

RISA

TRAINING MODULE

FOR CAMPAIGN AGAINST TOBACCO, ALCOHOL & DRUG ABUSE



SUBAIR KUNJU FOUNDATION
AZHICODE, TRIVANDRUM

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(Mohandas Karamchand Gandhi, circa 1938)

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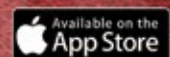
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RISA

An initiative to encourage, strengthen and empower teenagers, youth and the general community to fight against the evils of substance abuse

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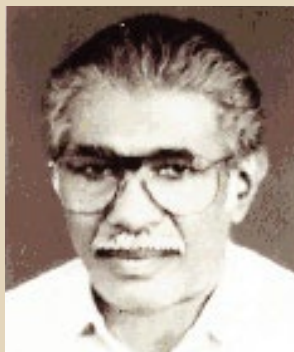
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Subair Kunju Foundation



Subair Kunju foundation is formed as a charitable trust in memory of late Mr. M Subair Kunju (1931-2000) by his family members in the year 2001. Mr. Subair Kunju born in Azhicode, near Trivandrum, Kerala was a full time dedicated social worker helping others especially the under privileged in their problems. He is often called as the historian of his native place and worked for the overall development of his native place throughout his life. His social commitment and humanitarian

work irrespective of caste, religion, politics and social status is ever remembered.

Since the formation of the foundation on his first death anniversary day on 17th June 2001, the trust is conducting various social activities like free medical camps, helping the students from the poorest people of his native place, conducting various health related awareness classes, publishing and distributing books and leaflets on various diseases. Our current leading activity, the Riyadh Initiative against Substance Abuse (RISA) campaign started in KSA in the year 2012 with a dedicated 17 member team and it has been recognized by the National Committee for Narcotics Control, KSA since March 2013. Now RISA has zonal teams in different cities of Saudi Arabia and some other middle east countries as well as in Kerala. As on November 2016, RISA has conducted more than 65 programs including awareness sessions, seminars, poster and documentary shows, leaflet distribution etc. in various settings such as schools, polyclinics, shopping malls, labor camps, community gatherings etc. We got the privilege to participate in the narcotic exhibition in Riyadh in the month of Ramadan 1435(H), the first time ever an expatriate group gets such an opportunity in the Kingdom of Saudi Arabia.

We recognize that the teachers and trained children are the best group to spread the message of substance abuse. And hence we have developed the plan to conduct a trainers' training program for teachers and selected students of grade 8-12 in various international Schools in the Kingdom by our expert team of doctors using a comprehensive training module. Our aim is to maintain a sustained awareness on hazards of substance abuse and its preventive measures through the channel of school health clubs. We formed the first RISA health club in the International Indian School, Riyadh in December 2015.

On behalf of the entire RISA team, I would like to extend my sincere thanks to all those involved in this noble campaign. Let us join together to fight against the social evils of Substance Abuse.

Dr. Abdul Azeez Subair Kunju,
Convener, RISA

Managing Trusty, Subair Kunju Foundation



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सत्यमेव जयते

Ambassador



भारतीय राजदूतावास -रियाद
السفارة الهندية بالرياض

February 05, 2017

Message

I am happy to learn that RISA (Riyadh Initiative against Substance Abuse) has been actively engaged for some years in the noble mission of spreading awareness among the Indian expatriate community and the students of Indian schools in various cities of the Kingdom of Saudi Arabia, against the menace of substance abuse. Now, in order to further enhance and widen their campaign against tobacco, alcohol and drug abuse, the RISA has decided to bring out a "Training Module". I am confident that this publication would serve the purpose of bringing awareness among the common people about the perils of consuming alcoholic substance and drug abuse.

I wish the RISA success in their endeavor to serve humanity.

(Ahmad Javed)

MESSAGE OF NEBRAS CEO, NATIONAL COMMITTEE FOR NARCOTIC CONTROL

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المملكة العربية السعودية
وزارة الداخلية
الجنة الوطنية لمكافحة المخدرات
الأمانة العامة



I am happy to learn that the Riyadh initiative against Substance abuse-RISA under the patronage of Subair Kunju foundation is releasing a module for the training of trainer program (TOT) to further intensify the activities against substance abuse. It sounds great that RISA could arrange more than 65 programs among Indian expatriate schools, labor camps, polyclinics, shopping malls etc. after given permission from the National Committee for Narcotic Control, Kingdom of Saudi Arabia in the year 2013.

However, 2 years ago the NCNC has launched a national project called NEBRAS, a brilliant idea of our secretary general Mr. Abdulelah Al Shareef, to achieve excellence in the field of drug abuse prevention. NEBRAS focuses to coordinate and consolidate and update all the national level anti-drug efforts to that of international level. NEBRAS provides treatment and rehabilitation with the cooperation of health industry to reduce the burden and ill-effects of drug addiction. The project also has a plan to launch a NEBRAS Academy for e-training.

Even if NEBRAS project is an up to date one, but we have reached many scientific gatherings, seminars, voluntary galleries, training programs and counseling services in the Kingdom, with both public and private sector initiative, for a better fight against drug abuse and addiction.

As a CEO of NEBRAS project, I wish all success and assure full support, help and guidance in the right way to continue the efforts of RISA for this noble cause.

All the Best

Dr. Nizar Alsalihi
CEO of NEBRAS

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PREFACE

The activity of RISA (Riyadh Initiative against Substance Abuse) started in Riyadh, Kingdom of Saudi Arabia in June 2012 under the patronage of Subair Kunju Foundation, a Trivandrum (Kerala, India)-based charitable trust engaged in socio-cultural, educational and public health promotional activities in Kerala since 2001. RISA was established with the objective of actively campaigning against the hazards of tobacco, alcohol and drugs by conducting awareness programs in educational institutions, polyclinics, labor camps, shopping malls and other public gatherings, in collaboration with school authorities, regional voluntary groups and agencies. It has the recognition from the National Committee for Narcotics Control (NCNC), kingdom of Saudi Arabia. The first phase of RISA activities was formally launched by Dr. Khalid Saad Al Jedai, Director of the NCNC, KSA by releasing multilingual brochures and 15 multicolor Posters, related with hazards of Tobacco, Alcohol and Drugs, on 7th April 2013 (World Health Day).

So far, during the past 4 years, more than 65 programs were conducted in different provinces of KSA. The main target was the teenage student population as they form the most vulnerable group for exposure to tobacco, alcohol and drugs, leading to habituation and probably addiction. Orientation course for teachers along with seminars, documentary shows, quiz programs etc. for students of several international schools were well attended and appreciated. A mass pledge against tobacco-alcohol –drug abuse was conducted on 2nd Oct 2013 (the international day of non-violence) in which more than 25000 students of many international schools in KSA participated. Similar mass pledge was conducted on 26 June 2016 (the World No Drug Day) in a larger scale attended by a record number of more than 35000 students in KSA and also about 10,000 students in Sharjah, UAE.

The popular international Malayalam newspaper and our media partner Gulf Madhyamam Daily published a 4 page exclusive supplement to highlight and compliment RISA activities on 31st may 2014 (world no tobacco day) which was a major recognition and boost to our activities from media side.

At present RISA focus is on forming school health clubs in maximum number of international Schools of KSA, to capitalize the momentum and experience gained during the past 4 years through this campaign. RISA team expects this module to serve as a comprehensive teaching guide, to scientifically empower the teachers and students who are actively associating with this noble venture. It is intended to train as many teachers and students as possible of international schools in different provinces of KSA with latest updated authentic knowledge and remedies about TOBACCO-ALCOHOL- DRUG ABUSE. We hope for the active support and guidance from all our well-wishers in future too.

WITH GREETINGS FROM RISA TEAM

Dr. Bharathan A.V.
Program consultant, RISA
(Ophthalmologist, New Safa Makkah polyclinic, Riyadh)

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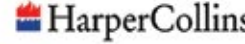
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FOREWORD

It is a known fact that tobacco, alcohol and drug abuse continues to be one of the most critical problems afflicting all countries worldwide. It is neither confined to a definite type of drugs, nor related to a certain country or social segment. The world drug report 2016 reveals that more than 247 million people between the age group 15-64 used at least one addictive drug in the year 2014. It is also evident that the younger productive age group and the teenagers are more vulnerable to substance abuse. Here comes the relevance of conducting awareness programs among teenagers and youth on hazards of various substances of addiction with the help of trained teacher/student volunteer group.

While I laud immensely the sincere efforts of RISA in bringing out a scientifically prepared training module, I would like to point out that it is the planned provision of information, resources, and skills relevant to living in a world where psychoactive substances are widely available and commonly used for a variety of both medical and non-medical purposes, many of which lead to harm.

Above all, I find that the aim of this module is to introduce teachers and members of society who work with young people to a way of teaching drug education and other health issues based on the development of links between knowledge values and skills. It is not a drug education program but introduces ideas and skills or building programs that can lead to better health and drug education outcomes that may ultimately influence student drug use.

Finally I wish RISA all success in their conscientious efforts to impart effective education for drug abuse prevention and would like to congratulate the RISA team and Subair kunju foundation for their genuine initiative to bring awareness for the welfare of the Indian community.

Dr. S.M. Shaukat Perwez
Principal and HOI
International Indian School, Riyadh



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CHAPTER 1

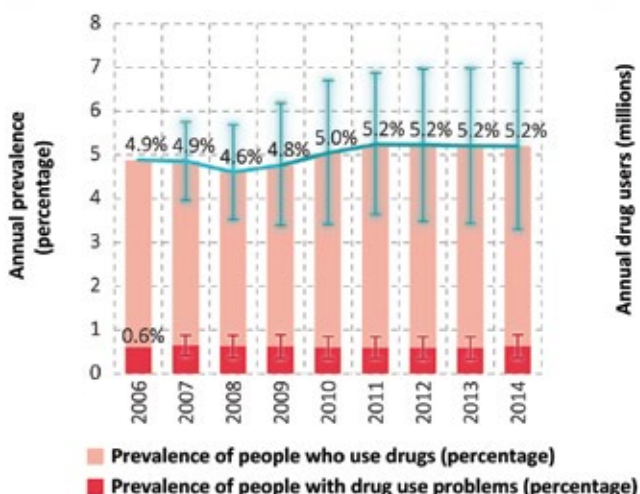
INTRODUCTION

PROBLEM STATEMENT

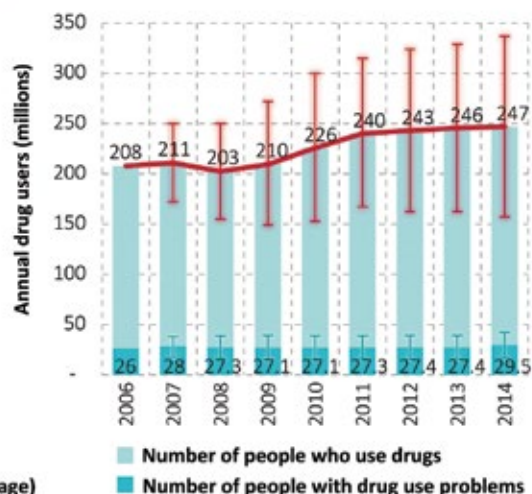
In the current scenario, broad range of substance abuse is seen all over the world. It forms one of the most critical problems afflicting all countries worldwide. It is neither confined to a definite type of drugs, nor related to a certain country or social segment. According to the world drug report 2016 released by the United Nations Office on Drugs and Crime (UNODC), a quarter of a billion people aged 15-64 years (approximately 1 in 20 adults) used at least one drug in 2014. The report also highlights the following figures:

1. The global number of drug dependents aged between 15-64 years increased to more than 29 million in the year 2014 from around 27 million in the previous year.
2. An estimated 2,07,400 drug related deaths occurred in 2014, corresponding to 43.5 deaths per million people aged 15-64.
3. Cannabis remains the most commonly used drug at the global level, with an estimated 183 million people having used the drug in 2014.
4. Amphetamines remain the second most commonly used drug with an estimated 33 million users.
5. The number of cocaine users has increased, from some 14 million in 1998 to 18.8 million in 2014.
6. The number of opiate users (i.e., users of opium, morphine and heroin) continued to affect some 17 million people in 2014.
7. There are 12 million people who inject drugs (PWID), of whom, one in seven (14.0 per cent) are living with HIV and one in two with hepatitis C.

