

DEFINITIONS

DRUG

Any chemical substance or a mixture of substance which when introduced in to the living organism may modify one or more of its function

DRUG ABUSE

- Drug abuse is persistence and/or excessive use of a drug inconsistent with or unrelated to medical practice, resulting to harmful effects.
- This harmful effects may be physical, mental social or otherwise

DRUG MISUSE.

- Unsanctioned or illegal use of drug. I.e.
- The society or group within the society does not sanction the use of the drugs.

DEPENDENCE.

- Drug dependence is an emotional and sometimes a physical need experienced by a drug abuser. The drug abuser feels a compulsion to take the drug on a regular basis to feel its effect to avoid the discomfort of its absence

TOLERANCE.

- The repeated use of a drug leads to changes in the brain and nervous system so that the user needs more of the drug in order to get expected results.
- Tolerance develops when the person has been taking the drugs regularly and in sufficient doses over a period of time.
- Once the person stops taking the drug the tolerance is lost. Cross-tolerance can occur between drugs with similar mechanisms of action.

Classification of drugs

- Depressants
- Stimulants
- Hallucinogens
- Inhalants
- Depressant/Stimulant

DEPRESSANTS

- These are substances that suppress the central nervous system
- This includes
 - Alcohol
 - Opiates(Pethidine, morphine and heroine)
 - Tranquillizers

STIMULANTS

- These are substances that stimulate the CNS and includes
- Caffeine, amphetamines, khat, tobacco, cocaine and methylphenidate(Ritalin)

Hallucinogens

- These are substances that have the ability to cause hallucinations. They include
- Lysergic Acid Diethyl amine (LSD)
- Phencyclidine
- Ecstasy
- Mescalidine.

Depressant/stimulant

Cannabis

- This is derived from marijuana plant
- It produces a combination of effects to the central nervous system.
- It has a depressant and stimulant effect as well as hallucinogenic properties

Factors that contribute to use and abuse of drugs

- **Easy accessibility**

When the drug is accessible then the person is more likely to abuse the drugs.

Peer pressure

- Most of the people using drugs receive the first dose free of charge from the peer group.
- Peer pressure is an important factor not only leading individual to begin use of drug but also in sustaining use of drug.

Poor parentage

- Learning through modeling occurs in children where they do as their parents do.

Media influence

- Advertisement of drugs portrays it as a drug worth trying.
- Among the youth media influence their use alcohol.

Gender

- The cultural setup is more permissive when it comes to men drinking and using drugs.
- Men also have more leisure time than women who have various scores to keep them busy.

Gender ctd.

- Until recently African man handled all financial matters.
- Due to this financial ability males abuse alcohol more than females.

Stages of substance use

1. No Use

- The person does not use any mood altering substances.
- This is either by *choice*
- due to never having the chance to use,
- having a *belief or value against using*, or
- having a *previously bad experience* with drugs or alcohol and deciding that this is not a good thing, for the person to be doing
- **Majorities of Kenyans are in this category**

2. Experimental Use

This the Novel (new) Experience

- The person *tries the drug once or twice to experience the effects.*
- The decision to continue using the drug or not depends upon the person's subjective experience.
- they may use because they are *curious*, their friends are using, or it is available to them.

3. Social Use

Substance use 'Adds to Life '

- The person uses the drug occasionally, and *can readily control the use of the drug*
- Their **Major Life Areas** are not affected. No emotional pain results from the drug use.
- *The drug use patterns, and reactions and consequences of drug use are known and predictable.*

Social use

- During this stage the person's *tolerance to the drug begins to increase*, and they may develop a *pattern of using* such as every weekend, or every day after school.
- The reason for the social gatherings (friends getting together) starts to revolve around the substance use.
- At this point the person has begun to experience a *few negative consequences* from using such as a hangover, or missing an appointment, school or work, and *tries to set a few self-imposed rules* for using such as only using on weekends, only using at certain times, or only using a certain amount.

