

# **DRUG DEPENDENCE AND ALCOHOL-RELATED PROBLEMS**

A Manual for  
Community Health Workers  
with Guidelines for Trainers

**WORLD HEALTH ORGANIZATION GENEVA**



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GENEVA  
1986**

The World Health Organization gratefully acknowledges the support of the United Nations Fund for Drug Abuse Control in the preparation of this manual.

ISBN 92 4 154 212 8

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TYPESET IN INDIA

PRINTED IN SWITZERLAND

86/6758-Macmillan/Stämpfli-5000

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# **Part I**

**Manual for community health workers  
on drug dependence and alcohol-  
related problems**



# Introduction

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## What is the purpose of this manual?

This manual is intended to help the community health worker in dealing with drug and alcohol problems within a framework of general health care and social care. Its approach is fourfold.

First, drug- and alcohol-related problems have both an individual and a social dimension, being in many respects similar to those associated with tuberculosis and other communicable diseases. To deal with them therefore demands knowledge and skill in working with families and the community as well as with individuals. The manual will help the community health worker to acquire this knowledge and skill.

Secondly, the manual will help the community health worker to recognize cases of drug or alcohol misuse early in their course. This will increase the likelihood of successful recovery and reduce the burden imposed on the community by such misuse.

Thirdly, the manual will enable the community health worker to assist in the recovery of people with drug- or alcohol-related problems. To do so will require knowledge about available resources, the ability to refer cases effectively, and skill in supporting people during their recovery. It is important for the community health worker to know about other available services and support networks. These should be used to the fullest possible extent.

Fourthly, the community health worker can play an influential role in reducing or preventing problems of drug or alcohol misuse, both at the individual level with a particular patient or client, and at the community level.

## Which drugs are misused?

A wide range of drugs can influence people's thoughts, emotions, sleep, appetite, sexual functioning, social interaction, and other aspects of behaviour. Alcohol is often not considered to be a drug, but it most certainly is and, furthermore, can lead to severe dependence and numerous problems.



You do not need to know about all drugs, but you should know which drugs are misused in your community. Drugs likely to cause problems include the following:

(a) *Opiate-type drugs*:

- opium;
- derivatives of opium—morphine, heroin, codeine;
- synthetic opiates, e.g., methadone, pethidine, or meperidine.

(b) *Sedative drugs*:

- alcohol (e.g., beer, wine, distilled beverages);
- sleeping pills (i.e., barbiturates and chloral hydrate);
- mild tranquilizers such as diazepam, chlordiazepoxide, and meprobamate.

(c) *Stimulant drugs*:

- synthetic stimulants—amphetamine, dexamphetamine;
- cocaine.

(d) *Cannabis*:

- known by various names in different parts of the world, e.g., bhang, ganja, hashish, charas, marijuana, sai chauk, saa daeng, "red tea".

(e) *Hallucinogenic drugs*:

- LSD (lysergic acid diethylamide), mescaline, PCP (phen-cyclidine).

(f) *Volatile solvents/inhalants*:

- glue, kerosene, toluene, petroleum compounds, aerosols.

(g) *Other drugs*:

- tobacco, betel, areca, khat, kratom, coca leaf, etc.

## How are drugs taken?

There are many different ways of taking drugs, including eating, drinking, chewing, smoking or inhalation, sniffing or nasal insufflation, as well as injection into the skin (subcutaneous), muscles (intramuscular), or veins (intravenous). The onset of drug action depends on the route of administration, being rapid if administration is by smoking, intravenous injection, or nasal insufflation and slower if it is by chewing, eating, or subcutaneous injection. The type of drug also determines the route of administration. For example, alcohol is taken by ingestion and heroin usually by injection or smoking. Some drugs, such as cocaine or phencyclidine, can be taken by several routes of administration. Some drugs act on the brain more rapidly than others.

## What is drug dependence?

A person is dependent on a drug or alcohol when it becomes very difficult or even impossible for him/her to stop taking the drug or alcohol without help, after having taken it regularly for some time. Dependence may be physical or psychological, or both.

In the case of physical dependence, the person becomes ill when use of the drug or alcohol is stopped. For example, if a person who has been taking opium regularly for some time stops taking it, the following may occur: aching muscles, abdominal cramps, vomiting, diarrhoea, sweating, running nose, tears, and sleeplessness. A person physically dependent on alcohol or sleeping pills will experience mild to severe symptoms on withdrawal, including chills, fever, fears, irritability, confusion, violent behaviour, or convulsions. In general, the larger the doses taken, the more severe the symptoms and signs.

The signs and symptoms that occur after drug use is stopped are called the withdrawal illness. Among drugs capable of producing a withdrawal illness are sedative drugs (including alcohol) and opiates. Most other drugs produce milder physical signs during withdrawal (e.g., pulse or blood pressure changes), but the emotional and behavioural symptoms can be intense (e.g., insomnia, irritability, difficulty in working or concentrating). These symptoms can continue for several weeks or even months, but they can be expected to disappear within a year if drug use is not resumed.

