharp edges. The first edge attacks you when you drink excessively. You face problems in several areas of your life. These are obvious and are easily noticed by others. The other edge is that part of the disease that attacks you when you are struggling to recover. These problems are felt by you alone. Others are not even aware of these problems. Abstinence-based edge is as painful as the alcohol-based edge.

You can't remember things. Life is very stressful. Mentally you start craving for alcohol. Your irritable and demanding behaviour makes others feel that you are more tolerable when you are drinking!

You are in the dry drunk phase. Dry refers to the fact that you are not drinking now. Drunk refers to the fact that you display the same deviations in behaviour and attitudes that you exhibited when you were drinking.

**Recognise the dry drunk symptoms.** You can then deal with the problem. If you do not recognise the pattern and acknowledge it as a problem, you'll almost certainly slip back.



TOP

## Warning Signs



- *Thoughts About Associated Pleasures:* You start thinking constantly about pleasures associated with drinking. Though you are aware that you have had problems with alcohol, still you imagine that drinking was a pleasant experience.
- *Fear About Well Being:* You feel a lack of confidence and extreme anxiety in life without alcohol. If there is any stress, you seem to want a quick peg.
- *Loneliness Leading to Depression:* You experience intense loneliness. All these days, you were drinking with your cronies, or you were drinking alone. All your highs had been in relation with liquor. You had cut yourself off from many social relationships to be with the bottle. Now you are alone. There are people around you but there is no communication.
- *Irritation and Anger:* You consider staying away from drink a major sacrifice. So you think everyone and everything else should conform to your expectations. This, naturally, does not happen and this leads to stress, anger and frustration.
- *Impatience:* Things cannot happen soon enough for you. You can't wait to get your suspension order revoked, or the promotion that was delayed.
- *Compulsive Behaviour:* You try many mood altering activities. You talk continuously in the presence of others or keep absolutely quiet. You might make impulsive and impractical purchases to impress friends or family. You might take to gambling or some other route of escape from reality.
- *Self Pity:* This is the biggest and most negative rut you can get into. You seem to think you have been singled out for injustice.
- *Tunnel Vision:* You try to drown yourself in work and escape from social or family obligations. Or you shy away from responsibilities at work and try to integrate yourself with another aspect of life. You do not look at the facets of your life with balance.
- *Denials and Over Confidence:* You deny that you have to make lifestyle changes. You deny that you have to change your attitude to life. You do not want to discuss your problem. You boast that you have kicked the habit. Quite recklessly, you even say that you can drink without getting addicted again. You do not realise that at this point, you are not ready for this test at all!

## **Abstinence and Physical Problems**

## The Doctor Speaks

In alcoholism, problems experienced during recovery differ from patient to patient. These depend on the physical condition of each patient and the amount of alcohol he had taken during the course of time. Some of the most common problems are loss of appetite, sleeplessness and depression. Sexual problems like decreased sexual urge during the first six months, premature ejaculation or impotence are also not uncommon during recovery. These need not be frightening. These are a result of the long-term use of alcohol and its impact on the cells of the body. With continued abstinence and proper medical and psychological help, these problems can be definitely overcome.

To give you a clearer idea, I have listed out the most common physical problems experienced by patients during recovery. Guidelines are also given as to the diet, and other simple things that may help you to maintain reasonable health. These are given in a tabular column below. However, if any of the listed symptoms occur, consultation with a medical doctor is a must.

Let me repeat, it is absolutely essential to consult the doctor immediately.



<b>Problems Felt</b>	<b>Diet to be taken and other simple things to be followed</b>	<b>Name of the disease</b>
General sense of discomfort or distension in the abdomen	Bring down intake of coffee or tea. Reduce smoking	
Dull, gnawing pain in the chest	Avoid hot and spicy foods.	Gastritis
Nausea and vomiting	Bland food to be taken at regular intervals	
Acidic or sour taste in the mouth	Antacids to be taken under the doctor's guidance	
Burning, gnawing pain usually diffused through the upper part of the abdomen (occasionally)	Bed rest coupled with eating small meals. No coffee or tea; no smoking. You may probably be required to take antacid tablets and ulcer healing drugs under medical advice	
Bouts of pain, alternating with short pain-free periods		Peptic Ulcer
Loss of appetite leading to loss of weight		
Vomiting of acidic fluid which almost always relieves the pain (blood in the vomit – a serious condition)		

Passing of black motion		
Nausea or vomiting	Low fat, high carbohydrate, moderate protein diet	Fatty Liver
Vomiting blood (a serious condition)	Low salt	Alcoholic Hepatitis
General weakness	Dietary and vitamin supplements prescribed by the doctor	
Abdominal distension (Fluid retention in the abdomen and ankles)	Closely monitored medical help required	Cirrhosis
Tendency to bruise and bleed easily (nose bleeds or bleeding piles)		
Jaundice		
Agonising pain in upper abdomen that travels through to the back and the chest. over several hours rises to the peak accompanied by high fever, vomiting and retching	Immediate medical helps to be sought	Acute Pancreatitis
Dull Cramping pain aggravated by intake of food, and relieved by sitting down or leaning forward	Low fat diet. May be required to take enzyme tablets with each meal	Chronic Pancreatitis
Diabetes		
Tingling sensation that begins in the hands and feet and spreads slowly along all the four limbs to the trunk <ul style="list-style-type: none"> <li>• Burning feet</li> <li>• Numbness may develop</li> <li>• Tremors</li> <li>• Weakness of muscle power throughout the body</li> </ul>	Diet to be followed under the doctor's advice	Peripheral Neuropathy
<ul style="list-style-type: none"> <li>• Giddiness</li> <li>• Headache</li> <li>• Weakness</li> </ul>	Low salt, low fat diet. Frequent check-up by the doctor	High Blood Pressure
<ul style="list-style-type: none"> <li>• Overriding melancholy, coupled with loss of energy and appetite, tiredness</li> <li>• Loss of sexual urge</li> <li>• Sleeplessness</li> <li>• Suicidal thoughts</li> </ul>	See a doctor and disclose all your problems and fears. Threat of suicide should be considered an emergency and immediately reported to the doctor	Depression

