

Alcohol and addictions

The information contained in this article is taken from an interview with Margaret York, a Community counsellor with the Regional Addictions of Hospital Services, in Fredericton.

The focus of this interview is on Alcohol and Addictions. Alcoholism has been shrouded in such myths that alcohol is a very rare occurrence and is associated with the "skid row" bum. In fact, statistics show that Alcohol is the number one drug that is abused in North America and New Brunswick. Alcohol is a depressant of the Central Nervous System.

When an individual drinks alcohol it can affect them in both a physiological and psychological way. Alcohol, chemically speaking, has been compared to ether, which was a drug used years ago as an anaesthetic. When an individual consumes alcohol, it interferes with the oxygen supply in the brain. This is a fairly slow process. However, when alcohol enters the blood stream it affects such functions as impaired thought, decision-making, and delayed responses which are controlled by the brain. This affects the voluntary and involuntary muscles which affect coordination and ability to respond to stimuli. Then the lungs and heart are eventually affected. In alcohol poisoning, or toxicity, the lungs and heart cease to function.

The body's main mechanism of dealing with the alcohol in the body is its liver. The liver metabolized or breaks down the alcohol as it filters the blood. It can for the average person, break down one pint of beer or a glass of wine per hour (based on the average size male). If we consume more than this amount per hour, then the side effects of "intoxication" appear.

Addiction has been described as a "primary, progressive, pathological, love-trust relationship with a mood-altering chemical." This relationship is when the person substitutes a "chemical" to relieve tension or feel better. This results in a dependency on the chemical and a "relationship" which leads to addiction.

The choices that exist around the use of alcohol or other mood altering substances include: Abstinence, Alcohol or Drug Use, Alcohol or Drug Abuse, and Alcohol or Drug Addiction. Each of these categories have very different characteristics and behaviours.

The differences between Alcohol Abuse and Alcohol Addiction lies mainly in whether or not there are additional factors such as "social problems" which are associated with the behaviour. In an assessment of an individual the various aspects of their life are examined which include their work, family, emotional and spiritual life. The disease of alcohol has been referred to as "an inherited predisposition", where some

individuals come from families where the disease of "alcoholism" has existed. It may be that the individual is predisposed to this particular disease and the environment which they live in is conducive to alcohol abuse. These two factors create a very ripe group for the disease.

The process of addiction begins with a "pleasurable" experience either with the mood-altering drug or other substance. The user feels a sense of relief. If the experience is positive, then the likelihood of a repeat experience is high. During the process, the need to increase the amount of the substance is a result of the body's ability to tolerate a substance. This then results in both emotional and physiological side effects. The drug is used to "relieve" these emotional side effects. For example, continued abuse of alcohol leads to depression (alcohol is a sedative/depressant drug). The abuser feels depressed frequently, may tend to withdraw somewhat socially, and uses alcohol to deal with these feelings of isolation. In fact, the alcohol was the "cause" of the feelings to begin with and the individual becomes caught up in a "cycle". The psychological dependency leads to physiological dependency and the cycle contin-

ues.

Alcohol can affect us physically - signs of frequent intoxication, drinking to relieve a "hang-over" (relief drinking), and may progress to hallucinations; mentally - there could be a "personality change", mood swings, anxiety, resentment, memory problems, suicidal thoughts; spiritually - values that are changed - their moral beliefs, ethics - may result in the individual lying, covering-up, blaming others for their problems, and have a loss of self-respect.

In Fredericton, individuals who feel they would like to discontinue use of a substance may get service through the Dr. Everett Chalmers Hospital - Addiction Unit. This is covered by Medicare and is free. The Detox Services include Out-patient counselling for both the individual recovering from the substance abuse, as well as counselling to family members who need support in dealing with the recovery process. As well, many of the local doctors are adept at dealing with these issues and may refer an individual to one of the programs in the area which include: Alcoholics Anonymous, Narcotics Anonymous, Al Anon, Adult Children of Alcoholics and other self-help programs.

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When an individual comes for assessment and treatment the process includes the following: information concerning last use of drug, what type of drug they used, how much, what their drinking/drug use history is, take blood pressure and vitals - which are monitored for the first 24-hours when an individual is in the Detox Unit; once stabilized they can take part in group activities and begin the road to Recovery. The purpose of the Detox is to "detoxify" the person from whatever substance they abused, and serves to help get them back to a "healthy lifestyle" pattern which involves nutrition and sleep.

