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Escaping drugs and alcohol

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Alcohol and drugs: Why do people take them, what do they hope to get out of taking them? Why do things go wrong sometimes? How do people get into trouble?

The history of substance use in Australia is rich and colourful. White Australia was settled with our first soldiers, the Rum Corps, being paid in alcohol. The original name of Sydney Hospital was the Rum Hospital. Alcohol is used to celebrate birthdays, Christmas, a good meal, the end of the week. It is used to mourn at funerals and celebrate triumphs. It is difficult to imagine Australian society without alcohol. An ex-prime minister was famous for his capacity to drink a yard glass of beer, and a well-known cricketer for his ability to consume stubby after stubby of beer in a plane en route to England for a tour. Many may remember the 6 o'clock swills of the 1960s when drinking stopped one hour sharp after work, enshrining binge drinking in Australian culture. At age 18 you can drive a car, join the armed forces and drink. Alcohol is almost a rite of passage on its own. The long weekend has its history in people being too hungover to go back to work after a weekend of drinking. Before pasteurisation, beer was often safer to drink than water.

Tobacco was once a central part of male Australian culture. In the 1940s, three quarters of Australian men and one quarter of Australian women were smokers. Smoking cigarettes was synonymous with a male 'macho' culture. Remember the Marlboro man? For several decades, cigarette smoking has been targeted at young

people. Smoking is presented as being 'cool'. Due to its anorectic properties, smoking has been promoted to young women as one way to keep their weight down.

Prescription medicines are often promoted as a panacea for pain, depression or anxiety. While Australia does not allow the degree of prescription medicine advertising as seen in some North American states, prescription medicines remain popular. In the 19th century, when over-the-counter cure-alls or elixirs could contain significant amounts of opioids, Australians then had the highest reported per capita consumption of opioids in the world.[1]

While cannabis was imported into Australia by Sir Joseph Banks for its use in rope-making and textiles, smoking the herbal plant for its intoxicating effects was not reported until the 1960s, when acres of cannabis grew wild along the banks of the Hunter River. Cannabis use appeared along with the counter-culture movement of the 1960s. At the same time, heroin use first started to appear in Australia, probably introduced by North American soldiers on recreational leave during the Vietnam war.

Amphetamines were prescribed by psychiatrists from the 1970s in Australia for the treatment of post-traumatic stress disorder and other problems. Amphetamines were once first-line treatment for asthma and depression, before safer and more effective medications became available. Modern-day derivatives of amphetamines are used by young people. Stimulants, such as amphetamines (including methamphetamine or 'ice') and ecstasy, are used by young people in the context of dance parties or in festivals. Every now and then we hear of truck drivers having had a road crash while affected by amphetamines.

Drug use today remains common. Look at the queues for coffee in the mornings across the country and the busy cafes on weekends. Many people enjoy a 'start-me-up' in the mornings.

All societies in history seem to have used some sort of intoxicant. In more traditional societies, substance use was linked to a cultural event; for example, a rite of passage. Finishing school,

'schoolies' has grown in magnitude over the years where now many Australians travel across the country or even overseas to celebrate the end of school. Binge drinking is common. Sometimes things go horribly wrong and young people die, at the peak of their youth.

More recently, a new group of drugs — 'legal highs' or synthetic drugs — have emerged. A wide range of substances, of which very little is known of many, can be bought in some Australian states. Some are cannabis-like, some are stimulants, while others have different effects again. An interesting phenomenon is the enthusiasm with which some people are prepared to try these substances. Many, or possibly most, have not undergone any reported testing on humans, yet people appear to be buying these substances, sold as incense or 'bath salts', and consuming them. It may be a primal urge, or for relaxation or relief, but many people want to be intoxicated on something. It might be part of the human condition.

