

Alcohol, Prescription Drugs, and Marijuana: They ARE a Big Deal

Many people don't see drinking, using prescription drugs, or marijuana as big problems. Substance Abuse Therapists Tim Hirschy, MSW, LCSW, LCAC, MAC and Dee Russell, MSW, LCSW, LCAC, LISW, LMSW, MAC say otherwise.

Prescribed Medication Can Lead to Heroin Use

Dee: Most people I have treated with an addiction to heroin actually started with prescription opiates. Many were prescribed to them, so there's some sort of medical ailment, but then it continues on past that actual illness or injury. I've been told more than once that heroin is easier to obtain and is cheaper than the prescription opiates.

Tim: One gentleman that we've been working with says he started with pills as well and then after a period of time, was introduced to heroin and marijuana. It's been interesting to see as he begins to get clean, how much he is able to see clearly and how his use has affected his family. Many families spend all their time trying to deal with a family member's problem and how to fix the problem that they begin to lose their own identity. Even after treatment, many marriages still struggle. Having their significant other along with other family members take part in treatment sessions results in a greater success for the individual with the addiction and for the family.

Marijuana: It /s a Big Deal

Dee: I worked with a young female who at first had a marijuana problem. She then began using different forms of spice (synthetic marijuana) and ended up attempting suicide. She now has to take medication to help treat bi-polar disorder and anti-psychotic medications due to the use of spice.

Tim: I had a male patient in his late 20s who suffered with social anxiety in college. Someone introduced him to smoking marijuana as a means for coping. He found that it helped with his anxiety and he was able to enjoy social situations. Over time, he started increasing his use because it was helping so much with his anxiety. Before he knew it, he was spending more money and more time on his habit. He started missing classes and dropped out of college. He eventually was caught and treatment was mandated, which is how he came to see me. He began to realize he needed treatment for his social anxiety, and now the marijuana use as well. He was able, in time, to deal with the anxiety, avoid marijuana, and go back to college. Marijuana robbed from him rather than improved his life.

Another college student I treated began drinking and smoking marijuana. Gradually over time, his tolerance for it increased, and he was drinking and smoking more often. His grades were affected, and he began to fail classes. His parents had him come home and sought treatment for him. It was determined that he had ADHD. He had been using the marijuana to help him concentrate and think more clearly. He is back in school, has chosen a major and is earning A's. Excitement and enthusiasm as opposed to feelings of guilt and failure are what he experiences now.

Alcohol: Often a Way to Cope

Dee: With alcohol, we tend to see individuals seek treatment on their own rather than court-appointed treatment. The drinking is often to cope with issues of anxiety, and patients choose to self-medicate

with alcohol. Withdrawal from alcohol can be lethal with symptoms ranging from tremors and seizures to insomnia, anxiety and restlessness. Inpatient treatment is often required.

Tim: I see many patients under the age of 21 for alcohol treatment. They are often thrill-seeking individuals. There are three types of drinking: high-risk amounts of drinking, alcohol abuse, and alcohol dependence. With high-risk drinking, we often see our young people making choices that end up getting them in trouble. They turn to drinking as a way of coping and managing feelings. Making high-risk choices even just one time could result in an accident or legal ramifications. It's the mental impairment caused by the alcohol that leads to poor decision-making.

Dee: At times, I will see a patient who is taking an anti-depressant, but then they eventually reveal they have also been drinking. Alcohol and anti-depressants cancel each other out so the patient is actually not receiving the benefit of the anti-depressant, not to mention that sometimes this can be a lethal mixture. Medical professionals are doing a better job of screening people when they're providing anti-depressants and psychotropic meds in an effort to find individuals drinking and taking medications together so we are better able to treat them.

Tim: There are so many different variables that need to be taken into consideration when consuming substances. Although some are legal, they can be very risky. For example, there are several things that can affect how a person reacts to alcohol. Even if a person drinks the amount that they typically drink, drinking on an empty stomach, being dehydrated, or taking medication increases your impairment. Mixing alcohol with medications can cause drowsiness leading to a greater impairment. These things can intensify the effects of the alcohol, and are things that people just may not think about.

Also, the average person will drink to their tolerance level, so if you ask them how much is okay to drink; they'll speak about their tolerance level only. What one individual may be able to tolerate is not going to be the same for another individual. Typically, people may want to believe that the amount they are drinking is considered low risk, but often they are impaired before they feel it. Some don't recognize drinking 4-5 drinks in one sitting to be high risk, but the research and material that we use definitely suggests otherwise.

While each therapist has seen unique patients, the patterns of drug and alcohol abuse are the same. Drinking, abusing prescription medications, and drug use—as well as any combination of each of them—can be dangerous and life-altering. Before you consume anything, think twice. Your actions may lead to unwanted or even dire consequences.

As told to Kelly Sickafoose