The growth of alcohol addiction

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Alcohol as a sole drug of addiction is becoming increasingly rare, and comorbidity is the norm

Despite all the media hype around the importation and dissemination of illicit drugs, it remains true that alcohol is still, as drugs of addiction or abuse go, our favourite tipple. Harmful use of alcohol is associated with approximately 25 per cent of our healthcare spend annually, but still it is the illegal drugs that are used by a significant, but small, minority of Irish men and women that grab the headlines. Of course, we have always had a love/hate relationship with alcohol. We have been using and abusing it as a nation for the past hundred years, albeit the level of use has escalated dramatically with the increase in disposable income of the past thirty years. From the days when alcohol was strictly confined to public houses and off-licences or restaurants, we have reached a point in our history when you can pop into your petrol station and buy a crate of beer for €20 without anyone raising an eyelid. For all that, the level of addiction to alcohol and of harmful use of alcohol remains fairly stable over the past three decades, with approximately one in six alcohol drinkers developing problematic use. Our terminology has changed though. We used to refer to alcoholics as meaning anyone who was a harmful user of alcohol, albeit the public perception was, and to a large extent remains, that “alcoholic” refers to the alcohol dependent, the man or woman who cannot resist the daily compulsion to imbibe, the person who loses control of their intake after they start. In truth, there is no definition of alcoholic or there are thousands, but in psychiatry we refer to those who suffer with alcohol dependence syndrome and those who engage in harmful use of alcohol.

Co-dependence

Unfortunately, alcohol as a sole drug of addiction is becoming increasingly rare such is the prevalence of comorbid substance misuse, especially with benzodiazepines, cannabis and other prescription drugs whose use is so hidden that we cannot yet estimate prevalence of dependence. Usually we discover while detoxifying people from alcohol that they are also dependent upon other drugs, thereby complicating the detoxification regime. Younger people in particular, using 50 years as an
arbitrary cut-off in the author’s clinical practice, are rarely addicted to alcohol alone. Access to prescription drugs being so apparently easy and the availability of cannabis, amphetamines, mephedrone-based drugs and the old reliables of cocaine and heroin make for a veritable menu of illicit substances to choose from. With the internet, access to prescription drugs from abroad, the trade in mind-altering substances has never been so great. Add a drop of recession and the recipe for disaster is perfect. Practising as I do for the courts in forensic addiction psychiatry, I meet the hazards of substance misuse not just for those who choose to indulge but also for the unfortunate victims of the intoxication of others.

Diagnosis
The diagnosis of alcohol dependence relies on a compulsion to drink, which leads to physical dependence, relieved only by further drinking. With the development of tolerance, the narrowing of the drinker’s repertoire appears and reinstatement of the problem after abstinence completes the diagnosis. Harmful use of alcohol is more subjective. A positive answer to the question: “Has alcohol caused problems for you in your life?” is the means by which I gain my entrance to the motivation interviewing that I use to bring the pre-contemplatives to the action phase, and beyond. However, denial is still rife and there

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are many who will blame everyone and everything before they will allow their “best” friend to be found to be blameworthy.

Comorbidity
Comorbidity with alcohol use is the norm, not the exception. Anxiety is the curse that leads most to find succour in the warm reassuring arms of the bottle. Depression can lead to or from the bottle and the presence of personality disorder is estimated to be between 67-80 per cent among those in alcohol rehabilitation. There are those who say that addiction is itself proof of the presence of a personality disorder. It certainly does not help. Anxiety disorders often lead to problematic alcohol consumption but the comforter can soon become the more problematic of the signs of a psychological disorder being present. In addition, alcohol, being a depressant, can lead to far more serious problems and is found present in over 80 per cent of those who die by suicide. A study of the biological and sociological correlates of suicide in Ireland some years back produced evidence of only one definitive link to suicide – alcohol. Of course, the alcohol may just be the final straw for some or the enabler for others. How many of the 12,000 deliberate self-harm episodes presenting to emergency departments each year in Ireland are associated with alcohol use? The overwhelming majority.

Treatments
There are a myriad of treatment options out there at present. Many who balk at the idea of Alcoholics Anonymous (AA) will seek their help in private or public service one-to-one counselling. This is often of great help, especially in assisting people to identify the real problem in their lives, not the wife, the children, the boss, or the staff, but the bottle they dip into daily. It is difficult to estimate the success rate for individual counselling in alcohol addiction albeit that we know that a CBT-based approach is associated with a better outcome for many. Studies in recent years have shown that residential rehabilitation programmes can be of great assistance, especially if accompanied by an aftercare programme. The length of the programme is not a predictor of outcome interestingly, with equal success rates being found between four-, eight – and 12-week programmes. However, as with anything else, the motivation to change is probably the greatest predictor of all.

Heal thyself, a book written by Olivier Ameisen, advocates the use of baclofen at doses of up to 300mg daily to “cure” addiction by knocking out the insula in the prefrontal cortex. Ameisen was a highly successful cardiologist who used his expertise as a physician and researcher to overcome his extremely strong addiction to alcohol. His account was published in The Lancet in 2006 and the novel he published was a bestseller. The science behind the “cure” is fascinating but very difficult to replicate in clinical practice, not least because of the need to monitor the effects of the increasing doses of baclofen on the subject. Ameisen had all the time in the world to increase his daily dose; the HSE and the insurance companies are not so obliging.

Efforts to find an antidote to heroin that would neutralise the effects of the drug and make administration of it useless to the addict have led to the discovery of naltrexone as an anti-craving drug that reduces the risk of relapse in those who break free from the hold of alcohol. Disulfiram also acts as an aversion therapy for those who need such a bleak treatment. It is usually commenced at 800mg once daily, followed by 600mg and then 400mg before the patient is stabilised on 200mg once daily to ensure that if they consume alcohol, the combination with disulfiram will produce a hangover from hell, as the aldehyde produced makes for a headache of immeasurable intensity and a nausea and vomiting to complete the therapeutic effect. But, we have all seen people drink on disulfiram and live to tell the tale, some to tell the tale of how it had no effect on them.

The 12-step programme of AA meanwhile is tried and trusted, if a little unpredictable in its outcome. We hear much of those who become addicted to AA but precious few bring their addiction home to beat their spouses. Having visited a few treatment centres in the USA in recent years, I was struck at how much better the Americans “do” AA. The meetings are more upbeat, more welcoming and more enthused than the meetings in Ireland. There are no more smoky rooms, here or in the USA due to the smoking bans, but the coffee, in endless amounts and as thick and strong as tar, remains. There are treatment models that have taken the AA model further without losing the run of themselves, but in its essence AA has not changed in the nearly 80 years since its inception. I doubt it will ever change and it probably does not need to do so. What has worked for so many; the 12 steps and 12 traditions, are untouchable and unsurpassed in their success.

Future treatments
Imaging studies seem to hold the key to future treatments, finding ways to neutralise the reward centre, brought to life when alcohol is consumed. That said, my experience tells me that treating alcohol is not the answer, since alcohol itself is not really the problem. I have yet to meet an addict who did not use their addiction to avoid the feelings of anxiety and dread to which they had become accustomed. A school-based programme to find ways to neutralise worry and anxiety using common sense, which is now referred to as emotional intelligence, would probably do far more to reduce rates of alcohol or drug abuse than any drug or psychotherapy, group or individual. I frequently recommend the classic book How to stop worrying and start living by Dale Carnegie (author of How to win friends and influence people), to assist those for whom anxiety and drug treatment of same have become seriously problematic. It was written in 1944 and while it is a little dated, it’s wisdom is eternal.