Global trends in the estimated prevalence of drug use, 2006-2014



Global trends in the estimated number of people who use drugs, 2006-2014



Source: World Health Report 2016



The Tobacco epidemic

There is an estimated number of one billion smokers in the world and nearly 80% of them live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. According to the WHO fact sheet in June 2016, the tobacco epidemic is one of the biggest public health threats the world has ever faced, killing around 6 million people a year. Among these, more than 5 million deaths are as a result of direct tobacco use while more than 6 lakhs are the result of non-smokers being exposed to second-hand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030.

Alcoholism

The global status report on alcohol and health 2014 estimates that about 3.3 million deaths in the year 2012 (5.9% of all global deaths) were attributable to alcohol consumption. Alcoholism alone accounts for 5.1% of the global burden of disease and injury. Harmful drinking is a major avoidable risk factor for neuropsychiatric disorders and other non-communicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. It is also associated with several infectious diseases like HIV/AIDS, tuberculosis and pneumonia. Apart from these, it significantly attributes to the disease burden arising from unintentional and intentional injuries, including those due to road traffic crashes and violence and suicides.

Substance Abuse, addiction and tolerance

Substance Abuse is an earlier state of addiction caused by the intake of synthetic drug or substance which alters consciousness or causes intoxication leading to interpersonal conflicts, lack of concentration in studies and work, misery in family life, mental imbalance etc.

Drug addiction is the state of periodic or chronic intoxication produced by repeated consumption of a drug. Affected person will have persistent and compulsive dependence on it. Generally, victims are addicted to more than one substance (poly-drug abusers).

Drug tolerance: In a drug addict, it becomes a need to consume more doses of addicted drugs to achieve the same effects previously experienced and this state is termed as drug tolerance. With such constantly increasing doses in a short period, both body and mind are so much affected that the addict is no longer able to perform his daily duties without such drugs.

The use of substance like alcohol, cocaine, methamphetamine etc. that alter consciousness can result in repeated adverse social consequences such as interpersonal conflicts, failure to meet work, family or school obligations, or legal problems. Such persons with a particular substance abuse gradually develop dependence on that particular substance (eg. alcohol, smoking or any other substance of addiction). However, substance dependence can appear without substance abuse and substance abuse can persist for extended periods of time without a transition to substance dependence. Majority of drug addicts are in the age group of 15-64 and are addicted to more than one substance (poly drug users).

Withdrawal symptoms

These are the physical and psychological symptoms that occur following an attempt to stop drug abuse. These symptoms vary with the type of drug abuse. A person with withdrawal symptoms need proper guidance and support as he/she is prone for addicting alcohol, drugs, psychotropic drugs or sedative-hypnotics drugs.

Causes of drug abuse

Lack of awareness on dangers of drug abuse, inappropriate social upbringing, bad companionship, poverty, unemployment, illiteracy, extraordinary wealth, parental negligence, lack of dialogue among family members, broken homes, etc. are the main reasons leading to drug addiction.



Signs and symptoms of drug addiction

a. Physical Warning Signs: Change in sleeping patterns, blood shot eyes, slurred or agitated speech, sudden or dramatic weight loss or gain, skin abrasions/bruises, neglected appearance/ poor hygiene, sick more frequently, accidents or injuries.

b. Behavioral Warning Signs: Loss of interest in previously enjoyed activities, emotional instability, depression, avoiding eye contact, loss of control or choice of use (drug-seeking behavior), missing school or work failure to fulfill responsibilities at school or work complaints from teachers or co-workers, hyperactive or hyper-aggressive, reports of intoxication at school.

c. Behaviors: Going out every night, change in friends or peer group, change in clothing or appearance, unusual smells on clothing or breath, disappearances for long periods of time, running away, heavy use of over-the-counter preparations to reduce eye reddening, nasal irritation or bad breath, unusual containers or wrappers, friends and relationships, personal habit.

d. Secretive Behaviors: Missing of money and valuable things from the home, prescription medicine, secretive phone calls, lying and covering up, locked doors, exaggerated efforts to bar family members from entering his/her room.

Diagnosis

Diagnosis of drug addiction is often done at the family doctor level when a family member raises concerns about another family member's behavior. A definitive diagnosis usually occurs after an evaluation by a psychiatrist, a psychologist or a specialized addiction counselor.

Treatment

Substance abuse treatment includes medications, behavioral therapies and ancillary support services. Removing toxins by safely withdrawing drugs, use of specific medications and social and psychological treatment are the treatment modalities

The Addiction cycle

Substance addiction can be a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the person who is addicted and those around them. Addiction leads to changes in the structure and functions of brain and hence considered as a brain disease. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person's self control and ability to make sound decisions and at the same time send intense impulses to take drugs. Thus the person goes on consuming the drug and this characteristic circular pattern is called as an addiction cycle.



ADDICTION IS THE ONLY
PRISON WHERE THE LOCKS
ARE ON THE INSIDE



DRUGS TAKE YOU TO HELL,
DISGUISED AS HEAVEN.

Donald Lynn Frost



SOCIAL EFFECTS OF DRUG ADDICTION

Drug abuse impacts the society either directly or indirectly. The social effects of drug addiction can be more harmful than the physical and psychological effects put together. It has a far reaching effect which encompasses family, friends, employers, healthcare professionals and society as a whole.

Interpersonal conflicts, increased vehicle accidents due to drugged driving, homelessness and missed work or problems with keeping a job, increased crime rates, violence, child abuse, corrupt practices, racketeering, illegal money transactions, homicide and involvement in terrorist activities are the major social problems associated with drug abuse/addiction.

If a person is addicted to alcohol, nicotine, drugs or even caffeine then the effects of this negatively impact upon the following:

- **Marriage/Relationships**
- **Home/family life**
- **Education**
- **Employment**
- **Health and wellbeing**
- **Personality**
- **Financial issues**
- **Law and order**

Marriage / relationships

If one half of a couple is an addict, then this can cause untold hardship for the other half. The person who is addicted may have changed from a previously easy going personality to one who is prone to mood swings, violent outbursts, secrecy and other forms of extreme behavior. If he/she is craving a drink, cigarette or a particular drug but is unable to satisfy that craving- either due to a lack of money or prevented from doing so by their partner then violence is often the result. The addiction becomes the main priority in life and the person can become selfish, self-centered and unaware to other people's concerns. Things such as paying the mortgage and bills or other day to day issues of running a home are no longer important to them. This often leads to a breakdown in the marriage which causes financial hardship and distress. The other half of the relationship is left to cope on his/her own which is even more difficult if there are children.

Home / family life

On the subject of home/family life, the rest of the family may feel embarrassed or ashamed at the behavior of the addict. They are bothered by what others might think and are unsure as to what to do for the best.

Education

If the addict is a child or young person, this will impact upon their schooling, relationships with other children and their home life. Truancy from school is common with addicted child or when his/her parent is an addict and neglects to care. A desire to be part of the gang or to try 'forbidden fruit' as a means of growing up can very quickly lead to addiction.

Addiction tends to occur more quickly in a young person than in an adult. Poor concentration, low motivation, unexplained absences from school, spending inordinate amounts of time in their room or staying out most of the night and with strangers, reports from the school of theft or violent behavior or that he/she has been caught drug dealing on school premises are suggestive of drug addiction in a child.



Employment

Drug addiction can make a smart, punctual and efficient worker to someone who is late for work, has neglected in his/her appearance and personal hygiene and displaying erratic or unacceptable levels of behavior. Addicted individuals may go absent for no good reason, fail to complete their duties or steal from colleagues and/or the company. This can result in losing their job and income which then impacts upon their home and family life. It can then lead to marriage/relationship breakdown and/or divorce.

Health and wellbeing

Smoking, consumption of alcohol and drug abuse causes adverse effects on physical & mental health. It can lead to lack of concentration, emotional instability, fear, anxiety, vomiting, loss of appetite, loss of body weight, immune-suppression, skin injuries, depression, behavioral changes, schizophrenia, ulceration of stomach and intestine, hepatitis, cirrhosis, cancers, AIDS and other Sexually Transmitted Diseases, inflammation of nerves including optic nerve and many other medical problems. Constant dependence on drugs causes addiction and could lead to premature death. Drug abuse in pregnancy can harm unborn babies resulting in congenital malformations, premature delivery, giving birth to low-birth weight babies or still birth.

Personality

Addiction affects the personality and behavior of the individual, depending upon the type of substance used and the amount. The chemistry of the brain is affected by addiction of substances like methyl amphetamines, cannabis, ecstasy and excessive alcohol use. Some substances have a greater effect on mental health, for example, heroin is stronger than nicotine and will have a bigger impact upon the brain. And also, one person may experience a greater level of 'damage' than another person using the same substance, mainly due to their brain chemistry. An addict may become secretive or deliberately offensive; self-harm; lie, cheat or steal; or place their need for their addiction above their family and friends. Paranoia, restlessness, low self-esteem or a lack of trust in themselves and anyone else, arrogant behavior etc. may also occur.

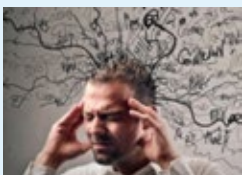
As the addiction worsens, they may start to withdraw from their family and friends or spend time with strange people. The highs and lows of their addiction can lead to anxiety and depression.

Financial issues

The costs of an addiction not only affect the sufferer but can also encompass family, friends and society as a whole. There are the costs of policing, drug addiction help lines, support groups and rehab clinics. Indirectly there is lost revenue in the form of tax and national insurance contributions each time an addict loses their job or is unable to work. This means a drop in revenue for the treasury and an increase in welfare benefits, e.g. unemployment benefit.

Law and order

People who are addicted very often turn to crime. This can involve stealing or fraud to obtain the funds necessary to bankroll their addiction. This can start with stealing from one's partner, family or friends but can spread to include their employer or several organizations. Another aspect is that of the cost of maintaining a police force that have to deal with the after-effects of addiction.





CHAPTER 2

SMOKING

PROBLEM STATEMENT

In ancient times, tobacco was used to treat wounds and for healing of several diseases. In 15th century, Europeans used tobacco for treatment of bad breath odor to even cancer. Tobacco was even used equivalent to gold for trading purposes in the 17th century! In 1826, scientists discovered the dangerous chemicals “Nicotine” in tobacco. In spite of the knowledge about its health hazards, tobacco still remains as the most widely used addictive substance.

The tobacco epidemic is one of the biggest public health threats the world has ever faced. As per WHO data, over 1.1 billion people used tobacco in the year 2015. Far more males than females smoked tobacco. Although it is declining worldwide and in many countries, the prevalence of smoking appears to be increasing in Eastern Mediterranean and African Regions. After China, India has the highest number of smokers in the world. A WHO estimate in 2013 revealed a smoking prevalence of 21.9 % in men and 2.3% in women among Indians aged 15 and above.

Tobacco kills up to half of its users. Every year tobacco kills approximately 6 million people (more than 5 million deaths from direct tobacco use and 6 lakhs due to second hand smoke). Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.

As part of the WHO's commitment to fight against global tobacco epidemic, the WHO Framework Convention on Tobacco Control (WHO FCTC) came into effect in February 2005. In order to scale up implementation of provisions of the Framework Convention, a practical, cost effective way called **MPOWER** was introduced in 2008. The following are the 6 MPOWER measures:

1. Monitor tobacco use and prevention policies
2. Protect people from tobacco use
3. Offer help to quit tobacco use
4. Warn about the dangers of tobacco
5. Enforce bans on tobacco advertising, promotion and sponsorship
6. Raise taxes on tobacco.

The WHO Framework is the WHO's most important tobacco control tool and a milestone in the promotion of public health. It is one of the most widely embraced treaties in the history of the United Nations covering almost 90% of the world population.

