

Harmful Effects of Alcohol and Substance Abuse

Introduction

There is no doubt that excessive consumption of alcohol and the abuse of substance, including cigarette smoking, has contributed much of the physical, psychological, familial and social problems. The first part of this chapter will illustrate some of the specific harmful effects of alcohol, tobacco and of the commonly abused drug towards the physical and mental health of the individual. Familial and social damage will be described later, followed by some cases illustration.

PART ONE: PHYSICAL AND PSYCHOLOGICAL PROBLEMS

Classification of Individual Drugs

Most of the drugs can be classified under the following category:

1. Opiates/opioids e.g. heroin, opium, morphine, methadone
2. Hallucinogens, e.g. LSD
3. Cannabinoids
4. Stimulants, e.g. amphetamine, cocaine, cough mixture
5. Sedatives-hypnotics, e.g. benzodiazepine, zopiclone
6. Volatile solvents, e.g. glue, thinner
7. Alcohol
8. Tobacco
9. Party Drugs, e.g. 3,4-methylenedioxymethamphetamine (MDMA), ketamine, γ -hydroxybutyrate (GHB)

I. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF OPIATES/OPIOIDS

The prototype under this group is heroin. Its harmful effect arises from the drug itself, its impurities and especially one of its methods of administration, i.e. by intravenous injection. Other methods of use include chasing the dragon, snorting and subcutaneous administration (skin-popping). Regardless of its intake methods, opiates abuse will produce the following effects and harms:

◆ Withdrawal reactions include:

1. Runny nose
2. Lacrimation
3. Piloerection
4. Nausea and vomiting
5. Diarrhoea
6. Muscle aches
7. Bone pain
8. Insomnia

◆ Psychological and psychiatric effects include:

1. Risk of dependency
2. Sedation

◆ Physical effects include:

1. Respiratory depression
2. Nausea and vomiting
3. Constipation
4. Loss of appetite
5. Weight loss
6. Increased risk of having different infection, e.g. tuberculosis
7. Increased risk of intrauterine death, stillbirth, low birth weight and opiates withdrawal symptoms in the newborn

◆ Physical effects of intravenous injection:

1. Cellulitis
2. Pustules
3. Vasculitis
4. Thrombosis
5. Myositis
6. Endocarditis
7. Death
8. Hepatitis B, C and HIV can be transmitted through sharing of needle or syringes. Other routes of transmission include sexual contact and through maternal-foetal route.

II. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF HALLUCINOGENS

One of the hallucinogens available in Hong Kong is lysergic acid diethylamide (LSD), with street name being “Fing-bar” and “Black Sesame “. It is usually taken by mouth.

◆ Psychological effect of LSD include:

1. Perceptual distortion
2. Impaired judgments
3. Anxiety
4. Elated mood
5. Depression
6. Labile mood
7. Impaired attention
8. Impaired motivation
9. Delusion
10. Hallucination
11. Confusion
12. Self-destruction behaviour
13. Flashbacks
14. Schizophrenia like state in chronic user

◆ Physical effects of LSD include:

1. Increased in blood pressure
2. Tachycardia
3. Dilated pupil
4. Hyperthermia
5. Nausea and vomiting
6. Sweating
7. Dizziness
8. Incoordination
9. Blurring of vision
10. Muscle twitching
11. Convulsion

III. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF CANNABINOIDS

Cannabis usually comes in the form of grass or resin. Its method of administration is by smoking.

◆ Psychological effect of cannabis include:

1. Amnesia
2. Impaired concentration
3. Distorted perception of time, sound, touch and taste
4. Paranoid reaction
5. Hallucination
6. Depersonalization
7. Lack of motivation-chronic cannabis syndrome
(also known as amotivational syndrome)
8. Muddled thinking
9. Panic
10. Depression
11. Schizophrenia
12. Dementia like state
13. Risk of dependency

◆ Physical effects of cannabis include:

1. Dry mouth
2. Increased appetite
3. Conjunctival injection
4. Tachycardia
5. Decreased in blood pressure

IV. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF STIMULANTS

The two most common stimulants being abused in Hong Kong are methamphetamine “ice”, and cough mixture containing ephedrine. Methamphetamine is used locally by filtering method.

