



Alcohol and Drug Abuse

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SUBSTANCE ABUSE

We all face challenges that provide many opportunities for growth and change. Among these are decisions regarding the role that alcohol and other drugs will have in your life.

When encountering opportunities to use alcohol or other drugs, it is important to remember that you have choices. Prepare yourself to make informed decisions. The choices you make can affect your relationships, work or academic performance, your chance of contracting a sexually transmitted disease or developing other acute or chronic physical problems, or even your chances of getting in trouble with the law.

Any person can develop problems of substance abuse or dependence. Having a close relative, such as a parent or sibling, who has a problem with drugs or alcohol can increase your risk. Being closely involved with someone, such as a family member, spouse, or friend, who displays alcoholic or addictive behaviour can also lead to emotional conflicts and subsequent problems in managing relationships and getting along with others.

At some point, you may have concerns about the use of alcohol or other drugs by yourself or someone you know. It is often frightening to consider the possibility of a serious problem. A natural first reaction to such fears is to ignore them or to deny that anything could be wrong. But if you want to find out more ... read on!

WHY DO PEOPLE USE ALCOHOL AND DRUGS?

Alcohol and other drugs act by either depressing or stimulating the central nervous system, which seems to provide people with predictable and effective ways to change how they feel. Often people choose substances that help them in some way, such as to increase pleasure, or to decrease emotional or physical pain, or to gain a sense of belonging socially.

The same drug can affect people in different ways, so to understand a person's pattern of substance use, it may be necessary to find out what the particular drug experience means for them.

TYPES OF DRUGS

There are three main types of psychoactive drugs that people take to change how they feel or behave; depressants, stimulants or hallucinogens. In addition to these, some people also use steroids in ways that can cause harm.

Depressant drugs slow down or depress the functions of the central nervous system.

This doesn't mean they make you depressed; rather the quantity, concentration, environment and mood of the user all contribute to the effects.

In small quantities they can cause a person to feel more relaxed and less inhibited. In larger quantities they may cause unconsciousness, vomiting, and in some cases, death. Depressants affect concentration and coordination. They slow down a person's ability to respond to unexpected situations.

Depressant drugs include: alcohol, opiates and opioids (including heroin, opium, morphine, codeine, methadone, pethidine and palfium); cannabis (marijuana, hashish); tranquillisers and hypnotics (including Rohypnol, Valium, Serepax, Mogodon, Eupynos, Ativan, Ketamine, gamma-hydroxybutyrate [GHB]), barbiturates (including Seconal, Tuinal, Amytal), some solvents and inhalants (petrol, glue, paint thinners, lighter fluid).

When taken in combination, depressants increase their effects and increase the danger of an overdose.

Stimulant drugs speed up or stimulate the central nervous system and can make the user feel more awake, alert, or confident. Stimulants increase heart rate, body temperature and blood pressure. Depending on the dose, other physical effects include loss of appetite, dilated pupils, talkativeness, agitation and inability to sleep. Higher doses can 'over stimulate' the user and cause anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia. Prolonged use of stimulants can also cause these effects. Strong stimulants can 'mask' the effects of depressants such as alcohol, and this can increase the potential for aggression, or pose problems for driving.

Mild stimulants include: tea, coffee, cola drinks, tobacco/nicotine and ephedrine (used in cough medicines).

Stronger stimulants include: amphetamines, cocaine, ecstasy (also classified as an hallucinogen), slimming tablets (Duromine, Tenuate, Dospan and Ponderax).

Hallucinogenic drugs distort perceptions of reality. Users may see or hear things that do not actually

exist, or that are exaggerated in relation to normal sensory experience. The effects of hallucinogens are not easy to predict – they often depend on the mood of the user and the context of use.

The main physical effects are dilation of the pupils, loss of appetite, increased activity, talking or laughing, jaw clenching, sweating, stomach cramps and nausea.

Hallucinogenic drugs include: LSD (lysergic acid diethylamide), magic mushrooms (psilocybin), mescaline (peyote cactus), ecstasy (MDMA – methylene dioxymethylamphetamine), cannabis (in higher concentrations, as well as being a depressant).

Anabolic steroids do not fit in the above categories, as their primary action is to affect body growth and the development of muscle tissue. Some people use anabolic steroids to enhance performance in sport and for body-building. Side effects or consequences of anabolic steroid use include: dependence and tolerance, depression (in withdrawal), organ disease or cancer, increased blood pressure, auto-immune suppression, decreased libido, breast tissue changes in men and women, growth of facial hair and deepening of the voice in women (Australian Drug Foundation, 1994).

HOW DO I KNOW IF I HAVE A SUBSTANCE PROBLEM?

- Increased frequency of use.
- Loss of control over frequency, duration and/or amount of use.
- Drinking or using when you don't want to.
- Having difficulty meeting responsibilities (i.e., appointments, work, study, relationships, finances).
- Interferes with normal life activities (i.e., relationships with family, socialising with friends).
- Feel sick or moody without the substance, but feel normal upon resuming use.
- Increased spending on the substance of choice.
- Personality changes noted by self or others.
- Getting into risky/dangerous situations.
- Other people express concern about your use/behaviour.
- Legal trouble (i.e., driving under the influence).

