a brief introduction to addiction

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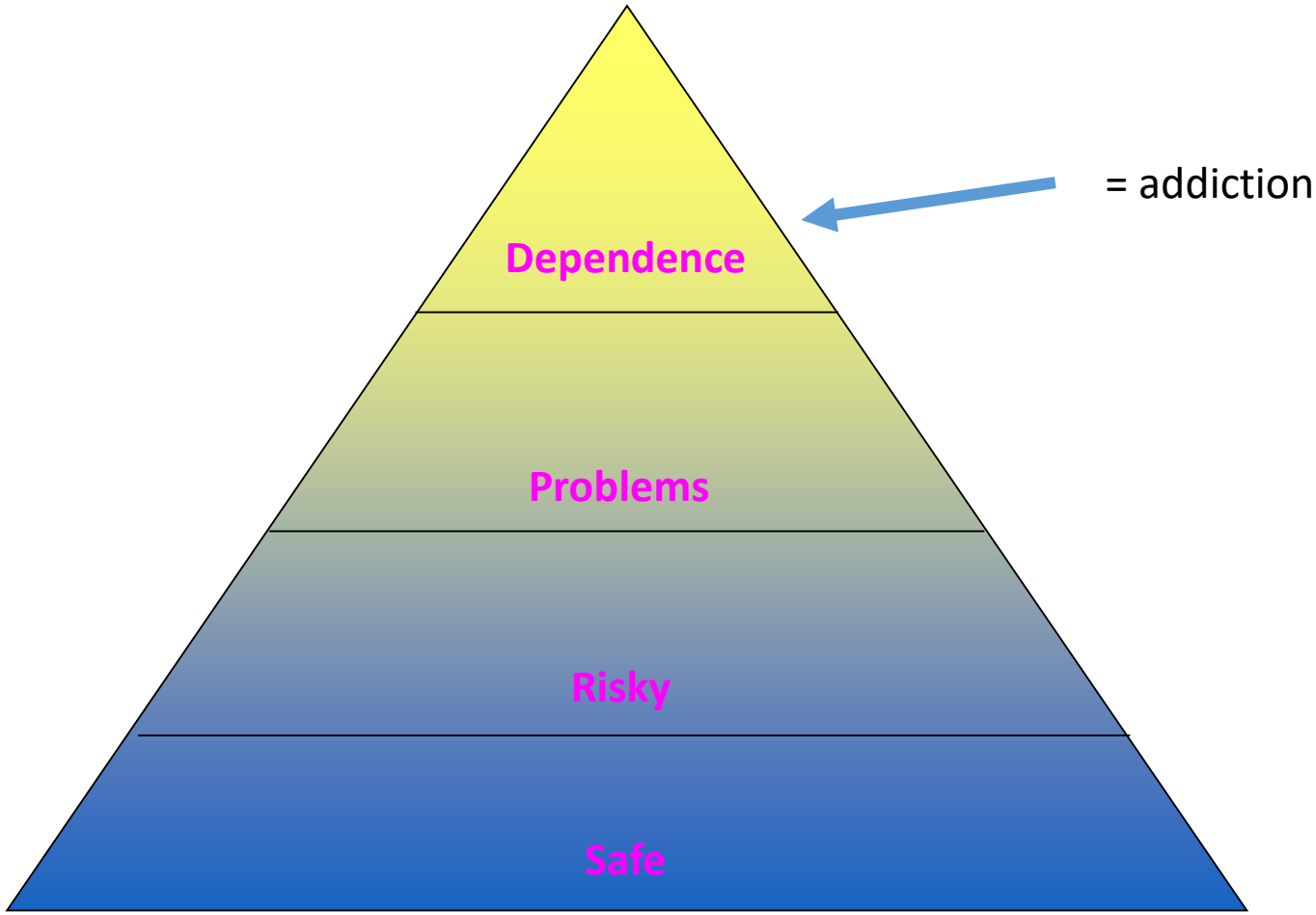
stages of progression



terminology

- chocolate “addiction”?
- sex “addiction”?
- computer game “addiction”?

- addiction is more than
  - an *obsession* about something (mind dominated)
  - a *compulsion* to do something (behaviour dominated)
  - but can include both of those things

Proverbs 23:29

- “Who has woe? Who has sorrow?”
- “Who has strife? Who has complaints?”
- “Who has needless bruises? Who has bloodshot eyes?”