◆ Withdrawal reaction of methamphetamine:

1. Depression
2. Anxiety
3. Irritability
4. Agitation
5. Craving
6. Fatigue
7. Hyperphagia
8. Loss of energy
9. Loss of interest
10. Suicide

◆ Psychological and psychiatric effects of methamphetamine:

1. Risk of dependency
2. Anxiety
3. Elated mood
4. Irritability
5. Panic
6. Agitation
7. Paranoid state
8. Psychosis
9. Aggressive behaviour
10. Self-destructive behaviour

◆ Physical effects of methamphetamine include:

1. Loss of appetite
2. Weight loss
3. Insomnia
4. Tachycardia
5. Increased in blood pressure
6. Muscle twitching
7. Hyperthermia
8. Cardiac arrhythmia
9. Malignant hypertension
10. Heart failure
11. Stroke

◆ Withdrawal reaction of cough mixture:

1. Fatigue
2. Insomnia
3. Depression
4. Loss of energy
5. Loss of interest
6. Suicide

◆ Psychological effects of cough mixture:

1. Risk of dependency
2. Anxiety
3. Irritability
4. Unstable mood
5. Suspiciousness
6. Delusion
7. Hallucination
8. Impulsivity
9. Aggressive behaviour

◆ Physical effects of cough mixture:

1. Dental problems
2. Tachycardia
3. Increase in blood pressure
4. Sweating
5. Chest pain
6. Dizziness
7. Hyperthermia
8. Cardiac arrhythmia
9. Convulsion
10. Loss of consciousness
11. Death

V. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF SEDATIVES-HYPNOTICS

The prototype in this group include benzodiazepines and zopiclone. There are a number of benzodiazepine commonly abused in Hong Kong, e.g. Diazepam (Valium), Flunitrazepam (Rohypnol), Midazolam (Dormicum), Chlordiazepoxide (Librium), Nitrazepam (Mogadon), Triazolam (Halcion), Nimetazepam (Give Me Five). Zopiclone (Imovane) is classified under cyclopyrrolone. Initially marketed as having low abuse potential, increasing evidence has shown it may lead to tolerance (resulting in increased dosage), withdrawal symptoms and physical dependence.

◆ Withdrawal reaction of benzodiazepine:

1. Tremor
2. Fatigue
3. Loss of appetite
4. Nausea and vomiting
5. Restlessness
6. Anxiety
7. Headache and muscle pain
8. Depression
9. Tinnitus
10. Increased blood pressure
11. Palpitation
12. Insomnia
13. Poor memory
14. Impaired attention
15. Delusion
16. Suspiciousness
17. Convulsion
18. Loss of consciousness

◆ Common psychological and psychiatric effects of benzodiazepine:

1. Risk of dependency
2. Confusion
3. Amnesia

◆ Physical effects of benzodiazepine:

1. Sedation
2. Dizziness
3. Respiratory depression
4. Accidents, e.g. traffic accident, falls

VI. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF VOLATILE SOLVENT

Many substances can be abused under this category, e.g. solvents, adhesives, petrol, cleaning fluid, thinner and butane. The methods of ingestion depend on the substance. They include inhalation from tops of bottles, beer cans, cloths held over the mouth, plastic bags and sprays.

◆ Effects during intoxication:

1. Irritability
2. Euphoria
3. Slurring of speech
4. Indecisiveness
5. Incoordination
6. Disinhibition
7. Abdominal pain, nausea and vomiting
8. Blurring of vision
9. Chest pain
10. Difficulty in breathing
11. Tinnitus
12. Hallucination
13. Disorientation
14. Prone to accidents
15. Coma
16. Arrhythmia
17. Cardiac arrest
18. Inhalation of stomach content
19. Asphyxia
20. Death

◆ Psychological and psychiatric effects of chronic abuse:

1. Risk of dependency
2. Nervousness
3. Depression

◆ Physical effects of chronic abuse:

1. Headache
2. Loss of appetite
3. Skin problems
4. Neurotoxic effects, e.g. peripheral neuropathy, impaired cerebellar function, encephalitis, dementia
5. Damage to liver, kidney, heart, lungs, bone marrow and adrenal glands
6. Nausea, vomiting and vomiting blood

VII. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF TOBACCO

Cigarette contains many harmful chemicals, which contribute to its health consequences.