WHEN SUBSTANCE ABUSE BECOMES SEVERE

- Loss of friends (except other substance users).
- Negative changes in appetite with possible weight loss.
- Reduction or loss of libido.
- Extreme mood swings (often anger, depression).
- Lying about substance use to friends.
- Loss of memory for times when under the influence.
- Uncomfortable withdrawal symptoms when not using.
- Involvement in crime to support habit.
- Loss of energy and general health and wellbeing.
- Increasingly unable to believe own denial and excuses.

WHAT TO DO IF YOU HAVE A PROBLEM

If in reading this you have become aware you have a substance problem, or if you already knew it, then you may want some strategies to help reduce or replace your substance use.

Firstly, it's a good idea to have some understanding about why you have become reliant on substance use. You may be trying to meet a particular need, or needs, by using a substance, and this may vary over different contexts. For example, substances may be used to help with relaxation, increase self-confidence, pass the time or relieve boredom, escape from problems, avoid unpleasant tasks, cope with painful feelings or memories, or simply because it has become a habit. Once you identify what need or needs the substance is meeting, then you can find other ways to meet those needs.

Secondly, you need to identify when, where, with whom, and the amounts of substance(s) involved. Substance usage habits generally develop over time, so expect that it will take time to form new habits and alternatives that feel satisfying and effective.

It may also be advisable to get professional advice prior to cutting down or stopping use, as withdrawal symptoms from some substances can be unpleasant and severe.

To reduce substance use

Plan your use:

- Set limits on how often and how much you use.
- Have several 'substance-free' days per week.

Plan how you will manage during difficult times:

- Initially you may need to avoid certain people or situations.
- Identify what you will do instead.
- Write down why you want to cut down or stop and remind yourself often.
- Make your plans known to a support person (one who does not take substances).
- Be aware of when you are most likely to crave the substance.
- Remind yourself that cravings are a normal part of cutting down – the less you give in to them the weaker they become.

Use acceptance to deal with cravings:

1. When you get the URGE to have a substance, STOP and stay where you are.
2. Notice the URGE to have the substance. Can you locate the sensation(s) in your body? Are you feeling a specific emotion? Which thoughts or images (about your substance use) preceded the URGE to have the substance?
3. Try to ACCEPT any sensations, feelings, thoughts – let them be there, even if they are unpleasant. Stay in the present moment. Understand that the URGE is a conditioned response and it will pass quickly when you just ACCEPT and OBSERVE what is happening WITHOUT REACTING. Say something positive to yourself: "I want to be able to resist this URGE, if I just stay with it I'll be OK."
4. When the URGE has passed ... congratulate yourself, visualise yourself successfully carrying on and enjoying the benefits, then return to whatever you were doing.

WHAT TO DO IF YOU ARE CONCERNED ABOUT SOMEBODY ELSE

If you are concerned someone is being negatively affected by alcohol or other substance abuse, consider, it is the active involvement of others who take action on behalf of that person, that helps begin the lifestyle change.

Helpful considerations for concerned others

- Don't shield another from the consequences of their actions – say something.
- Demonstrate caring and concern.
- Ask yourself if you are helping the person by intervening, or hurting them by remaining silent?
- Expect initial resistance, but continue to follow through with the process. Also anticipate that the person will try and minimise their use, change the topic, joke about their use, or suggest their use is no worse than anyone else's.
- Even if the person begins to share some life problems that they have been experiencing, know that these problems won't get better unless the person does something about their alcohol or other substance abuse first.
- Talk to the person as if you were holding up a mirror, allowing them to see what you see – "I have noticed you have been missing classes...", "... not doing as well as what you seem capable of ..."
- If you have factual knowledge about the person's alcohol or other substance abuse, mention it without being judgemental or punitive.
- Seek professional assistance in order to appropriately plan the intervention and refer the person to the Counselling Service or external services.

WHERE TO GET HELP

Can counselling help? The staff at the Counselling Service are available to discuss concerns you may have regarding alcohol or other drug use in your own life, or in the life of someone close to you. Seeking professional help can help by bringing new perspective to the problem:

- Help clarify your pattern of use.
- Identify how your life has been affected.
- Help create strategies to decrease your use.
- Identify related issues that may contribute to your abuse.
- If necessary, referral to more intensive treatment resources.

If you would like to talk to a counsellor at Student Services contact one of the offices below for an appointment.

Hobart
Student Union Building, Top Floor
Phone: 6226 2697

Launceston
Kerslake Student Centre, Ground Floor
Phone: 6324 3787

Cradle Coast Campus
Mooreville Road, Burnie
Phone: 6430 4949

Email:
Student.Services@admin.utas.edu.au

Other sources of help

Alcohol and Drug Service

Hobart – 6230 7901
Launceston – 6336 5577
Ulverstone – 6429 8555

Alcohol and Drug Information Service

Freecall 1800 811 994
24 hour telephone service

RESOURCES

Clued up too: Helping young people with drug issues, C. Bellows, 1994, Australian Drug Foundation.

Drug Info Clearinghouse –
www.druginfo.adf.org.au/