Harmfully involved

- emotional pain starts to result from the use of the drug, experiences withdrawal symptoms, tolerance begins to increase, minimizes or rationalizes drug use,
- may deny drug is causing problems, begins to make promises to self and others about quitting or cutting down).
- The person is beginning to ***feel that they have less control*** over their substance use..

5. Dependent

- The person (uses the drug very regularly and very frequently, feels they have lost control over the use of the drug.

4. Harmful Use

Substance use "Becomes Life" - Compulsive use

- The person *uses the drug regularly and frequently*
- *uses more of the drug* over a longer period of time.
- makes *attempts to control use* of the drug but has difficulty doing so.
- *some Major Life Areas are affected. drug use continues* despite the appearance of negative drug use patterns & consequences.

7 Signs of substance dependence

1. **Tolerance:** The person requires an increasing amount of alcohol to produce the same effect as previously used doses of alcohol.
2. **Withdrawal syndrome:** The person develops symptoms when he has not taken alcohol.
3. **Primacy:** Alcohol takes primacy over other activities including, employment, business, and family education e.t.c.

Signs of dependence - ctd

- 4. Stereotyped pattern of use:** There is a regular pattern of use of the drug to avoid withdrawal syndrome.
- 5. Relieve drinking:** The person takes alcohol to relief the withdrawal symptoms.
- 6. Reinstatement after period of abstinence:** There is a quick reinstatement to full drinking once the person resumes drinking.

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7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological complications.

Treatment of alcohol dependence involves:

- Detoxification
- rehabilitation

Alcohol related disorders

- Alcohol use disorder
- Alcohol dependence
- Alcohol intoxication
- Alcohol withdrawal delirium
- Alcohol induced persisting dementia
- Alcohol induced amnestic disorder

Alcohol related disorders

Alcohol induced:

- Psychotic disorder
- Mood
- anxiety disorder
- Sexual disorders
- Sleep disorders
- Alcohol related disorder not otherwise specified

Alcohol intoxication

The diagnosis of Intoxication emphasizes:

- ✓ a sufficient alcohol consumption,
- ✓ specific maladaptive behavioural changes
- ✓ signs of neurological impairment
- ✓ absence of other confounding diagnoses or conditions

intoxication

Alcohol intoxication may cause:

- ✓ Coma
- ✓ Respiratory depression
- ✓ Death

Treatment may include ICU admission to support respiration and balancing electrolytes and controlling temperature

Alcohol withdrawal

- The classic sign of alcohol withdrawal is tremor. –Others symptoms include
 - hallucinations & delusions
 - Irritability
 - Gastrointestinal symptoms(nausea/ vomiting
 - sympathetic hyperactivity- sweating anxiety, flushing tachycardia and mild hypertension
- ✓ Alcohol withdrawal delirium or Delirium tremens-

- Alcohol withdrawal may cause the following:
 - ✓ The psychotic features & perceptual disorders occur within 8- 12 hours
 - ✓ Withdrawal seizures- this are fits that occurs in 12-24 hrs after stopping alcohol
 - ✓ Delirium tremens occurs within 72 hours

Delirium tremens (alcohol withdrawal delirium)

- ✓ this is the most severe alcohol withdrawal syndrome
- ✓ It is a medical emergency
- ✓ Untreated, It results to morbidity and mortality(20%)
- ✓ Patient may be suicidal or assaultive
- ✓ It occurs in the first week after stopping or reducing alcohol intake

symptoms

- ✓ Autonomic hyperactivity
- ✓ Perceptual distortions
- ✓ Hallucinations- visual tactile
- ✓ Fluctuating levels of psychomotor activity
- ✓ Beware of unexpected DTs in patients admitted for other reasons

Treatment of DTs

- Prevent by giving
 - ✓ A benzodiazepine e.g diazepam
 - ✓ Vitamin B& C(Pabrinex 1&2)
 - ✓ rehydration
 - ✓ Diet supplementation

Alcohol induced persisting dementia

- ✓ reduction of brain of cortex in persons who have been taking alcohol for a long time.
- ✓ Patient losses memory and has deterioration of the personality