1. Carbon Monoxide: it interferes with the transmission of oxygen, causing tiredness, accelerates the process of aging, and increased the risk of coronary heart disease.
2. Other toxic gases such as hydrogen cyanide, ammonia, hydrogen peroxide, and nitrogen oxide are responsible for cough, sputum and chronic obstructive airway disease.
3. Tar: this is responsible for cough, sputum, yellowish stain on teeth and fingers, and cancer. The sidestream smoke contains more carcinogenic substance than the mainstream smoke.
4. Nicotine: it affects the nervous system and is addictive. It contributes to the risk of heart disease. In diabetic patients, nicotine leads to decreased blood flow to the limbs, contributing to death of tissue and amputation.

◆ Medical Impacts:

1. Lung cancer
2. Coronary heart disease
3. Emphysema and chronic bronchitis
4. Gastric ulcer
5. Osteoporosis
6. Babies of smoking mothers weight less at birth compared with those of non-smoking mothers and are at high risk for stillbirth and neonatal death
7. Morning cough, shortness of breath, sputum production, hoarseness
8. Fatigue
9. Increased pulse
10. Skin and teeth stains
11. Increased incidence, severity and duration of upper respiratory tract infection, chest infection including SARS
12. Synergistic effects on other health problems e.g. hypertension, hypercholesterolemia, exposure to asbestos, alcoholism

VIII. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF ALCOHOL

There are three concepts in the classification of alcohol related problems: excessive alcohol consumption, alcohol abuse and alcohol dependency.

- ✧ **Excessive alcohol consumption** refers to a daily or weekly intake of alcohol exceeding a specified amount. This amount is somewhat an arbitrary concept, usually defined in terms of the level of use associated with significant risk of alcohol-related health and social problems. Healthy drinking in man is considered to be less than 21 units of alcohol per week whereas for female is less than 14 units of alcohol per week. A unit corresponds to half a pint of ordinary beer, one glass of table wine, one conventional glass of sherry or port and one single bar measure of spirits.

- ✧ **Alcohol abuse** refers to any mental, physical, or social harm resulting from excessive consumption.

- ✧ **Alcohol dependency** refers to the following key elements, according to Edwards (1976):
 1. Narrowing of repertoire
 2. Salience of drinking
 3. Increased tolerance
 4. Withdrawal symptoms
 5. Relief or avoidance of withdrawal symptoms by further drinking
 6. Subjective awareness of compulsion to drink
 7. Reinstatement after abstinence

◆ Psychological effects of alcohol:

i. Intoxication

1. Elated mood
2. Disinhibition
3. Impaired judgment
4. Belligerence
5. Impaired social and occupational functioning
6. Mood lability
7. Cognitive impairment
8. Reduced attention span
9. Slurred speech
10. Incoordination
11. Unsteady gait
12. Nystagmus
13. Stupor
14. Coma

ii. Alcohol induced amnesia (blackouts): occurs after excessive drinking, when events of the night before are forgotten, even though consciousness was maintained

iii. Alcohol withdrawal

1. Hand tremor
2. Insomnia
3. Sweating
4. Increased heart rate
5. Hypertension
6. Anxiety
7. Illusion
8. Visual, tactile or auditory hallucination
9. Seizure

10. Delirium tremens: these include symptoms of alcohol withdrawal described above with clouding of consciousness, impairment of recent memory, marked tremor and unsteady gait. Mortality rate can be up to 5%.

iv. Hallucinosis: auditory hallucination occurring in clear consciousness, usually in a person who has been drinking excessively for years.

v. Pathological jealousy: an abnormal belief that the marital partner or significant others are being unfaithful, being held on inadequate grounds and is unaffected by rational argument. This condition is highly dangerous often leading to both homicide and suicide.