Dependence

- a very miserable experience.
- high suicide rate
- relationship problems
- domestic violence, divorce
- trouble – work, crime, debts
- many health problems
- accidents and injuries

Proverbs 23:30,31

- “Those who linger over wine”
- “who go to sample bowls of mixed wine.”
- “Do not gaze at wine when it is red, when it sparkles in the cup”
- “when it goes down smoothly!”

Dependence

- occupies up a lot of time
- often involves experimentation
- seems very appealing
- feels good

Proverbs 23:32

- “In the end it bites like a snake and poisons like a viper.”

Dependence

- slow development over time
- …starts as enjoyable or even exciting
- …becomes difficult to control
- …suddenly ends up gripping
- …often taken by surprise!

Proverbs 23:33

- “Your eyes will see strange sights, and your mind will imagine confusing things.”

Dependence

- hallucinations
- delusions
- confusion
  - where am I? what have I done?
  - what day is it? who are you?

Proverbs 23:34

- “You will be like one sleeping on the high seas, lying on top of the rigging”

Dependence

- episodes of intoxication
- …drowsiness, room spinning
- …loss of balance
- …falling over

Proverbs 23:35

- “They hit me,” you will say, “but I’m not hurt! They beat me, but I don’t feel it!”

Dependence

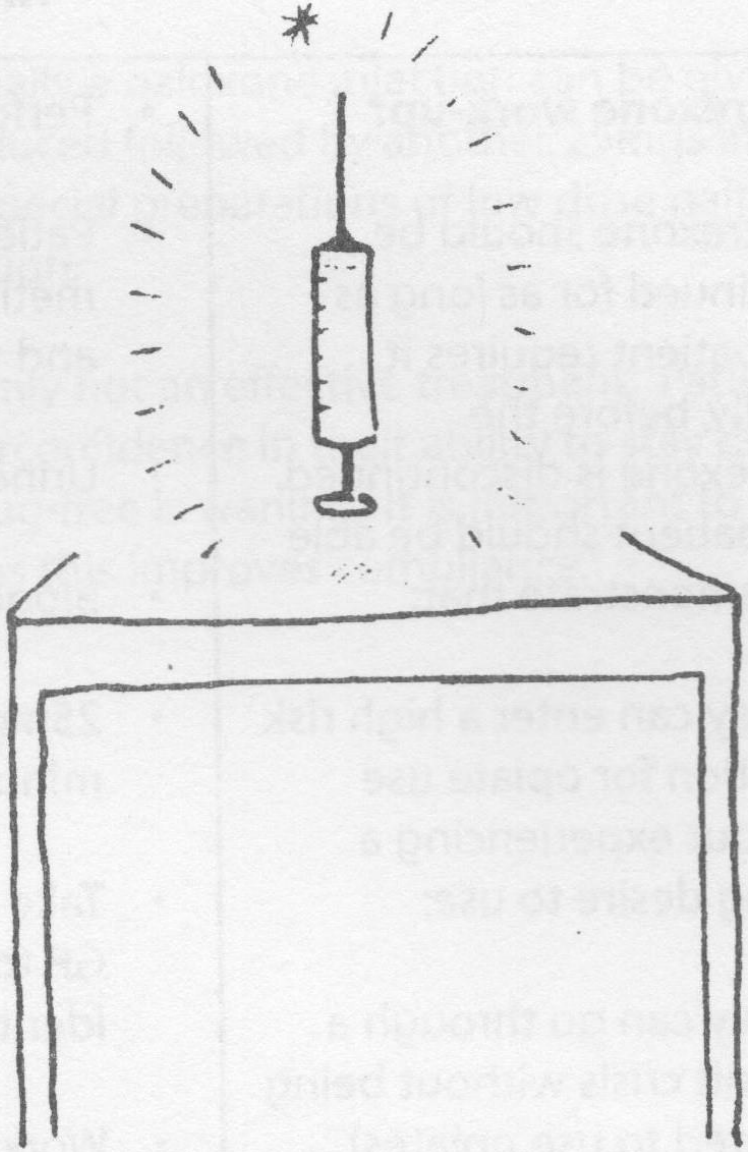
- pain-deadening properties
  - alcohol
  - opiates
- operations used to be conducted when the patient was intoxicated with alcohol

Proverbs 23:35

- “When will I wake up so I can find another drink?”