Chemicals in Tobacco



Tobacco contains more than 4000 chemicals, out of which 250 are harmful to health and cause diseases including Cancer. There are at least 69 Cancer causing chemicals in tobacco like Arsenic, Acetylene, Ammonia, Benzene, Beryllium (toxic metal), Chromium, Cadmium, Cyanide, Carbon monoxide, DDT, Ethylene oxide, Formaldehyde, Methanol (wood alcohol), Nitrogen oxide, Nitrosamines, Polonium 210, Polynuclear aromatic hydrocarbons and Vinyl chloride.



Are all tobacco products harmful?

YES... All forms of tobacco products are harmful and addictive. All tobacco preparations including smokeless tobacco, low-tar, low-nicotine cigarettes, chewable tobacco, snuff, pipes, hookahs and bidies are dangerous.

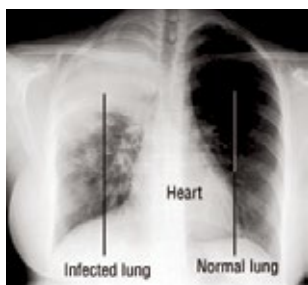
Smokeless Tobacco products



Hazards of Smoking

Respiratory Diseases

Smoking can cause many respiratory problems starting from simple bronchitis to lung cancer. Smokers are at higher risk of developing pneumonia, asthma, chronic obstructive pulmonary diseases like chronic bronchitis and emphysema. Among these, smoking is the number one cause for chronic obstructive pulmonary disease.



Pneumonia



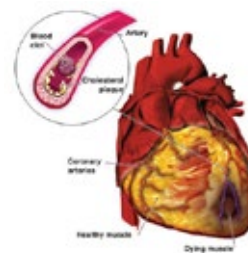
Bronchial asthma



Chronic Obstructive Pulmonary Disease

Cardiovascular Diseases

- Smoking leads to narrowing of arteries, increase in heart rate, high blood pressure and ultimately to heart attacks, stroke etc. Occasional smoking can also lead to heart attack!
- Passive smoking increases the risk of heart disease by 20 to 30%.



Vascular Complications

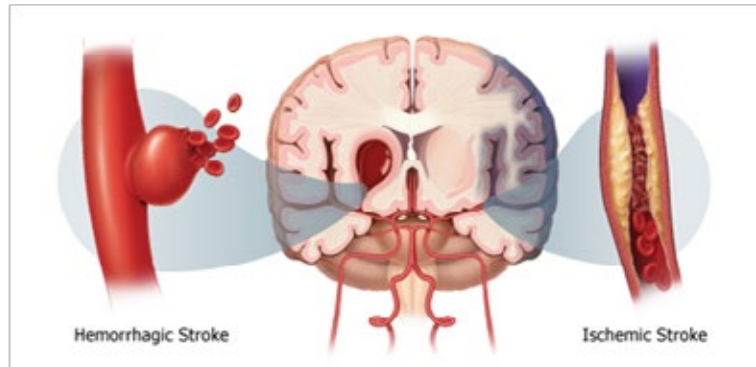


Smoking leads to narrowing of blood vessels (arteries) causing reduced blood circulation to extremities such as fingers, feet resulting in gangrene (gangrenous necrosis) of the affected part. Amputation of the affected part is the only solution.



Stroke

Smokers are at the risk of stroke by 2-4 times than non-smokers. Smoking cause narrowing of blood vessels by plaque formation and it also reduces the blood oxygen level. Both these factors lead to high blood pressure, a major risk factor for developing stroke.

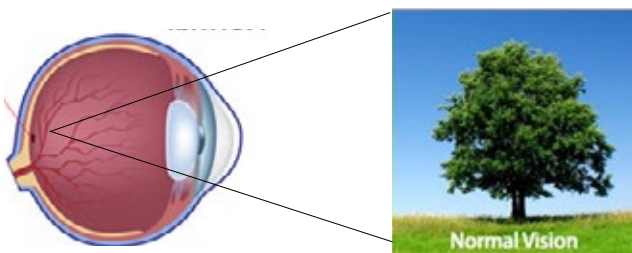


Diabetes

Smokers have 30 to 40 percent higher risk of developing type 2 diabetes than non smokers. Additionally smokers with diabetes are at higher risk of other complications such as heart and kidney disease, peripheral vascular disease, blindness and nerve damage.

Visual Impairment

Smokers are at the risk of central visual field loss or central scotoma, cataract and permanent loss of vision by tobacco amblyopia.



Normal vision



Macular degeneration

Sexual Dysfunction

- Men smokers are at higher risk of developing sexual dysfunction.
- Women Smokers are prone to develop infertility and ectopic pregnancy

Green Tobacco Sickness (GTS)

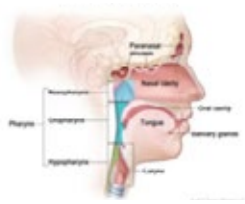
This is a type of nicotine poisoning that afflicts workers harvesting tobacco. When handling wet tobacco leaves, nicotine gets absorbed through the skin especially when the clothing becomes saturated from tobacco that is wet from rain or morning dew, or perspiration. Symptoms of GTS include nausea, vomiting, weakness, dizziness, headache and decreases in heart rate and blood pressure in high exposure. This illness often lasts for several days, and may require hospitalization.

Cancers related to smoking

- Cancer causing chemicals in tobacco lead to cancers of lungs, throat, larynx, mouth, kidney, bladder, pancreas, stomach and cervix of uterus and also blood cancer (acute myeloid leukemia).
- Lung cancer is one of the deadly consequences of smoking. Smokers have 23 times more risk of lung cancer, 27 times more risk of oral cancer, 1.5-2 times increased chance of stomach cancers and 2-3 times more chance of bladder cancer than non-smokers. Women smokers have 1.6 times higher risk of uterine cancer than non-smokers.



Cancer mouth



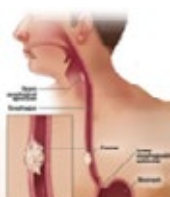
Head and neck cancer regions



Lung cancer

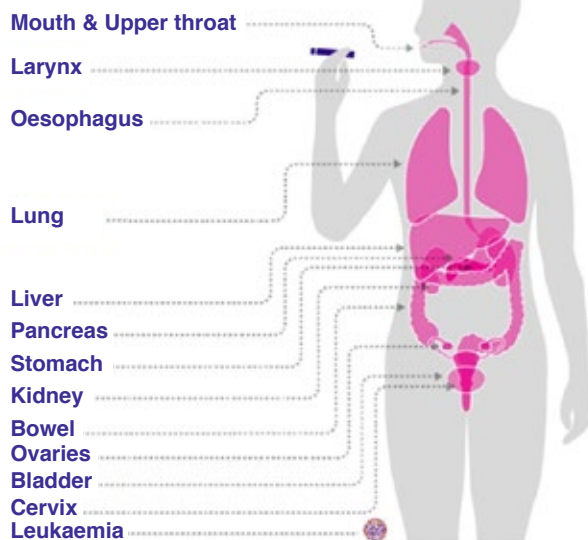


Cancer larynx



Cancer esophagus

Smoking can cause at least 14 types of cancers



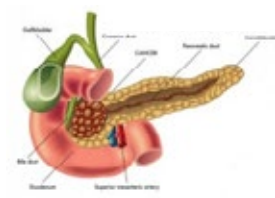
Cancer liver



Cancer stomach



Kidney cancer



Cancer pancreas



Bladder cancer



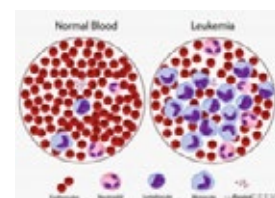
Cancer colorectal region



Cancer cervix



Cancer ovary



Acute myeloid leukemia



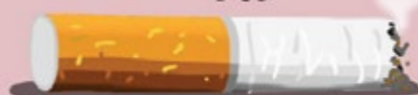
TEENAGE SMOKING

- Teenager developing smoking habits particularly before the age of 18 are likely to be lifetime smokers.
- Tobacco use by parents will influence and prompt children to use it.
- Studies indicate that 9 out of 10 regular smokers started using tobacco products before the age of 18.
- Those who do not try smoking at the adolescent age are unlikely to turn as smokers in adult life.
- Teenage smokers suffer from shortness of breath almost three times as often as those who do not smoke, and produce phlegm more than twice as often as teens who don't smoke.
- Teenage smoking reduces physical fitness and overall health, lead to sleep disturbances, getting anger for trivial reasons, addiction to nicotine, intermittent head ache, gum and tooth diseases, chronic lung diseases, hearing loss, vision problems leading to blindness, and damage to blood vessels leading to heart attacks or strokes at a young age.
- In addition, there will be tendency to get addicted to other substances like alcohol, cocaine, heroin etc.
- Smoking started at the age of 13 will have more consequences of health related problems & such smokers will die earlier than those who begin smoking at the age after 21.
- In some countries, children from poor households are frequently employed in tobacco farming to provide family income. These children are especially vulnerable to “green tobacco sickness”, which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves.

Smoking during pregnancy

- Smoking habits during pregnancy can cause abortions, premature labor, low birth weight, retinopathy of prematurity and birth defects involving the heart, limbs, skull, muscles and other areas.
- Smoking during pregnancy can also affect a baby after he/she is born, increases the risk of Sudden Infant Death Syndrome (SIDS), infantile colic, asthma, respiratory infections and childhood obesity. It may also affect the child's emotional development, behavior and learning ability.
- Second hand smoke during pregnancy increases the risk of abortions, delivery of babies with birth defects or low birth weight.
- Quitting smoking in the first four months of pregnancy lowers the risk of delivery of low birth weight babies, premature birth, pregnancy loss, infant death and other complications.

THINK!





Passive smoking



"Mainstream" smoke



"side stream" smoke

Passive smoking (Second hand smoke) is the combination of side stream smoke, e.g. smoke given off by a burning tobacco product & mainstream smoke, the smoke exhaled by a smoker in the vicinity.

- There is no safe level of exposure to secondhand tobacco smoke.
- Passive smoking can cause eye irritation, vomiting sensation, cough, breathlessness and chest pain.
- Studies indicate passive smokers have chances of lung cancer and cardio-vascular problems by 20-30% more than non-smokers.
- Every year, almost 6 lakhs people are affected with various diseases due to passive smoking and many of them face death.
- In pregnant women, passive smoking causes low birth weight.
- passive smoking can cause sudden infant death.
- Almost half of children regularly breathe air polluted by tobacco smoke in public places.
- Children are the victims of approximately 28% of passive smoking deaths attributable to second hand smoke.
- Second hand smoke can cause wheezing and coughing in children. It can trigger, aggravate or increase the frequency of asthmatic attacks. Children whose parents smoke around them get more ear infections, bronchitis and pneumonia.



Every person should be able to breathe tobacco-smoke-free air. But unfortunately only 18% of the world's population (1.3 billion) is protected by comprehensive national smoke-free laws.

What happens when smoking is stopped ?

The health benefits start almost immediately after a person stop smoking. Younger smokers who quit their habit can have normal life-expectancy and older smokers can gain years and quality to their life-expectancy.

- Immediate effects are decrease in heart rate, nervousness, headache, increase in appetite and weight gain, sleeplessness and depression. However, these symptoms are temporary and will diminish over time.



Quitting Smoking

- Body's healing process begins immediately.
- After 20 minutes, heart rate and blood pressure start lowering.
- Within few hours, the level of carbon monoxide in blood begins to decline.
- After 12 hours, blood oxygen levels raise to near normal.
- After 24 hour, the risk of heart attack begins to decrease.
- In 48 hours, the person's ability to smell and taste starts to improve.
- Within weeks, cough, bronchitis and other respiratory problems get reduced.
- Within months, lung function becomes normal.
- After 1 year, the risk of coronary artery disease decreases to 50%.
- In 5-10 years, risk of cancers, heart attack and chronic obstructive pulmonary disease decrease.
- Between 5 to 15 years, the chance of STROKE decreases to that of an average nonsmoker.