<ul style="list-style-type: none"> <li>• Losing touch with reality</li> </ul>		
<ul style="list-style-type: none"> <li>• Acute anxiety</li> <li>• Restlessness and agitation</li> <li>• May become totally withdrawn</li> </ul>		
<ul style="list-style-type: none"> <li>• Losing touch with reality</li> <li>• Imagining voices speaking, seeing non-existent things and feeling as though something is moving on the skin</li> </ul>	To be reported to the doctor immediately	Psychiatric Problems
<ul style="list-style-type: none"> <li>• Decreased sexual urge</li> <li>• Premature ejaculation takes place even before full penetration</li> </ul>	See the doctor or counsellor and disclose all your problems openly	Sexual Disorder
Inability to maintain erection and this will prevent normal penetration and ejaculation taking place.		

## What Exactly is a Relapse?

### **It is a process.**

Relapse is not an event, but a process. An 'event' is something that has already happened and therefore cannot be changed. On the other hand, 'process' refers to any ongoing situation that takes place stage by stage, and therefore can be interrupted and stopped at any stage. You can interrupt and stop a relapse, only if you are aware of the negative thinking patterns, which indicate the onset of a 'slip'.

### **Relapse occurs within your mind**

'Relapse patterns' are formed by your attitude and thought process. You begin to 'slip' at the thought level. The following are some examples of "relapse indicators". They are similar to "dry drunk" problems.



## Attitudinal

1. Changes in attitude
  - Not caring about sobriety
  - Becoming too negative about life
2. Changes in thought
  - Thinking that you 'deserve' a drink because you have been sober for quite some time.
  - Thinking that you can use substitute drugs
  - Thinking that your problem is 'cured' since you have been abstaining for sometime.
3. Changes in feeling
  - Increases moodiness or depression
  - Strong feelings of anger and resentment
  - Increased feelings of boredom and loneliness
4. Changes in behaviour
  - Increased episodes of arguing with others
  - 'Forgetting' to take Disulfiram
  - Skipping Alcoholic Anonymous (AA) meetings
  - Stopping in a bar just to socialise and drink soda or other soft drinks
  - Increased stress symptoms such as smoking more cigarettes
  - Threatening to drink to have our way
  - Talking repeatedly about the pleasures associated with drinking



## Coping Problems

There are several problems associated with abstinence. Here are the five major problems you may experience during the initial stages.

### **Inability to think clearly**

The first problem you may experience is thought process impairment. It will appear as if your brain sometimes works right and sometimes does not. You will not be able to concentrate for more than a few minutes. You may not be able to understand abstract reasoning. You will not be able to take decisions or solve problems. Everything around – even minor problems will look threatening. You feel incompetent and embarrassed. Low self-esteem and fear of failure become evident.

Another common problem is rigid and repetitive thought pattern. The same thought may go round and round in your head and you will be unable to break through this circular thinking in order to put thoughts in an orderly way.

### **Memory problems**

You may not be able to remember things. You may hear everything and understand them thoroughly, but within 20 minutes, you will forget parts of it.

You keep misplacing things. You keep forgetting new telephone numbers. Such incidents result in stress, and this stress aggravates short-term memory impairment. Because of such memory problems, it becomes difficult for you to learn new skills.

### **Emotional over reaction or numbness**

Some tend to overreact during abstinence. When things happen that requires two units of emotional reaction, you react with ten. That is, you feel much more anxious or tensed up than what you have reason to be. This is sometimes followed by emotional numbness. You are unable to express any feeling when there is a really stressful situation. You swing from one extreme to another without knowing why.

Over-reaction on the one hand, and total passivity on the other, cause a lot of confusion and concern for you and for the others close to you.

### **Physical co-ordination problems**



The common problems experienced are trouble with balance, problems with coordination between hand and eye and slow reflexes. These result in clumsiness. This often makes you feel humiliated and extremely low.

### **Stress build-up**

You fail to take action at the appropriate time and later on when stress builds up, do things that are completely inappropriate.

To complicate things further, all the above mentioned problems become worse during times of high stress. There is a direct relationship between elevated stress and the severity of these problems. Each intensifies the other. The intensity of these problems creates stress, and stress makes the problems more severe. At times of low stress, the symptoms get better or may even go away.

Conditions that put a person in high risk of experiencing these problems are usually lack of care or attention to the recovery programme. Also certain life situations such as marriage, taking up a new job, starting on a new business venture, or moving to a new city, are stress-producing events. These have to be consciously avoided during the first few months of abstinence. However, there may be other unanticipated events like the death of a family member, termination of one's job, etc. Since one cannot remove oneself from all stressful situations, you have to be prepared to handle them when they occur. It is often not the situation that bothers a person, as much as his reaction to the situation. Managing stress can be achieved through open sharing with someone you trust. Relaxation exercises also help in stress reduction.

**You should realise that these problems are a normal part of recovery and are reversible with continued abstinence and a recovery programme. With proper guidance and support, you will be able to manage the problems and get out of them in course of time. Relapse is preventable.**

## A Toast for Teens

When is the next beer party coming up? Someone's birthday? After exams? Do you think guys who drink are real cool?

Here are some facts and answers to questions your peers frequently ask. Check this page before you reach for your next mug of beer. Because, before you can decide whether to drink or not to drink, you need to know the facts about alcohol use. This page is certainly not going to tell you what to do, but it will help you to make smart and sensible decisions.