In the case of psychological dependence, someone who has taken a drug regularly has a strong desire to continue using it. On stopping its use, the person becomes anxious, irritable, restless, and perhaps depressed and may not sleep well. These problems disappear after some weeks, but a desire for the drug (sometimes called craving) can return, sometimes even years later.

With most drug and alcohol misusers, the distinction between psychological and physical dependence is not clear-cut. However it is useful to bear in mind that treatment involves two objectives. The first is to stop or reduce consumption, and this could lead to a withdrawal illness. The second is to avoid relapse by coping with the craving and finding other ways of dealing with psychological and social pressures.

## What problems may be caused by drugs and alcohol?

Drugs and alcohol may cause problems related to health (physical and mental), behaviour, family, work, money, and the law. Persons dependent on drugs or alcohol fall sick more frequently than others. Their nourishment is often poor, so they are apt to contract various physical illnesses. A common problem is infection, especially of the skin, respiratory system, or urinary tract. Various accidents are also associated with intoxication, including traffic accidents, falls, burns, drowning, and work-related accidents.

Some illnesses are related to the way in which the drug is taken. For example, drug or alcohol ingestion can cause stomach disorders. Drug chewing may cause problems in the mouth or stomach. Smoking may irritate the throat and lungs. Drug sniffing causes swelling of the nasal passages. Injection of drugs can damage the blood vessels and cause widespread infection throughout the body.

Drug or alcohol misuse very frequently causes emotional and psychological problems. Memory may be poor, and the personality may change or deteriorate. The person becomes difficult to live with, irritable, changeable in mood, unreasonable, or withdrawn from social contact. Depression or nervousness may occur. The particular effect depends on the type of drug used and the personality of the user, as well as the social situation.

These health and psychological problems also affect the family. Tensions and arguments within the family are frequent. Income required for the support of the family may be spent on drugs or alcohol. Decreased productivity can further reduce the family income. Other family obligations, such as child care, may be neglected, and sexual problems between husband and wife may occur.

Drug and alcohol misuse can also cause problems for society at large. Government funds must be spent on law enforcement and medical care. Widespread drug or alcohol misuse leads to broken homes and the neglect of children, who are the very foundations of a country's strength and future.

A wide range of psychological and social dysfunctions could be a sign of drug misuse, but the following physical problems should certainly arouse suspicion.

<b>Opiate-type drugs</b>	If a user takes too much of one of these drugs, he or she may fall unconscious or even die. A dependent person who has not taken drugs for a while will have a withdrawal illness, with various problems, such as cramps, vomiting, diarrhoea, sweating, and sleeplessness.
<b>Sedative drugs</b> (including alcohol)	Problems include: damage to liver and stomach (especially with alcohol), damage to brain and nerves, accidents and fighting when intoxicated, loss of memory, trembling. When heavy users give up drink, they will have a withdrawal illness with confusion, violence, extreme fear, and sometimes convulsions.
<b>Stimulant drugs</b>	These can produce mental illness, such as depression and excessive fears and suspicions.
<b>Cannabis</b>	Users often show a general loss of interest, or mental illness with attacks of confusion and depression.
<b>Hallucinogenic drugs</b>	Users may show signs of mental illness, with confusion and depression.
<b>Tobacco (smoking)</b>	In the long term, this leads to diseases of lungs and heart.
<b>Betel (chewing)</b>	This can lead to cancer and infections in the mouth.
<b>Khat (chewing)</b>	This can produce stomach problems and constipation.
<b>Pain-killers</b>	These can cause damage to stomach and kidneys.

# Assessment of the Community

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## Which drugs are used in your community?

You probably already know most of the drugs (or alcoholic drinks) that are being used or misused in your community, as well as the range of sales outlets. Some communities have used drugs or alcohol since ancient times. Furthermore, it may be difficult to avoid taking alcohol or a drug on certain occasions because this would be considered unfriendly. You must know the types of drug that are traditionally accepted by the community, remembering that these drugs may still produce health problems.

It is also important to know about the drugs or patterns of use that are not accepted by the community, and it may be necessary to make inquiries on the subject. Some drugs may be taken secretly rather than openly. For example, the abuse of volatile inhalants by children usually occurs away from parents. Drug use not sanctioned by the community can lead to family or community crises while perhaps not yet producing a health problem.

While alcohol or a particular drug may be accepted, its use at certain times or in excessive amounts may not be accepted. A person using the drug or alcohol outside the accepted times, or in excessive amounts, could be heading for problems. The use of drugs and alcohol becomes misuse when it is hazardous (e.g., any use of alcohol or amphetamines by a driver of a vehicle may put him or her at risk of an accident), or dysfunctional (e.g., interfering with responsibilities as parent or worker), or harmful (e.g., producing damage to health). Whether the use of a drug is safe, or whether the misuse of it is hazardous, dysfunctional, or harmful depends upon the drug, the pattern of use, the person, and the situation or setting.

