

9

The person with problems due to habits[†]

9.1 The person who drinks too much alcohol

Alcoholic drinks are used in many cultures around the world. Some alcoholic drinks are 'international', such as beer and whisky. Other alcoholic drinks are unique to the local culture, such as *chibuku* in Zimbabwe, *tella* in Ethiopia and *feni* in Goa (India). In some places, people brew alcohol at home. Illegally brewed alcohol can contain dangerous chemicals which can cause death. Most people who drink alcohol do so once in a while, in the company of friends.

Some people drink more regularly but never drink more than a moderate amount every day. There are some people who drink too much. This is when you need to become concerned.



9.1.1 What is problem drinking?

Problem drinking begins with a level of drinking that puts the drinker at risk of developing health and social problems in the future. This is called **hazardous or risky drinking**.

Some people start showing signs of damage to their health or personal lives due to their drinking. This is called **harmful drinking**.

People who drink too much do not always drink every day. There is another type of drinking pattern which is also dangerous. This is drinking very heavily for a few days at a time. For example, some people only drink at weekends. However, when they drink, they can drink a large amount of alcohol. This is called **binge drinking**.

A smaller group of harmful drinkers develop a physical and psychological need to have a drink. This is called **alcohol dependence** (or addiction). If a person with dependence does not get a drink, they will start feeling physically sick (e.g. shaking of hands/body, getting drenched with sweat,

BOX 9.1 DRINKING TOO MUCH: HOW MUCH IS TOO MUCH?

Using this chart you can calculate the amount of alcohol the person is drinking. A person is drinking too much if:

- a man drinks more than three standard drinks a day (or 21 drinks a week)
- a woman drinks more than two standard drinks a day (or 14 drinks a week)
- he or she must have a drink in the morning when they wake up
- he or she has one or more health or social problems related to the drinking.

| A single standard drink.



A shot of spirits



A glass of beer



A 330 ml can of beer



A glass of wine

[†]With Abhijit Nadkarni.

nausea); this is called a withdrawal syndrome. The withdrawal reaction is temporarily relieved by drinking more alcohol, thus keeping the dependence going.

Drinking problems may not be easy to identify. Sometimes, a person may be drinking too much (Box 9.1), yet managing to live normally. The health worker must be concerned about such people as well because, sooner or later, the drinking problems will affect their health. Some drinkers say that they can 'hold their drink' very well, as if this means that they do not have a problem. In fact, when the body becomes used to the effects of alcohol, this is called tolerance. Tolerance is itself a sign of drinking too much. By the time health is affected, the problems are very serious. Thus, early detection of a drinking problem is an important part of health promotion and prevention of illness.

Box 9.2 describes situations where drinking alcohol is not recommended or should be done with great care.

BOX 9.2 WHEN ALCOHOL SHOULD NOT BE CONSUMED, OR ONLY WITH CAUTION

Situations when alcohol is prohibited by law:

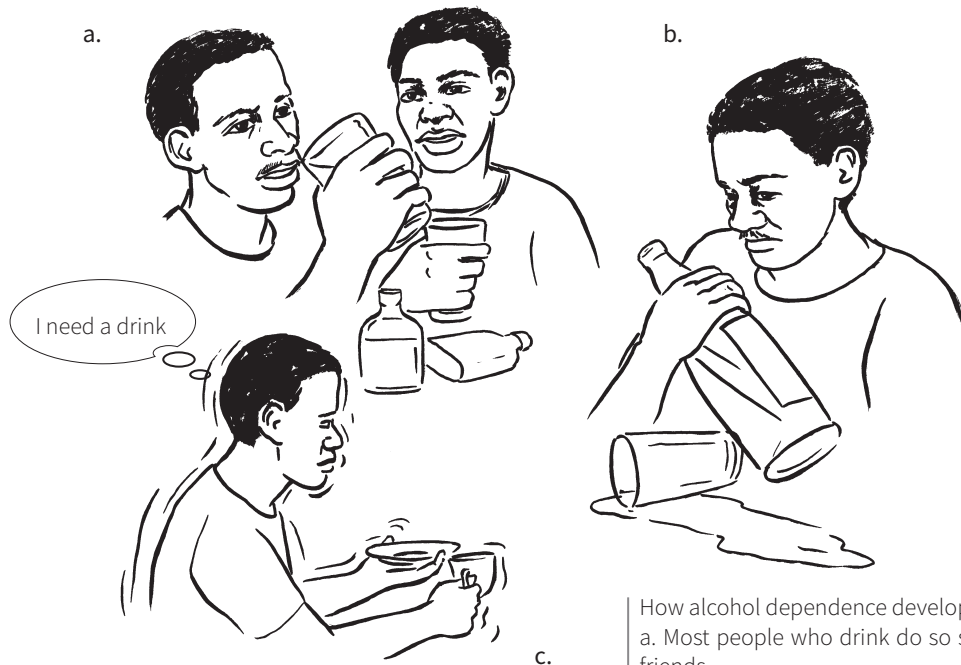
- a person who is under a specific age (which can vary from one country to another)
- while driving (in many countries, drinking beyond a legally established safe limit is prohibited).

Situations when alcohol use is not recommended:

- while working with machines or tools
- if the person has repeated seizures (i.e. not controlled by medications)
- a pregnant or breastfeeding woman.

Situations in which alcohol should ideally be stopped (or at least greatly reduced):

- while taking medications for mental health problems, diabetes or epilepsy
- if there is liver, heart or kidney disease or diabetes.



How alcohol dependence develops.

- a. Most people who drink do so socially, with their friends.
- b. But sometimes the need to drink gets stronger and the person may drink more, and drink alone.
- c. Eventually, he needs a drink even when he wakes up in the morning.

9.1.2 Why do people drink too much?

Many people try alcohol for the first time when they are adolescents or young adults. Easy availability of alcohol, seeking the pleasurable effects of alcohol, peer pressure and a way to escape from problems are common reasons to start drinking. Drinking can also start later in life, for example, in middle age, particularly at times of stress. Most people who drink alcohol do so 'safely', i.e. at a level which is not causing harm to their social lives or health.

9.1.3 What does drinking too much do to a person and the family?

First, it seriously damages health. These are some of the health problems which can result from drinking too much alcohol:

- blackouts, when a person has no memory of what happened after a bout of drinking
- withdrawal reactions, such as becoming tense and shaky, and in severe cases becoming confused and having seizures (⇨7.10)
- accidents, especially while driving or at the workplace
- ulcers in the stomach
- blood in vomit and/or stools
- jaundice
- sexual impotence (⇨8.5)
- depression and suicide (⇨7.4, 7.6)
- sleep problems (⇨8.3)
- delusions and hallucinations (⇨7.3)
- brain damage
- repeated sexually transmitted diseases and HIV/AIDS due to risk-taking behaviours
- tuberculosis
- intellectual disability in the unborn baby (in cases where women drink during pregnancy).

Social effects of problem drinking include:

- increased poverty due to reduced working ability and spending money on alcohol
- violence in the home (⇨10.2) and community (⇨13.11)

- losing one's job
- neglecting family, leading to family break-up
- legal problems.