Alcohol and drug use impose significant costs on our society. In 2004–2005 in Australia, alcohol and other drugs cost $55.2 billion, mainly healthcare costs, road accidents, loss of productivity and crime.[2] Of these costs, around 50% were due to tobacco, 27% for alcohol and 15% for illicit drugs. Each year, tobacco causes over 140,000 hospital admissions, alcohol over 70,000 admissions and illicit drugs over 14,000 admissions.[3]

Every few years we survey adult Australians about their use of alcohol, tobacco and other drugs. Currently, approximately 80% of Australians report recently drinking alcohol, 18% smoke tobacco, 10% smoke cannabis, 3% use ecstasy, 2% use amphetamines, 2% use cocaine, 4% use prescription drugs for non-medical reasons, while fewer than 1% use heroin.[4]

When considering alcohol consumption, of course, not all alcohol consumption is problematic. Alcohol is popular due to its presence in our social history and because it is interwoven with our culture. Think of drinking a glass of champagne to celebrate an

achievement, a glass of wine with dinner or a glass of beer after a hot day's thirsty work. All of these practices are a very normal part of our mainstream Australian culture. However, just under one third of adult Australians drink at levels that put them at risk of harm in the short term, such as accidents or injuries.[5] Some young people drink at these levels even more frequently.

Driving under the influence of alcohol remains a significant problem in Australia. Drinking too much on any occasion puts a person at risk of doing things they later regret, such as getting into an argument or fight (especially men), having unwanted sex, getting injured or behaving out of character. In the long term, drinking too much puts a person at risk of a wide range of medical problems, including brain injury, liver problems, cardiac problems and cancers.

Tobacco is in many ways a more problematic drug. Most people who smoke tobacco are addicted and smoke the drug on a daily basis. Indeed tobacco may be the most addictive of all drugs. Tobacco smoking is linked to lung cancer, heart disease, stroke, airways disease and many other cancers. Societal attitudes towards smoking have changed over the past few decades. It is now more difficult to smoke in public places. There is an increased awareness of the effects of passive smoking on others, including children.

Cannabis is by far the most commonly used illegal drug, both in Australia and in many other countries. One third of all adult Australians report ever having smoked cannabis. In the decade of the 2000s amphetamine use developed into a significant concern across the country. Amphetamine use is linked to aggression, fights and mental health problems, including paranoia and psychosis. Australian young people use ecstasy at one of the highest rates in the world. However, most ecstasy in Australia is actually methamphetamine, sometimes mixed with other chemicals, and packaged as a pill.[4]

Why do people use any sort of drug, be it alcohol, tobacco or illegal drugs? Primarily because they like the effects. While not

everyone experiences the same effects from substances, people use a substance because it produces some sort of pleasurable effect — they use alcohol and drugs for relaxation, to reduce the anxiety of stress, to reduce pain or discomfort, or as an aid to insomnia. Alcohol and other drugs can be used as part of a social event, to have a break from work (the 'smoko'), to share with others.

Most drugs have an effect on part of our brain called the reward centre. This pathway exists in both the developed human brain and also in the more primitive part of the human brain. The reward centre is activated by a number of pleasurable events, such as eating good food, watching a beautiful sunset or making love. Essentially, during these events, dopamine, a chemical in the brain, is released in the mid brain, and this helps us experience pleasure. The same pathway is activated when using alcohol or other drugs.

So seeking rewards is part of what drives human behaviour. That is not to say using a drug is a good way or a safe way to experience pleasure. Other factors come into play, such as the sort of drug, how much is used, in what sort of environment, and with whom. An excess use of sedative drugs can over-sedate the body and can affect breathing or other vital signs, causing an overdose.

A wide range of other factors may impact on whether a person will use a drug or not. Some cultures do not drink alcohol at all. The same is true of illicit drugs. People tend not to use illegal drugs if their peers do not use them, but if their peers do, they are more likely to use these drugs. Availability of a substance is an important limiting factor on drug use. It is part of the reason we restrict the sale of alcohol and tobacco to children and young adults, and part of the reason we need to limit the availability of alcohol, especially after hours. Promotion of drug use is also important. Australia has been a leading country for decades in banning tobacco advertising, placing health warnings on tobacco products and now ensuring tobacco is sold in plain packaging.

