

# Alcohol and Drug Abuse

As health care workers we know that the medical and psychiatric problems presented by our patients can be (and often are) caused by alcohol and/or drug abuse. We are often so involved in “fixing the presenting problem” that we lose sight of how the patient developed the problem. This is especially true of addictions and behavioral problems that cause medical and psychiatric disorders. This will provide you with some guidelines to help you and your patient identify an alcohol/drug problem and get the help they need.

**MYTH:** “*Alcohol and drug abuse are very easy to recognize.*”

**FACT:** *True and False. Advanced stages of alcohol and drug abuse/dependence are fairly easy to recognize but the early stages of addiction are often missed.*

**STEP 1:** *Keep an open mind.*

Children as young as 6 years old and seniors in their eighties and nineties can, and sometimes do, abuse alcohol, illegal drugs and prescription drugs.

**STEP 2:** *Be familiar with the more subtle secondary signs and symptoms that may indicate an alcohol or drug abuse problem.*

Subtle Signs & Symptoms	
<ol style="list-style-type: none"> <li>1. Frequent accidents and falling.</li> <li>2. Getting into fights</li> <li>3. Multiple car accidents</li> <li>4. HIV+</li> <li>5. TB</li> <li>6. Appears disheveled</li> <li>7. Appearance consistent with drug culture</li> <li>8. Unsteady gait</li> <li>9. Liver disorder</li> <li>10. Diabetes and pancreatitis</li> <li>11. Chronic gastritis</li> <li>12. Pin-dot pupils</li> <li>13. Rhinorrhea</li> <li>14. Excessive perspiration</li> <li>15. Complaints of internal tremors</li> <li>16. Complaints of aching bones</li> <li>17. History of alcohol or drug abuse</li> <li>18. DWI or DUI</li> <li>19. History of incarceration</li> <li>20. History of addiction treatment</li> <li>21. Family history of alcohol or drug abuse</li> <li>22. Family reports of alcohol or drug abuse</li> <li>23. Old tracks</li> </ol>	<ol style="list-style-type: none"> <li>24. Lethargy, somnolence, nodding</li> <li>25. Depression and/or anxiety</li> <li>26. Confabulation</li> <li>27. Aggressive behavior</li> <li>28. Loud speech</li> <li>29. Rambling speech</li> <li>30. Companion/visitor who is intoxicated</li> <li>31. Reports by others</li> <li>32. Chronic unemployment or many jobs of short duration</li> <li>33. Running out of pain meds or sedatives too soon</li> <li>34. Can't tell you medication schedule</li> <li>35. Lives alone or with others who abuse alcohol/drugs</li> <li>36. Uses alcohol or other drugs to self medicate</li> <li>37. Visual or sensory hallucinations</li> <li>38. Anorexia</li> </ol>

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## **STEP 3: *Know the right questions to ask.***

The “CAGE” test is a simple, four question, screening tool that can complement STEP 2.

1. Have you felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you ever felt guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves, get rid of a hangover or get the day started?

## **STEP 4: *Understand the importance and the power of the substance in the person’s life.***

Nobody chooses to become an alcoholic or addict but the power of the substance is so great for that individual that he/she will let go of a spouse, children, career, money and their own health rather than discontinuing the use of the substance(s). On some level alcohol and drug abusers know that there is something wrong with their use of alcohol and/or drugs. They often feel that they can’t stop using or they don’t want to stop using even though this behavior is causing health, family, legal, social and/or financial problems. As long as the benefits of continuing to use outweigh the benefits of stopping (in the patient’s eyes, not yours), then he/she will not stop using.

**STEP 5: *Like all of us, when the important things in our lives are threatened, we become defensive.*** When an alcohol or drug abuser feels that their chemical use is being threatened, they too become defensive. These defenses take many forms:

- they become angry;
- they tune you out (stop listening);
- they “yes” you to death (compliance);
- they put the blame for their problems onto you or others (projection);
- they rationalize;
- they minimize their use and the consequences;
- they lie.

## **STEP 6: *Know what NOT to say:***

Telling a patient “You are an alcoholic” or “You are a drug addict” will not get you a wonderful present at X-Mas. These words have no clinical meaning, they are not diagnoses and they tend to describe the entire person rather than an illness that the patient has. You would never tell a patient “You are a bleeding ulcer” or “You are a lymphoma”. Our illnesses do not define us, we define our illnesses.

Don’t try to scare a patient into stopping their alcohol/drug abuse. Saying things like “if you continue drinking/using drugs you’re going to die” falls on deaf ears. They have heard it before and it hasn’t changed their behavior.

Don’t threaten to do something if they don’t stop using. Saying “If you don’t stop using I’m going to have your kids taken away” is a sure-fire way of your never seeing that patient again. If the situation is so bad that the children are being neglected or abused then you need to act rather than threatening to act.

## **STEP 7: *Know HOW to ask the questions that will get an honest response.***

Your objective is to get the patient to tell you the truth about their use of alcohol and/or other drugs. If the patient feels in any way threatened by your questions, attitude, demeanor, tone of voice, etc., you will not get an honest response. Every good clinician knows the art of making a patient feel safe, heard, understood and accepted regardless of their illness or behavior.

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## STEP 8: *Learn the “LANGUAGE OF ACCEPTANCE”.*

“I’m concerned/worried about you”.

“I need to find out if all the problems you are having are a result of your alcohol/drug use or if they are caused by something else. I need your help to find out”.

“The symptoms you are having are caused by your alcohol/drug use” (said in the same way that you would tell a patient that their fever is caused by a viral infection). “These withdrawal symptoms occur when your body is cleaning out the alcohol/drugs and it means that your body is physically dependent on these substances”.

## STEP 9: *Have addiction treatment resources at your finger tips.*

Don’t wait until after your patient “sobers up” or is “out of withdrawal” before you take action. Once the crisis is over, you’ve lost the opportunity. Think about it... you are more likely to go to the dentist when your toothache is acutely painful as opposed to when the pain has subsided. The alcohol/drug abuser reacts the same way to pain.

To discuss a case with an addiction specialist or to arrange for a consultation

contact:

St. Lukes site: Consult service: Raisa Montalvo, MSW.....X-1743 Page: 9046

Roosevelt site: Consul service: Galen Cooper, Psy.D.....X-6909 Page: 6698

To refer one of your patients to the Addiction Institute for a comprehensive evaluation or to obtain more information about the Addiction Institute's treatment services

contact:

St. Luke’s Site: Mary Schneider, LCSW, Assistant Clinical Director.....212-280-0110

Roosevelt Site: John Bellamy Taylor, CASAC, Director of Admitting.....X 8285 Page # 2938

Or

**Addiction Institute Central Admitting Department      523-6491**

**Gerald C. Horowitz, LCSW  
Administrative Director**