Dependence

- pursuing the very thing that is destroying them
- uncontrollable craving
- needing to find more to stop withdrawal symptoms



case study 1 – simple

- retired man, whose father died from cancer of the oesophagus
- excelled at school and university, became CEO of national company
- stress, travel, socialising, alcohol
- at age 60 yrs developed hand tremor, initially attributed to anxiety
- a blood test to check thyroid found liver damage typical of alcohol abuse
- 2 sessions with a counsellor, declined medication, “strong enough”
- at age 64 yrs drove home from work and fell out of car, drunk +++
- received a “detox”, put on Antabuse supervised by wife
- wife “trusted” him after 3 months and became lax about supervision
- relapsed, lost driving license
- wanted to “check out” (commit suicide)

psychiatric definition of “addiction” (1)

6 characteristic features:

1) tolerance
   - e.g. able to “hold” your drink – high level of consumption without obvious effect

2) narrowed behaviour
   - a loss of previous interests and activities to spend more time using a substance
   - increasingly predictable behaviour around use
     - e.g. same time of day, same type of substance, same location of use etc

definition of “addiction” (2)

3) craving/compulsion to use
   - a very powerful drive to use – even when there is a risk of death
     - “negative” craving – wanting to use to stop feeling bad
     - “positive” craving – wanting to use to feel good
   - loss of control
   - applies to other mammals

4) continued use despite obvious harm
   - e.g. physical and mental health, social relationships

definition of “addiction” (3)

5) withdrawal symptoms
   - marked physical or psychological symptoms on cessation of use
     - e.g. alcohol - shaking, sweating, fits, hallucinations, delusions, brain damage, death
     - e.g. stimulant drugs – anxiety, severe depression, craving +++
     - e.g. opioids – shivering, aches, runny eyes, anxiety

6) relief use
   - using a substance, or something like it, to stop the withdrawal symptoms
     - e.g. a heroin addict will using codeine or someone else’s methadone

diagnosis

- 3 or more of the characteristic features must have been present in the last 12 months

- dependence can be
  - mild – able to return to controlled use
  - moderate – may be able to return to controlled use
  - severe – no real prospect of returning to controlled use