vi. Depression and suicide

vii. Alcohol induced anxiety disorders: anxiety, panic attacks, and phobias

◆ Physical effects of Alcohol:

i. Effects on the nervous system

1. Dementia
2. Wernicke's encephalopathy: this is caused by Vitamin B1 deficiency. Features include memory deficits, unsteady gait and confusion
3. Korsakoffs syndrome: 80% of alcoholic patients recovering from Wernicke's encephalopathy develop Korsakoff's amnesic syndrome. It is characterized by marked deficits in memory, with relative preservation of other intellectual abilities.
4. Cerebellar degeneration: incoordination, unsteady gait, slurred speech.
5. Peripheral neuropathy: numbness, pain and prickly feeling or burning of the skin, especially the feet.
6. Stroke
7. Head injury

ii. Effects on alimentary tract

1. Liver damage-hepatitis, liver cirrhosis, liver cancer
2. Gastritis
3. Peptic ulcer
4. Oesophageal varices
5. Pancreatitis
6. Cancers of mouth, pharynx and oesophagus

iii. Effects on cardiovascular system

1. Cardiomyopathy
2. Arrhythmia
3. Hypertension

iv. Malnutrition, vitamin deficiency and anaemia

v. Myopathy

vi. Fetal Alcohol Syndrome: small stature, low birth-weight, low intelligence and over-activity

◆ Effects of taking drug with alcohol:

Alcohol is a depressant for the central nervous system (CNS). Taking alcohol with other CNS depressants e.g. sedatives-hypnotics, GHB will lead to synergistic effects, leading to increase risk of sedation, amnesia, confusion, coma and death.

IX. PHYSICAL AND PSYCHOLOGICAL EFFECTS OF PARTY DRUGS

(A) 3,4-METHYLENEDIOXYMETHAMPHETAMINE (MDMA)

MDMA, also known as ecstasy, are often made with various impurities e.g. methamphetamine, ketamine, ephedrine, benzodiazepine, barbiturates, caffeine, paracetamol. Such impurities can lead to unpredictable effects on its users.

◆ Psychological and psychiatric effects of MDMA:

1. Feeling of relatedness to others
2. Increased empathy
3. Altered perception of time
4. Increased libido but diminished ability to achieve aroused and orgasm
5. Increased emotional expressiveness
6. Reduced ability and desire to perform mental tasks
7. Anxiety
8. Restlessness
9. Euphoria
10. Reduced defensiveness and decreased aggression
11. Disinhibition and increased awareness of emotion
12. Perceptual distortion and hallucination
13. Confusion
14. Flashback
15. Paranoid psychosis
16. Hangover effects-depressed mood, loss of energy, sleepiness, fatigue, lack of motivation

◆ Physical effects of MDMA:

1. Restlessness
2. Teeth-grinding
3. Tightening of jaw
4. Loss of appetite
5. Sweating
6. Hot flashes
7. Tremor
8. Gooseflesh
9. Increased or decreased body temperature
10. Severe changes in blood pressure
11. Increased heart rate
12. Arrhythmia
13. Coagulopathy
14. Acute renal failure
15. Liver toxicity
16. Neurotoxicity
17. Intracerebral haemorrhage
18. Dehydration
19. Death

(B) KETAMINE

Ketamine, also known as Special K, Super K, Vitamin K, or just plain K, is primarily used by veterinarians and pediatric surgeons as an anaesthetic. It comes in the form of powder, tablets (“K pills”) and liquid (“K water”). It can be either snorted or taken orally.

◆ Psychological and psychiatric effects of ketamine:

1. Dissociative effect
2. Distorted perception of body, environment and time
3. Illusion
4. Floating sensation
5. Paranoid delusion
6. Hallucination
7. Impaired attention and learning
8. Flashbacks
9. Vivid dreams
10. Delirium
11. Catatonic state-K-hole
12. Risk of dependency

◆ Physical effects of ketamine:

- a. Increased heart rate
- b. Hypertension
- c. Nausea and vomiting
- d. Hypersalivation
- e. Numbness with risk of accident
- f. Incoordination
- g. Slurred speech
- h. Increased intracranial and intraocular pressure

(C) γ -HYDROXY-BUTYRATE (GHB)

GHB is known as “date-rape drug”, “grievous bodily harm” and sometimes as “liquid ecstasy”, being a misnomer. It is taken by mouth.