TREATMENT AND DRUGS

Treatment of Nicotine withdrawal

Withdrawal symptoms are usually most intense during the first week after one stop smoking and may pass within a month of time. They may continue for several weeks, with declining intensity. The person may occasionally experience a strong urge or craving to smoke months after stopping.

Life-style and home remedies for nicotine withdrawal symptoms

Regular physical activity, wait out cravings, avoid thinking 'just one won't hurt', talk to a support person, avoid high risk situations, adjust your schedule to a lighter workload, take time to do something fun or simply relax, eat regular, healthy meals (include plenty of fruits and vegetables) and drink more water etc. are some of the lifestyle and home remedies to tide over nicotine withdrawal.

Cravings or urges usually lasts usually less than five minutes. You can tide over the urge by going for a walk, eating some healthy snack to keep your mouth busy or pursue something that keeps your hands busy and avoid keeping even a single cigarette at your reach. The thinking that 'just one won't hurt' should be recognized as a message that can derail your plan. So replace that thought with something positive to support your decision and reasons for quitting. It is always better to talk with a support person who can help you to get through a difficult craving. It is also important to avoid high risk situations such as people, places and situations that tempt you to smoke.

Treatment of Nicotine dependence

Treatment approach for nicotine dependence includes medications such as nicotine replacement therapy and non-nicotine medications. Combination of a longer acting medication and a short acting nicotine replacement product help to get better results.

Nicotine replacement therapy

In nicotine replacement therapy, the addicted person is given nicotine without the other harmful chemicals in tobacco smoke in order to relieve him/her from the difficult withdrawal symptoms and cravings. There are many preparations such as nicotine patches, gum, lozenges, nasal spray and inhaler. The medication is started either earlier in order to reduce smoking on their way to stopping altogether or on the date a person set to stop smoking.



The patch delivers nicotine through the skin and into the bloodstream. The person should wear a new patch each day for a period of eight weeks or longer. If one has not been able to stop smoking completely after two weeks or so of treatment, consult the doctor for modifying the dose or adding another medication.

Nicotine gum and Nicotine lozenge delivers nicotine to the blood through the lining of your mouth. Both preparations are available in a 2-milligram (mg) dose for regular smokers and a 4-mg dose for heavy smokers.



Nicotine patch



Nicotine lozenges

Nicotine gum is often recommended to curb cravings. Chew the gum for a few times until you feel a mild tingling or peppery taste, then park the gum between your cheek and gum line for several minutes so as to allow nicotine to be gradually absorbed to the bloodstream. The goal is to reduce the amount and eliminate the need for the gum in about three months.

The lozenge is placed in the mouth between the gum line and cheek or under the tongue to dissolve. The treatment starts usually with one lozenge every one to two hours and gradually increase the time between lozenges.

Drinking or eating should be avoided right before, while using, or right after nicotine gum or lozenges

Nicotine inhaler delivers nicotine vapor into the mouth and is absorbed through the lining of mouth.

Teenage smokers, pregnant or breast feeding women and those who smoke fewer than 10 cigarettes may consult a doctor before taking any over the counter nicotine replacement products.



Nicotine nasal spray



Nicotine inhaler

Non-nicotine medications

1. **Bupropion**, an antidepressant drug that increases levels of brain chemicals such as dopamine and nor-epinephrine may be prescribed along with a nicotine patch. Typically it is advised to start one week before a person stop smoking. Bupropion has an advantage minimizing weight gain after quit smoking
2. **Varenicline**, a medication that decreases the withdrawal symptoms and reduces the feelings of pleasure a person get from smoking by acting on the brain's nicotine receptors. Varenicline is to be started one week before stopping smoking.
3. **Nortriptyline**, a tricyclic antidepressant acts by increasing the levels of the brain neurotransmitter nor-epinephrine. It may be prescribed when other medications fail.

The products that are not scientifically proven to help stop smoking like special diets to curb nicotine cravings, products changing the taste of tobacco, vitamin combinations, herbal supplements, products containing nicotine salicylates and electronic cigarettes (e-cigarettes) are not recommended for treatment.



Self help measures to quit smoking

Stay motivated: make a list of your reasons to stop smoking and read it when you need support. Keep reminding yourself why you gave up.

Make a plan to quit: create a plan to make it happen and set a date and stick on it. Don't be put off by a wedding, party or other time when you'd normally smoke.

Don't get discouraged if you slip. It is common to lapse and sometimes relapse. But remember your goal is no smoking at all.

Identify your major smoking triggers and challenges and have a plan to deal with high-risk situations like parties. A craving can last for five minutes. Before you give up, make a list of five-minute strategies.

Get moving. A review of scientific studies has proved that exercise (even a five-minute walk or stretch) cuts cravings and may help your brain to produce anti-craving chemicals.

Make non-smoking friends. When you're at a party, stick with the non-smokers.

Seek support. Ask your family, friends and co-workers for support and encouragement. Be direct, and let them know what specifically helps you most. If friends or family members want to give up too, suggest to them that we give up together.

Practice positive self-talk. Tell yourself that you are really going to quit smoking. Think of one or two phrases to use repeatedly such as "I am grateful to be smoke-free, " I am a non-smoker expatriate" for encouragement.

Change your diet/ drink. A US study revealed that some foods like burger, meat and drinks like alcohol, cola, tea and coffee make cigarettes more tasty and satisfying whereas certain others including cheese, fruit and vegetables, make cigarettes taste terrible. So swap your diet for a veggie one if you are used to smoke after each meal. Drinking lot of water and switching from the above drinks to fresh juice like tomato juice can help to avoid the need for cigarette.

keep your mouth otherways busy. If you like holding a cigarette in hand, try putting a juice in the hand that usually holds a cigarette, or drink from a straw to keep your mouth busy.

Set smoke-free boundaries. If there's another smoker in your household, set boundaries by making your home and car smoke-free. Ask smoking co-workers not to offer you a smoke or invite you outside for a smoke break.

Regularly review the benefits you're getting from quitting. Short-term benefits include breathing easier, saving money and having better smelling clothes. Long-term benefits include a lower risk of disease, increased chances for a longer life and a healthier environment for your family. Add up how much money you've saved.

Avoid alcohol. Drinking is a high-risk situation. Always remember that the combination of smoking and drinking raises your risk of mouth cancer by 38 times.

Reward yourself. Buy a magazine, go to the park, meet a friend for lunch or take a class. Opt for Nicotine replacement therapy (NRT), if required as it can make you twice likely to succeed.



Counseling, support groups and other programs

Behavioral counseling helps a smoker to develop sustained skills to avoid tobacco. There are several types of counseling programs such as individual or group counseling, telephonic or internet –based programs etc. Better treatment results are observed in persons who spend more time in counseling process. Counseling in combination with medications that control withdrawal symptoms provides the best outcome.

Many hospitals, health care plans, health care providers and employers offer treatment programs for nicotine dependence. Nicotine Anonymous groups are available in many locations to provide support for smokers trying to quit. Several websites offer support and strategies for people who want to stop smoking. Eg; BecomeAnEX is a free website providing information and techniques to quit smoking.

PREVENTION

The best way to prevent tobacco dependence is to not smoke. The children of parents who are smokers are more likely to become smokers. If you are a parent who smokes, the younger your children are when you quit, the less likely they are to become smokers themselves.

It is a social responsibility of every citizen to support legislation to increase taxes on tobacco products and promote legislations for smoke free environments, the two most effective public health policies to reduce smoking in adults and prevent young people from ever starting.

Prevention of teenage smoking

The best way to prevent your children from smoking is not to smoke yourself as tobacco use by parents strongly influences the children to use it. The parent should also take the following measures to keep their teenager from using tobacco products.

Talk with your teenagers and let him/her aware that all forms of tobacco, including cigars and smoke less tobacco carry significant health risks and encourage them to read about the hazards of smoking.

Ask whether their friends smoke. Most teenagers smoke their first cigarette with a friend who already smokes.

Use non judicial questions and rehearse with them how they could handle tough situations regarding peer pressure and smoking.

Remind your teenager that smoking gives you bad breath and makes your hair and clothes smell.

Encourage them to be active in community and school stop –smoking programs.

Encourage smoke free public places including restaurants or other places where teenagers may work and support legislations for smoke free environment.

Support legislation to increase taxes on tobacco products as it discourages teens from starting to smoke.

Higher prices on tobacco products coupled with smoke free work place laws are the most effective public health policies to reduce smoking in adults and prevent young people from ever starting.

CIGARETTE SMOKING–THE STORY UNTOLD

Criteria		Smoking 10 cigarette a day	Length of cigarette smoked (1 cigarette= 6cm)	Number of puffs taken	Time spent/ lost (5 minutes per cigarette)	Expense-Saudi Arabian Riyals (SAR)
Period	One day	10	60 cm	8 X 10 = 80	50 minutes	12
	One month	300 - 310	18000–18060 cm	2400-2480	1550-1500 minutes	360-372
	One year	3650	129600 = 1.296 Km	29200	18250 minutes = 280 hours (12.67 days)	SAR: 4380/- (Approx. 78,840 Indian Rupees)



CHAPTER 3

ALCOHOLISM

PROBLEM STATEMENT

Worldwide, alcohol consumption has been steadily increasing. It is the third largest risk factor for premature mortality, disability and loss of health. Alcoholism accounts for 5.1% of the global burden of disease and injury. According to global status report on alcohol and health 2014, about 3.3 million net deaths (5.9% of all global deaths) in the year 2012 were attributable to alcohol consumption. 320,000 young people between the age of 15 and 29 die from alcohol-related causes - 9% of total deaths in that age group

In **USA**, about 10% of women and 20% of men are addicted to alcohol- most beginning by their mid-teens. Almost 2,000 people under 21 years of age die each year in car crashes following alcohol intoxication.

Out of total liquor production in South East Asian countries, India stands on the top with 65%. Alcohol consumption has been steadily increasing since 1980s and currently India is the third largest market for alcoholic beverages in the world. There are 65 million Alcohol users and fifteen thousand deaths due to alcohol-related diseases every year. Among the Indian states, Kerala has the highest per capita consumption of alcohol (more than 1.76 gallons per person a year) and the age at which youngsters begin to consume liquor has come down from 19 in 1986 to 13.5 in 2014.

Alcoholic beverages / heavy drinking

Alcoholic beverages such as beer, wine, toddy, arrack, distilled spirit etc. contain different concentration of alcohol varying from 3-4% in beer to 40% in distilled spirit. 0.6 ounce ie, 18ml of pure alcohol forms one drink. Daily consumption of 4 drinks (72ml) or weekly 14 drinks (252ml) by Men & daily consumption of 3 drinks (54ml) or weekly 7 drinks (126ml) by women are generally considered heavy Alcoholism.

DO YOU KNOW WHO AM I ?

I am more powerful than the combined armies of the world. **I have** destroyed more men than all the **wars** of all the nations. I have caused **millions of accidents** and wrecked more homes than all the floods, tornadoes and hurricanes **put together**. I am the world's **slickest thief**. I steal billions of dollars. I find my victims among the rich and the poor alike. I am relentless, insidious and **unpredictable**. I bring sickness poverty and death. I give nothing and take all. I am your worst enemy. **I am Alcohol.**

Know me and say no to me forever...!