9.1.4 When should you suspect that a person has a drinking problem?

Many people with a drinking problem do not seek help until their health is very bad. Even when they do, the drinking problem is often undetected and untreated. In many communities, there are negative attitudes towards people who drink, and thus those who have drinking problems may feel ashamed to talk about this to the health worker. The health worker may also feel that drinking is a personal responsibility and not something that the health worker should become involved with. It is important to be aware that many health problems are related to drinking and that problem drinking itself is a serious health problem. You should ask about the drinking behaviour of all people attending your clinic, especially those with:

- unexplained accidents or injuries
- burning pain in the stomach area or vomiting blood
- relationship problems with family and friends
- repeated sickness and absence from work
- mental health problems such as depression and anxiety
- sleep difficulties
- sexual difficulties, such as impotence.

9.1.5 Drinking in women

Harmful drinking is typically seen as a 'man's problem'. It is true that the majority of harmful drinkers are men. However, women can also have a problem with alcohol. In many societies, harmful drinking is becoming more common in women. Drinking can affect women in ways unique to their gender:

- women are more susceptible to the toxic effects of alcohol; this is why the 'safe' levels of drinking are lower for women (Box 9.1);
- drinking during pregnancy can lead to serious problems in the unborn child, causing

intellectual disability and birth defects; this is why drinking alcohol should be avoided during pregnancy;

- because of the shame associated with drinking, women do not discuss this with the health worker and are less likely to receive help for their problem;
- because of the gender-related stresses women face, they are vulnerable to drinking as a way of coping;
- women who have male partners who drink heavily may suffer physical and emotional violence from them.



9.1.6 How to deal with this problem

Emergency management of a person who is intoxicated with, or withdrawing from, alcohol is described elsewhere (⇨ flow chart 6.4). Here we will discuss how to help people who have a drinking problem that is not associated with an emergency.



Special interview suggestions

- Spend a little time building rapport and explain that the information the person shares is confidential. People with drinking problems are often relieved to discuss their drinking, if they feel they can trust the health worker.
- Do not take a moral view on drinking. Even if you feel that drinking is bad, your aim is to help the person.
- Always try to engage with a family member (usually a spouse) after the initial interview with the person. The spouse can provide a more accurate picture of the problem, may play an important part in the person's recovery, and may themselves need mental health care owing to the stress of living with a person who has alcohol problems.

Questions to ask the person



- Have you been drinking alcohol recently? (*If yes, ask the CAGE questions*):
 - Have you ever felt you should **C**ut down on your drinking?
 - Have people ever **A**nnoyed you by criticising your drinking?
 - Have you ever felt bad or **G**uilty about your drinking?
 - Have you ever had a drink first thing in the morning (an '**E**ye-opener') to steady your nerves or to get rid of a hangover?

If the person says 'yes' to two or more of these questions then you should suspect a drinking problem and ask more detailed questions on drinking behaviour.

- What type of alcohol do you drink (e.g. whisky, beer)?
- How much do you drink every day? *If only on a few days a week, ask: How many days a week? How much on those days?*
- How is drinking affecting your health? (*This will help make the person realise how the drinking is damaging their health.*)
- Have you tried to stop your drinking? What happened to your effort?

Things to look for during the interview



- Does the person look tense, nervous or fidgety? (*Can be signs of alcohol withdrawal.*)
- Breath smelling of alcohol.
- Bruises, scars or other signs of injuries.
- Signs of liver disease, such as jaundice.

Questions to ask the family or friends



- Has the person been drinking alcohol recently?
- Are you worried about their drinking? Why?
- Has the person been drinking in the mornings?

A 'yes' answer to the first question and any of the others suggests the person may have an alcohol problem.

What to do for the person with an alcohol problem

Most often, health workers only treat the physical illnesses associated with problem drinking. Unless you treat the drinking problem itself, the person will never fully recover. There are three stages to helping a person overcome a drink problem.

Stage I: Accept that there is a drink problem

This is an essential first step. Often, the person with an alcohol problem only comes to the clinic because of family pressure. The person may deny they have a problem. It is important not to get angry with the person. Instead, talk about other issues (such as work and health) and try to get the person to make the links between drinking and its effects on their life. You can facilitate the process as follows: using the details of the person's drinking that you have obtained earlier, you can now give them personalised feedback about how and why the drinking may be harmful and how it may be related to any problems or issues that the person may have told you about during the assessment. Any feedback about the effects of drinking should be given to the person only if it applies to

BOX 9.3 'CONTROLLED' DRINKING

If a person chooses controlled drinking, then there are some tips you can suggest to control the amount of drink used every day:

- keep a track of how much you drink (e.g. by recording in a diary)
- keep at least 2 or 3 days in a week when you do not have any alcoholic drinks
- alternate your alcoholic drinks with non-alcoholic drinks
- do not drink 'straight' alcohol; mix it with water or soda so one drink lasts longer
- put less alcohol into each drink (e.g. drink only single shots)
- never drink in the daytime
- make each drink last longer (e.g. an hour)
- eat before you have your first drink
- do not drink to quench thirst; use water or other non-alcoholic drinks
- reduce the time you spend in bars or with friends who drink heavily.

them (e.g. if a man has told you that he has lost many jobs then you can tell him how that is commonly seen in people who drink heavily). After the feedback you can ask the person, 'Would you like help with stopping or reducing your drinking?'

It is important to remember that even an assessment of the person's drinking and its impact followed by feedback can have a beneficial effect. This process allows the person to reflect on their drinking behaviour and start to notice its effects on their life. This can be a powerful motivation for changing drinking behaviour.

A person who is forced into treatment without accepting that they have a problem is less likely to give up the habit. The most effective way of increasing the desire to stop is to use the counselling strategy 'motivating for change', whose principles are summarised below (⇨ 5.17 for details):

- discuss with the person the perceived benefits and the actual/potential harm of drinking
- encourage a balanced evaluation of the positive and negative effects of alcohol, i.e. challenge overstated benefits and understated negative effects
- avoid arguing with the person; if they resist, then phrase in a different way or change the topic
- encourage the person to decide for themselves what they want to do about their drinking
- if the person is still not ready to stop or reduce alcohol use, then ask them to come back any-time to discuss further.

Stage II: Reduce or stop drinking

Should the person completely stop drinking (abstinence) or simply reduce to the 'healthy' limit (controlled drinking; Box 9.3)? There is no simple answer to this. You will need to consider the health and social situation and the history of drinking before you and the person agree on a goal.

In these situations, abstinence is the preferred goal:

- if the drinking has caused serious health problems (e.g. repeated attacks of jaundice)
- if the drinking has caused serious problems at work or at home (e.g. violence)
- if the person has tried controlled drinking before but has not been successful.

BOX 9.4 HOME DETOXIFICATION

A potentially uncomplicated alcohol withdrawal can be safely managed at home if a family member is willing to stay with the person for the duration of the detoxification. However, home detoxification is not suitable for someone who has experienced seizures or severe confusion during a detoxification in the past and/or has existing physical health problems (e.g. epilepsy, uncontrolled hypertension) or mental health problems (e.g. hallucinations, suicidality).

If the person is suitable for home detoxification, they can be prescribed the chlorthalidone regimen described in Box 9.5. It is important to inform them that drinking alcohol while undergoing detoxification with a benzodiazepine can lead to severe problems with breathing and is potentially fatal. They will have to be monitored daily during the first few days through the course of the detoxification, either at home or through visits to the clinic. While detoxification is in progress, monitor the following every day: sleep, nausea/vomiting, tremors, anxiety, agitation, uncontrollable sweats, orientation, hallucinations, headache, pulse rate, blood pressure, temperature, ataxia (poor coordination and unsteadiness), and dehydration. If these do not improve with time, or worsen, then refer to the hospital.