So what are some of the reasons why some people choose not to use illegal drugs? There are many clear reasons, such as not

wanting to break the law, take a substance of unknown quantity and purity, take a drug in a dangerous way (for example, smoking or injecting), or be involved in risk-taking unnecessarily. However, all these things do not explain why many people will not take illegal drugs, but some people will. The fact that around one third of adult Australians have ever smoked cannabis demonstrates that the legal status of a drug is not enough to deter everyone from trying a drug.[6]

Who tries drugs and why? Mainly young people. Young people are more likely to challenge the status quo, not always listen to authority figures, try something different, and be influenced by what their friends do. Young people are more likely to be risk-takers. Some people in the community think that drug education should be a big part of the answer to drug misuse, and that if it is possible to educate people about the dangers of drug use they simply will not try drugs. But human behaviour is far more complicated than that. People do all sorts of things for all sorts of reasons. The effect of drug education in schools is limited.

So if drugs are available and a person's peers report good effects from using a drug, they may want to try that drug, despite education programs about the harms of drug use. This may be easier to understand with regard to licit drugs. If you think of how many young people at some point in their lives over-indulge in alcohol, then consider current public education programs about the dangers of getting 'too drunk', you may be aware that an education program may have limited effects; human beings simply do not adhere to what health policy experts suggest is good or safe.

What separates functional use of alcohol or another substance from problematic use? Functional use implies that using a substance does not overly interfere with a person's life and they do not experience problems from using that substance; that is, they can experience the 'good' effects from that substance without experiencing the dangers.

The drug best understood using this model is alcohol. There are Australian guidelines for using alcohol at levels where the risk of 'harm' remains low, both in the short term and the long term.[7] These guidelines are based on a number of studies of levels of alcohol consumption and its effects. The Australian guidelines for adult men and women are to limit alcohol to two standard drinks per day and to not have more than four standard drinks on a special occasion.

A standard drink is 10 gm of alcohol. This is equivalent to a 285 ml glass of full strength beer, 100 ml of wine, 60 ml of fortified wine or 30 ml of spirits. Many people may not be aware of these guidelines or understand how little alcohol is in two or four standard drinks. The understanding of the effects of drinking more than these amounts is clear — more risk of alcohol-related accidents and injuries. Keeping to these limits means risks of problems from alcohol remain low.

We do not have the same understanding of low-risk use of other drugs: for tobacco, mainly because most smokers become daily dependent smokers and because there are so many significant health problems related to tobacco smoking; for cannabis and other illegal drugs, we do not have a good understanding of non-problematic use, in part because these drugs are illegal and therefore any use can be linked to legal problems at a minimum.

We do have some understanding of prescription medicines, however, such as prescription opiates (pain killers) or prescription anxiolytics (sleeping pills or tranquilisers). A key issue here is how frequently a substance is consumed. If a person avoids daily use of a substance, they are less likely to experience a problem from that substance. So avoiding taking any sort of substance on a daily basis is probably sound advice. You are certainly less likely to become addicted to that substance.

How can you tell if a person is experiencing problems from use of a substance, be it legal or illegal? An important concept here is that of drug-related harm. This really means exactly what it

suggests — harm or problems that occur as a result of using a drug. For example, with alcohol, harmful use would include driving under the influence of alcohol, getting into arguments related to being drunk, having an accident when being drunk (for example, falling over), or missing work after a hangover from drinking too much the night before.

Examples of drug-related harm from cannabis includes experiencing severe side effects from using cannabis (for example, getting very paranoid while 'stoned'), driving under the influence of cannabis, or experiencing legal problems from cannabis use. Drug-related harm from amphetamines includes getting into fights or undertaking risky behaviour while intoxicated (for example, unsafe sex), while drug-related harm from heroin includes overdose or exposure to blood-borne viruses like hepatitis B or C, from injecting the drug.