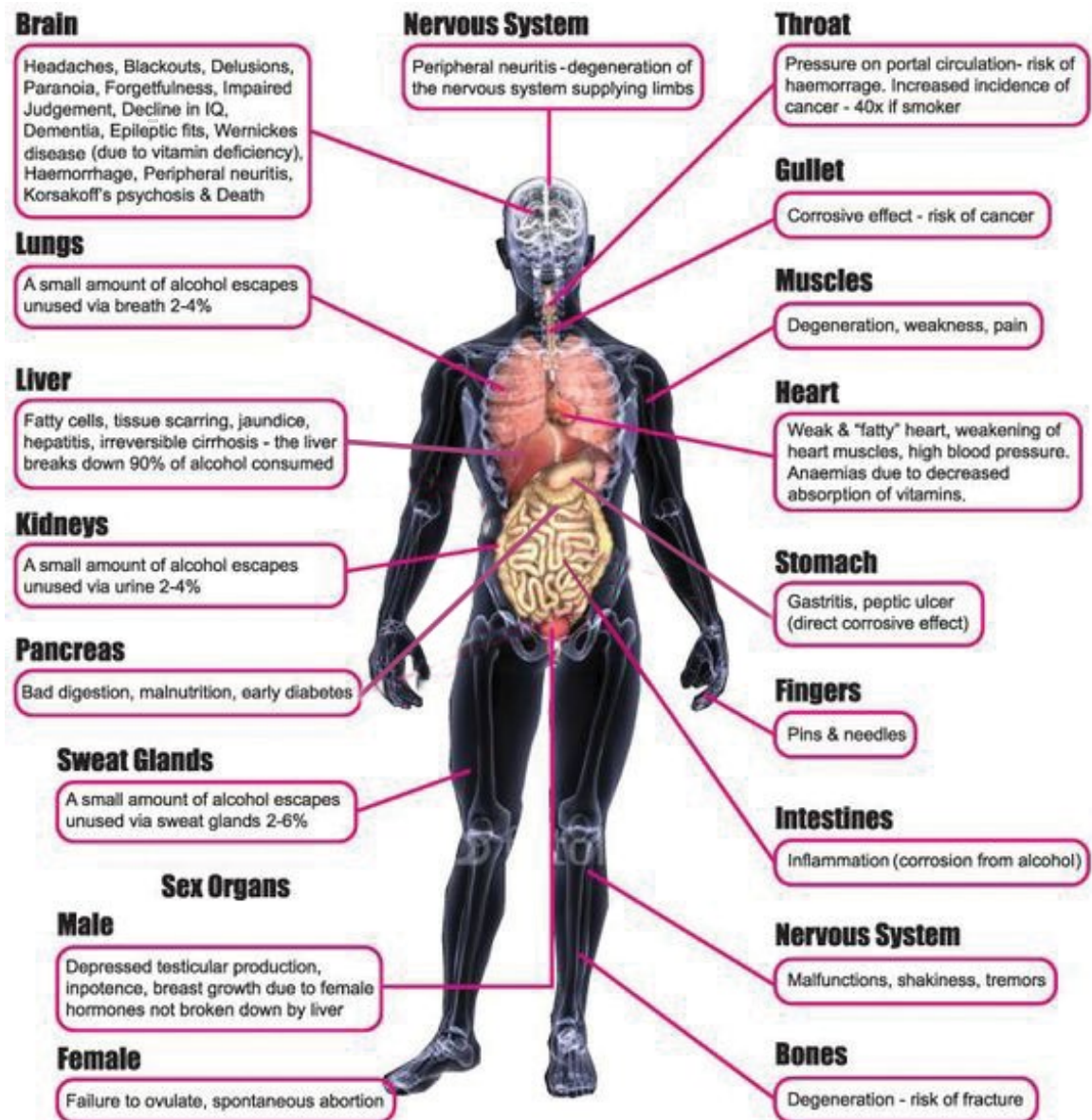




Hazards of Alcoholism

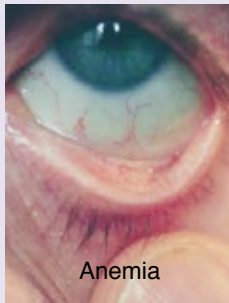
- Alcoholism leads to many negative impacts like damage to social and family life, violence, accidents, child neglect and abuse and absenteeism in the workplace etc.
- Consumption of small quantity of alcohol on daily basis is also harmful to health.
- Alcohol consumption is more harmful in women than in men as their body weight is less compared to males.
- Uninterrupted use of alcohol will lead to Anemia, liver cirrhosis, high blood pressure, cardio-vascular diseases, brain & nerve damage, Seizures, pancreatitis, cancer, gout, depression and suppression of immune system leading to various communicable diseases.
- Heavy drinking increases the risk of cancer in mouth, throat, larynx, esophagus, breasts, liver and intestines and concurrent use of tobacco doubles the risk.
- Heavy drinking for a prolonged period will lead to shrinkage of certain key regions in the brain, resulting in memory loss and other symptoms of dementia.

Effects of alcohol in different organs / systems





Important medical conditions associated with chronic heavy drinking



Anemia

ANEMIA

Anemia in alcoholics is complex and often multi-factorial, causes include a combination of poor nutrition, chronic inflammation, blood loss, liver dysfunction and ineffective erythropoiesis.

CIRRHOSIS OF LIVER

Cirrhosis of liver is a lethal condition caused by toxic damage of liver cells.



Cirrhosis of liver



HIGH BLOOD PRESSURE

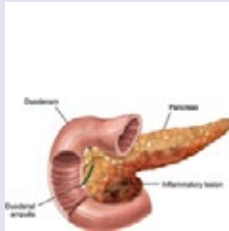
High blood pressure which can lead to other health problems like kidney disease, heart disease and stroke.

CARDIOVASCULAR DISEASES

Heart attack or stroke, cardiomyopathy, heart failure, rhythm abnormalities and sudden death.



Cardiovascular diseases



Pancreatitis

PANCREATITIS

Alcoholism can inflame the pancreas called pancreatitis and can cause formation of gall stones. Chronic pancreatitis interferes with the digestive process, causing severe abdominal pain and persistent diarrhea.

GOUT

Alcohol can lead to or aggravate gout due to formation of uric acid crystals in the joints.



Gout



Normal brain

DEMENTIA

Due to shrinkage of certain key regions in the brain, resulting in memory loss and other symptoms of dementia.

INTELLECTUAL DETERIORATION

Potentially debilitating deficits in the ability to plan, make judgments, solve problems, and perform other aspects of "executive" function.



Alcoholic brain damage



Depression

DEPRESSION

Heavy drinking often goes hand in hand with depression.

SEIZURES

Heavy drinking can trigger seizures even in people who don't have epilepsy



Seizures

NERVE DAMAGE (ALCOHOLIC NEUROPATHY)

manifested as a painful pins-and-needles feeling or numbness in the extremities as well as muscle weakness (myopathy), incontinence, constipation, erectile dysfunction, and other problems.



Neuropathy



Myopathy

INFECTIOUS DISEASE

Due to suppression of the immune system, more prone to infections like tuberculosis, pneumonia, HIV/AIDS and other sexually transmitted diseases.



Tuberculosis



Pneumonia



HIV

Cancers due to alcoholism

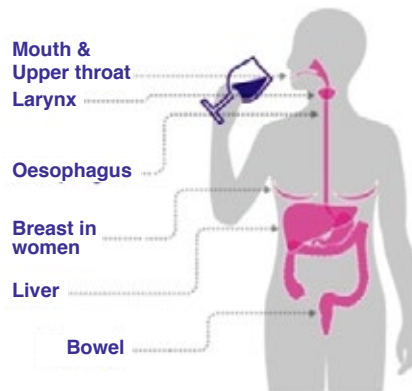
Alcoholism can cause cancers in mouth, pharynx (throat), larynx (voice box), esophagus, liver, breast and colorectal region. Alcohol intake causes damage to tissues in mouth, throat and liver. DNA changes in the cells that occur during the repair process of damaged tissues can lead to cancer. Failed absorption of folic acid and other nutrients, development of overweight/obesity also increase the risk of cancer in alcoholics. Alcoholism increases the estrogen level in females and hence triggers cancer breast. Intestinal bacteria can convert alcohol into large amounts of acetaldehyde, a cancer causing chemical, may lead to colorectal cancer (it has been shown to cause cancer in animal studies).

Alcohol acts as a solvent allowing the cancer causing chemicals in tobacco smoke to enter the cells lining the upper digestive tract more easily. So the combination of smoking and drinking is much more likely to cause cancers in the mouth or throat than either smoking or drinking alone. And also, alcohol may slow the body's ability to break down and get rid of some harmful chemicals.



Pharyngeal cancer

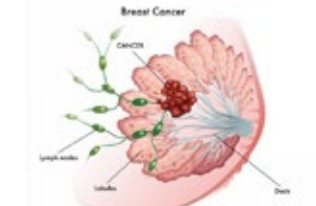
Alcoholism can cause at least 7 types of cancers



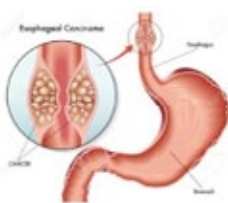
Cancer larynx



Mouth cancer



Breast cancer



Cancer esophagus



Cancer liver



Colorectal cancer



Treatment of alcoholism

Treatment of alcoholism can begin only when the alcoholic accepts that the problem exists and agrees to stop drinking. The person must understand that alcoholism is curable and must be motivated to change. Treatment has three stages:

Detoxification: the detoxification -stopping use- usually takes two to seven days. It is done on either an inpatient or outpatient basis. Emergency inpatient treatment is required in case of person developing dangerous withdrawal symptoms such as seizures, hallucinations, delirium tremors etc.

Treatment and counseling: In this stage, a treatment professional provides de-addiction medications and treatments for concurrent psychiatric illnesses like depression, anxiety or other health problems that often accompany alcoholism. Through counseling, the person gains the motivation, knowledge and skills necessary to maintain a commitment to sobriety.

Maintenance of sobriety: A person could be said to enter the maintenance stage when he or she is comfortable with these skills and has had a chance to rely on them to stay sober in crisis situations and in everyday problem situations. Many people in this stage require participation in support group such as Alcoholics Anonymous (AA) or Women for Sobriety.

Preventing Alcohol Abuse and Alcoholism

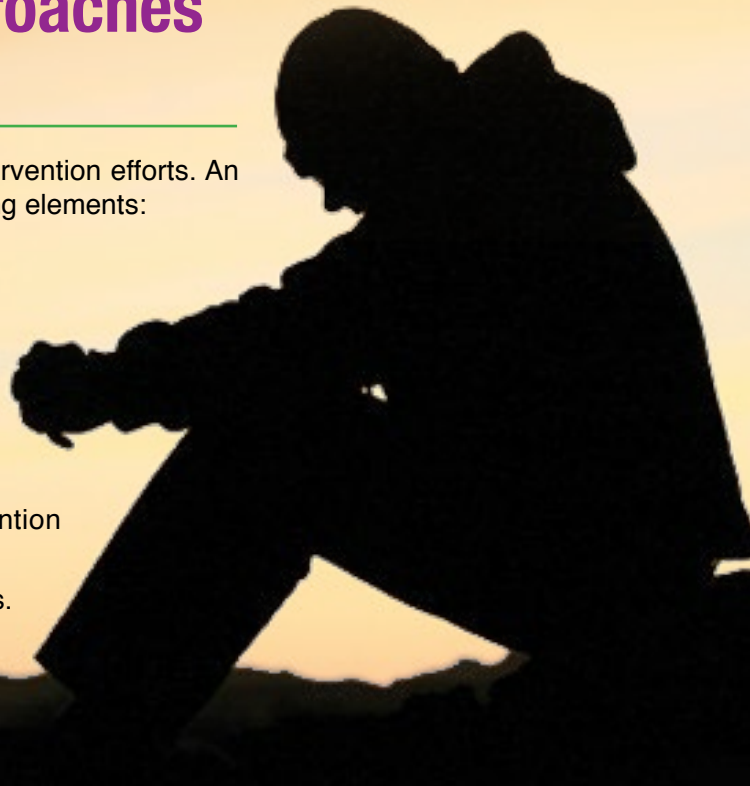
People drink for different reasons and under a wide variety of circumstances, prevention efforts must address an array of problems associated with that breadth of drinking experience. To prevent people from starting abusive drinking patterns is the most effective prevention approach. It should be aimed at a variety of groups especially the youth, their families, and the communities in which they live and work. It reviews laws and policies that can curtail access to alcohol or curb its use, protecting society as a whole and reducing the social, legal and monetary costs of alcohol abuse and dependence.