Abstinence as a goal is easier to monitor and less likely to lead to a relapse (becoming dependent on alcohol again). Whatever the chosen goal, the person must agree to it. Thus, the goal is the person's choice, and it will need regular monitoring in the months ahead.

If the person is a heavy drinker and is showing signs of dependence, then suddenly stopping drinking may lead to withdrawal symptoms (Box 9.5). Advise the person on these risks and how to deal with these symptoms. If a person has tried to stop and developed severe reactions then it is better to refer them to a hospital where the withdrawal reaction can be monitored more closely.

Stage III: Staying sober

This is usually the most difficult phase of treatment, because it lasts the rest of the person's lifetime.

There are many suggestions you can make to help the person stay sober.

- Alcoholics Anonymous (AA) is a worldwide network of people who have become sober and who help each other stay sober. Anyone who has a desire to stop drinking can join. AA works through sharing personal experiences and giving support at regular meetings. As a health worker, you must keep relevant information on the local AA or other alcohol support groups (⇨ Chapter 15).
- People with a drinking problem often use alcohol as a way of coping with difficult life situations. Teach problem-solving strategies (⇨ 5.11) as a healthier way of coping. Widening the social support circle, for example, through religious groups, friends at work or neighbours who are non-drinkers, can be a source of support in difficult times. Relationship problems are often linked to drinking behaviour; give advice on improving relationships (⇨ 5.15).
- Advise the person to find alternative activities for leisure and relaxation. Prepare them on how to deal with difficult moments when they feel like having a drink (Box 9.6).

Skills needed to stay sober or to control drinking

Sometimes people might face specific difficulties in staying sober or in sticking to their controlled drinking plan. We need to help the person to identify these difficulties and together come up with strategies to overcome them. Some common difficulties and the skills that will help overcome them are as follows.

Drink refusal skills

The person will need drink refusal skills in any situation where they are offered alcohol. For example, if offered a drink, they could say:

- 'No, I am recovering from a drinking problem, so I am not drinking any more'
- 'The doctor has told me not to drink as I have health problems'



BOX 9.5 ALCOHOL WITHDRAWAL AND ITS TREATMENT

Alcohol withdrawal occurs when a person who is physically dependent on alcohol suddenly stops drinking. It usually begins within 24 h of stopping drinking and lasts between 4 and 10 days. The worst period is usually the first 2 to 3 days. The more they have been drinking, the worse are the symptoms.

The common warning symptoms that a withdrawal reaction has started are:

- tremor
- shakiness
- poor sleep
- nausea
- anxiety
- irritability
- fever
- restlessness.



As the symptoms worsen, the person may become confused, hallucinate and have seizures. Treatment in the general health care setting should include:

- Education about the relationship between the symptoms and the withdrawal from alcohol.
- Full physical examination: if the person has a fever, seizures, cannot drink fluids, is dehydrated, has a physical disease, or is hallucinating or confused, refer them to hospital.

- Thiamine is a type of vitamin. Give 100 mg i.m. injection and prescribe 1 week's supply of thiamine tablets (50 mg daily), multivitamins and folic acid (1 mg daily).
- A 4- to 6-day supply of chlordiazepoxide to be taken as follows:
 - day 1: 25 mg four times a day
 - day 2: 25 mg three times a day
 - day 3: 25 mg twice a day
 - days 4 & 5: 25 mg at night
 - days 6 & 7: 12.5 mg at night.
- Alternatively, you can use diazepam, in the same way, starting from a dose of 5 mg four times a day.
- Prescribe the following medications as needed:
 - paracetamol 500 mg to 1 g (max. 4 g daily) for headache/body aches
 - omeprazole 20 mg in the morning for gastric acidity
 - domperidone 10 mg 3–4 times daily for nausea and vomiting.

i.m., intramuscular.



a.



b.



c.

Abstinence is the goal:

- a. when the drinking has caused serious health problems, e.g. repeated attacks of jaundice;
- b. when the drinking has caused serious problems at work or at home, e.g. violence;
- c. when the person has tried controlled drinking before but has not been successful.

- ‘I wouldn’t mind having a fruit juice/cold drink or coffee instead’ or
- ‘I have problems with drinking, so it will be really helpful if you don’t make such offers to me in the future’.

If the person’s companion still keeps insisting on them having a drink, it is useful to change the topic. If even after changing the topic the companion still keeps insisting on the person having a drink, the person may need to leave their company. It is important for the person to maintain eye contact with the companion who offers them the drink when saying ‘no’ and speak firmly and convincingly.

Handling drinking urges or ‘craving’

Drinking urges are thoughts or feelings that push the person to want to drink alcohol. They may keep returning to the person’s mind for quite a long time after they have stopped drinking. Some strategies that a person can use to deal with urges are:

- realise that the urge is time limited and wait for it to pass away as it eventually does

BOX 9.6 DEALING WITH DIFFICULT TIMES WITHOUT DRINKING

There are moments when it is especially difficult to stay sober. We suggest some strategies you could try to deal with such times.

- *If you drink mainly at night:* try to keep yourself busy, go to places you cannot drink, such as a temple.
- *If you have the habit of going to drink with fellow workers after the day is over:* try to organise a different social activity, such as going to see a film or some sporting activity.
- *If you drink heavily only with certain friends:* avoid these friends.
- *If you drink when alone:* reduce the amount of time you spend alone – you can join a support group (AA) or increase the time you spend with your family.
- *If you drink when you are under stress:* learn ways of coping with stress and solving your problems rather than blanking them out with alcohol.

- going to a ‘safe’ place where alcohol is not easily accessible (e.g. library, church)
- getting involved in non-drinking activities
- talking about the urge to drink with a friend or a family member, as it helps to distract oneself from the urge to drink and also to get some help and support
- use of non-alcoholic substitutes
- reminding oneself about the bad impact of drinking every time there is an urge
- many people have an urge to drink when they face problems in their lives; teach problem-solving skills (⇨ 5.11) to help the person address these problems rather than resorting to drinking, which can only make the problems worse
- finally, note that some problem drinkers can become depressed or anxious. Treat them as you would any other person with these mental health problems (⇨ 7.4, 8.2). However, it is equally important to help the person to manage problem drinking, as the depression/anxiety might not resolve when there is continued heavy drinking.

When to use medications

There are two situations in which you could use medications. The first is to control withdrawal symptoms by using chlordiazepoxide or diazepam. The second is to help the person stay sober. Medications such as disulfiram cause a strong reaction if a person drinks, and the fear of this reaction helps in keeping the person sober. Other medications such as acamprosate and naltrexone help reduce the urge to drink alcohol. These medications should only be used by a mental health specialist (⇨ Table 14.6).

When to refer

- For serious medical problems (e.g. vomiting blood, jaundice and serious accidents).
- For severe withdrawal reactions.
- When there is also a severe mental disorder (e.g. psychosis).



9.1.7 Living with a person who has a drinking problem

Problem drinking affects all members of the family. They experience significant levels of stress and are at high risk of harmful effects on their mental and physical health. This might manifest as excessive worry, lack of sleep, difficulty concentrating, etc. Family members might cope by standing up to the drinker, putting up with them or withdrawing from the drinker and gaining independence.



Family members often feel confused, are unsure of how to deal with the person and feel isolated. An important contributor to stress for most family members is their lack of knowledge about alcohol. You may help by providing information about the alcoholic beverages that the person might be consuming, safe and unsafe patterns of drinking, and issues related to dependence. Explore existing support and help the family member build a stronger support system and improve joint problem-solving in the family.