How does a person know they are experiencing drug-related harms? It may be obvious to them, or others may be telling that person they are experiencing problems. Usually a person's family and friends will notice if they are experiencing negative effects from alcohol and other drug use and let that person know — in part because this may be unpleasant for others. Listen to what your family and friends say to you.

Of course, other issues may be a key part of what is driving alcohol, prescription drug use or illicit drug use. Because drugs can activate the reward centre, they can be used to try to reduce other significant problems. Pain, stress, anxiety, depression, trauma, previous abuse, the experience of assault and violence are all factors that can lead a person to use and over-indulge in alcohol or other substance use. These issues may be significant in a person's life and of course do not resolve with substance use. Using a drug is not a treatment for any of these issues, all of which need treatment in their own right. Counselling or therapy, sometimes in combination with anti-depressant or other medication, can be used for some of these conditions.

A more severe pattern of substance use is that of addiction or dependence. Addiction occurs when a person loses control over using a drug. The drug starts taking over that person's life and assumes a greater importance than more functional events including family, work and other social life. Addiction or dependent drug use is characterised by changes in the brain and patterns of behaviour.[8] Brain changes include tolerance, where more of the drug is used to get the same effect; and withdrawal, which is a set of symptoms that occurs when the drug is removed. Essentially, a person's brain becomes adapted to using the drug regularly, and experiences distress when the drug is removed.

The behavioural changes seen in addiction include having a strong desire to take the drug, trying to stop using and being unsuccessful (relapse), continuing to use despite experiencing health or social problems from drug use, and giving the drug a high priority in life. Typically, friends or family members see a person disengaging from their life and the drug 'taking over'. This may be very distressing for friends or family.

Often a person developing an addictive pattern of drug use may not recognise these events occurring. Indeed, part of the brain changes that seem to occur in addiction include parts of the brain that normally put the 'brakes' on risky behaviours not functioning as they normally would.

What can you do if you find that a family member, your partner, your child or your friend is in this situation? The best approach to follow is to try to make them aware that you think they have a problem and ask them to seek help. Every state in Australia has a 24-hour phone helpline (listed at the end of this chapter) to call to get advice regarding where to get help if a person has a problem with substance use. Another option is to seek advice from a general practitioner (GP). Not all GPs may feel skilled to manage complex problems, but they will have an understanding of where help can be found.

There are also specialist treatment services. These are usually run by addiction medicine specialists, addiction psychiatrists, or psychologists specialising in this field. A wide range of services are available, including outpatient counselling services, medication-assisted treatment, withdrawal programs (outpatient or inpatient programs), day programs and residential rehabilitation services. Self-help programs are also very helpful for some people, including groups like Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Self-Management and Recovery Training (SMART) programs.

A significant hurdle, however, may be that the loved one you are trying to encourage to seek help simply will not consider they have a problem and does not want to seek help. It is not uncommon for a person with a significant drug or alcohol problem to be unable to recognise they have a problem and ignore others around them who are asking them to think about their substance use, and its effects. This is indeed a common and challenging problem.

Some advice is to consider getting assistance for yourself if you have a family member with a problem. Family Drug Support is one organisation that exists to try to help family members when their partner or child has a substance use problem. This organisation provides support by telephone counselling and face-to-face meetings, to try to provide ongoing support to family members in this situation.

It is also important to attempt to understand what is going through the mind of a person with a serious substance use problem. One useful theory that is used in addiction treatment is the 'stage of change' model.[9] Key parts of this model are that people with significant substance use problems usually feel ambivalent about their behaviour. On the one hand they may recognise they are experiencing problems relating to their substance use. On the other hand, they may still experience aspects they enjoy about using that substance.