- [The High](#)
- [The Hangover](#)
- [Booze Buddies](#)
- [Saying "No"](#)

### The High?: the seemingly attractive aspects of alcohol

*I am able to talk freely when I drink, it is real fun. Is this because alcohol is a stimulant?*

No. Alcohol is a depressant drug. The chemical present in all alcoholic beverages is ethyl alcohol. It is a powerful drug, which depresses the **central nervous system**. Alcohol in small quantities slows down that part of the brain, which controls inhibitions. So you feel relaxed, talkative and carefree. Thus alcohol reduces the brain's functioning and does not add to your ability to think, or communicate well. It certainly does not make you more intelligent or more informed.

Inhibitions are the moral restraints, which make us behave in a civilised manner and distinguish them from animals. Lowering of inhibitions means we are doing things out of control. Losing control of oneself is not fun. It is embarrassing.

*"Come on, I say! Be a man.... Have one drink" – These are the words we commonly hear. Is drinking associated with masculinity?*

No absolutely not. It is no more masculine to drink a lot than it is to eat a lot or to sleep a lot. Besides, a real man does not have to drink to prove he is a man.

### Stages of Intoxication

One drink – Euphoria, Relaxation

Two drinks – Talkative



Three drinks - Impairment of judgement, reaction time lowered



Four drinks - Lack of motor co-ordination



Five drinks - Drunkenness, evident deterioration in physical and social control



Seven drinks – Staggering and double vision, vomiting

Fifteen drinks – Loss of consciousness, dilated pupils

Extremely large doses – Breathing stops, can result in death



## **The Hangover: the after effects of drinking**

### **Effects of alcohol on the body**

- Alcohol does not need digestion. It is absorbed directly through the walls of the stomach and the small intestines into the blood stream. Once in the blood stream, alcohol travels to all parts of the body including the stomach, heart, kidneys, liver and the brain. Once alcohol is absorbed into the blood stream and distributed throughout the body, the process of oxidation begins.
- The liver plays a major role in the breakdown or oxidation of alcohol. As a result of the process of oxidation, alcohol is changed into carbon-di-oxide, water and energy. The calories thus produced have absolutely no nutritional value. They are only empty calories, which may result in a 'pot belly'.
- The liver can burn alcohol only at a certain pace. It takes approximately one hour for one unit of alcohol (8- 10gms) to get out of the body.

- Exercise, cold shower, hot bath, black coffee – none of these will help in making one sober. All that one can do is to wait and let the liver do its work.
- Alcohol's effects vary according to the amount of food eaten, body weight, experience in drinking and setting. For example, a person who is thin feels the effect of alcohol more quickly than a person who weighs more. Alcohol affects everybody, some more quickly than others.

### **Long – term effects**

- Regular excessive drinking over a period of time proves disastrous, impairing both the length and the quality of life. It damages both body and mind.
- Physical damage leads to diseases like gastritis, ulcers, cardiomyopathy, polynueritis, cirrhosis, pancreatitis, etc. This is because the important organs of the body like the heart, liver and brain are affected.
- As one continues to drink excessively, one's tolerance for alcohol increases, that is, one is required to take more and more to experience the same effect.
- One may gradually become physically addicted to and psychologically dependent on alcohol. Roughly two out of every ten people who drink end up as alcoholics. And nobody is immune – it can happen to anybody – you, him, her or me. One thing is certain – *the more often you drink, the greater are your risks.*

*Many people don't realise it is a powerful drug. They simply drink before they think and end up getting hooked on to it.*

### **No Quick Fixes Can Make You Sober**



## **Booze Buddies: drinking as a peer group activity**

*My uncle drinks.... My neighbour drinks ... They all hold high positions, and are successful... so, why shouldn't I?*

Drinking often has a stronger effect on teenagers than it does on older people. Alcohol produces certain special kinds of problems for the adolescent. Here are a few:

### **Physical**

Just when teenagers are reaching physical maturity, alcohol can lower resistance to infections and stunt physical development.

### **Mental**

Alcohol impairs memory, reflexes and concentration – three vital prerequisites for good academic performance. It also reduces the ability to judge one’s own abilities. As a result, one may not even be aware of one’s poor performance.

## **Emotional**

Young people need to meet challenges and make decisions that may leave lasting impressions in their lives. This means handling strong feelings that may be exciting and at the same time, frightening. Alcohol can really mess this up. It may block emotional growth, drive friends away and lead to a feeling of failure.

## **Sexual**

A fundamental part of teenage development involves adjusting to a new identity as a man or a woman and learning how to make adult choices about sex. In too many cases, alcohol hampers judgement and discrimination. Hurt feelings, unhealthy relationships and HIV infection may result.

*My parents tell me not to drink, as if it is so easy! How can I stay away from booze when all my friends drink?*

It is, as you say, not really easy. Peer pressure is something everybody faces, no matter what their age is. It is hard to resist, but it is not impossible.

So, next time when you have to face the decision of whether to do what you feel is right, or go along with your friends and be accepted, remember that pleasing yourself is necessary before you can please others.

*How much can one drink and still drive safely?*

To put it plainly, none at all. Any drinking interferes with judgement, muscle control, vision, and reaction time – all very important for driving. So, even small amounts of alcohol can interfere enough with driving ability to create a highly dangerous situation.

*In what ways can alcohol mean trouble?*

- Alcohol interferes with thinking ability and many young people have lost their career opportunities and future prospects due to irresponsible drinking.
- People who are into sports know that drinking messes up timing and coordination. And in most cases, athletes who drink are not athletes who win.
- “Why did I do or say that?” – is the common cry of drinkers. They find out pretty quickly that losing control of oneself is humiliating.
- Drinking even small amounts can affect driving ability. Drinking and driving can lead to injury, and even death, for drivers, passengers, and pedestrians.



## **Saying “No”**

## **How do I say “No” if someone offers me a drink?**

*You are different and have an identity of your own. So do preserve it. If you are feeling good about yourself and strongly believe that it is a mature decision, saying “No” will not be as hard. Say it casually, but firmly. You don’t have to give excuses or explanations. Remember that you have a right to say “Yes” to your bright future and wellbeing.*

**So it is upto you**

**Handle your choice smartly and sensibly**

**It is your life and your future**

**So**

**Think before you drink**

## **Avoiding Relapse**

Recovery starts with staying away from alcohol. *Abstinence is the starting point.* It should be followed by improvements in the quality of life. Otherwise relapse is certain.

