

SHEILA MARTIN

SUBSTANCE ABUSE – ALCOHOL APA PAPER, NYACK COLLEGE

GCN504: PSYCHOLOGY: OA, SPRING 2022

PROFESSOR: DR. ANNA LOCKE

FEBRUARY 21, 2022

ABSTRACT

Unfortunately, Substance Abuse have been prevalent in our society, our culture, and our streets. Substance Abuse have ruined, aborted, and prevented many goals from been attained, caused dreams to die, and derailed people from reaching their destinations.

There so many different types, and categories of Substance Abuse; for example, Cocaine, Alcohol, Marijuana, Opium, Heroin, Fentanyl, Morphine, Oxycodone, Vicoden, Methadode, and other prescription drugs.

However, I have chosen to write on Alcohol. Alcohol I believe People have taken very lightly, because it is easy to attain, it is legal, and most young people and so eager to get to the age where they can start drinking Alcohol. Young people think it is cool, and it is really not.

Alcohol is a sedative-Hypnotics (Depressants). Alcohol decreases heartrate, and blood pressure. I lower doses, it increases relaxation. High doses can induce sleep, cause motor skills disturbances, memory loss, decreased respiratory function and death.

NATURE OF DRUG, MANNER AND USE.

Alcohol is the drug of choice among youth, often with devastating consequences. Alcohol is leading contributor to injury, and death for people under age 21 years old. Drinking early in life is associated with an increased risk of developing an alcohol use disorder at some time during the life span.

Data consistently indicate that rates of drinking and alcohol related problems are highest among Whites, and American Indian or Alaskan Native youth, followed by Hispanic youth, African Americans, and Asians. Prevalence rate of drinking for boys and girls are similar in the younger age group, among older adolescents. However, more boys than girls engage in frequent and heavy drinking. Boys shows higher rate of drinking problems.

THE EFFECT ON THE USER

The use of alcohol combined with caffeine, and other stimulant hidden in beverages geared toward our children, is really serious public health concern. Recent media coverage has drawn national attention to reports of emergency rooms visit by college students in New Jersey, Pennsylvania, and Washington. As a result, some colleges and universities have banned these products from their campuses.

Recently, the U. S. Food and Drug Administration (FDA) warned four companies that the caffeine in their CAB products is unsafe and further action including the seizure of their products is possible.

According to Center for Disease Control and Prevention (CDC) energy drinks (containing caffeine and other stimulants such as guarana, taurine, ginseng and choline) are regularly consumed by 34% of 18 to 24 years old. Mixing caffeine with alcohol is popular among young people. Combining alcohol with caffeine disguises the alcohol's effects and contributes to impaired judgement.

1. As many as 26% of U.S. college students consume caffeine and alcohol together.
2. There are over 25% CAB manufacturers that sell over 40 products. Current popular products include and trademarked Joose and Four Loko.
3. The Products come in soda-like cans with graphics and messages that would appeal to young people (e.g., flashy colors, extreme sports)
4. Manufacturer may use very small print to disclose alcohol content, which can be upwards 12% of alcohol, (about twice the amount of a beer)
5. CABs come in Flavors like grape and orange, and their cost can be as little as \$2.50 per can.
6. Although students' perception to feel intoxicated may reduced by the caffeine in CAB, the drink can impair the person's judgement and reaction time related to their intoxication. This may result in students driving while intoxicated, alcohol poisoning, and, or cause serious injury to themselves or others, including sexual assault. In addition, caffeine and alcohol combination are both diuretics, and may cause dehydration.
7. According to the CDC, drinkers who consume alcohol with energy drinks are about three times more likely to binge drink than those who do not mix alcohol with energy drinks. Binge drinking is responsible for approximately 40,000 deaths annually and is common among 18- 24 years old.

8. According to the National Institute of Drug Abuse (NIDA) alcohol abuse makes prescription drug abuse more likely. Young adults are particularly vulnerable to the combined abuse of alcohol and prescription drugs. When alcohol and prescription drugs as used at the same time, severe medical problems can result (e.g., alcohol poisoning, loosing consciousness, respiratory depression, and death.).