Alcohol can be used as an example here. Let us say a man is drinking too much. He drinks because he likes the effect; it helps him relax and unwind after a hard day's work, and forget about stressors that are occurring. He enjoys the taste of a cold beer or a glass of fine wine. However, he has ended up drinking regularly, drinking too much, arguing with his partner, getting into unnecessary fights over small things, and sometimes saying things he later regrets. He is also spending too much money on alcohol, waking during the middle of the night after falling asleep drunk, and struggling to get going in the morning. His partner has been trying to talk to him about how much he is drinking, but he will not discuss it, changes the subject and insists everything is OK.

The stage of change model suggests this person will only change their behaviour if, in their perception of events, the downsides of drinking start to outweigh the good things about drinking. It is not their partner's perception, or their doctor's or best friend's perception of what is going on that will change things; only their own understanding of their alcohol use will result in any possible change in pattern of alcohol use. That is not to say that others opinions are not important; they may well be, but the critical issue in behaviour change is the individual's perception.

Part of this model also suggests that there are several stages that people go through in trying to change their behaviour. Initially, a person will be unable to recognise they have a problem. This is called 'pre-contemplation' — literally, the period before a person can accept they may have a problem. In this stage, really all others can do is to try to give some advice and suggest where the person might get help if they want to. To use the example of our alcohol drinker above, at this stage they can really only think about the 'good' things about their substance use, and will largely ignore what their partner, friend or doctor is saying to them.

The next stage of the model is called 'contemplation'. This is when the person begins to consider that everything about their substance use may no longer be good, and they may be experiencing

problems. Again, thinking about the example above, at this stage he may be starting to hear what his partner and others are saying to him — that how he uses alcohol is not good, and that maybe he should not continue drinking in the way he has. In his mind, he is starting to consider the pros and cons of drinking, and he may perceive that some aspects of drinking alcohol are not good for him and indeed that he may well have to change. Essentially, the disadvantages of alcohol are taking on more importance, prompting him to think seriously about changing; it is a good time for a partner or friend to continue to give advice and offer suggestions about where to seek help if the person wants to.

The following stage is called 'action'. This happens when, after thinking more about how alcohol affects his life, our man has decided he needs to change his drinking. He has weighed up the advantages and disadvantages of drinking and decided he needs to change. The negative consequences of his drinking have had a more significant impact on him, resulting in him approaching his drinking differently. You could think about this like a set of scales or a see-saw: the balance has tipped and the person wants to change. At this point, help may be very important. Some people can change their alcohol (or other drug use) entirely by themselves. Many people can also benefit from formal help — for example, counselling and/or medical assistance. This will depend on the person's health, the degree of their alcohol or drug problem, and other medical, mental health and social problems. Again, using the example above, at this stage the person now realises the negative impact of their drinking on themselves and their partner, family and friends, and either cuts down or stops their drinking entirely for a period of time.

The next stage is called 'maintenance'. During this phase the person has changed their pattern of alcohol use to a new, less problematic pattern, which may be to stop drinking alcohol altogether, or cutting down significantly to the levels suggested in the Australian alcohol guidelines. Their life may change quite quickly with it, and the negative consequences of drinking — the

arguments, disputes, poor sleep and hangovers — might disappear entirely. They will, however, need to develop other ways to deal with the stress they had been experiencing previously. There are a wide range of ways to do this, including exercise, yoga, counselling, or simply doing other relaxing things, such as going to a movie or eating at a good restaurant. However, it may need work to sustain these life habits, and one should not expect that new ways of dealing with life's stressors will just appear. At this stage,a partner or friend need to keep encouraging the person, and reflect to them the benefits of their changed behaviour.

After this sequence of events, our man may be able to maintain his new pattern of drinking, drinking at low risk levels, or choosing to not drink at all. Or he may choose to stop drinking for a while, before then recommencing drinking but at lower risk levels. Humans develop habits and tend to repeat habits, but they can change patterns of behaviour.

However, another outcome is possible, especially for those who have developed significant substance use problems such as addiction or dependence. They may relapse, that is, return to their previous pattern. In our example, our man may have stopped drinking for a couple of months, then begun drinking at low-risk levels and enjoyed the benefits of this, but then, possibly due to stressors at work, returned to drinking in a dysfunctional way. The stage of change model recognises that this can occur and has a stage called 'relapse'.