See if you can take charge of every aspect of your life. Here are a few tips:

### **Physical**

- Take care of your health.
- Adopt good eating habits. Eat a high protein diet.
- Do relaxation exercises.
- Get regular sleep.

### **Behavioural**

- Get to work on time.
- Take up responsibilities and get to managing them.
- Have a structured working day.

### **Social**

- Spend time with family and friends.
- Accept social roles.

### **Psychological**

- *Build your self-esteem. You do not need a prop like alcohol to face the world.*
- Give importance to values like honesty and affection.

### **Spiritual**

- Deep down you must have positive thought about life and society.
- Try meditation. Or prayer. Each has helped many.



## Staying away from the first drink

This is the toughest part. It may be just a peg. But it leads to the second and soon the old, excessive drinking pattern starts again. Here are some ways of getting rid of the temptation:

- *Have a 24-hour plan.* Don't make sweeping statements about not drinking forever. In your drinking days, you may have sworn on your mother or child that you will never drink again and would have not been able to keep your promise.

So watch yourself each day. Just tell yourself that you will not drink today.

- *Take Disulfiram.* If your doctor has prescribed disulfiram, take it. Sometimes abstinence cannot be achieved with will power alone.
- *Postpone the drink.* The craving for alcohol will return suddenly. Tell yourself that you cannot reach for the bottle now. Maybe tomorrow. If you have abstained today, and realised that you can do this, it will give you the confidence to do it tomorrow also.
- *Remember the last drunk episode.* Recall the last time you got home or to work in a sozzled state and all the embarrassment that followed, when you have the craving for a drink.
- *Maintain regular eating habits.* Being on an empty stomach leads to the craving for alcohol. So eat healthy food regularly.
- *Avoid all mood-changing drugs.* Sleep problems are common during the early period of abstinence. Self-prescribed sleeping pills or any mood altering drugs do more harm than good. They are a threat to sobriety. Worse, they may lead to another kind of addiction. Slowly, you will regain good sleep.
- *Change old routines.* You have to make a conscious effort to avoid linking pleasure with the thoughts of your old drinking hangouts and drinking cronies. Don't pass by these places. Avoid parties where liquor is served.
- *Stay with people.* Alcoholism is often referred to as a lonely disease. When you seclude yourself, you may feel the need to drink again. Spend time with family members or non-drinking friends and relatives. Share your problems with a counsellor.
- *Be Active.* Use the time spent on drinking on other interests. Pursue your hobby (like music or reading). Spend more time with your family or non-drinking friends. Adopt an exercise regimen. You have to find a way to spend your time actively and harmlessly.
- *Attend AA Meetings.* Alcoholics Anonymous (AA) is an organisation of people who help alcoholics recover. Many members have been through the experience themselves. Rather than moralising, they will help you individually to cope with your situation.

- *Learn to say 'No'*. This is the critical part. You cannot run away from people who drink or places where drinks are served forever. There will always be some source of temptation. You should learn to say 'No'.
  - Speak in a clear firm voice when you say, "No, thank you."
  - Make direct eye contact with the person who is offering you a drink.
  - Don't feel guilty or apologetic. It is your life and you are taking charge of it. You do not owe an explanation to anyone for not drinking.
  - Offer to drink coffee or tea or a soft drink.
  - If a person keeps offering you a drink repeatedly with words like "Come on yaar, just one drink won't do any harm. For old times' sake..." It may be that this person is just trying to test the strength of your resolve. Do not give in and make him feel secretly triumphant. Just be cool and say you'd prefer a soft drink, anyway.

**Abstinence requires enormous effort. But believe us, you will feel much better for it.**

## Controlling Anger

### Why do alcoholics get so angry?

- Alcoholics have many unsatisfactory experiences in life. During the initial stages of abstinence, you may come across situations that make you frustrated and resentful. You have **accumulated so much anger** that it only requires the slightest provocation to set you off.
- The second reason is that you have found that **anger works** and that you are conditioned to continue its use. Thus, for you anger becomes a pattern of behaviour.

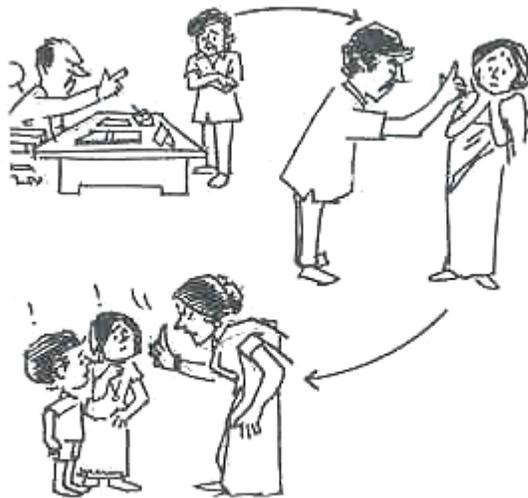
Anger is expressed by acts of violence - verbal or physical. Or it keeps simmering below the surface. It burns as a silent resentment. Sarcasm and abrasive humour are also expressions of this bitterness. It corrodes you until nothing is left but a raw-edged hole. Sometimes, suicide might seem as the only way out.

### The Attitudes Anger Helps Create

Feelings	Expressions
Disappointment	"I'm heart broken." "It's all so upsetting..."
Depression	"I feel like killing myself." "Wish I were dead."
Silent Resentment	No obvious reactions
Sarcasm	"How smart of you" (meaning quite the opposite)
Self Pity	"Why me?" "Only I suffer so much..."