Some relatives blame themselves; reassure them that they are not responsible for the drink problem. Support groups for relatives (e.g. Al Anon) are available in some places. The family could be encouraged to unite around this cause and encourage the person to seek help.

SECTION 9.1 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH SOMEONE WITH AN ALCOHOL PROBLEM

- Ask all people, especially those with health problems commonly associated with drinking alcohol, about their drinking habits.
- Harmful or problem drinking is when a person drinks alcohol at levels which are causing physical, mental or social problems.
- Most problem drinkers come to health workers with physical problems (such as stomach ulcers) rather than the drinking itself.
- Counselling about stopping or controlling the drinking habit, treatment for withdrawal symptoms, referral to Alcoholics Anonymous and support to the family are the main management approaches.

9.2 The person who is abusing drugs

Drug abuse is when a person uses a drug repeatedly without any medical reason and this use affects their health and social functioning in a negative way. As with alcohol, repeated use of drugs which are addictive can cause dependence that makes the person feel a strong desire to continue taking the drug, even though it may be causing them harm. When an addicted person tries to stop the drug, they feel ill (withdrawal syndrome). There are many types of drugs which are abused. Of these, alcohol, tobacco and sleeping pills are described elsewhere in the manual.

9.2.1 Does everyone who takes a drug have a drug problem?

No. There are different ways in which a person could use drugs.

- Trying once or twice is very common. It is typically seen in young people.
- Casual use is the next most common type of drug use. This is especially true of drugs such as cannabis (Box 9.7). Most people who use this drug do so only occasionally and their daily lives or health are not affected.
- Traditional use: this is the use of specific drugs, as accepted by the local culture, on specific occasions (Box 9.8).

BOX 9.7 CANNABIS: A DRUG OF ABUSE OR A DRUG FOR RECREATION?

Cannabis or marijuana is smoked or eaten by communities around the world. It has many names depending on where you live; for example, it is called *mbanje* in Zimbabwe, grass in the USA and *charas* in India. It is the most common illegal drug used today, but its use is now being legalised in many parts of the world (in countries including Uruguay or in some states of the USA). There are also some specific circumstances in which cannabis may be used as a medication, for example, to help reduce the nausea associated with chemotherapy for cancer.

The majority of cannabis users cannot be considered as abusers, because the drug use is casual and controlled. However, cannabis may affect the person's health. This can happen in two ways:

- because cannabis is usually smoked, it can damage the breathing passages and lungs
- people with severe mental disorders (psychoses) can become more unwell when they take cannabis; indeed, some very strong varieties of cannabis (typically the marijuana grown artificially) can cause brain damage and trigger psychoses in vulnerable youth.

Always make an effort to dissuade the person from smoking (as you should for anyone smoking cigarettes), especially if they suffer from a severe mental disorder. However, be sure to explain to a concerned friend or relative the difference between cannabis and other, more serious, drugs.

- **Harmful use:** when the way the drug is used (e.g. smoked or injected) or the effects of the drug (e.g. hallucinations) can be harmful.
- **Dependence:** this is the least common type of drug use, but is the type health workers should be most concerned about.

9.2.2 What drugs are abused?

- **Drugs that depress the brain:** these include opium and heroin. In small doses, these drugs make a person feel relaxed. In larger amounts, they make the person drowsy and unconscious (☞ flow chart 6.5). The withdrawal reaction is

BOX 9.8 TRADITIONAL DRUGS

In many communities, the use of drugs is allowed for certain occasions. Examples include cannabis in some festivals in India and Africa, and mescaline and *peyote* in Latin America. Some drugs, such as the *khat* leaf chewed by people in parts of East Africa, are used as part of social interaction in everyday life. A common feature of these drugs is that they are all derived from plants and are used strictly for the traditional ceremony or ritual. While most people who use the drugs in this manner will have no ill effects, some may abuse the drugs as well. As societies change, the use of these drugs outside their traditional context is becoming more common; this may also lead to problems.



severe, with the person feeling a strong urge to take the drug, fever, restlessness, confusion, nausea, diarrhoea, anxiety and convulsions (☞ flow chart 6.8).

- **Drugs which stimulate the brain:** these include cocaine, methamphetamine (also known as crystal meth), *khat* and pills such as ecstasy and 'speed' (amphetamine). In small doses, these drugs make the person feel alert and awake. In larger doses, the person feels tense, panicky and restless. They may have difficulty controlling their thoughts and may hallucinate and become suspicious and confused (☞ flow chart 6.6). The withdrawal reaction is typically associated with hunger, fatigue and sometimes low mood; it is usually mild.
- **Drugs which make the person hallucinate:** many depressant and stimulant drugs can make a person hallucinate. Some drugs, such

BOX 9.9 DRUG ABUSE AND LIFE-THREATENING INFECTIONS

- Drugs like heroin and cocaine are sometimes injected into the body. Because people who inject drugs may share needles and syringes, and because drug users are more likely to engage in unsafe sex, they are at risk of HIV infection. Another serious disease which is associated with the same routes of infection as HIV is hepatitis (types B and C).
- Health workers must educate the person about the risks of these serious infections. If the person is unwilling to consider stopping drug use, your goal is to try to get them to switch from injecting drugs to some other route of taking drugs which is less dangerous, such as swallowing pills. Substituting heroin injections with buprenorphine tablets or methadone syrup is a good example of such a switch, which is best done under supervision of mental health specialists (☞ Table 14.6). If the person is unable or unwilling to do this, then urge them never to share needles and syringes. Recommend using disposable syringes only. This will also reduce the risk of skin and body infections which can occur with dirty needles. Always give advice on safe sex behaviour. Suggest testing for HIV and hepatitis B after counselling. If the person is HIV positive, you will need to refer to HIV services.
- If the person does not have either infection, recommend hepatitis B vaccination.
- Finally, of course, complete stopping of the drug is the goal, although this may often not be possible at the start.

as LSD (lysergic acid diethylamide), are specifically used for this experience. LSD can have an effect that lasts more than 12 h. Some persons can become very excited, confused and suspicious when taking these drugs. There is no withdrawal state.

- **‘Party drugs’:** in recent years, certain drugs have become popular among youth who attend dance music events. They are called ‘party drugs’ and are typically produced in illegal laboratories, using a variety of chemicals.

Crystal meth and cocaine are examples of party drugs that shift the body into overdrive and make the user feel energetic and happy. Some of these drugs, such as rohypnol and ketamine, have also been called ‘date rape drugs’ because they have been used in situations of sexual assault. Because these drugs are colourless, tasteless and odourless, they can be added to drinks and used to intoxicate or sedate others without their knowledge.

- Another category of drugs, more frequently used by children living on the streets, involves inhaling solvents like glue or paint thinner; these drugs produce effects of feeling happy and stimulated, and can sometimes cause hallucinations.

It is not uncommon for people to take several drugs at the same time, for example, with tobacco, alcohol or sleeping pills. When used together, or in combination with alcohol, all of these drugs pose an even greater threat to health and safety.

9.2.3 How are drugs used?

Drugs can be used in many ways. The common ways are:

- smoking: cannabis, opium, cocaine and traditional drugs
- drinking, chewing or eating: pills, party drugs, cannabis and traditional drugs



- sniffing or snorting the drugs through the nose: cocaine and glue
- injecting: heroin and cocaine. This is the most dangerous way of taking drugs (Box 9.9).