◆ Psychological and psychiatric effects of GHB:

1. Euphoria
2. Relaxed
3. Disinhibition
4. Drowsiness
5. Confusion
6. Hallucination
7. Temporary amnesia
8. Sleepwalking

◆ Physical effects of GHB:

1. Dizziness
2. Nausea and vomiting
3. Weakness
4. Loss of peripheral vision
5. Agitation
6. Slowing of heart rate
7. Incoordination
8. Unsteady gait
9. Urinary incontinence
10. Seizure
11. Respiratory depression
12. Coma

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PART TWO: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS

The undesirable social effects of substance abuse may be summarized below:

1. Problems with primary support group: e.g. with family members:
 - Discord with parents or family members leading to estrangement, disruption of family by separation, removal from the home, and discord with siblings;
 - Discord with partners (married or cohabited); disruption of family by separation, divorce, or estrangement, neglect to children in care.
2. Problems related to the social environment: unstable friendship, inadequate social support; living alone;
3. Educational problems: unmotivated to study; discord with teachers or classmates; drop-out from school, unable to keep regular study;
4. Occupational problems: unable to accomplish job assignment; threat of job loss; unemployment; stressful at work; job change frequently; discord with superior or co-workers;
5. Housing problems: unable to pay rent due to financial difficulties; homelessness; discord with neighbours or landlord;
6. Economic problems: become extremely poor due to drugs use; inadequate finances; relies on welfare assistance;
7. Problems with access to health care services: drugs abuse leading to physical illness; relies heavily on public health treatment, e.g. detoxification, hospitalisation, long-term medication, long-term counselling service, half-way house, day hospital and other residential service, etc.
8. Problems related to interaction with the legal system: in need of money to support their drug-taking habit, easily involved in illegal activities (such as drug pedaling), to get money from sex work, being arrested, incarceration, litigation, committed

crime or become a victim of crime;

9. Other psychosocial and environmental problems: discord with non-family caregivers such as counsellor, social worker, or physician, withdraw from services or treatment.

Undesirable effects upon the Society

1. The drug abuser will become unemployed and sink into very low-income group. Alternatively some of them will engage in crimes, prostitution and drug trafficking. The society has to bear the subsequent costs of law enforcement, welfare services and medical care.
2. The society has to divert a large amount of resources to provide prevention, treatment, detoxification, rehabilitation and counselling. Charity and welfare services have to be provided to the affected family members, neighbourhood and others victims of their harmful and anti-social behaviours.
3. A large amount of resources is spent on law enforcement, criminal prosecution and punishment.

Cases Illustration

Adolescents do not simply abuse substances because they are sick or morally weak. A range of individual, family, socio-cultural and environmental and other risk factors have been identified for substance misuse. Clearly these risk factors are interrelated and there is not a simple causal chain. Various models and theories have been proposed to predict substance use and misuse of the basis of risk factors. No models are able to accurately predict or comprehensively describe substance abuse by adolescents. Suffice it to say that:

- a) substance use is determined by numerous, inter-related risk factors, as well as some

protective factors (e.g. social disclaim of drunkenness in public functions) ;

b) the individual, the environment, and the substances themselves, need to be considered when considering the etiology of substance use; and

c) substance abuse is often part of a problem- behaviour syndrome that includes delinquency, spouse-child abuse, domestic violence, adolescent pregnancy, school failure, dropping out and police-judicial complications.

Whether developing a case-plan for a single client or planning an intervention for a group, we need to consider all of the factors that contribute to the problem, all of the stakeholders, and significant others, and all of the resources at hand to assist with dealing with the problem.

The following four cases illustrated how a person taking drugs affects different areas:

(1) Ah May

Ah May, aged 24, who lived with her parents and elder sister. She quitted school at Form 4. Since then, she kept bad company and started taking heroin. At first, she was eager to kick the habit, but without success because of the unbearable pain due to withdrawal. Ah May got hooked on heroin ever since. Eventually her mother found that out when she was taking drugs in her room.