*Unfortunately anger not only affects people around you, but also manifests physically in you.*

Physical Signs	Behavioural Signs
Headache	Verbal Abuse
Stiffness	Violence
Lack of Appetite	Unnecessary Arguments
Sleep Disorder	Isolation from Society
Always Tense	Brooding, Relapse



## **What can you do about anger?**

There are no simple solutions to the problem of anger, no set formula that deals with this complex issue. However, there are a few steps which, when followed, may lead to a reasonable solution. They are as follows:

- **Recognise that you are angry.** The anger, of which we are aware, is much less harmful than unrecognised anger. Try to find out what exactly has made you angry. Are you angry about something or are you afraid of something. Your anger may not be reasonable but that does not mean it does not exist.
- **Identify the source of your anger.** You may be upset with your boss at work. But since you are unable to express your feelings to him, you may show that frustration on your family. Misplaced anger isolates you from meaningful relationships.

- **Determine whether your anger is realistic or not.** Is the cause for your anger justified? Will your anger solve the problem?.
- **Cope with anger.** If you keep accumulating anger, you are building up pressure within yourself like a pressure cooker. You need safety valves, else the situation is going to get out of control. Try these to cope with anger.
  - Use [relaxation techniques](#) to cool off. Anger produces a lot of energy. Physical activity is a healthy outlet for getting rid of anger. A brisk walk in the open could help.
  - Improve communication with the family. It helps better understanding of the problem. When anger interferes with communication, the focus shifts from the real problem.
- **Tackle the cause of anger.** You can approach the person responsible for the hurt or anger and explain how you feel. You can remember the following points when you have your say:
  - *Talk directly to the person concerned.* Direct eye contact is a must. Talk when the person is alone.
  - *Make your complaint as early as possible.*
  - *Don't exaggerate or understate the problem.* Be descriptive, not judgmental.
  - *Don't compare your situation with others.*
  - *Avoid using words like 'always' and 'never'.* Your chance of being taken seriously will be reduced.
  - *Do not repeat the point once the person has understood it.*
  - *Don't sound apologetic. Do not use a preface to justify your stand.*
  - *Complement the person for what he has done creditably.* This will enable you to remain open about your criticism. Appreciation and criticism should be in the proportion 2:1.
- **Receive a complaint or grievance with equanimity**
  - Make eye contact when you are being criticised.
  - Listen carefully without interrupting. Listen. Listen and Listen, before you start speaking.
  - Do not find fault with the person criticising you.
  - Do not rationalise or use clever arguments to cover up your mistake.
  - Communicate to the other person that you have got his point.

Anger is a strong impediment to recovery. Proper recognition, understanding and channelising of this emotion can change the entire way of life, making it more productive, comfortable and balanced.

## Relaxation Procedures

Alcoholics drink to cope with life. Therefore, during abstinence, you may find it difficult to handle stress. There are effective methods of handling stress and tension.

"Relaxation" is a behaviour therapy technique wherein you are taught to keep your body and mind calm, as a result of which you will be able to handle situations more effectively. "Relaxation" teaches you methods to eliminate tension from your body and feel light and comfortable.

### The Jacobson Procedure

Jacobson was a renowned behaviour therapist who evolved this procedure. He followed this technique and found it effective. Given below is the procedure.

1. Lie down on your back with palms facing upwards, as comfortably as possible.
2. Close your eyes gently.
3. Chase away all thoughts coming into your mind. Try to concentrate completely on what you are going to do, so that you can feel the difference between tension and relaxation and thus enjoy the comfort of being relaxed.

### **Relax**

1. Lie down on the floor. Tightly clench your right fist. Feel the tension. Feel how uncomfortable it is when you are tensed.
2. Now slowly relax your fingers. Relax them completely and feel the difference. Feel how comfortable it is when you are relaxed. Enjoy the feeling of being relaxed.
3. Repeat the same procedure with the left fist.
4. Do the same with both fists.
5. Clench both fists. Touch your shoulder with your fist without raising your arms from the floor, and then relax.
6. Press the sides of your body with your open palms (fingers open).
7. Touch the sides of your body with your open palms and push your shoulders downwards and then relax.
8. Touch the sides of your body with your open palms and push your shoulders upwards (towards your ears) and then relax.
9. Raise your eyebrows with your eyes closed gently and then relax.
10. Knit your eyebrows and then relax.
11. Press your eyelids harder (do not contract them) and then relax.
12. Press the upper part (roof) of the mouth with your tongue (the whole tongue and not just the tip of the tongue) and then relax.
13. Clench your teeth as hard as possible (press your upper teeth to your lower teeth) and then relax.
14. Press your upper lip to your lower lip and then relax.
15. Raise your head off the ground and touch your chest with your chin. In the same raised posture, slowly turn your head to the right (as much as possible) then to the left, then slowly to the centre and then slowly relax.
16. Raise your chin upwards as much as possible. In the raised posture slowly turn to your right, then slowly to the left and then bring it to the centre and then slowly relax.
17. Try to bring your shoulders as close as possible, by keeping your arms on the ground (you can feel the tension at the nape of your neck) and then relax.
18. Press your shoulders to the ground, so that your chest expands and then relax.
19. Push your stomach as far inward as possible and then relax.
20. Push your stomach as far outward as possible and then relax.
21. Keep your head, arms, waist, legs and feet on the ground and raise just your back off the ground and then relax.
22. Tighten your thigh muscles and then relax.
23. Bring your feet closer and push them as far inward as possible (towards your face without raising your legs) and then relax.
24. Bring your feet closer and push them as far outward as possible and then relax.

25. Now slowly take a deep breath and hold it (for a few seconds) then slowly breathe out.
26. Start breathing normally.

Now right from head to toe, each part of your body is relaxed and is as light as feather. Likewise your mind is also calm and comfortable. Enjoy the comfort of being relaxed.

Relax... Relax...

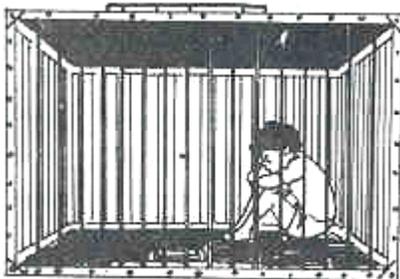
Be in that relaxed state for about five minutes, each minute enjoying the feeling of being relaxed.