stigma

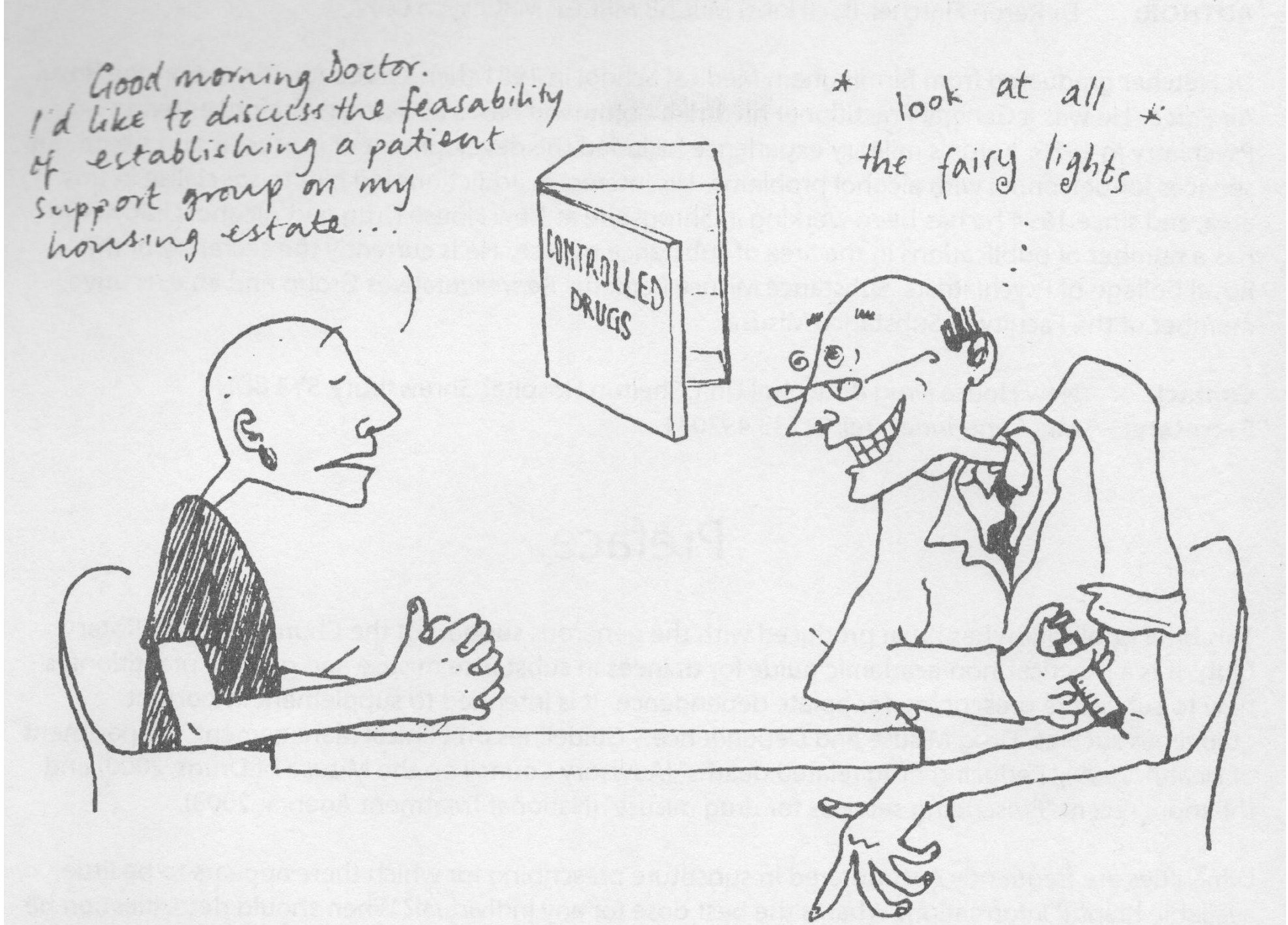
- drug addicts
- alcoholics

- schizophrenics
- dementia
- severe depression
- panic disorder
- eating disorder

- 413*#
- 377*#

- 343*
- 339
- 255
- 216
- 215

* DANGEROUS, UNPREDICTABLE, DIFFICULT TO TALK TO
\# ONLY THEMSELVES TO BLAME


Good morning Doctor.
I'd like to discuss the feasability of establishing a patient support group on my housing estate...
CONTROLLED DRUGS
* look at all *
the fairy lights

why do some people get addicted?

- heavy users of heroin during the Vietnam war gave up using heroin without difficulty when returning to USA
- people in hospital who use morphine for pain relief don’t usually get addicted
- not every long term heavy drinker becomes an “alcoholic”
- so why do some people get addicted?

risk factors – very many!

individual:

- genes, personality, gender, age, ethnic group, geographical location

market:

- low price, aggressive selling, high availability, promotion

social/cultural:

- peer pressure, drinking to get drunk, religion, occupation

life experiences:

- early drinking, trauma

family:

- parental divorce in childhood, heavy parental drinking, poor parenting (attachments)

Vaillant study - vulnerability

- 30 year follow up of 2 groups
  - group 1: children from very dysfunctional families, no history of alcohol use
  - group 2: children from functional families, one parent alcohol dependent
- after 30 years:
  - group 1: alcohol dependence in 5%
  - group 2: alcohol dependence in 27%

course of addictions

- on average, people with a diagnosis of alcohol dependence die 20 years younger

- on average, the treatment of heroin dependence lasts 10 years

- addictive disorders are chronic and relapsing
  - *much* more difficult than trying to lose weight