9.2.4 What does drug abuse do to the person?

Drug abuse causes enormous damage to the person and their family.

- **Mental health problems.** Because drugs affect the brain, drug abusers can feel depressed and tense. Some drugs can make the person suspicious and confused, whereas others can precipitate a psychotic episode.
- **Physical health harm.** Problems can arise as a result of the way a drug is abused. Thus, smoking a drug can damage the breathing passages and lungs, while injecting a drug can cause infections (Box 9.9).
- **Family problems.** Drug abuse often leads to fights and problems in the family.

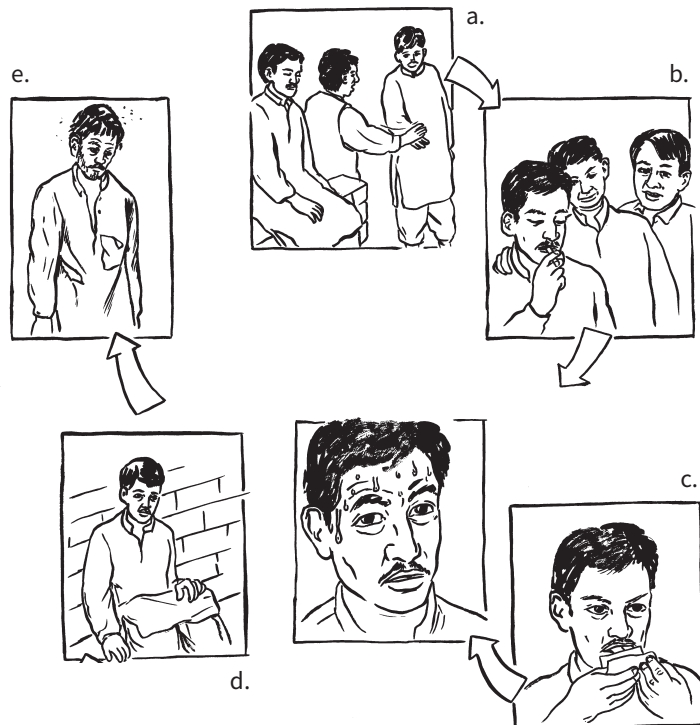
- **Accidents.** When a drug abuser is intoxicated, they may have accidents.
- **Social damage.** Drug abusers spend so much time taking drugs that they are usually not able to study, work or participate in normal everyday life.
- **Financial difficulties.** Drugs cost money. Because drug abusers have limited sources of income, the drug abuse causes poverty.
- **Legal problems.** In some cases, the drug abuser may become involved in criminal activities in order to obtain the drug. In most societies, drug abuse itself is a crime and thus the person may be imprisoned if caught using drugs.
- **Death.** Drug abuse can kill people through overdose, serious infections and accidents.

9.2.5 Why do people use drugs?

Most often, drug abuse starts in young people. One of the main reasons for starting drug use is

The vicious cycle of drug abuse.

- Drug use often begins when a person has friends who use drugs.
- He may first try drugs just as an experiment, which makes him feel 'high' or 'stoned'.
- He enjoys it and uses the drug more and more, until he reaches a stage (d) when he feels sick every time he doesn't take the drug and he must take the drug regularly (e) to avoid feeling sick.



peer pressure, which means because of friends who are also using drugs and who encourage the person to use them. Curiosity and easy availability are also important. A person may use drugs as a way of coping or dealing with stress, such as relationship conflicts and unemployment. One other reason for drug use are chronic painful conditions (as opiates are also very effective painkillers). Once the drug abuse has started, physical dependence caused by the drug is the main reason for continuing drug abuse.

9.2.6 Why do drug users seek your help?

- Because of health problems due to the drug use.
- Because they have run out of drugs and are now suffering withdrawal symptoms.
- Because they are fed up with their habit and want help to stop.
- Because their family or the police has told them to seek your help.

9.2.7 When to suspect drug abuse?

- If a young person develops problems in school or college, especially if they had no problems before.
- If a person starts neglecting their daily work or responsibilities.
- If a person drifts away from their old friends.
- If a person is repeatedly in trouble with the police.
- If a person appears confused during interview.
- If a person has mental or physical health problems which are related to drug abuse, such as repeated accidents or skin infections on the arms.
- If a family member is worried about a change in the person's behaviour.

9.2.8 How to deal with this problem

Special interview suggestions



- Interview the person in private. Many drug users are taking the drug in secret and will not want to share their habit in front of their family.
- Even if you have strong views about drug abuse, you must not let them interfere with your role as a health worker.

Questions to ask the person



- Which drugs are you using? How often do you take drugs? (*This will tell you about the type and frequency of drug abuse.*)
- How do you take the drugs? *If by injection, ask: Do you share needles? If yes, have you had an HIV test or hepatitis B test?*
- Have you tried to stop the drugs on your own? What happened? (*People who have tried to stop may be more motivated to accept your help.*)
- How is the habit affecting your health? Your family life? Your work?
- Would you like to stop using the drugs? Why now? (*Being motivated is an important sign that the person may succeed in giving up the habit.*)
- Who are the people whom you trust and who would support you now? (*They may play an important part in helping the person stay off the drug.*)

Things to look for during the interview



- Signs of poor self-care.
- Signs of injection use, such as marks or abscesses on the arms.
- Signs that the person is intoxicated, such as looking drowsy or slurred speech.
- Jaundice may be a sign of hepatitis B or C.

Questions to ask the family or friends



- Have you noticed any change in the person's behaviour or new friends? Since when?



Abscess

Hard, thrombosed veins

- Do you suspect the person is using drugs? Why?
- How do you feel about this? (*A compassionate attitude will be helpful for the drug user to stop the habit.*)



What to do immediately

The physical health of the person is an immediate concern. There are three situations where a drug user may need urgent medical help.

- Intoxication: this is when a person has used so much of the drug within a short period of time that they are very confused and may be unconscious. This is dangerous for people using heroin or opium because these drugs can suppress breathing (☞ flow charts 6.5 and 6.6).
- Severe withdrawal reactions, such as confusion and seizures (☞ flow charts 6.8 and 6.11). However, most withdrawal reactions are milder and can be helped using simple medications and reassurance.
- Serious infections or injuries.

If a person is not in need of urgent action, then the first goal of treatment is to establish a rapport so that they can trust you. Explain that the physical dependence is making them take drugs repeatedly:

- counsel them to enhance their motivation to change their drug habit (☞ 5.17)
- counsel the family; with the permission of the person, involve them in the treatment plan
- counsel injecting drug users regarding how to reduce the risk of infections (Box 9.9).

For people who are motivated to stop now

- Set a definite date for stopping.
- The person should plan to take a week off work. They should give themselves at least one week to recover from the withdrawal reaction.
- Inform close family members or friends who can help the person during the withdrawal.
- If there is a risk of a withdrawal reaction, advise the person on the symptoms and how to control them. Use diazepam or promethazine for sleep problems (remember that diazepam can also be addictive, so try promethazine first; if diazepam is needed only prescribe for 5 days), antispasmodic medications for diarrhoea and painkillers for aches and pains. In case you feel unsure about the severity of the withdrawal, it is better to arrange for the person to go to hospital.
- In some countries, medications are used to reduce the withdrawal symptoms of some drugs. The best examples are methadone and buprenorphine, which are used for opium and heroin abuse (☞ Table 14.6). However, these drugs are usually available only through special clinics and it is best to refer people to such clinics.
- Relapse is common and often occurs because the person is not able to deal with life difficulties. Once drug use is stopped, discuss ways in which the person could cope with life difficulties. Identify different things they can do to reduce the risk of taking drugs, such as:
 - giving up friends who also take drugs
 - getting back to work or school
 - learning relaxation (☞ 5.12) and problem-solving (☞ 5.11)
 - spending time on other enjoyable activities
 - enjoying the increased money the person will have

- joining community groups which help drug abusers.