Now slowly count from 5 to 1 and then slowly open your eyes. Slowly turn to your right and lie down and then slowly get up and sit down feeling light and relaxed, both in mind and body.

## Rebuilding Relationships

" *No man is an island, everybody is a part of the whole*" - John Donne

We feel the need to relate to other human beings and to express and receive affection. Alcoholism isolates you from sources of affection. Sooner or later your world is going to get dreary.



### The pattern of behaviour in an alcoholic's family

- When the alcoholic is inebriated, he uses violence - verbally or physically. When the alcoholic gets sober, the spouse gives reign to his/her resentment over the alcoholic and the relationship. A *festering bitterness* prevails in the household.
- *There is a lack of trust.* Nobody trusts you to handle money or be punctual anymore.
- *There is a lack of communication.* Time is spent in battling with the problem of drink. There is not much time or the atmosphere for discussing family decisions. The real issues take a backseat.
- *You are supervised (or nagged) even over simple things.* You have to be reminded or persuaded even to complete your daily routine, if you have had a bad drinking bout. This attitude continues even when you are sober.

- *A sense of negligence prevails.* The house gets an unkempt look The children may either get coddled or treated with harshness when the level of frustration gets high. There seems to be no pride in any aspect of home making.



## How your alcoholism may affect your child

### Your child:

- *Lacks a role model:* The school may teach honesty and integrity. But the child sees anger, violence, irresponsibility and dishonesty at home. The conflicting values leave the child confused. It may slip quite easily into lying or may get cynical about the right values.
- *Loses self-esteem:* The child gets a lot of negative feedback about you, both from you and others. The child internalises it all and feels a little ashamed of you.
- *Is afraid and anxious:* Infants and young children need to be cuddled and hugged as an expression of love and care. When there is tension in the household, the child tries to cling to someone. It cannot cling to you because it is never sure of how you might react. The child may cling to its mother but this sometimes vexes her and she shows it. So the child ends up being depressed. A child may not be able to deal with this feeling. It may begin to be afraid - of the future, tense situations, other people's anger and so on. This affects the way the child handles situations as an adult too.
- *Becomes preoccupied:* Due to the disturbances at home or due to the fact little attention is paid to the child, it is unable to concentrate on studies.
- *Is unable to have fun:* This simple joy of childhood is not possible for children of some alcoholics. They are burdened by the angry, serious business of life as witnessed at home. They never see much joy in the house. They are not able to let go and have good fun that children should normally have.
- *Is unable to communicate or trust:* The best way the child can handle you is to keep away from you. It cannot confide in you or trust you to respond in any particular way. For instance, if the child won a prize, you might laud the child if you were sober. If you were drunk, the news might not have any impact or worse you might mock the child!

### How your child may deal with the situation:

The home atmosphere obviously has a major part to play in the development of a child's personality. When there is a lot of disturbance in the household, the child tries to cope with it in one of the following ways:

- *By Being rebellious:* Some children become angry and aggressive at an early age. They are confused and scared and respond in a negative manner. It is quite possible that these children have tried normal behaviour and have been ignored. Now their negative actions attract attention. Even if it is for scolding, they seem to count! They like this sense of power. Children of alcoholics run a greater risk of becoming alcoholics themselves.

- *By Being responsible:* The eldest child often tries to play the adult role. The eldest boy would probably take his inebriated parent home or get the parent to bed and clear away the bottles and the mess that the parent has made. The girl child would play mother, when its mother is coping with the drunk father, and take care of the house and help the younger children. To others, this child might seem exemplar. But the child itself suffers the loss of a carefree childhood. Later in life the child might suffer stress-related illnesses.
- *By adjusting:* Some children do not make demands. They do what they are told. They detach themselves emotionally, physically and socially as much as possible. They try to avoid confrontation. It is surely a peaceful way of coping. But these children grow up to be submissive adults. They find it difficult to assert themselves or say 'no' in any situation. So they get pushed around in job situations, relationships and even at home.
- *By placating:* Some children try to mediate when there is a problem whether it is between the parents or between their siblings and the alcoholic. They are aware of the emotional needs of others and try to prevent suffering. They even put themselves to risk when doing this. These warm, sensitive and caring children neglect to take care of themselves.

### **Alcoholism is a family problem and recovery is a family struggle.**

In your period of abstinence, you have to recognise the cause of the behaviour of your family members. Before branding your spouse as incompatible or the child as ill-behaved you have to accept responsibility for your role in the souring of the relationship. Rebuilding normalcy in the family requires a lot of effort on your part. It is, without doubt, worth it.

## **Getting Help**

Treatment for substance abuse is available. The TT Ranganathan Clinic is one of the premier treatment centres in India. Another source of help that is available in all cities and big towns is Alcoholics Anonymous. This is a group formed by people who have or had a problem with drinking.

### **What the AA does:**

1. The group meets regularly. Members sit in a circle.
2. Meetings begin with the serenity prayer:

*God grant us the serenity  
To accept things we cannot change  
Courage to change the things we can  
And wisdom to know the difference*

3. The twelve steps and twelve traditions of AA are read out.
4. One member, who is conducting the meeting, requests a couple of members to speak.
5. The members introduce themselves by first name only. They talk about their experience with alcohol. Or they may talk about some other problem that is worrying them.

6. While someone is speaking no one interrupts. Whatever is said is absolutely confidential.
7. No one gives advice. But if a fellow member has had a similar problem, he speaks of his experience and how he coped with it. This automatically serves as a guideline.
8. At the end of the meeting a bag is passed around and everyone puts in a few rupees that goes towards refreshments and the rent of the space. Contributions are voluntary.
9. The meeting closes with the serenity prayer.



## **The Benefits of AA Meetings**

You are among people who have or had problems and experiences similar to yours. The fact that many have won the battle over the bottle, shows you that life without liquor is possible. And perhaps even enjoyable.

