

# [Alcohol respiratory depression and possible death. alcohol is](https://assignbuster.com/alcohol-respiratory-depression-and-possible-death-alcohol-is/)

Alcohol is liquid distilled product of fermented fruits, grains and vegetablesused as solvent, antiseptic and sedative moderate potential for abuse. Possibleeffects are intoxication, sensory alteration, and/or anxiety reduction. Symptomsof overdose staggering, odor of alcohol on breath, loss of coordination, slurredspeech, dilated pupils, fetal alcohol syndrome (in babies), and/or nerve andliver damage. Withdrawal Syndrome is first sweating, tremors, then alteredperception, followed by psychosis, fear, and finally auditory hallucinations.

Indications of possible mis-use are confusion, disorientation, loss of motornerve control, convulsions, shock, shallow respiration, involuntary defecation, drowsiness, respiratory depression and possible death. Alcohol is also known as: Booze, Juice, Brew, Vino, Sauce. You probably know why alcohol is abused somereasons are relaxation, sociability, and cheap high. But did you know thatalcohol is a depressant that decreases the responses of the central nervoussystem. Excessive drinking can cause liver damage and psychotic behavior. Aslittle as two beers or drinks can impair coordination and thinking.

Alcohol isoften used by substance abusers to enhance the effects of other drugs. Alcoholcontinues to be the most frequently abused substance among young adults. HEREARE SOME STRAIGHT FACTS ABOUT ALCOHOL.

… Alcohol abuse is a pattern of problemdrinking that results in health consequences, social, problems, or both. However, alcohol dependence, or alcoholism, refers to a disease that ischaracterized by abnormal alcohol-seeking behavior that leads to impairedcontrol over drinking. Short-term effects of alcohol use include: -Distortedvision, hearing, and coordination -Altered perceptions and emotions -Impairedjudgment -Bad breath; hangovers Long-term effects of heavy alcohol use include:-Loss of appetite -Vitamin deficiencies -Stomach ailments -Skin problems -Sexualimpotence -Liver damage -Heart and central nervous system damage -Memory lossHere are some quick clues to know if I, or someone close, has a drinkingproblem: -Inability to control drinking–it seems that regardless of what youdecide beforehand, you frequently wind up drunk -Using alcohol to escapeproblems -A change in personality–turning from Dr.

Jekyl to Mr. Hyde -A hightolerance level–drinking just about everybody under the table-Blackouts–sometimes not remembering what happened while drinking -Problems atwork or in school as a result of drinking -Concern shown by family and friendsabout drinking If you have a drinking problem, or if you suspect you have adrinking problem, there are many others out there like you, and there is helpavailable. You could talk to school counselor, a friend, or a parent. Excessivealcohol consumption causes more than 100, 000 deaths annually in the UnitedStates, and although the number shows little sign of declining, the rate per100, 000 population has trended down since the early 1980s.

Accidents, mostly dueto drunken driving, accounted for 24 percent of these deaths in 1992. Alcohol-related homicide and suicide accounted for 11 and 8 percentrespectively. Certain types of cancer that are partly attributable to alcohol, such as those of the esophagus, larynx, and oral cavity, contributed another 17percent.

About 9 percent is due to alcohol-related stroke. One of the mostimportant contributors to alcohol-related deaths is a group of 12 ailmentswholly caused by alcohol, among which alcoholic cirrhosis of the liver andalcohol dependence syndrome are the most important. These 12 ailments togetheraccounted for 18 percent of the total alcohol-related deaths in 1992. Mortalitydue to the 12 causes rises steeply into late middle age range and then declinesmarkedly, with those 85 and over being at less than one-sixth the risk of 55 to64-year olds. The most reliable data are for the 12 conditions whollyattributable to alcohol. The map shows these data for all people 35 and over. The geographical distribution for men and women follows much the same pattern, although men are three times as likely to die of one of the 12 alcohol-inducedailments. The geographical distribution for whites and blacks follows roughlythe same pattern but the rates for blacks are two and half times higher.