Her mother was so shocked to know Ah May's addiction. She had persuaded her to quit for over a year before Ah May promised to kick the habit. Ah May then attended a detoxification plan and received counselling. After Ah May had finished the course, she took naltrexone under her mother's supervision and behaviour modification. Moreover, she attended regular counselling sessions to re-examine personal life style and direction. Then, for over a year, Ah May took up some training courses and got on to a temporary job. Her life had become more stable.

Nevertheless, she relapsed to heroin again to escape from her love-hate relationship problem. She used credit card to finance her drug use, which created huge debts that had overwhelmed her. Her mother was agonized about her relapse to heroin use and subsequent financial crisis. In this predicament, she repaid part of the debts for Ah May, which exacerbated the mother's emotional and financial difficulties. Ah May's mother was easily agitated due to such stress and often scolded her husband and Ah May. Home atmosphere became tense.

Her social worker encouraged Ah May to re-enter the detoxification program again. In due course, Ah May should learn to manage her problem with great resolve and be circumspect. At the same time, more than just showing concern to her daughter, mother should learn to let Ah May be responsible to her own acts. She should be the one, not other family members, who bears the consequence of her own misconduct and exercises self control. Her future is still uncertain.

(2) Ah Sun

Ah Sun is a 29-year old male. He has a history of over 10 years of heroin addiction. He quitted school at Form I due to poor academic results. His close friends had similar background and problems. Lacking of proper job skills, he took up some casual work or as part-time driver.

Ah Sun claimed that his friends introduced heroin to him. He just took it out of curiosity. The doses increased as he tried to escape from painful realities. In order to find money to keep drugs intake, he even committed robbery. At the beginning, his family members found it difficult to accept the reality. Their relationship is ambivalent. The family members tried to help him to quit drugs but Ah Sun relapsed soon after he had gone through rehabilitation programs. Sometimes he took sleeping pills (benzodiazepine) and methadone. Family members were agitated. His father gave him up after Ah Sun failed repeatedly to heed his counsel. He did not care about Ah Sun anymore, they were at very bad terms ever since. However, his mother could

not bear to give him up even he had disappointed her many times. She still held some expectation of Ah Sun. She even gave Ah Sun large portion of her income for his drug consumption. In so doing, the family finance was difficult and relationship deteriorated.

Ah Sun found a girl friend in Mainland China. He claimed that he would go straight to maintain their relationship. But as he did not stay in Hong Kong regularly, he could not keep up with his rehabilitation programs. In these ten years, he has participated in both voluntary and compulsory treatment a number of times. During the time of drug abuse, Ah Sun received medical service, psychological counselling, hostel service and Comprehensive Social Security Assistance (CSSA) subsidy as well. Therefore the social cost of his habits to Hong Kong has risen steadily.

As Ah Sun takes drugs, he has dampened the family relationship while his mother suffered even more. He wasted his primal young age, not even to learn any job skill. He cannot afford to start his family now. He still relies on the support from his aged mother, thus becoming a burden of his family and the society.

(3) Ah Ming

Ah Ming is a good-looking 25-year old male. He has been abusing cough syrup for 10 years. Curiosity was the initial cause, but soon consumption increased to 3 – 5 bottles a day at peak times. Ah Ming had no interest in schooling and often played truancy. Eventually he quit school. His good features were assets to job finding. But he could not hold on it for long because of trembled hands and oversleep to work caused by the syrup abuse. He became hot-tempered and impulsive, loss of self-control, damaging public utilities and private properties frequently without any remorse. He had been imprisoned a few times for fighting and committed to mental hospital for uncontrollable temper. Eventually he was diagnosed as having maniac disorder. In the past 10 years, he has been admitted into different psychiatric wards many times and he was discharged when his mental state improved. Nevertheless, he relapsed soon to

cough syrup repeatedly.

His relationship with other family members is almost broken. Very often he asked them especially his mother for money. He was also found stealing at home. Worst still, his family was facing great financial difficulty on account of having pay to “loan sharks” for Ah Ming’s debts. Father-son relationship had been ruined when Ah Ming fought with his father that caused both injuries. Sibling relationship was also poor. His elder brother and sister could not accept him at home. Mother was so stressed by his debts, chronic mental illness, court appearance, hospital treatment, housing problem, etc. Moreover, other family members blamed her for overprotection of Ah Ming. She was greatly disturbed both physically and emotionally.