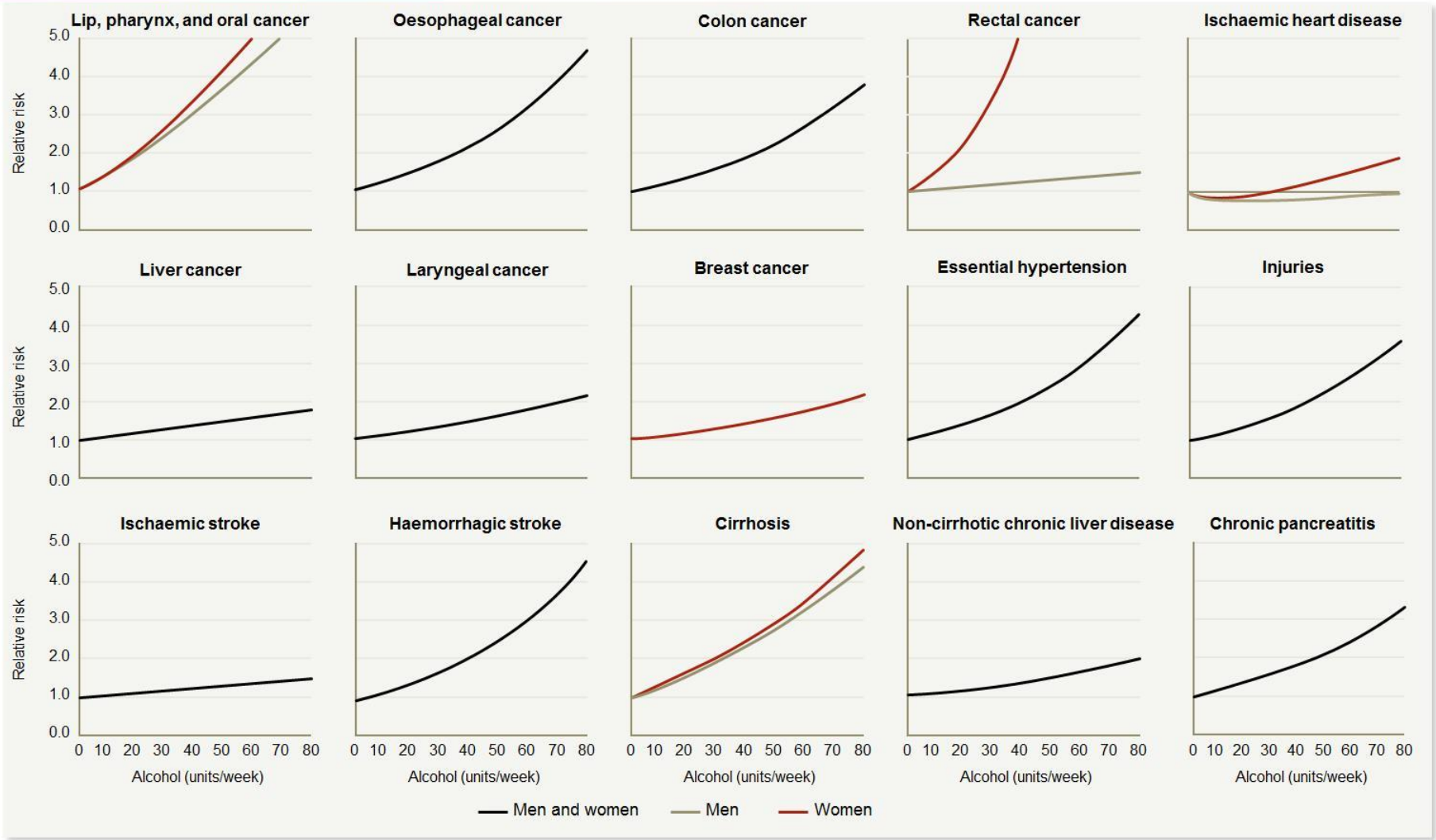
case study 2 – difficult

- 27 yr old popular, sporty, ex-Army corporal, excelled in Army training
- drank alcohol at weekends, occasionally drunk, work OK
- Afghanistan – soldier behind him stepped on landmine – spattered with blood, hit by shrapnel, able to take cover from gunfire in drainage ditch
- risked his life to rescue friend whilst under fire, gave first aid - no use
- decorated for bravery, but nightmares, anxiety, anger, poor sleep
- drank alcohol +++, withdrawals, girlfriend left him, arrested for violence
- psychology services would not offer help for PTSD until off alcohol
- in-patient detox, discharged, no psychology services for 6 months
- more nightmares, bad sleep, alcohol +++ 1 bottle vodka daily
- afraid he would kill someone

range of associated harms

- alcohol;
  - every system of the body
    - heart
    - bones
    - abdomen (particularly liver, pancreas and stomach)
    - nerves and brain
    - cancers
    - psychiatric problems (including suicide)
    - brain damage
- drugs
  - infections - HIV, hepatitis B and C, abscesses
  - heart attacks and strokes from stimulants
  - clots in legs and lungs from injecting
  - psychiatric problems – depression, anxiety, phobias, paranoia