Targeted Prevention Approaches

School-Based Interventions

School provides a critical setting for prevention and intervention efforts. An effective school based approach may include the following elements:

- Correct the misperception that everybody is drinking.
- Teach youth ways to say no to alcohol.
- Use interactive teaching techniques (e.g., small-group activities, role plays and same age leaders).
- Involve parents and other segments of the community.
- Revisit the topic over the years to reinforce prevention messages.
- Provide training and support for teachers and students.





Engaging Communities to Prevent Underage Drinking

It is a fact that young people often are in situations where drinking is tolerated or even reinforced. As school-based interventions cannot address every such situation, community-based efforts concurrently with a school-based prevention curriculum can help reduce alcohol use among youth and young adults.

Limiting alcohol sales to minors, increasing enforcement of underage drinking laws, and changing alcohol policies at community events, as well as increasing public awareness about the problems associated with underage drinking are among such efforts. The cooperation of a broad coalition of community members representing diverse backgrounds, resources, and ideas is essential for a successful community based program.

Family-Focused Interventions for Youth

Family factors are so pivotal in shaping adolescent problem behaviors like alcoholism. A child who has strong family bonds with his or her parents and who has parents who are actively involved in his or her life often is less likely to engage in underage drinking. Lack of a positive parent-child relationship or a family history of alcohol problems both can increase risk.

Family-focused interventions can be successful both for general populations and for families with adolescents who exhibit more serious delinquent behaviors.

College Drinking and Prevention

Drinking—especially binge drinking—among college students remains a major concern for schools and parents alike. Programs that provide information about alcohol and alcohol-related harm are inexpensive and easy to implement but may not be effective for this age group. Brief motivational intervention approaches, cognitive-behavioral interventions, and challenging students' expectations about alcohol are the most effective preventive strategies for this group.

Motivational interventions focus on enhancing the student's motivation and commitment to change his or her behavior. Typically delivered in one or two sessions, such sessions can take place by mail, online, or in person. Cognitive-behavioral interventions seek to change behavior by helping the student to recognize when and why he or she drinks too much and then providing tools for changing that behavior.

Challenging students' expectations about alcohol includes raising their awareness of how alcohol influences health and well being and correcting misperceptions about how much drinking is really going on among their peers. These approaches are particularly effective when coupled with individualized feedback from trained counselors or from the students themselves using Web-based materials and other resources.

Interventions in the Workplace

Workplace programs can potentially reach audiences and populations that otherwise would not have access to a prevention program. Lifestyle campaigns at work place to ease stress, improve nutrition and exercise, and reduce risky behaviors such as drinking, smoking, and drug use is an effective strategy.

Government Policy and Laws about Alcohol

Public policies can help prevent the adverse consequences of alcohol consumption in wider audiences, and on a larger scale, than any other category of interventions. Changes to laws and policies related to alcohol's availability and the consequences of its use lead to significant gains in public health.

Increasing the price of alcoholic beverages, laws and regulations related to the minimum legal drinking age and sales to underage youth, monitoring of alcohol outlet densities, limits on the hours and days of alcohol sales etc. helps to decreased consumption.



CHAPTER 4

DRUG ABUSE



PROBLEM STATEMENT

Drugs are chemical substances that affect the normal functioning of the body and/or brain. Medicines are legal drugs to help us recover from illnesses, whether prescribed by a doctor or available over the counter at pharmacies, although they can also be abused. Even though certain drugs like caffeine (found in coffee or coca-cola), nicotine (in cigarettes) and alcohol are all technically legal drugs, they are usually not referred to as such. Drugs that are harmful to health are legally restricted world-wide. Countries have passed several international laws, in the form of United Nations conventions that specify which drugs are controlled. Such drugs are categorized as Illegal drugs. It is against the law to own, use or sell these drugs worldwide.

Illegal Drugs tend to have several street names and the drugs might have different names from country to country or city to city. These names may also change over time. The street names do not tell you anything about the strength or purity of a drug. All illegal drugs have immediate physical effects. While some of the physical effects of drugs might sound nice, they do not last long. These drugs can also severely hinder psychological and emotional development, particularly among young people. Drug users seem confused, have red eyes, sweat a lot and not care about their physical appearance. Many people get depressed and lonely afterwards and start feeling sick. And, of course, there is the risk of becoming addicted.

The drugs alter perceptions of reality and may temporarily satisfy emotional or social needs for experimenting young people. Many youth view drugs like a tool for relaxation, pleasure, socialization, avoidance of emotional pain, a way to forget about problems, satisfy curiosity, avoid alienation, find excitement, feel like part of the crowd, go to sleep, wake up, cope with failure, relieve boredom, and /or to simply infuriate their parents. They become gradually get desensitized to the drugs over a period of time and become an addict.

There are 9 categories of commonly abused drugs – Marijuana (also known as Cannabis), Cocaine, Heroin, Hallucinogens, Inhalants, Pain killers, Stimulants, Tranquilizers and Sedatives.

Drugs are often used together. This mixing can have unpredictable, severe effects on the body and/or mind of the user. Drugs cloud the judgment of users and the victims often take more risks, such as having unsafe sex leading on to get infected with hepatitis or HIV and other sexually transmitted diseases.



Marijuana or Cannabis



Cannabis is a tobacco-like greenish or brownish material made of the dried flowering tops and leaves of the cannabis (hemp) plant. It is sometimes called a gateway drug because it tends to be the first illegal drug used by a teenager.

Cannabis resin (hash): dried black or brown secretion of the flowering tops of the cannabis plant, which is made into a powder or pressed into slabs or cakes.

Cannabis oil (hash oil): a liquid extracted from either the dried plant material or the resin. All forms of cannabis are usually smoked. Cannabis resin and oil can also be swallowed or brewed in tea.

Symptoms of cannabis abuse

Users feel pleasurable relaxed and euphoric, may also experience a more vivid sense of sight, smell, taste and hearing.

Short term use

Increased appetite and pulse rate, problems performing physical and intellectual tasks such as driving a car and thinking logically.

With large doses, perceptions of sound and color may be sharpened, while their thinking becomes slow and confused. If the dose is very large, anxiety, panic and even psychotic episodes similar to those of hallucinogens. Once addicted, it is not only difficult to escape from it but will also have the tendency to consume other drugs.

Effects of Chronic use

Continued usage also causes poor short-term recall, inability to shift attention normally, inability to understand complex information. Victims develop psychological dependence leading to loss of interest in all other activities, such as work and personal relationships. As cannabis smoke contains 50 per cent more tar than high-tar cigarettes, there increase in risk of respiratory diseases, lung and head and neck cancers. Recent studies show that cannabis use increases the chance of developing schizophrenia.

Drug craving and withdrawal symptoms make it hard for long-term marijuana smokers to stop abusing the drug. People trying to quit may report irritability, sleeplessness, and anxiety. They also display increased aggression.

Treatment

There is no medication- behavioral treatment in either group or individual sessions or both.

EFFECTS OF CANNABIS (MARIJUANA)

Brain:

Marijuana smoking affects the brain and leads to impaired short-term memory, perception, judgement and motor skills.

Eyes:

- Reddening
- Decreased intra-ocular pressure

Mouth:

- Dryness

Skin:

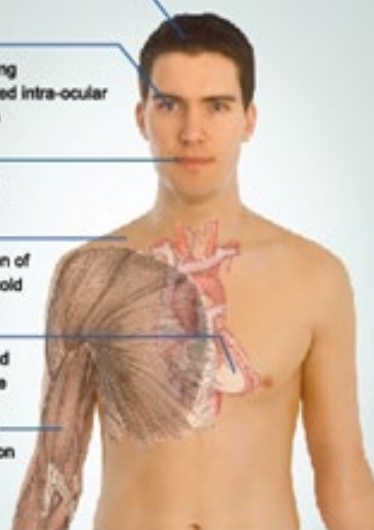
- Sensation of heat or cold

Heart:

- Increased heart rate

Muscles:

- Relaxation





Methamphetamine



Methamphetamine is part of the group of drugs called amphetamine-type stimulants (ATS). It is a synthetic drug that is usually manufactured in illegal laboratories. ATS form the second commonest group of addictive drug. Methamphetamine comes as a powder, tablet or as crystals that look like shards of glass. It is swallowed, sniffed/snorted, smoked or injected.

Symptoms of methamphetamines abuse

Methamphetamine stimulates a feeling of physical and mental well being, euphoria and exhilaration, delayed hunger and fatigue. Users also experience a temporary rise in energy, often perceived to improve their performance at manual or intellectual tasks. Methamphetamine use sometimes triggers aggressive, violent and bizarre behavior among users.

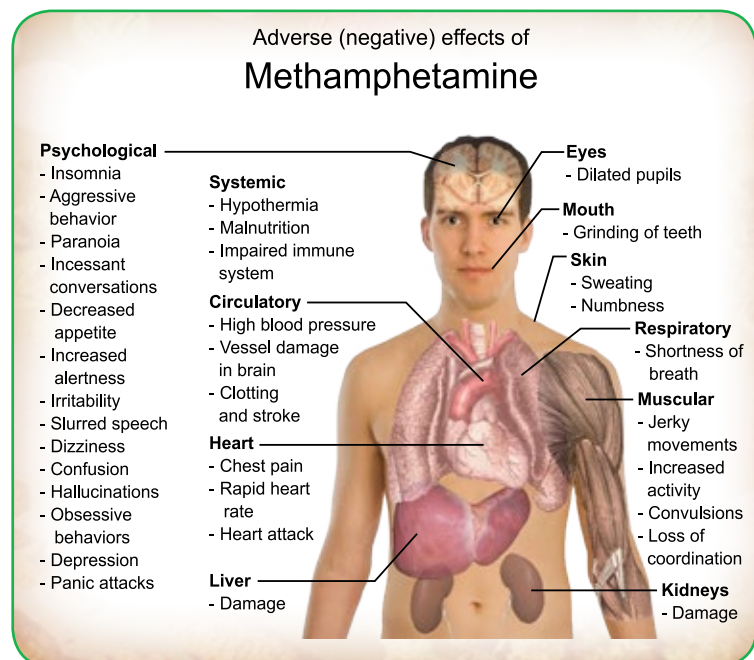
Short-term use

Loss of appetite, fast breathing, increased heart rate and blood pressure, increased body temperature and sweating. With large doses, users can feel restless and irritable and can experience panic attacks. Excessive doses can lead to convulsions, seizures and death from respiratory failure, stroke or heart failure.

Effects of Chronic use

Long-term methamphetamine use can lead to malnutrition, weight loss and the development of psychological dependence. Once chronic users stop taking methamphetamine, a long period of sleep, and then depression, usually follows.

If this is used during pregnancy, there is high risk of either premature delivery, delivery of babies with low birth weight or congenital defects. Older children who were exposed prenatally to substances may exhibit cognitive deficits, learning disabilities, and poor social adjustment.



Treatment

Amphetamine intoxication is generally self limiting and requires only supportive measures. Daily use or intravenous use of amphetamine may require a period of hospitalization. Antipsychotic, anti depressant and anti anxiety medications may be required for depression, suicidal ideation during withdrawal, psychosis or violence following amphetamine intoxication.



Cocaine



Cocaine is a fine white or off-white powder extracted from the leaves of the coca plant. Crack: cocaine processed with ammonia or sodium bicarbonate (baking soda) and looks like small flakes or rocks. Cocaine is usually sniffed/snorted or injected, whereas crack is smoked.

Cocaine is a local anesthetic agent causes loss of feeling or numbness when applied to certain areas of the body like nose mouth and throat and hence used in medicine for certain kinds of procedures or surgery. As it can cause psychological dependence (a strong desire to continue using the medicine), it is applied only by or under the immediate supervision of a doctor.

Symptoms of cocaine use

Cocaine users feel exhilarated and euphoria, temporary increase in alertness and energy levels and delayed hunger and fatigue. Users may behave bizarrely, erratically and sometimes violently. Excessive doses of cocaine may lead to convulsions, seizures, stroke, cerebral hemorrhage or heart failure. Mixing cocaine with alcohol is a dangerous cocktail and can greatly increase the chances of sudden death.