Though his mother did not give him up, she felt helpless every time when he got into troubles. At times she did not know his whereabouts, at other times she learned that he had trouble again when hospital or police called. At present, he relies on CSSA for his living, which is inadequate to meet his syrup needs. Social workers or counsellors had difficulty to follow up his case because he only came for service when some thing ‘big’ had just happened or his mental state was very bad. Really, he has used much society’s resources. The list includes CSSA, medical facilities, counselling service, legal aids and community peace was broken. Cough syrup has completely changed his character. The ebb and flow of his condition has no sign of improvement, yet society continues to support him still.

(4) Ah Yan

Ah Yan is a 22-year old female. She had nine years of drug history. Her parents were separated when she was a child. She lived in different relatives such as Grandma or uncle’s homes in her childhood because her mother needed to go to work. Some mother’s relatives also had experience in drugs abuse. Since Form One, Ah Yan had mingled with bad company. They taught Ah Yan to smoke. Sometimes the cigarettes were tingled with heroin, and Ah Yan claimed that she became addicted unknowingly.

Ah Yan did not perform well at school and quitted at Form 3. In these nine years, she had taken several casual jobs as sales or waitress, but she only worked for a short period of time in each job. She found the job too hard to bear, but most important of all, she must spare time for having a “trip”, and could not stay at work for any long time. Lacking job skills, she had difficulties to find a job with adequate pay or shorter working hours. Consequently, she spent more free time with bad companies and doing some low skills work irregularly. Without any hope for a future, she has never quitted heroin. She also felt that her drug using friends were her only company, she could not separate from them. Lately, Ah Yan used ‘ice’ (amphetamine) to help quit heroin.

Her mother frequently urged her to quit drugs after she became aware of it. Her father also kept in touch with her to encourage her to enter into treatment. Heeding to mother’s persuasion, she did go through with the detoxification but relapsed soon after discharge when she mixed with her undesirable friends again. The mother-daughter relationship became harmonious when Ah Yan was willing to stay off drugs. However, when Ah Yan relapsed again, her mother showed no confidence in her and reprimanded her severely and excited every effort to help her. She spent all her spare time to watch over Ah Yan and even took leave for taking Ah Yan for treatment. As a result, she lost her social life, and almost lost her job. But Ah Yan continued to give her money for heroin. Her mother feared that Ah Yan might engage in commercial sex work or involve in illegal activities.

Lately, Ah Yan was under the supervision of social workers and medical doctors for detoxification, she even planned to stay at residential treatment for a longer time to undergo rehabilitation program, yet, she left after 10 days of hospitalisation. After the review with social worker, Ah Yan understood that she might not have sufficient confidence to face the influence from her bad companies, so that a longer residential treatment model would be more suitable. However, she had a great dilemma. On one hand, Ah Yan agreed that a long-term residential treatment program would facilitate her to cut off relationship with undesirable peers and start a new life. On the other

hand, she did not want to lose her freedom. Therefore, Ah Yan failed to make a decision.

Summary of lessons learned from the four cases

By definition, substance abuse is a chronic maladaptive coping responses associated with adverse consequences and frequent relapses. From the case illustrations above, it is clear that these adverse consequences are multifariously impacting upon multiple domains of drug abuser's development, personal and public health, as well as severe harms upon the lives of their families, the community, national welfare and economy.

Unlike the treatment of ordinary diseases, medical and socio interventions focusing on the individuals generally agree that targeting the substance user alone for his/her own rehabilitation ignoring such issues as broken home, unemployment, socio- alienation would not produce much lasting benefit. Meanwhile the harms of substance abuse and its comorbidities are spreading unchecked. However before total abstinence can be achieved, Harm Reduction can be practiced with certain effect through submitting to maintenance through a substitute agonist like methadone for heroin or changing the route of intake from injection and needle sharing to smoking, etc. Meanwhile development of alternative interests, family oriented intervention, vocational training, religious counselling, income generation through legitimate cooperatives and other supportive services would all help the motivation for eventual total rehabilitation.

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