Relapses can range in intensity, from being minimal and brief, to being far stronger and more significant, usually with greater negative consequences. In this model, a person experiencing relapse can go back to precontemplation or contemplation before changing their pattern of drug use again. There is no predestined stage or degree when relapses occur; it depends on the individual and their situation. Some people will not experience it at all, but if a person has a serious substance use problem, particularly dependence or addiction, relapse is common.

A skilled drug and alcohol clinician typically uses the stage of change model in trying to assist and support people experiencing a problem with any sort of drug use: alcohol, tobacco, cannabis, prescription drug problems or other illicit drug use problems. Other psychological models may be used as well, but this model is used quite widely as it has a few key concepts that many practitioners find helpful: first, that it must be the responsibility of an individual to change their pattern of drug use — other people can not do it for them. The model also recognises that changing behaviour may not be straightforward and it may occur over a period of time and in stages, and so it has techniques that can be used to assist a person in changing their behaviour. Finally, a key component of the model is that people use substances because they like the effects, and they generally only change their pattern of drug use when the 'bad things' or problems from their substance use outweigh the 'good things' about their drug use.

So what should you do if the person described above isn't your family member or friend, but is you? If your use of a substance does not cause you problems, great. Continue to enjoy, and remember the benefits of moderation. In most aspects of life — family, work, and recreation, including substance use — this is true. Balance in life is important.

But also remember there is a lot of tolerance of heavy drinking in our society, and people who drink more than the amounts recommended in the Australian alcohol guidelines usually experience problems from alcohol. Tobacco smoking is strongly linked to many cancers and other health problems. Cannabis as it is usually smoked is also linked to lung cancer and other respiratory problems. Other illegal drugs have their own problems, in part because they are illegal and using them means you are breaking the law, with its own consequences; and because many of them are of unknown purity and quality, using them may result in being overstimulated or over-sedated, also with health consequences.

So if you are drinking, smoking or using other drugs, sit down and think about the effects that substance has on you. Who is in control? You, or the drug? Do other people — your family or friends — tell you they are concerned? Do you feel the pros of using that substance outweigh the cons? Can you change your behaviour? Can you change how you drink or smoke?

If you think you need to seek help, the earlier you do so, the better. Talk to a friend, see your GP, call one of the help lines, seek assistance. Many people feel embarrassed to seek help. The stigma surrounding having a problem with using any substance (again, legal or illegal) may be a big hurdle for many people. The worst thing you can do is to ignore the problem and hope it will go away of its own accord. While many people can change what they do, many also need some sort of formal help.

Remember also that people can change. That change is one of the many consistent events most of us experience. It is almost impossible to go through life without experiencing some sort of significant stress, be it in the home, with family, at work or in your social life. Stresses occur every day, and one of the goals of life should be learning about how to deal with them.

Substances at best should be there as an aid to relaxation and enjoyment. At worst they can become a serious trap that some people fall into, rarely in a planned manner, usually as part of a range of problems. Think about what you do and try to ensure you fall into the group of people that can enjoy, in a balanced fashion.

Helplines

Family Drug Support 1300 368 186

State	City contact	Regional/Rural contact (free call)
New South Wales ADIS	02 9361 8000	1800 422 599
Queensland ADIS	07 3236 2414	1800 177 833
Victoria Directline	1800 888 236	1800 858 584

Western Australia ADIS	08 9442 5000 08 9442 5050 (for parents)	1800 198 024 1800 653 203
Australian Capital Territory Alcohol & Drug Program	02 6205 4545	
Northern Territory Alcohol & Other Drug Services	08 8922 8399 (Darwin) 08 8951 7580 (Alice Springs)	1800 629 683
Tasmania ADIS	03 6233 6722	1800 811 994
South Australia ADIS	08 8363 8618	1300 131 340

Endnotes

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