For people who are not willing to stop now

- Refer them to a community group which helps drug abusers.
- Consider ways of reducing the drug abuse; for example, from smoking 0.5 g of heroin a day to 0.25 g.
- Move from more to less dangerous ways of using drugs, for example, from injecting drugs to smoking them.
- Always offer the person a chance to come back and talk to you.

For people who relapse

- Explain that this is common. Find out why they relapsed and how they may prevent this from happening in the future.
- Give credit for whatever period of time the person had managed to stay off the drugs.
- Start again as you would have the first time the person came for help.

When to refer

- If the person is abusing large amounts of drugs, such as more than 1 g of heroin a day, or
- is unable to stop the drugs despite your guidance, or
- has developed severe physical or mental health problems due to the drug abuse, or
- is injecting drugs and cannot stop this habit, or
- for methadone or buprenorphine substitution treatment for opiates, in countries where this is available.

What to do later

Giving up drugs is very hard and relapse is common, so keep in regular touch with the person. Only when the person has found new ways of dealing with stress and has become involved in new activities will the chances of relapse fall. In general, keep in touch for at least 6 months. In some countries, it is necessary for health workers to notify the legal authorities when they deal with a drug user. You will need to be aware of these rules and act appropriately.



SECTION 9.2 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH SOMEONE WHO HAS A DRUG PROBLEM

- The most common drugs which are abused are legal: tobacco and alcohol. This section is about illegal drugs such as opium, cocaine and heroin.
- Regular drug abuse can be both a social and a health problem. The most serious problems are seen in those who inject drugs.
- Most illegal drug use is a temporary behaviour in young people.
- Motivating the person to change their behaviour, treatment for withdrawal symptoms, counselling the family, regular follow-up and referral to community groups are the main treatments.

9.3 The person who can't stop using prescription medications

Sleeping pills and some types of painkillers are the most commonly misused legally obtainable medications. The most common sleeping pills are diazepam, nitrazepam, lorazepam, chlordiazepoxide and alprazolam (insert trade names in your area for these drugs into medication

tables in Chapter 14). Problematic painkillers are those that contain opioids, for example, codeine, dihydrocodeine, tramadol and pethidine. This chapter is about becoming dependent on these two types of medications. Usually they are either prescribed by health workers or bought 'over the counter' (without a prescription) from pharmacists. Health workers themselves can be tempted to misuse these medications.

9.3.1 Why do people become dependent on prescription medications?

Sleeping pills are commonly prescribed by health workers for all types of mental health problems, especially for sleep problems, anxiety and depression, and for alcohol and drug use problems. However, like some other medications, sleeping pills can produce dependence. Once this happens, a person can no longer sleep or feel relaxed unless they are regularly taking sleeping pills. Sometimes the person may take more and more pills to get the same effect. If the pills are stopped abruptly, a withdrawal reaction of anxiety, restlessness and sleep problems is experienced and this leads the person to continue taking the pills. Some people may take sleeping pills along with other drugs, typically alcohol, and the combination can cause more severe problems (e.g. drowsiness). In rare instances, the person may resort to crushing the tablets to mix the powder in water and then injecting this mixture.

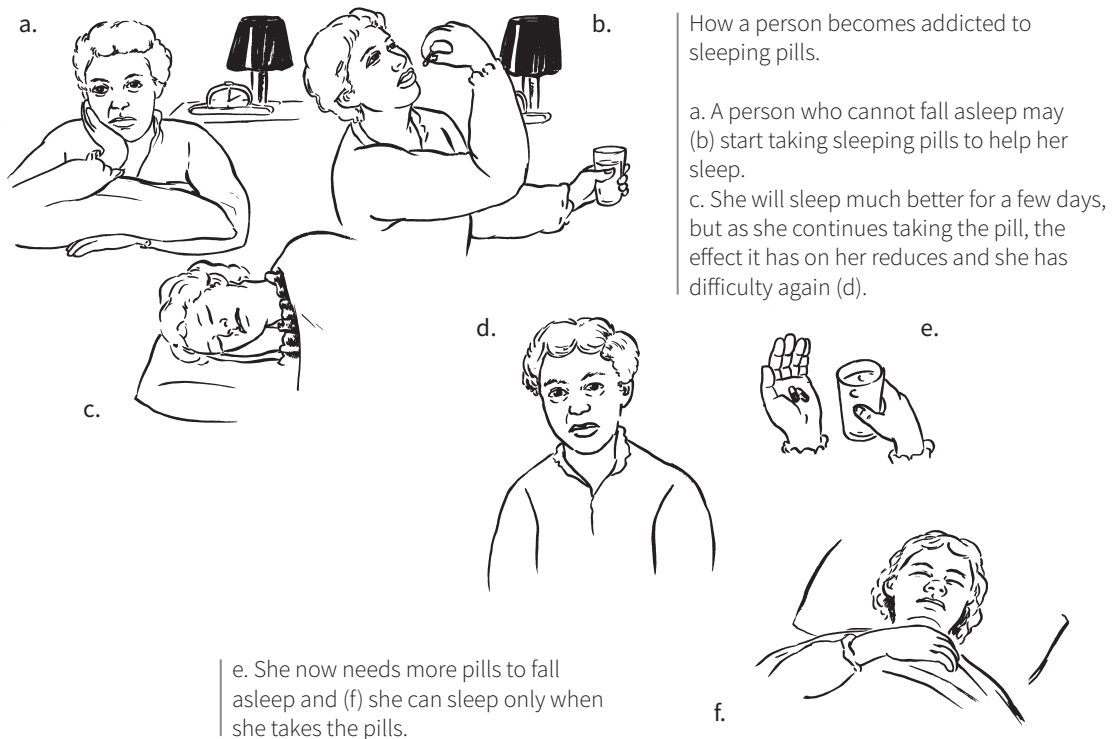
Aches and pains are common presentations in general health care settings, and they can

be caused by both physical and mental health problems (and often a combination of both). The health worker may start by prescribing simple painkillers but then step up to stronger ones, such as opioids, when the pains persist. Over time the person's body adapts to the painkillers so that they need a bigger dose to get the same effect. If they don't get the painkiller, they start to experience withdrawal – especially aches and pains – which makes them think that they need even bigger doses and stronger preparations of painkillers. A person with a severe painkiller addiction may escalate to injecting opioids (e.g. pethidine) and even start using illegal opioids (e.g. heroin).

9.3.2 When to suspect dependence?

With any person who:

- has been taking sleeping pills or an opioid painkiller for more than 4 weeks
- insists that you should prescribe these medications
- needs bigger doses or stronger types of medication because of complaints of tension, sleep problems and pain.