Short-term effects

Medical risks such as loss of appetite, sleeplessness, faster breathing, increased body temperature and heart rate; and tearing of the major artery in the body (aortic dissection) or stroke, heart diseases, high blood pressure and heart attack. Victims will have tendency to suicide, homicide, sexual harassment and involvement in domestic and other violence.

Effects of Chronic use

Sniffing cocaine severely damages nose tissue; smoking can cause respiratory problems; whilst injection can lead to abscesses and infectious diseases.

It causes strong psychological dependence, malnutrition, weight loss, disorientation, apathy and a state similar to paranoid psychosis. The victim shows unsuccessful efforts to stop and spend inordinate amounts of time or energy getting, using, or recovering from the effects of the substance.

Withdrawal of cocaine causes irritability, suppressed appetite, problems with sleep, and craving the substance.

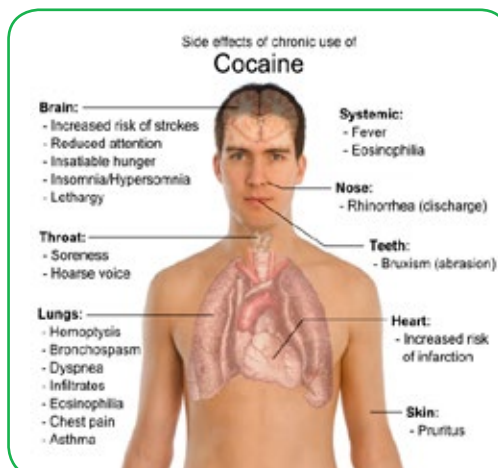
If this is used during pregnancy, there is high risk of either premature delivery, delivery of babies with low birth weight, congenital defects or mental retardation.

Treatment

Cognitive behavioral therapy is a common type of mental health counseling (psychotherapy) provided by a mental health counselor (psychotherapist or therapist) in a structured way that helps affected person become aware of inaccurate or negative thinking and respond to challenging situations more clearly and more effectively.

Motivational incentives: giving former addicts rewards for not using cocaine has shown to be effective.

Residential comprehensive treatment programs: that address both addiction and co-morbidities for a period of three months and more have been found more effective than short term care. They provide intensive counseling, and help the addict to find a new direction in their careers and education. The person can continue counseling near their homes and attend local support meetings such as Cocaine Anonymous.





Heroin



Heroin is an addictive drug with pain killing properties processed from morphine, a naturally occurring substance from the opium poppy plant. Pure heroin is a white powder. Street heroin is usually brownish white because it is diluted or "cut" with impurities, meaning each dose is different. It is usually injected but can also be snorted, smoked or inhaled.

Symptoms of heroin addiction

Intravenous heroin use can lead to bacterial infections of the blood vessels and heart valves. If same needle or syringe is shared by many people, there is high risk of Hepatitis B and C and HIV infections. Users are at risk of overdosing which can lead to coma and death through respiratory depression.

Short term effects

Include constricted pupils, nausea, vomiting, drowsiness, inability to concentrate and apathy. Heroin is highly addictive and nearly one quarter of people who use the drug quickly develop physical and psychological dependence. Heroin dependence is manifested by restlessness, sleepiness, diarrhea, vomiting, chilled feelings and abnormal leg movements. It also leads to liver and kidney diseases, pneumonia and tuberculosis. There is also a risk developing tolerance for the drug and the victim shows a constant tendency to consume higher doses to achieve the same effect with an earlier lower dose.

Effects of Chronic use

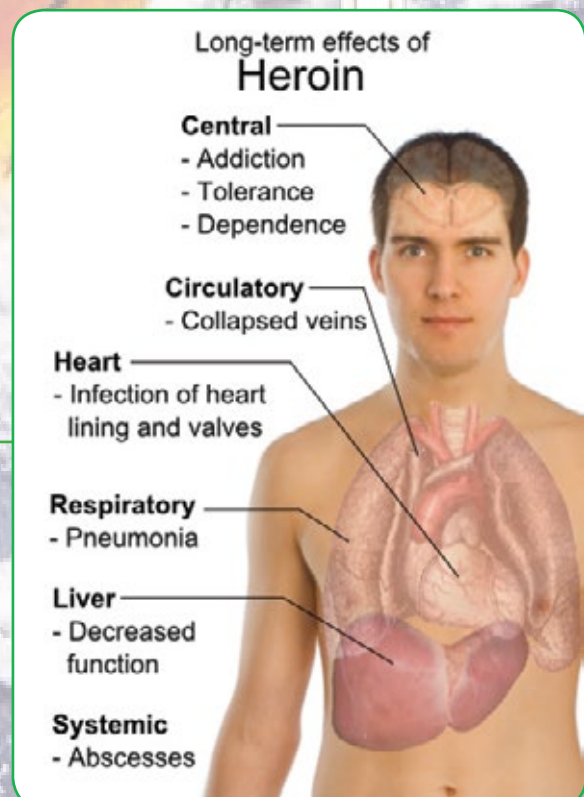
Long-term heroin use can cause severe weight loss, malnutrition, constipation, menstrual irregularity, sedation and chronic apathy.

Abruptly quitting heroin use leads to withdrawal symptoms which can be severe such as cramps, diarrhea, tremors, panic, runny nose, chills and sweats.

Heroin use in pregnancy will have the risk of premature delivery, delivery of low birth weight baby or still birth.

Treatment

The treatment process of heroin addiction involves three steps. The first step is chemical withdrawal (detoxification) by counter medication, followed by counseling to deal with the triggers that make the person to use heroin again. In the third step, follow up care with individual therapy, meeting with support groups, narcotic anonymous etc. the treatment can be either residential or an outpatient basis.



Hallucinogens



Hallucinogens are drugs producing false perception with no basis of reality and its use will cause many health problems like high blood pressure, muscle numbness, weakness, shivery and increased heart rate. There are 4 types of Hallucinogens: LSD (d-lysergic acid diethylamide), Peyote (mescaline), Psilocybin (4-phosphoryloxy-N,N-dimethyltryptamine), PCP (phencyclidine). The most common hallucinogens are LSD and phencyclidine (PCP). LSD is a semi-synthetic hallucinogen derived from lysergic acid, which is found in a fungus that grows on rye and other grains. It is a colorless, odorless substance with a slightly bitter taste. It is sold as small squares of blotting paper with drops containing the drug, tablets, capsules or occasionally in liquid form. It is usually swallowed.

Symptoms of hallucinogen abuse

Abuse to hallucinogens will cause many health problems like high blood pressure, muscle numbness, weakness, shivery and increased heart rate. Signs and symptoms vary depending on the type of drug. Signs of PCP use include hallucinations, euphoria, delusions, panic, loss of appetite, depression, aggressive, possibly violent behavior.

LSD produce feelings of empathy and sociability, strong changes in thought, mood and senses, different kinds of hallucinations.

Short-term use: LSD produces delusions and distorted perceptions. The user's sense of depth and time changes and colors, sound and touch seem more intense. Some LSD users experience severe, terrifying thoughts and feelings such as fear of losing control, fear of insanity and death, and despair.

The physical effects are small compared to the psychological and emotional effects. They include dilated pupils, increased heart rate and blood pressure, loss of appetite, sleeplessness, dry mouth and tremors.

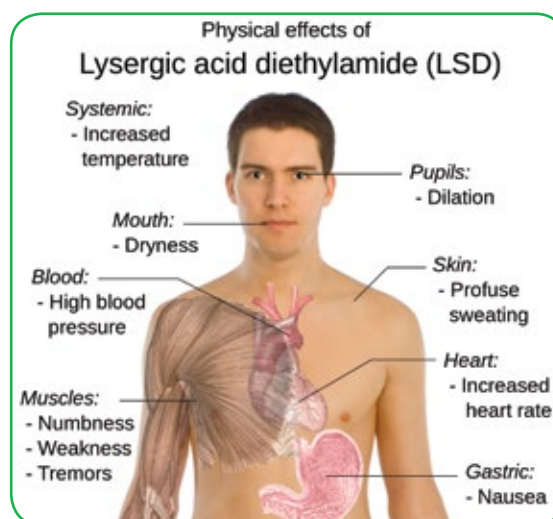
LSD causes permanent mental changes in perception and flash backs (reappearance in hallucinations – every year later).

Medical treatment

Generally intoxicated patients can be talked down from frightening experiences in a quiet setting with minimal stimuli, stressing the time limited extend of drugs. Anti anxiety and anti psychotic medications may be required in agitated patients who do not respond to 'talking down'. Anti depressants are used when there is protracted hallucinogen induced depression.

Psychological treatment

For the user to remain drug-free, follow up treatment usually with psychiatric help, life style changes such as avoiding people, places, and things related to hallucinogens should be encouraged. Initial psychological treatment should focus on confronting denial, teaching the disease concept of addictions, fostering an identification as a recovering person, recognition of the negative consequences of hallucinogen abuse, avoiding situational and intra-psychic cues that stimulate craving and formulation of support plans. Drug urine should be used to ensure compliance.





Psychotherapy

It is likely that some heavy hallucinogen drug users, like other heavy drug users, suffer from chronic anxiety, depression or feeling of inadequacy. In these cases, the drug abuse is a symptom rather than the central problem. These cases benefit from psychotherapy. Psychotherapy is useful when it focuses on the reasons for the patient's drug abuse. The drug abuse itself-past, present and future consequences- must be given firm emphasis. Involving an interested and cooperative parent or spouse in conjoint therapy is often very beneficial. Hallucinogen abusers may also be benefited from Narcotic Anonymous.

Club drugs

Club drugs are drugs commonly used by teens and young adults at clubs, concerts and parties. Examples include ecstasy (MDMA), GHB, rohypnol ("roofies") and ketamine. These drugs are not all classified in the same category, but they share some similar effects and dangers.

An exaggerated feeling of great happiness or well-being (euphoria), reduced inhibitions, a heightened or altered sense of sight, sound and taste, amphetamine-like effects (with ketamine and ecstasy), decreased coordination, poor judgment, memory problems or loss of memory, Increased or decreased heart rate and blood pressure, drowsiness and loss of consciousness (with GHB and rohypnol) are the major signs of club drug use and dependence.

GHB and rohypnol are particularly dangerous. At high doses, they can cause seizures, coma and death. The danger increases when these drugs are taken with alcohol.

One particular danger of club drugs is that the liquid, pill or powder forms of these drugs available on the street often contain unknown substances that can be harmful, including other illegally manufactured or pharmaceutical drugs.

Ecstasy

It is a psychoactive stimulant, containing a range of substances similar in effect usually made in illegal laboratories. The drug is usually distributed as a tablet; it can also be a powder or capsule. Tablets can have many different shapes and sizes. Tablets or pills that are sold as "ecstasy" may contain other potentially dangerous substances which can vary widely in strength and effects. It is usually swallowed but can also be snorted or injected.

Signs and symptoms of Ecstasy use:

Ecstasy can heighten users' empathy levels and induce a feeling of closeness to people around them. It can also make users feel more sociable and energetic.

Short term use: ecstasy can make the body ignore distress signals such as dehydration, dizziness and exhaustion and it can interfere with the body's ability to regulate temperature, severe damage to liver and kidneys, convulsions and heart failure. Large doses cause restlessness, anxiety and severe hallucinations.

Effects of Chronic use: Long-term ecstasy use can damage certain parts of the brain, resulting in serious depression and memory loss.

Inhalants

Glue, shoe polish, spray paints, gasoline are some of the common misused inhalants. They depress the central nerve system resulting slurring of speech, euphoria, dizziness, vomiting, imbalance while walking etc.

Continuous usage of such inhalants will damage kidney and liver and also cause hearing loss, brain damage and many other side effects.

Misuse of Prescription Drugs

Pain killers, sedatives, stimulant drugs, tranquilizers, anti-anxiety drugs are some of the prescription drugs that are misused. When these drugs are used in excess, addiction occurs.