*Sharing:* When we speak aloud about our own experiences or problems, we begin to look facts in the face. Speaking aloud also has a therapeutic effect in that it helps us get a better understanding of the problem.

*Listening:* This is as important as sharing. You hear about a problem just like yours from another source, with detachment. This helps you judge the problem without bias. This provides you with an insight into a common predicament.

### **Note**

- Alcoholics Anonymous does not provide jobs or financial assistance nor does it collect fees.
- Alcoholics Anonymous operates in all cities and big towns in India. You could get in touch with the organisation at:

#### **Bombay**

Alcoholics Anonymous,  
Bombay Inter group,  
P O 6220 Mazgaon,  
Mumbai-400 010

#### **Madras**

Alcoholics Anonymous,  
Madras Inter group,  
P O 369,  
Mylapore,  
Madras-600 004

## **Quiz on Alcoholism**

**1. We feel relaxed after a drink because alcohol is:**

A Stimulant  A Depressant  An Energiser  None of these

**2. The best remedy to shake off the effects of a hangover is:**

Black coffee  Cold shower  Herbal tea  None of these

**3. Regular consumption of a small quantity of red wine:**

Has a disastrous impact on nerves  Is good for the heart  Is bad for the heart

**4. It is safer to drink beer than whiskey?**

Yes  No

**5) Before you drive you should keep to a limit of:**

1 can of beer/peg of whiskey  45 ml of beer  No drink at all

**6) The minimum age for drinking advised in the USA is:**

16 years  18 years  21 years  24 years

**7) Which form of alcohol is an aphrodisiac?**

Gin  Vodka  Champagne  None of these

**8) A mixed drink containing carbonated drink is absorbed into the body more easily than straight shots.**

True  False

**9) Gold dust in alcohol has medicinal properties.**

True  False

**10) It was largely the monasteries that knew how to brew alcohol in the middle ages in Europe.**

True  False

**Your Bar Graph:**



**(The percentage of blue indicates the number of correct answers to the total number of attempts)**

### **Explanation :**

- Alcohol depresses the central nervous system. The first drink might ease tension and anxiety but with following servings the effects are negative.
- There is no quick fix remedy for hangovers. The abused liver recovers only with time.
- Studies show that red wine consumed in small quantities (doctor to prescribe dosage) regularly show a beneficial effect on the heart.
- The alcohol content in the drink is what is harmful. Beer has less alcohol content than whiskey. But if you are alcohol dependent, even beer can cause harm.
- Though the chance of being involved in accidents is greater when there is greater blood alcohol content, It is best not to drink when driving.
- In most states of the USA, the legal drinking age is 21.
- No type alcohol increases sex drive. In fact you may have sexual dysfunction problems if you drink too much.
- Some forms of sake (brewed from rice) have flakes of gold in them. Does more for your sense of extravagance than for anything else.
- In the Bible there are references to alcohol and moderate drinking was not treated as an offence.

## **Substance De-addiction – Treatment Modalities**

*The theme for International Day against Drug Abuse and Illicit Trafficking 2004 : Treatment Works*



[Early/brief interventions](#)

[Outreach, harm reduction and low-threshold interventions](#)

[Detoxification](#)

[Counselling and psychotherapy](#)

[Pharmacotherapy](#)

[Self help](#)

[Continuing care/aftercare](#)

[Treatment Setting](#)

[Residential treatment](#)

[Institutional treatment](#)

Drug abuse and dependence can be treated with levels of success comparable to those for other chronic conditions. Similarly to chronic diseases, such as diabetes or hypertension, the use of a combination of approaches (medications, behavioural changes, and health care for physical and psychological symptoms) during appropriate periods of time is needed to suit each individual's needs and the severity of the problem at different stages of recovery.

There are many types of services for drug users that may be linked to provide a "continuum of care". If there is integration between different interventions, clients are more likely to progress and move smoothly from one programme to another to become, and remain, drug-free.

Types of interventions

### **Early/brief interventions**

Early/brief interventions are designed to prevent the progression to problematic drug use by detecting persons who are using drugs in a potentially hazardous manner and helping them to stop or decrease use. This is best carried out within the primary care system by general practitioners, nurses and community workers.



### **Outreach, harm reduction and low-threshold interventions**

Outreach, harm reduction and low-threshold interventions aim to reach drug users, build trust, provide basic living support, prevent or reduce negative health consequences associated with certain behaviours, and initiate a therapeutic process whenever the person is ready for it, without setting abstinence as an initial condition. In relation to drug injecting, 'harm reduction' components of comprehensive interventions aim to prevent transmission of HIV and other infections that occur through the sharing of non-sterile injection equipment and drug preparations.



## **Detoxification**

Detoxification programmes help a person who is dependent on a psychoactive substance to cease use in a way that minimizes the symptoms of withdrawal and the risk of complications, sometimes using a prescribed medication. Detoxification alone has limited effectiveness and should be considered the starting point for other treatment interventions aimed at abstinence.



## **Counselling and psychotherapy**

Counselling and psychotherapy form integral parts of most forms of treatment. They aim at initiating and maintaining behavioural and lifestyle changes, and help to control urges to use illicit substances.

Counselling is an intensive interpersonal process concerned with assisting people in

achieving their goals or functioning more effectively. It uses a variety of methodologies and techniques, including motivational interventions, cognitive-behavioural approaches (social skills training, stress management, anger management),

relapse prevention, provision of incentives, community reinforcement therapies

and family interventions. Psychotherapy is generally a longer-term process concerned with reconstruction of the person and larger changes in more fundamental psychological attributes, such as personality structure.



## **Pharmacotherapy**

Pharmacotherapy involves the use of prescribed medications to support the patient in stabilizing his/her life and reducing or eliminating the use of a particular illicit substance. Two main types of pharmacological agents are administered for these purposes: substitution drugs, which are pharmacologically related to the drug producing dependence; and blocking agents, which do not have any psychotropic effects and block the effects of the substance(s) producing dependence.