Relative risk of comorbid disease by alcohol consumption



UK/NAL/1301/0146d. Date of preparation: April 2013
Full prescribing information is available at this meeting

1. White et al. BMJ 2002;325(7357):191

treatment approaches

- psychological and behavioural interventions (+/- psychiatric treatment)
- medication
  - symptomatic
  - substitution
  - blockers
  - craving reduction
  - deterrence
- detoxification
- rehabilitation – Christian-based, 12 steps based, psychotherapy based
- complementary therapies/activities/vouchers

Well done! Keep going!
SUPPORT WORKER
DOCTOR
FREE WATER
MORE FREE WATER

case study 3 – very complicated

- single mum, never knew father, sexually abused
- 11 yrs - started smoking cigarettes and cutting her thighs
- 15 yrs - experimented with a range of “party drugs”, stopped going to school
- 17 yrs - smoked heroin, then started injecting
- 18 yrs - sharing needles, developed thrombosis and hepatitis C positive
- 19 yrs - pregnant
  - attending treatment, prescribed methadone, clear of illicit drugs, doing very well
- after baby born couldn’t cope, started using drugs again
- chaotic illicit drug use, self harm, shoplifting and prostitution
- poor compliance with treatment
- baby removed from her care and put up for adoption

pastoral *attitude* – friendly, fair, firm

- friendly – of course
  - welcome – shake hands, introduce yourself, ask their name etc
  - “come and sit by me”
  - don’t be suspicious of their motives
  - don’t be afraid of catching diseases
  - don’t be afraid of violence
- fair
  - treat them like any other person, without discrimination
- firm
  - don’t tolerate disruptive behaviour in church

pastoral *approaches* – more than one

- “And we urge you, brothers…
  - **warn** those who are idle,
  - **encourage** the timid,
  - **help** the weak,
  - **be patient** with everybody.”

1 Thess 5:14

pastoral warnings

- be clear to them
  - “take the problem seriously”
  - “do something about it”
  - “if you don’t it will get a lot worse”
  - “consider the advantages of stopping and the disadvantages of continuing
  - (cue cards)

- be aware of dangers
  - are the children safe? is the partner safe?
  - are they safe at work? should they be driving?
  - do social services/child protection/police need to be involved?
  - do they express any suicidal intentions - ? need mental health services

pastoral encouragement

- be encouraging
  - “go to see your GP”
  - “make use of local substance misuse services”
  - “take your medication”
  - “expect good days and bad days, ups and downs”
  - “don’t give up” (neither them nor you!)

  - give them examples of people who have succeeded
  - encourage them to make use of the means of grace
    - come to church, read the bible, pray, meet with Christians, helpful books

pastoral help

- be helpful
  - offer friendship
  - invite them for meals
  - give good advice
  - signpost them to helping agencies (have a directory of useful services)
    - Christians Against Poverty
    - CAB
    - food banks
    - Social services
    - GPs
    - Dentists
    - Mental health services/Mind
  - pray for them regularly

pastoral patience

- be *very* patient
  - expect relapses
  - don’t get exasperated with ‘failure’ – it is part of the learning process
  - measure progress in millimetres!

specific church-based interventions

- KEYS Community Detox
  - medically monitored detoxification from alcohol and drugs
  - church-based structured support
    - prayer
    - teaching (gospel)
    - help
    - friendship
  - run by Dr Stephen Smith – SE England, NE, and Scotland
  - keysuk.org 01273 987977

resources

- drugs - general information
  - Frank — www.talktofrank.com/
  - DrugWise — www.drugwise.org.uk/
- alcohol - general information
  - Institute of alcohol studies — www.ias.org.uk/
  - Alcohol Change UK — https://alcoholchange.org.uk/
- finding drugs and alcohol services in Wales
  - Freephone: 0808 808 2234 — http://dan247.org.uk/
- independent services
  - Alcoholics Anonymous — www.alcoholics-anonymous.org.uk/
  - Narcotics Anonymous — http://ukna.org/