DRUG ABUSE IN CHILDREN AND ADOLESCENTS

PROBLEM STATEMENT

Worldwide, millions of children are on the verge of using alcohol and drugs. The damage to the physical, psychological, moral and intellectual growth of the youth by way of drug abuse is very high and hence it is one of the major areas of concern in adolescent and young people's behavior. The earlier a child begins the drug use, the more likely addiction will occur. The adolescent drug users seldom report to treatment centers making the prevention and treatment more complex. When a parent or other family member is a user of addictive drug, alcohol or tobacco, the chance of their children to get addicted to the same is very high. Children of parents who smoke (cigarettes) are 60% more likely to smoke marijuana. Genetic, behavioral, psychological, social, environmental factors may also play a role.

In United States, approximately three-fourths of all deaths among aged 10--24 years resulting from motor-vehicle crashes, other unintentional injuries, homicide, and suicide are reported to be due to alcohol and illicit drug use. It is estimated that in India, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the gateway drugs. However, there is a wide regional variation across states ranging from 35% in Uttar Pradesh and Haryana to as high as 60% in West Bengal and Andhra Pradesh. The common drugs of abuse amongst children and adolescents in India are tobacco and alcohol. Apart from the use of illicit drugs like cannabis and heroin, a high prevalence of intravenous drug use among street children and working children is also found.

RISK FACTORS

Community risk factors

Poverty, transition and mobility, low neighborhood attachment, community disorganization, accepted criminal behavior, easy availability of drugs.

School risk factors

Academic failure, anti-social behavior allowed/tolerated, low commitment to the school, a negative school climate, teacher apathy/burnout, low PTA attendance, no interest in extracurricular events.

Family risk factors

A family history of alcohol, tobacco & other drug (ATOD) use, parental attitudes supporting use, family conflict, significant family transitions, marital discord, poor parenting practices, parents not involved in child's education.

Individual risk factors

- Genetic predisposition to Alcohol, Tobacco and Other Drugs (ATOD) use, decreased perception of risk, increased levels of hostility
- Early aggressive behavior, delinquent friends / gang involvement, psychological or physical problems, poor life skills; communication- decision making, negative personal experiences: grief, etc. Poor academic performance

As the prefrontal cortex, the adult mature decision making area is one of the last areas of the brain to mature during development, adolescent brain tend to use emotional areas of the brain in making decisions. For example, brain activity, seen with functional MRI, shows that when judging emotion represented on a face, a teenager's amygdala (right) is activated, reflecting more of an emotional reaction than a reasoned one, while the adult's (left) brain is activated in an area of the prefrontal cortex involved more in reasoning and reflection. So children are more prone to substance abuse.



How to recognize drug abuse in children?

It is often difficult to distinguish normal teenage moodiness from signs of drug use in an adolescent. However, the following indications points to substance abuse:

- **Problems at school:** Frequently missing classes or missing school, a sudden disinterest in school or school activities, or a drop in grades.
- **Physical illness:** Lack of energy and motivation.
- **Neglected appearance:** A lack of interest in clothing may be a warning sign.
- **Changes in behavior:** Exaggerated efforts to bar family members from entering rooms or knowing where they go with their friends, drastic changes in behavior and in relationships with family and friends.
- **Spending money:** Sudden requests for money without a reasonable explanation for its use, stealing money or taking things from house to find money for a drug habit.

Prevention of drug abuse in children

Addiction is a developmental disease that usually begins in adolescence. Parental power is the most effective way to discourage teen drug use. Children of parents who talk to them regularly about the dangers of drug use are less likely to ever use drugs. The following steps help to prevent drug abuse:

- **Communicate.** Talk to your children about the risks of drug use and abuse.
- **Talk honestly and openly about all kinds of tobacco, drugs and alcohol as well as other things kids may do try to get "high".** Explain the dangers and consequences of tobacco, drug, or alcohol use. Tell the child how the body gets addicted to nicotine and other drugs. Explain withdrawal symptoms that happen when a person tries to quit. Tell the child it may take only one cigarette to start a dependence on tobacco. Talk about the legal problems that can result from using drugs or alcohol.
- **Listen.** Be a good listener when the children talk about peer pressure and be supportive of their efforts to resist it.
- **Set a good example.** Don't abuse alcohol or addictive drugs. Children of parents who abuse drugs are at greater risk of drug addiction.
- **Strengthen the bond.** Work on your relationship with the children. A strong, stable bond between the parent and child will reduce your child's risk of using or abusing drugs.
- **Spend time with your child.** The parents who find time to take part in the life of the child, try to know their routines, express due care and concern in the child's day today activities can easily recognize when he or she may get in situations involving drugs or alcohol.
- **Involve the child in family, religious and community activities.** Help the child get involved in sports, clubs, hobbies, and other activities. These activities can help teach kids that they can have fun without drugs and alcohol. The more activities the child is involved in, the less their chance of becoming drug or alcohol users.
- **Encourage them to get a job... volunteer, etc.**



Al Huda School, Riyadh



Himayathul Islam higher secondary school, Kozhikkode, Kerala

RISA ACTIVITIES



CHAPTER 6

TREATMENT

Drug users usually deny their problems and never seek their own. In many cases, it needs the initiative from a friend or family member to take steps to organize an intervention. A planned intervention in drug addiction includes:

1. Inpatient or outpatient treatment programs

Educational and therapy sessions focused on getting sober and preventing relapse.

2. Counseling programs

Individual or family counseling with a psychologist, psychiatrist or addiction counselor to resist the temptation to resume using addictive drugs.

3. Link with the self-help groups

people addicted to alcohol and drugs can seek the help of Alcoholics Anonymous, Narcotics Anonymous etc. to resist using the addictive drug again.

De-addiction treatment

Withdrawal therapy (detoxification) is a gradual reduction of the dose of the drug or temporarily substituting other substances of less severe side effects done either by outpatient basis or by hospitalization. The goal of withdrawal therapy is to stop taking the addictive drug as quickly and safely as possible.

Treatment using specific medications such as methadone and anti-opioids for opium addiction, nicotine patches, gum or nasal spray for cigarettes addiction etc.

Sudden quitting of addictive drug can lead to sweating, shivering, body pain, red-eye and high temperature. In addition, the addict will be so irritated that he may lose his life or hurt others around him. It also could cause seizures and psychological and physical instability; driving the addict to search and fight for drugs. The symptoms of low quantity of drugs in blood cannot be tolerated if it's not under specialized medical supervision.

Social and Psychological Treatment

1. Cognitive behavioral therapy

This is aimed to teach the methods and strategies to deal with and overcome longing for drugs, to plan to deal with future threats, for decision-making skills and drug or alcohol refusal skills and to capture ways to avoid and prevent relapse.

2. Strategies to increase motivation and enthusiasm to change

- Helping addicts to increase motivation to accept the idea of treatment and continuing it.
- Respecting, supporting, protecting and displaying empathy to patients.
- Giving advice in appropriate times.
- Removing barriers that keep him from engaging in treatment.
- Reducing addicts' desire for drugs through illustrating the benefits and the costs of change.
- Assisting in developing clear and reasonable objectives.



3. Group therapy

A self-help support group that relies on a twelve step program, formed to share experience with each other.

4. Social therapy

It aims to deal with any family or social problems that may contribute in returning to drug abuse.

Prevention of relapse

A person once addicted to a drug is at a high risk of falling back into a pattern of addiction. The following measures help to avoid such a fall back (relapse).

- **Avoid high-risk situations:** Stay away from the old drug crowd as well as from the neighborhood where one used to get the drugs.
- **Get help immediately if one use the drug again:** In case of relapse, talk to the doctor, mental health provider or someone else who can help right away.
- **Stick with the treatment plan:** do not stop seeing the psychotherapist, attending to the support group meetings or taking prescribed medication unless one is advised to do so. The chances of a person staying drug-free are much higher if he or she continues treatment after recovery.

RISA ACTIVITIES



Just say
NO!



CHAPTER 6

PREVENTION

Prevention of drug abuse is a process to prevent the onset of substance use or limit the development of problems associated with using addictive substances. Early use of drugs increases a person's chances of addiction and the risk increases greatly during times of transition. If we can prevent young people experimenting with drugs, we can prevent drug addiction. Proper social upbringing, good family atmosphere and sound educational climate, provide specialized educational programs that outlines the risk and consequences of substance use, pay attention to the religious aspect, monitor behavior and delinquency in children and teenagers, promote sports activities, satisfy the needs of youth, produce programs/publish articles highlighting various aspects of drug addiction through print and visual media etc. are main preventive measures.

PREVENTION OF SUBSTANCE ABUSE IN TEENAGERS

Prevention is best aimed at teenagers and young adults aged 18 - 24 who are at very high risk for substance experimentation. Preventive measures for childhood drug abuse are discussed in the earlier chapter. The following are some **tips to prevent drug abuse in youth**:

1. **Don't Be Afraid to Say No:** If someone is pressuring you to do something that's not right for you, you have the right to say no, the right not to give a reason why, and the right to just walk away. Don't let someone else make decisions for you.
2. **Avoid Negative Peer Pressure:** find good friends and avoid bad companion-ship.
3. **Make Connections With Your Parents or Other Adults** whom you can rely on.
4. **Get involved** in community activities such as music, sports, arts or a part-time job.
5. **Follow the Family Rules** and keep yourself away from Alcohol and Drugs.
6. **Get Educated about Alcohol and Drugs:** do not rely on the myths and misconceptions. Get educated about the dangers of drug abuse and share what you have learned with your friends and your family.
7. **Be a role model and set a positive example:** what you do is more important than what you say!
8. **Plan Ahead:** when you make plans for a party or going out with friends, you need to plan to protect yourself being a victim of someone else's alcohol or drug use.
9. **Speak Out/Speak Up/Take Control:** Take responsibility of your own health, safety and life. Speak up about what alcohol and drugs are doing to your friends, your community and encourage others to do the same.
10. **Get Help:** If you or someone you know is in trouble with alcohol or drugs, get help without delay.

Drug addiction is a chronic illness with relapse rates similar to those of hypertension, diabetes and asthma. So, full recovery is a challenge but it is possible!



PREVENTION OF SUBSTANCE ABUSE IN ADULTS

In older people, body reacts different to alcohol and medications. Incorrect use of medications, drinking too much or mixing medications with alcohol can result in physical and mental problems that are not related to the illness or the normal aging process. Prescription drug abuse or illicit drug abuse can have serious consequences particularly in older adults.

Prescription drug abuse

When a person is advised an additive prescription drug, he/she may strictly adhere to the directions of the physician and avoid more than and longer than what has been advised. If one has a substance problem, inform his/her doctor so that the doctor can help to find the right treatment to prevent the development of more serious problems including addiction. The medications should be only for its prescribed purpose. No one should use other peoples prescription medications or share his/her own medication to others.

Illicit drug use

A better understanding of the factors that promote illicit drug use is mandatory for an effective prevention. Exposure to drugs of abuse when youth, living in a community where drug use is prevalent, having untreated mental disorders like depression or dealing with difficult transition periods such as retirement or loss of spouse etc. can make an older adult more vulnerable to drug abuse.

WARNING SIGNS OF ALCOHOL OR MEDICATION - RELATED PROBLEMS

- **Anxiousness or irritability/ difficulty in concentrating/decision making/ memory loss.**
- **Lack of interest in usual activities/mood swings/ sadness or depression/suicidal thoughts.**
- **Poor hygiene/poor nutrition/falls/bruises/burns.**
- **Headache/dizziness/chronic pain/ incontinence (can't control urinating, wetting the bed).**
- **Out of touch with family and friends/ problems with money or the police.**
- **Strange response to medications.**

An adult drug addict tend to recover even better than the younger adults and will have better physical and mental health and less illness and debility after dealing with alcohol and misuse problems. In most of the cases the primary care doctor can help to avoid or find the kind of help need to fix such problems. Family members, friends and pharmacists etc. can play a key role.

RISA ACTIVITIES



Medical camp, alMedina
Hypermarket, Riyadh



Diabetic-hypertension screening at SMS Blood
donation camp, Shifa area, Riyadh



CPR training cum RISA awareness-
International Indian School, Riyadh

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