

Understanding Substance Misuse

Effects of Drugs and
Alcohol

What is a Drug?

- A 'Drug' is a substance which, when taken into the body, may modify one or more of its functions
- Ingestion routes vary depending on the drug, the desired effect, user's knowledge, how 'inducted' by others
- Dose critical: too little > 'just right' > too much

What is harmful use?

....the **harmful** use of any substance such as alcohol and street drugs or the unauthorized use/overuse of a prescribed drug.

....intoxication by - or regular excessive consumption of and/or dependence on - psychoactive substances, leading to social, psychological, physical or legal problems.

- From MI: the 4 L's: Liver, Lover, Livelihood and Law
- 3 Categories: Physical harm, Tendency to induce dependence and Effect of use on families, communities and society. Nutt et al (2007)

- Alcohol
 - Tobacco
 - Sedatives/tranquillisers
 - Opiates
 - Cannabis
 - Stimulants
 - NPS (Legal) Highs
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What can you see?



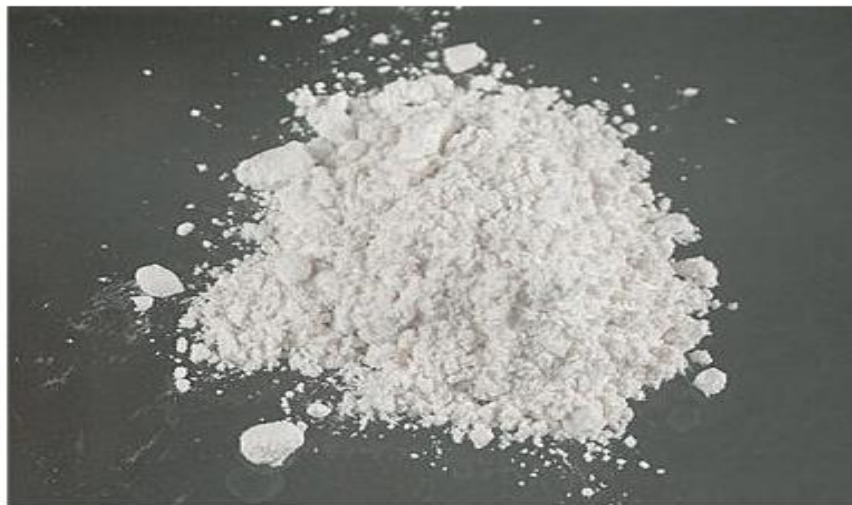
















Four categories activity

1. **Stimulants** - Speed up the function of cells especially those of the brain and the CNS
2. **Depressants** - Slow down the function of cells especially those of the brain and CNS
3. **Hallucinogens** - Alter sensory perception e.g. sight and sound
4. **Analgesics/Opioids** - Produce the absence of or relieve pain.

- Mainly governed by MoDA 1971, informed by ACMD
- Class A, B and C drugs under MoDA
- The different kinds of illegal drugs are divided into three different categories, or classes. These classes (A, B and C) carry different levels of penalty for possession and dealing.

Classification and Penalties

	Examples	Possession	Dealing
Class A	: Ecstasy : LSD : Heroin : Cocaine : Crack : Magic mushrooms : Injectable amphetamines : Crystal meth	Up to 7 years in prison or an unlimited fine or both	Up to life in prison or an unlimited fine or both

	Examples	Possession	Dealing
Class B	<ul style="list-style-type: none">: Amphetamines (speed): Methylphenidate (Ritalin): Pholcodine: Cannabis: Mephedrone: Naphyrone (NRG 1): 2-DPMP (Ivory Wave), D2PM and other pipradrol compounds	Up to 5 years in prison or an unlimited fine or both	Up to 14 years in prison or an unlimited fine or both

	Examples	Possession	Dealing
Class C	: Some painkillers : GHB : Ketamine : Some benzos e.g. phenazepam, temazepam, diazepam	Up to 2 years in prison or an unlimited fine or both	Up to 14 years in prison or an unlimited fine or both

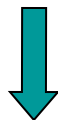
Q: Why do you think people use substances?

- Predisposition
- Personality (addictive)
- Hedonism
- Age
- Gender
- Curiosity
- Risk-taking (personal fable)
- Peer pressure
- Peer preference
- Locus of control
- Availability
- Alienation & lawlessness
- Educational disturbance
- Family disruption
- Self medication
- Functional use

Spectrum of Psychoactive Substance Use

Casual/Non-problematic Use

- Recreational, casual or other use that has negligible health or social effects



Chronic Dependence

- Use that has become habitual and compulsive despite negative health and social effects



Beneficial Use

- Use that has positive health, spiritual or social impact
- E.g. medical pharmaceuticals; tea/coffee to increase alertness; moderate consumption of alcohol; sacramental use of wine, peyote etc



Problematic Use

- Use that begins to have negative consequences for the individual, friends, family or society
- E.g. impaired driving; binge consumption; harmful routes of administration