In the mid 1903's after legalization of alcohol in the United States, societal and political views on alcohol consumption varied considerably throughout the years. After the drug-friendly culture of the 1960s and 1970s, the end of the 20th century saw increased public concern about heavy alcohol use, drug use, and underage drinking. The drinking age was increased to 21 years old again, after it was lowered to 18 years old during the Vietnam War era, and the government started increasing its effort to stop illegal alcohol and drug use. The Government was not the only one who were concern about underage drinking. Increased deaths from drunk driving were increased, along with public attention which birth Mother's Against Drunk Driving which help to promotes stricter drunk driving laws.

As the perspective on alcohol use have shifted throughout the years, the treatment modalities for alcohol use disorders have likewise changed. Until the 1930s, individual who did not have financial means, to pay for inpatient treatment, at a private hospital were forced to use state hospitals, rescue missions, jails, the Salvation Army, or public ministries. Alcoholic Anonymous (AA) which was found in 1935 by two alcohol dependent individuals, Bill Wilson, a stock speculator, and Dr. Bob Smith, a medical doctor, provided the first community-based approach t to helping people suffering from alcoholism, with focus on their recovery. It was created in a way that regardless of whether or not people did not have money to pay, it was still open to all.

AA was also the first to combine religion, medicine, and the help of sponsors, made AA a successful community-based organization.

INDICATE AND DEFINE CRITERIA FOR DSM5 DISORDER IT CAN CAUSE

Alcohol use is defined by a cluster of behavioral and physical symptoms, which can include withdrawal, tolerance, and cravings. Alcohol withdrawal is characterized by withdrawal symptoms that develop approximately 4-12 hours after the reduction of intake following prolonged, heavy alcohol ingestion. Withdrawal from alcohol can be unpleasant, and intense, individuals may continue to consume alcohol despite adverse consequences, often to avoid or to relieve withdrawal symptoms. Some withdrawal symptoms (e.g., sleep problems) can persist at lower intensities for months and can contribute to relapse. Once a pattern of repetitive and intense use develops, individuals with alcohol use disorder may devote substantial periods of time to obtaining and consuming alcoholic beverages.

Craving of alcohol is indicated by a strong desire to drink that makes it difficult to think of anything else and that often results in the onset of drinking. School and job performance may also suffer either from the aftereffect of drinking or from actual intoxication at school or on the job. Childcare or household responsibilities may be neglected, and alcohol related absences may occur from school or work. The individual may use alcohol in physically hazardous circumstances (e.g., driving an automobile, swimming, operating machinery, while intoxicated). Finally, individuals with an alcohol use disorder may continue to consume alcohol despite the knowledge that continued consumption poses significant physical (e.g., blackouts, liver disease)

psychological (e.g., depression) social, or interpersonal problems (e.g., violent arguments with spouses while intoxicated, child abuse).

A problematic pattern of alcohol use leading to clinically significant impairment of distress, as manifested by at least two of the following occurring within 12 months period.

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful effort to cut down or control alcohol use.

DESCRIBE TREATMENT FOR ABUSE OF THE SUBSTANCE

Treatment of Alcohol abuse is primarily done through residential, and outpatient treatment programs, preceded by brief hospitalization when needed. The most common treatment modalities are detoxification, behavioral treatments which included AA, 12 step, pharmacotherapy, and brief primary care interventions. Most treatment -seeking patients receive some form of psychosocial intervention for alcohol use disorder. Pharmacotherapies are less commonly used, however, the development of new and more efficacious medications for alcohol use disorders has received increased research attention over the past decade. Recent analyses based on National Epidemiologic Survey on Alcohol and criteria for an alcohol use disorder never receive formal treatment or participate in self-help groups.

REFERENCES

Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition - DSM5

National Institute of Alcohol

[Pub.niaa.nih.gov/publications/arh283/111-120.pdf](http://pub.niaa.nih.gov/publications/arh283/111-120.pdf)

Psychopathology History and Empirical Foundations, 3rd Edition, Wiley, W. Edward Craighead, David J. Miklowitz, Linda W. Craighead.