9.3.3 How should you deal with this problem?



Questions to ask the person

- How long have you been taking these medications? (*The longer the period, the greater the possibility of dependence.*)
- How often do you take them? (*For sleeping pills, if they are taken during the day as well, then the person is probably dependent.*)
- In a day, how many tablets do you take? (*This will give you an estimate of the total amount of the medication the person is taking each day.*)
- Do you drink alcohol? (*When sleeping pills or painkillers are taken together with alcohol, their combined sedative effects can be very strong.*)



What to do immediately

- Explain that when sleeping pills or painkillers are used for a long time, they can produce a dependence problem in the same way that alcohol can. Strongly recommend not to mix these pills with alcohol because of the dangers of causing sedation and suppression of breathing.
- Explain that many of the person's symptoms (e.g. sleep problems and pain) are actually the result of this dependence, rather than a sign that more sleeping pills are needed.
- Use motivational strategies (⇨ 5.17) to help the person decide to change their behaviour.
- For people who are injecting opioid painkillers, follow the treatment guidelines for opioid dependence (⇨ 9.2.8).
- For someone who is using tablets, once you have the person's understanding, you can start them on a gradual withdrawal programme. This means that the person reduces the medication in small steps over a period of time so that the withdrawal symptoms are reduced. Typical withdrawal symptoms are tension, worry, sleep problems and pains. Always warn the person of the chance of withdrawal symptoms so that they are prepared for them.

- The withdrawal programme can be decided as follows.
 - Find out how much of the particular sleeping pill or painkiller a person is taking each day. If the amount changes from day to day, take an average figure for the previous 3 days.
 - Reduce the medication immediately by one-quarter. For example, if a person was taking four diazepam tablets a day, reduce it to three.
 - The person should take this reduced amount for the next 3 or 4 days. After this, reduce again by one-quarter or a practical amount (e.g. one tablet again).
 - Continue in this manner over a period of about 2 weeks until the person has been taken off the pills.
 - If the person gets severe withdrawal symptoms, go back to the previous dose and wait for a week before starting the withdrawal again.
 - If the person is taking short-acting sleeping pills like alprazolam, you may substitute this with longer-acting ones like diazepam first and then gradually reduce as described above. The withdrawal symptoms will be less severe for long-acting medications.



Withdrawal from sleeping pills should be done gradually, for example, reducing by one pill, or a quarter of the daily dose, every few days.



- Some people will get their pills from other health workers (or even directly from pharmacies) if they feel you are not prescribing enough. If possible, be in touch with other local health workers and pharmacies and inform them of the need to avoid prescribing pills to such a person.

When to refer

If the person is taking large amounts of sleeping pills, if they are injecting the pills or using injectable opioid painkillers or abusing many different types of drugs.

SECTION 9.3 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH SOMEONE WHO CAN'T STOP USING PRESCRIPTION MEDICATIONS

- Prescription medications like sleeping pills and opioid painkillers are readily available and can lead to dependence problems.
- You should prescribe opioid medications only to people who need them for pain relief.
- Dependence on sleeping pills and painkillers can lead to the very complaints which the person had before starting the pills, such as sleep problems, tension and pains.
- Always try counselling for improving sleep or a sedating antihistamine for people with sleep problems.
- If using sleeping pills, do not ever use for more than 2 to 3 weeks.
- Before prescribing painkillers for aches and pains, make sure that you are not missing an emotional cause.
- Education and gradual withdrawal is the treatment for most people with this problem.

9.4 The person with tobacco dependence

The leaf of the tobacco plant has been used as a drug for centuries. It can either be chewed (such as *gutka* in India) or smoked (in the form of cigarettes).

People start using tobacco for the same reasons as they start drinking. Peer pressure in school, being influenced by advertising by cigarette companies, and a belief that smoking is fashionable are common reasons for starting smoking. Once smoking has begun, the person quickly becomes

dependent because tobacco contains nicotine, a drug which produces addiction. However, just as with other drugs, many adolescent smokers are only experimenting and will not become dependent on tobacco.

9.4.1 Why tobacco use is dangerous

Tobacco is one of the most important causes of premature death in the world. Despite the enormous health damage, tobacco companies are aggressively marketing cigarettes, especially in low- and middle-income countries. Young people are especially targeted.



a.



b.



c.

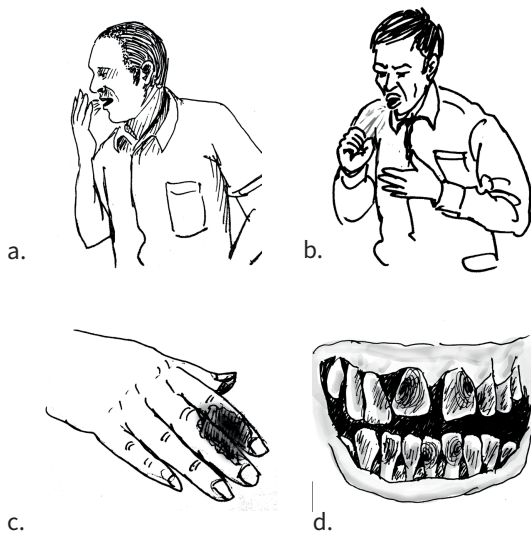
Tobacco can be used in several different ways: (a) flavoured tobacco can be smoked as shisha, (b) dried tobacco leaves can be rolled into a cigarette, and (c) tobacco leaves can be chewed.

The diseases most commonly associated with tobacco use are:

- cancers of the breathing passages and lungs
- cancers of the mouth or tongue
- heart attacks, strokes and high blood pressure
- serious lung diseases such as chronic bronchitis and emphysema.

Smoking tobacco harms others who do not smoke in these ways.

- The unborn child can be harmed when a woman smokes during pregnancy. The child may be born too early or too small.
- Passive smoking is when a non-smoker inhales the smoke created by a smoker. Passive smoking can cause the same diseases in the non-smoker as actual smoking.
- Children who live in families where smoking occurs have a higher risk of suffering breathing diseases such as asthma, and infants are more likely to die during sleep.



- Signs of tobacco use:
- a. breath smelling of tobacco
 - d. cough or other chest/cardiac complaints
 - c. yellow-stained fingers
 - b. yellow-stained teeth.

9.4.2 When to ask about tobacco use

You should ask everyone about tobacco use. This is because most tobacco-related diseases only occur after many years of use. Thus, adolescents who begin smoking regularly will only show signs of disease when they are in their 40s or 50s. By then, it is usually too late to prevent the disease. Suspect tobacco use:

- when you smell tobacco on the breath
- when you notice yellow-stained teeth or fingers
- when you notice decayed teeth or a discoloured tongue
- when you see a packet of cigarettes in the person's clothing
- whenever a person has breathing, chest or cardiac complaints.

BOX 9.10 WAYS TO CUT DOWN ON SMOKING

Here are some suggestions on how a person could cut down smoking.

- Decide to smoke only once an hour. Then start increasing this time by half an hour until it is every 2 h and so on.
- Make it hard to get a cigarette. Do not keep more than one at home at any time.
- If you always smoke with tea or coffee, try switching to some other drink.
- If you can quit even for one day, you can quit for another. Try it!
- Spend the money you save from smoking on something you like but haven't had money for in the past.
- Exercise and see how much better it feels when you are not smoking!
- If you break down and have a cigarette, it's OK! It was good that you tried and you can try again.
- Tell your friends you are going to quit.
- Talk to your doctor about the use of medications to reduce cravings for tobacco.