Signs of substance use

Behavioural:

- Giddy/excited
- Slurred speech
- Dopey/gouching
- Passive
- Aggressive
- Incoherent
- Itching/scratching
- Appetite

Appearance/Physical:

- Impaired motor skills
- Pale
- Flushed skin
- Smell
- Eyes
- Twitching
- Needle marks
- Breathing

Equipment and Paraphernalia:

- Pipes/bongs
- Burnt spoons, foil
- Plastic/paper wraps
- Vit. C powder
- Swabs
- Filters
- Syringes

Other Indicators:

- Associates/peers
- Health problems
- Debt problems
- Previous history
- Anxiety, paranoia, irritability between using episodes
- Withdrawal symptoms upon stopping

N.B. There are 2 important factors to remember when looking for signs of substance use:

1. Many of these signs may be nothing to do with substance use. Service users have been 'diagnosed' wrongly before. Only a blood test provides absolute proof. The examples shown are therefore best thought of as indicators
2. Knowledge of individual's normal behaviour, appearance and actions is very useful

Types of prescribed meds which can be misused:

- Anti-psychotics for schizophrenia e.g. haloperidol, chlorpromazine, aripiprazole, risperidone
- Anti-epileptics/mood stabilisers e.g. carbamazepine, sodium valporate
- Benzodiazepines for anxiety/sleep disorders e.g. diazepam, temazepam, nitrazepam
- 3' Z' s (Zopiclone, Zolpidem, Zaleplon)
- Lithium for bipolar disorder
- Opiates and opioids e.g. tramadol, DF118s, subutex

Substance use as a cause of homelessness

1. Substance use as a consequence of homelessness (a coping strategy)
2. Both as interrelated factors causing and caused by ongoing instability in a person's life (the snowball effect)

- Substance misuse a significant issue among homeless people
- Barriers to substance misuse services
- Barriers to accommodation services
- Homeless people prioritise accessing accommodation over addressing substance misuse problems

- What barriers might exist to a homeless person accessing substance use treatment services?
- What barriers might exist to a substance user being able to access accommodation?
- Why might homeless substance users prioritise accessing accommodation over addressing their substance use?

What is Harm Reduction?

- '...policies, programmes, services and actions (which) work to **reduce** the health, social and economic **harms** to individuals, communities and society that are associated with the use of drugs.'
Newcombe, R. (1992)
- A set of practical public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals & communities

- Designs and promotes public health interventions that minimise the harmful effects of drug use
- Understands drug use as a complex, multi-faceted issue that encompasses behaviours from very chaotic use to total abstinence
- Meets people where they are in the course of their drug use

- Designated drivers
- Designated person to watch over drinks
- Safer sex practices
- Safer injecting practices
- Safer routes of administration
- Controlled drinking
- Access to testing for BBVs
- Vaccination Hep A & B
- Substitute prescribing
- Needle exchange
- Information services
- On-site first aid
- Safer dancing
- Vitamins/diet e.g. ARBD
- Legislation re. drugs and prostitution
- Access to primary health care services
- Overdose training

Individual:

- Own behaviours re. substances
- Upbringing
- Experiences
- Confidence in abilities

Structure:

- Management views
- Organisational culture

Community:

- Expectations
- Norms

Social:

- History
- Government policy
- Media
- Legality

- Alcohol detox always carries risks but these can often be managed safely
- Community or 'home' detox V inpatient
- No difference between nos. sober 6 mts later
- Cost difference substantial

- Should be GP led
- Librium (a benzo) for 7 days max to manage withdrawal symptoms
- Daily blood pressure checks recommended
- Daily GP contact allows clinical decisions to be made e.g. dosage adjustments, breathalyser
- Other professional involvement could include CPN, pharmacist, primary care nurses
- Many prefer 'home' detox
- Safe for mild and moderate dependence

- Severe confusion or hallucinations
- History of complicated withdrawal
- Epilepsy or history of fits
- Undernourished
- Severe vomiting or diarrhoea
- Suicide risk
- Severe dependence and unwilling to see GP daily
- Previous home assisted withdrawal has failed

- Multiple substances used (especially benzos)
- Home environment unsupportive of abstinence
- Wernicke-Korsakov syndrome (ARBD)
- DTs (Delirium Tremens): disorientation, hallucinations or delusions. Fits due to autonomic overactivity can be fatal.
- Acute physical (e.g. liver) or psychiatric problems

PROVISION OF SERVICES: The 4-Tier System

Tier 1: Non substance use specific services requiring interface with drug and alcohol treatment

e.g. GP's, A&E, Health Promotion, **hostels and housing provision**

Tier 2: Open access drug treatment services

e.g. drop-in, outreach services, needle exchange

Tier 3: Structured community-based drug treatment services

e.g. structured counselling or substitute prescribing.

Tier 4: Residential services

e.g. inpatient detox or residential rehabilitation.