If you would like to be helpful to a friend or family member who has a drinking, substance abuse problem, it is important to "not nag" the individual. Be honest and up-front that the problem does exist. Do not enable the problem by "covering up" for them, lending them money, bailing them out of jail, calling in sick for them, etc. This only contributes to the

problem. Give them the space to experience the consequence of the addiction.

Socially, we are bombarded with "stereotypes" of addictions - such as the "skid-row" bum who actually comprises 5% of the alcoholic population. We, as a society need to let go of these stereotypes. At work, we may feel some stress and often times reward ourselves with "alcohol". Families are affected by abuse. An alcoholic affects a minimum of five people. This is a major health and lifestyle problem. We need to learn alternatives to abusing substances.

For more information about Addictions, contact the DECH - Addictions Unit at 453-3838. As well, under Alcoholics Anonymous you can get assistance and information at 450-3214.

Feedback to these articles or the Mind-Body Connection program on CHSR-FM is welcomed and may be forwarded to Janet McGeachy-Hansen, c/o CHSR-FM at the SUB.

SWAT: Communication and condom use

Q. What should a woman do if her partner refuses to wear a condom during sexual intercourse?

- A. (a) She tells her partner to get lost.
(b) She agrees that it was a bad idea anyway and concedes.
(c) She tells him that she is not on the pill.
(d) She tells him that she will put it on for him.
(e) All of the above except (b).**

According to a recent UNB study only 17.5% of the student population always uses a condom during sexual intercourse, while almost all students have tried to use a condom at one time or another. The following are some reasons why UNB students do not always use a condom; values in brackets are the percentages taken from a study.

One common reason students give for practicing unsafe sex is that they feel condoms break the mood (25%). Unfortunately, nothing breaks the mood more than knowing you have contracted a sexually transmitted disease. Another popular reason is that they get carried away (22.7%). It is important to discuss condom use well before jumping into the sack together, instead of leaving the decision to the last moment when you are more apt to say "what the heck". Condoms don't have to be a burden. Try to have some fun with them by incorporating condom use into foreplay. How many guys wouldn't enjoy having their partner put a condom on for them?

According to our study men often complain that condoms don't feel good (23.5%). Condoms are available for all shapes and sizes. For those who think that condoms are too tight there is now on the market an extra-large condom available for those heavily endowed gentlemen. But don't try to fool yourself guys, bigger doesn't always mean better. Although these new super sized condoms can be a real ego booster it will be pretty embarrassing if it falls off before you are done, which also defeats the purpose of using a condom. Many males also feel that condoms will limit their sexual pleasure. We suggest putting spermicidal foam inside the tip of the condom before placing on the penis. Men report that it actually feels better than sexual intercourse without a condom. For women who feel that condoms inhibit pleasure try ribbed condoms, and make sure that the ribs are on the outside of the condom. There are various reasons why some individuals insist that they don't like condoms (21.9%). For instance, "it's like taking a bath with your socks on". But one reason may be that people have never bothered to try them.

As students we know what it is like to live on a budget. Some people argue that they can't afford condoms (2.7%). We have done some comparison shopping and found that a 12 pack of very reliable condoms (Lifestyles) will set you back approximately \$5.00, the cost of 2.5 beers at the Social Club. When you consider that oral contraceptives cost \$21.00 a month, and only provides protection against pregnancy, condoms appear to be a real bargain. If you are too embarrassed to buy your own condoms, as (12.3%) responded, maybe you have a friend that will gladly do it for you. For those individuals who are anxious to be seen examining the condom displays, choose a drug store where condoms are located midway up an aisle opposed to directly in front of the front door.

Some individuals avoid bringing up the topic of condom use with their partner (8.3%), because they are afraid of implying that their partner might be infected with something. Explain that using a condom protects both of you from getting an infection. If you do suggest condom use and your partner is unwilling to explore the possibility of using a condom during intercourse (4.2%) they are not being considerate to your needs to protect yourself. For those of you who are too embarrassed to use condoms (7.7%) we realize that asking your partner to wear a condom requires a lot of trust and intimacy. But so does engaging in sexual intercourse. If you do not feel ready to discuss details such as safer sex maybe it is time to assess what it is you are going to be doing with this person.

The answer to the question is (e).