## Who may be at risk of misusing drugs or alcohol?

Anyone may develop a drug or alcohol problem. Drug or alcohol misuse can occur in any family, with any educational background, rich and poor, at any age, and in every occupation. Nevertheless, some

people are at greater risk than others. Young and middle-aged men are a high-risk group, as are children of persons who have misused drugs or alcohol. In some cultures, specific occupational groups are more affected than others. You should try to find out if there are identifiable groups in your community who are at special risk. Look for occupations and groups of people who have easy access to drugs and alcohol. If there are groups for whom drugs are relatively cheap and there is social pressure to use them, then the risk will be that much greater. You should also explore whether there are people who are so bored or distressed that they experiment with drugs as a way of coping (e.g., the unemployed). Discuss these possibilities with village and clan leaders, work supervisors, health workers, and others who might be able to provide relevant information.

# Assessment of the Individual and the Family

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## Who is to blame for alcohol or drug dependence?

The misuse of drugs or alcohol is often considered to be a sign of weakness for which the patient should be blamed. In fact, many people become drug- or alcohol-dependent without realizing what is happening to them. By the time they have become dependent it is difficult for them to stop taking the drug without help and it serves no purpose to blame them. A more useful conceptual framework is one involving a wide range of biological, personal, and social factors. A family's response may be an important influence, and the community at large is also partly responsible since social pressures and price and availability of drugs will influence the overall level of drug and alcohol misuse. Pressures resulting from type of employment and social alienation are other influential factors for which the drug misuser cannot take all the blame. Such a broad view is consistent with our knowledge of drug misuse and has two important consequences. First, it encourages a more sympathetic appreciation of drug and alcohol problems. Secondly, it suggests a wide range of possible interventions.

## How can one detect an alcohol or drug problem?

It is useful for the community health worker to ask people routinely about drug and alcohol use, even when an alcohol or drug problem is not suspected. This can accomplish two important objectives. Firstly, it educates the patient about the importance of drug or alcohol use in relation to health. Secondly, it permits the early detection of drug or alcohol misuse before severe dependence occurs. Questioning should be non-judgemental, using terms such as "use" rather than "abuse", and should be incorporated into a discussion of the habits and lifestyles that influence health. This section of the interview could begin with questions about eating and sleeping habits, followed by a broad question about locally used drugs, for example:

- *Tell me about your use of alcohol, tobacco, and other drugs in the last week.*

Patients who are not having trouble with drug or alcohol use will usually respond by giving the type, amount, and frequency of use during the period specified, for example:

- *I don't smoke, but I usually have six or eight beers over the weekend.*

Those who may be using more drugs than they feel they should, or who have had some problems with their drug use, may respond vaguely:

- *Oh, I don't use very much.*

Or they may respond ambiguously:

- *Not more than my friends.*

In the last two cases, you should ask for more detailed information, and usually a more accurate response will be elicited, such as:

- *I smoke heavily, two or three packs of cigarettes a day. At weekends I drink several glasses of wine and smoke some hashish with my friends.*

Sometimes the existence of drug and alcohol misuse may come to light through someone other than the patient. If a spouse or child comes for treatment, then inquiry about drug misuse in the family may be appropriate. The family might also be able to help in bringing the patient along for assessment.

Remember four important principles when broaching the sensitive issue of drug and alcohol misuse:

1. Make sure that your patient understands that the information provided is confidential and that you are simply trying to help.
2. Keep looking for signs of drug use such as those listed on page 7.
3. Your manner of interviewing should make it clear that you will not be surprised to hear about the extent of the patient's drug or alcohol use. For example, you might say:

- *Many people in your situation use drugs in order to cope.*

or

- *It is quite common nowadays to drink ten or twenty pints of beer a day. Do you think you are drinking more than that?*



4. At a very early stage you should encourage your patient to draw links between drug or alcohol use and health, social, or family problems.

It is important to respect the patient or client as an individual, even if you are personally or morally opposed to the use of drugs or alcohol. This can be accomplished by treating a drug- or alcohol-related problem as you would any other health problem. People readily detect even slight indications of rejection. You must first establish a rapport with the patient or client, who must not be forced or threatened. Instead, collaboration and involvement in recovery should be invited. If this is refused, then it may help to ask the patient to think about the problem and return at a later date.

It is important to offer help and support repeatedly. Societies throughout history have condemned the misuse of drugs, while usually permitting the moderate, social use of one or more substances. Such attitudes are bound to affect us as members of our own culture and, while they have their place in regulating our own personal drug use, they can lead to negative attitudes towards patients with drug or alcohol problems. Your function as a health worker demands that you should treat and help drug and alcohol misusers rather than judge or reject them.

## How can one assess the nature and severity of a person's involvement with drugs or alcohol?

First, you must know the extent of the patient's (or client's) drug use. The following data are needed:

- type of drugs used (including alcohol);
- amount and frequency of drug use (i.e., the dosage);
- duration of drug use;
- pattern of drug use (e.g., regular or irregular use, compulsive or episodic use, weekend use, daily use);
- fluctuations in drug use over time.

When discussing patterns of use and fluctuations, you will want to know what psychological and social factors lead to changes in drug use (e.g., social pressures, family arguments, job situation). This will lead to