Pharmacotherapies are often accompanied by psychological and other treatment.



## **Self help**

Self help approaches aim at abstinence from alcohol and other drugs and are mostly organized around the 12-step programme of Alcoholics Anonymous (AA) or adaptations of that programme.

These programmes involve admitting one is powerless over one's drinking/drug taking and over one's life because of drinking/ drug taking, turning one's life over to a 'higher power', making a moral inventory and amends for past wrongs, and offering to help other people with addiction problems.

Ancillary health and social services. Many patients also require other services, such as medical and mental health services, vocational training, employment and housing support, and legal advice.



### **Continuing care/aftercare**

As the patient progresses, the intensity of treatment decreases and the final part of treatment entails continuing individual and group support in order to prevent a return to substance use. Full rehabilitation and reintegration requires efforts at all levels of society.



### **Treatment Setting**

Depending on the individual needs and problem severity, treatment interventions will take place in one of the following settings:

Community-based treatment is in a non-residential setting. Outpatient treatments (day attendance based services provided from a hospital) are often bracketed by community-based treatments. Examples of community-based treatments are opioid substitution programmes, counselling programmes and aftercare services.



### **Residential treatment**

Residential treatment programmes provide residential services on the same site as treatment services. The programmes generally strive to provide an environment free of substance abuse, with an expectation for compliance in a number of activities such as detoxification, assessment, information/education, counselling, group work, vocational training, and the development or recovery of social and lifeskills. Two main types of residential treatment are available: shorter term residential therapy (less than six months, including detoxification) and residential therapeutic community treatment (typically six to 12 months post-detoxification). Therapeutic communities are highly structured programmes focusing on the resocialization of the patient to a drug-free lifestyle, using the programme's community as an active ingredient of treatment.



### **Institutional treatment**

Institutional treatment, meaning drug treatment programmes in correctional institutions, can provide similar services to those available in the community with the aims ranging from a reduction of the health consequences, including HIV/ AIDS transmission, to the elimination of drug abuse and a reduction of criminal behaviours. The most successful programmes link to community-based programmes that continue treatment when the client returns to the community.



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## **What components contribute to treatment effectiveness?**

[Phases of Treatment](#)

[Detoxification-stabilization phase](#)

[Rehabilitation-relapse prevention phase](#)

[Indicators of effectiveness](#)

[Factors that determine outcome](#)

### **Phases of Treatment**

The following factors have been shown to influence the outcome of different stages of treatment:

- Counselling and psychotherapies
- Medications in detoxification and maintenance
- Counsellor and therapist effects
- Treatment completion and retention

### **Detoxification-stabilization phase**

Medical detoxification is the initial and acute stage of abstinence-oriented addiction treatment. However, the term "detoxification" has been used to describe a true withdrawal syndrome (i.e. neuro-adaptation) as well as simply the stabilization of acute physiological and emotional symptoms associated with the cessation of drug use.

"True detoxification" is required only for certain types of drug dependence, most notably nicotine, alcohol, opiate (derived from the opium poppy), barbiturate and benzodiazepines. The withdrawal syndromes for these different drugs generally include headaches, bone pain, fever, chills, seizures in extreme cases, watery eyes, runny nose, diarrhoea and emotional problems. Opiate drugs in particular can produce these symptoms, but, while they are profoundly uncomfortable, they are rarely life threatening. Alcohol, barbiturates and benzodiazepines can also cause seizures and cardiac irregularities that can be life threatening depending upon the history and general health of the user. Virtually all drug use – including amphetamine, cocaine and hallucinogens – will produce acute periods (one to three

days for hallucinogens and up to two weeks for amphetamine or cocaine) of physiological and emotional instability following discontinuation of regular use. While uncomfortable, this will almost always subside without formal medical attention.

Indicators of effectiveness in the detoxification-stabilization phase

- Significant reduction in physiological and emotional instability
- No serious medical or psychiatric complications
- Integration and engagement in an appropriate rehabilitation programme



### **Rehabilitation-relapse prevention phase**

Rehabilitation is appropriate for patients who are no longer suffering from the acute physiological or emotional effects of recent substance use and who need behavioural change strategies to control their urges to use substances.

Practical goals of this stage are:

- to prevent a return to substance use that would require redetoxification/stabilization;
- to assist in developing control over urges to use alcohol, drugs or both, either through sustaining total abstinence or through substitution treatment;
- to assist in regaining or attaining improved health and social function, because these improvements in lifestyle are important for maintaining sustained control over substance use.

Although worldwide the majority of rehabilitation treatment programmes are abstinence oriented, a significant number of rehabilitation programmes in Australia, Western Europe and North America, and increasingly in other parts of the world, maintain patients on a medication that is designated to block the effects of the abused drugs, thus preventing the re-emergence of illicit drug use.

### **Indicators of effectiveness in the rehabilitation-relapse prevention phase**

All forms of rehabilitation-oriented treatments for addiction have the same four goals:

- Maintaining the physiological and emotional improvements initiated during detoxification/stabilization, preventing the need for re-detoxification (in abstinence-oriented treatment);
- Enhancing and sustaining reductions in alcohol and illicit drug use;
- Teaching, modelling and supporting behaviours that lead to improved personal health, improved social function and reduced threats to public health (e.g. HIV/AIDS) and public safety;
- Teaching and motivating behavioural and lifestyle changes that are incompatible with substance abuse.



### **Treatment factors shown to be important in determining outcome**

The major treatment variables or components associated with better outcome following rehabilitation-oriented treatments are:

- Staying longer in treatment
- Reinforcement (financial incentives or vouchers for attendance and abstinence)
- Having an individual counsellor or therapist
- Specialized services for psychiatric, employment and family problems
- Medications to block drug craving and the effects of drugs and to reduce psychiatric symptoms
- Participating in self-help groups following rehabilitation

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