

## **22. ALCOHOL AND DRUGS; ABUSE AND DEPENDENCY**

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### **22.2 Introduction**

**22.2.1** Alcohol abuse and dependency have become a major problem in contemporary society. As well as the adverse effects of alcohol *per se*, excessive drinking can increase the risk of developing a wide range of physical disorders. Abuse and dependency on a wide range of other drugs (both illegal and prescribed) and substances is becoming an increasing problem. Nevertheless, the circumstances under which alcohol and drug abuse lead to significant care and mobility needs are probably quite rare.

### **22.3 Alcohol Abuse**

#### **22.3.1 Alcohol Consumption and Dependency**

It is estimated that large numbers of people drink alcohol at a level which puts them at risk of developing physical complications. A small number, however, develop a state of alcohol dependency. This is characterised by the person having to drink more and more to achieve the same effect, developing withdrawal symptoms when they stop taking alcohol, and a psychological craving which means they have great difficulty stopping or controlling the amount they drink despite being aware of the damage it is causing. Affected people will spend a great deal of time trying to ensure that their supply of alcohol is maintained and will become devious in trying to hide the amount they are actually drinking. Alcohol dependency (sometimes known as alcoholism) can be associated with a range of psychological and social problems, but should not be expected to give rise to significant care and mobility needs in the absence of any of the complications described below.

#### **22.3.2 Alcohol Withdrawal Symptoms**

These can vary in severity from a state of mild shakiness to Delirium Tremens which is characterised by severe shakes, sweating, high temperature and frightening visual hallucinations. Withdrawal symptoms last usually for a few days and should not lead to long-term help from another person.

#### **22.3.3 Complications of Long Term Alcohol Abuse**

Excessive consumption over a prolonged period can lead to a number of physical and psychiatric complications. These include cirrhosis of the liver, peripheral neuropathy, heart failure, Korsakov's psychosis, hallucinosis and dementia. The effects of these conditions may give rise to a need for attention or supervision which will be the same as those arising from the disabling effects of similar conditions not caused by alcohol abuse.

#### **22.3.4 Repeated Drunkenness**

In some people it may be claimed that attention or supervision needs arise from the behaviour problems during episodes of repeated drunkenness. In a few people these periods may be associated with prolonged memory blanks. During these periods people may indeed get into fights, into trouble with the police and may be at increased risk of accidents of various sorts. People with alcohol dependency have great difficulty in controlling their alcohol intake and such behaviour cannot be prevented by any reasonable supervision, although intermittent intervention by another person at specific times may reduce the risk at those times.

#### **22.3.5 Alcohol and Self Neglect**

Some people with alcohol dependency may fail to eat properly and develop protein and vitamin B deficiency. They may also fail to attend to personal hygiene and become incontinent of urine and faeces. When such a state of neglect becomes severe enough to require attention from another person, it is usually for a limited period; such help should not be long-term once drinking has stopped.

#### **22.3.6 Treatment of Alcohol Dependency**

The treatment of alcohol dependency can be difficult and many people relapse. Some people require a prolonged period of rehabilitation. During this the person may require considerable support from others, but this should not amount to a need for attention or supervision.

### **22.4 Drug and Other Substance Abuse**

**22.4.1** The abuse of a wide range of other drugs and substances is common,

although the overall problem is small compared to that arising from alcohol abuse. The drugs involved may either be available on prescription, or obtained illegally. The following are the groups of the most commonly abused drugs or substances:-

- Opioids (including heroin, morphine, methadone and codeine)
- Anxiolytic and hypnotic drugs (ie tranquillisers and sleeping tablets including diazepam, temazepam and related drugs).
- Stimulants (including amphetamines, ecstasy and cocaine)
- Cannabis
- Organic solvents (glues, gases and aerosols)

**22.4.2** All drugs are taken for their acute intoxicating effects. The precise nature of these will vary according to the mode of action of the drug concerned. As with alcohol, these should not lead to any care needs.

**22.4.3** Prolonged use of most drugs can lead to a state of dependency when withdrawal symptoms will occur on stopping. These vary according to the type of drug concerned. With opioids they can be severe and include nausea, vomiting, restlessness, diarrhoea, anxiety, sleeplessness, runny nose and eyes and joint pains. The person may need to be admitted to hospital, but symptoms should resolve in 10-14 days and perhaps rather longer with methadone. Withdrawal symptoms from diazepam (Valium) and related drugs can be more prolonged, but can usually be managed by gradually decreasing the dose over a period of time and a need for attention or supervision should not arise.

**22.4.4** Drug dependency can lead to a range of psychological and social problems. These may be more complex than with alcohol because of the illicit nature of the drug concerned whereby the person may resort to criminality in order to maintain his addiction. However these should not lead to a need for attention or supervision. People can fall into a state of self neglect and similar considerations apply to assessing care needs as in paragraph 22.3.5.

**22.4.5** Physical and psychological complications can occur as a result of taking many drugs. Most notably, hepatitis B & C and AIDS may result from using contaminated needles for injection. In addition, a psychotic illness [See Chapter 19] can result from the prolonged use of stimulants such as amphetamines. As with alcohol, any care and mobility needs which arise will be the same as those as when similar conditions arise from non-drug related causes.

## **22.5 Further Evidence**

**22.5.1** People with drug and alcohol dependency may be under the care of a consultant psychiatrist, or may be attending a Drug Dependency Unit or alcohol treatment centre. Alternatively the person may be under the care of

a community drug or alcohol team. A variety of professionals including counsellors and community psychiatric nurses may be involved. Where significant care and mobility needs are claimed, a factual report from one of these sources (depending on the individual circumstances) may help to clarify the situation.