BOX 9.11 ELECTRONIC CIGARETTES

Electronic cigarettes (e-cigarettes) include a range of devices that can potentially be used by people wanting to stop smoking tobacco. E-cigarettes are battery-powered devices that heat a nicotine solution and transform it into a vapour which can then be inhaled. E-cigarettes may be able to reduce cravings and withdrawal associated with stopping smoking.

Although e-cigarettes appear to be much safer to the user than smoking tobacco, there are not enough reliable data to guide us about their effectiveness and safety.



9.4.3 How to deal with this problem

Questions to ask the person

- How often do you chew tobacco/smoke a cigarette? When did you start? (*This will give you an estimate of the severity of the dependence.*)
- How has the tobacco use affected your health? (*Ask specifically about breathing difficulties, repeated coughs and colds.*)
- Do you drink alcohol? (*These problems may be linked so that the person smokes while drinking. Check for signs of alcohol use problems.*)
- Would you like to stop? (*Many tobacco users would like to stop smoking and welcome any help or advice on how they can do so.*)
- Does anyone else smoke in the family? (*It is usually harder for someone to give up the habit if others in the home are also smoking. It may help to try to get all the smokers in the family to kick the habit at the same time.*)



What to do immediately

- Educate the person about the health risks of smoking or chewing tobacco.
- Use motivational strategies to support the person's desire to change (☞ 5.17).

For people willing to stop now

- Set a definite date to quit; this should be in the near future.

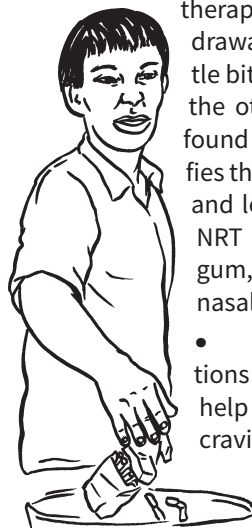
- Identify particular situations or times that a person smokes (e.g. with friends, in a bar, after a meal). Encourage them to find alternative things to do at these times (e.g. avoid the bar or friends who smoke, suck a sweet after a meal).
- Reassure the person that giving up the habit is difficult for all users but that nearly all people who want to quit can do so.

For people who relapse or who do not want to stop immediately

- Do not reject them.
- Continue to see them in the clinic to monitor their health. At each visit, discuss the smoking habit.
- Try to get the person to reduce the use, say from two packets a day to one. The positive effects on health (and saving money) this will produce may be a useful motivation for the person to give up altogether.
- If the person agrees to a reduction, help them plan how and when they will smoke (Box 9.10). If the person can reduce smoking, their confidence will improve and this will help them stop later.

For people who wish to stop but have not been able to do so on their own

- Suggest nicotine replacement therapy (NRT). NRT reduces withdrawal by giving the person a little bit of nicotine, but not any of the other dangerous chemicals found in cigarettes. This satisfies the person's nicotine craving and lessens the urge to smoke. NRT options include patches, gum, lozenges, an inhaler and nasal spray.
- Some other medications are also now available to help quit smoking and reduce cravings (e.g. bupropion and varenicline).





When to refer

If you suspect cancers or heart disease caused by tobacco. Changes in the colour of the tongue or

mouth, persistent cough for more than 1 month, chest pain and difficulty breathing in long-term smokers are all signs that a medical examination is needed.

SECTION 9.4 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH TOBACCO DEPENDENCE

- Tobacco is an extremely harmful drug.
- Tobacco users will rarely come with the habit as the main problem.
- The only way to detect the habit is by asking everyone about tobacco use.
- Motivating and educating the person are helpful strategies to stop tobacco use.

9.5 The person with a gambling habit

Gambling is when a person bets money on a game where winning is mainly based on chance. Common examples of gambling include betting money on horse races, card games, sports, lotteries and gambling machines.

9.5.1 How does gambling become a habit?

Unlike other drugs, gambling has no external 'chemical' that can help explain why a person becomes addicted. The expectation of winning seems to be a major reason why people wish to gamble, even though most gamblers lose much more than they win. They may borrow or steal money to gamble. But the cycle of loss and



Gambling is often associated with other habits, such as smoking and drinking.

gambling continues until the person is in deep financial trouble. Indeed, in these respects, the way that gambling can become an addiction has similar mechanisms to drugs. When a person falls into this cycle, it is called pathological gambling.

9.5.2 Gambling and health

Gambling can affect health in many ways:

- work is affected because a person has irregular hours and may sleep less because some gambling activities take place late at night
- because the gambler cannot think of anything other than gambling, they can become irritable, have poor concentration and become depressed
- the gambler may have financial problems and may owe money to several people
- some gamblers will get involved in theft or crime to raise money
- conflict with relatives is often the result of the gambler not giving enough time and attention to family responsibilities
- gambling, drinking alcohol and smoking often go together (e.g. gambling activities may be held in a bar).

9.5.3 When to suspect gambling is a problem

- Whenever you see any person with a drinking problem, ask about gambling.

- When a person has repeated problems with their family or with the police.
- When a person has begun to show signs of increasing poverty.
- When a person withdraws from friends.

9.5.4 How to deal with this problem



Questions to ask the person

- Have you been gambling recently? What type of gambling do you do?
- Have you lost time from work because of gambling?
- How has gambling affected your home life?
- How do you feel about your gambling? Do you feel guilty?
- How do you find the money to gamble? How much do you owe others?
- Do you drink alcohol? (*If yes, ask about problem drinking.*)
- Have you thought about stopping gambling? Would you like to do so now?



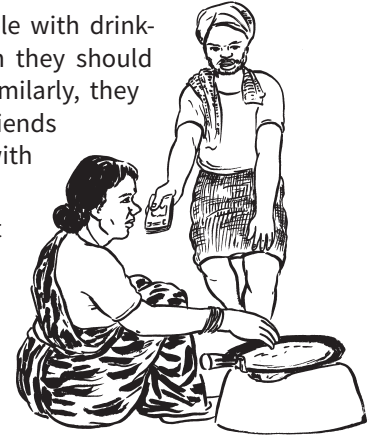
What to do immediately

- Discuss the nature of the habit. Most gamblers may not even be aware that the way gambling becomes a habit is similar to other kinds of addictions. This awareness may motivate the person to consider stopping the habit.
- Discuss the negative effects of gambling on the person's life.
- If there are any other addictions, treat accordingly.

If the person wishes to stop now

- Identify other activities the person could do instead of gambling. These activities should be enjoyable to the person so that they are able to resist the urge to gamble.
- Identify the situations which make the person want to gamble. For example, if they associate

the urge to gamble with drinking in a bar, then they should avoid that bar. Similarly, they should avoid friends they associate with gambling.



- Identify important individuals in the person's life who can understand the problem and support the person during this difficult phase.
- Identify all people the person owes money to, and help the person develop a plan aimed at repaying their debts. This will help them gain confidence that they will be able to resolve their difficulties. It will also help prevent them from gambling more in an effort to raise money to pay their debts.
- Hand over a large share of the salary to the spouse on pay-day so that the month's income is not gambled away.
- In some places there are special groups which help people with gambling problems (such as Gamblers Anonymous). Refer the person to them if they are available.

If the person relapses or does not want to stop immediately

- Do not reject them.
- Ask them to come and see you again.
- Discuss the possibility of giving up at each visit.
- Attempt a reduction in gambling activity by reducing the amount of time spent gambling or setting an upper limit on the amount of money the person will gamble in a week.

Some gamblers can become depressed or anxious. Treat as you would any other person with depression (⇨ 7.4).