In thelate nineteenth century blacks, who were then far more abstemious than whites, were strong supporters of the temperance movement, but the movement in the Southwas taken over by whites bent on disenfranchising black people by any meanspossible, such as propagating lurid tales of drink-crazed black men raping whitewomen. Consequently, blacks became less involved in the temperance movement, atrend that accelerated early in the twentieth century with the great migrationof blacks to the North, where liquor was freely available even duringProhibition. The geographical pattern of mortality from the 12 conditions whollycaused by alcohol is partly explained by the average alcohol consumption amongthose who drink, which tends to be higher in the Southeast certain areas of theWest and than elsewhere. In New Mexico, Arizona, Alaska, and in many counties inthe Plains and Mountain states, the rates are high, in part, because of heavydrinking among Native Americans. Another possible contributor to high rates inthe West is lower family and community support than elsewhere, as suggested byhigh divorce and suicide rates, low church membership, and the large number ofmigrants from other regions. In the South Atlantic states, black malescontribute heavily to the high mortality rates, although white rates there areabove average. One unexplained anomaly is the comparatively low rates in thearea stretching from Kentucky through Tennessee, Alabama, Mississippi, toLouisiana, all states with high alcohol consumption among those who drink.

Therewere at least four cycles of high alcohol consumption in the last 150 years withpeaks in the 1840s, in the 1860s, the first decade of the twentieth century, andagain in the 1970-1981 period. Each of these peaks was probably accompanied byan increase in alcohol-related deaths, as suggested by the course of livercirrhosis mortality, which, since the early twentieth century, has followedmore-or-less the same trend as consumption of beverages alcohol. America is nowin a phase of declining alcohol consumption, so one would expect that the rateof alcohol-related deaths would continue to decline. Among westernizedcountries, America in the early 1990s was somewhat below average in both alcoholconsumption and liver cirrhosis mortality. If you have been arrested for DWI, you may be court ordered to go to counseling for alcohol abuse. Does that meanthat you’re an alcoholic? Sometimes people get the idea that alcohol abuse andalcoholism are the same thing. They are not. The National Council on Alcoholismsays, “ Alcohol Abuse : a problem to solve.

Alcoholism: a disease toconquer.” In case you have wondered what the difference is, here’s somehelp: Alcohol Abuse is the misuse of the substance, alcohol. You know you areabusing a substance when: -You continue to use it, even though you’re havingsocial or interpersonal problems because of your use. -You still use it eventhough it’s causing you physical problems.

-Using it the way you do is causingyou legal problems. -You don’t live up to major responsibilities on the job orin your family. Alcoholism refers to being addicted, or dependent on alcohol. You may be dependent on a substance if any three of the following are true: -Youmust use larger and larger amounts of it to get high. -You have withdrawal whenyou try to stop or cut down.

-You use it much more and for longer times than youreally want to. -You can’t seem to cut back and feel a strong need or cravingfor it. -You spend a lot of your time just getting the substance. -You’d ratheruse than work or be with friends and family.

-You keep using, no matter what. The National Council on Alcohol Abuse and Alcoholism estimates, based onresearch, that a Blood Alcohol Concentration (BAC) between . 02 and . 04 makesyour chances of being in a single-vehicle fatal crash 1. 4 times higher than forsomeone who has not had a drink. If your BAC is between .

05 and . 09, you are11. 1 times more likely to be in a fatal single vehicle crash, and 48 times morelikely at a BAC between .

10 and . 14. If you’ve got a BAC of . 15, your risk ofbeing in a single-vehicle fatal crash is estimated to be 380 times higher than anon-drinker’s. How much do you have to drink to get a BAC that high? A 160 poundman will have a BAC of about . 04, 1 hour after consuming two 12-ounce beers onan empty stomach.

Your BAC will depend on how much you weigh, how much youdrink, amount of time since your last drink and your gender. Women metabolizealcohol differently from men, causing women to reach higher BAC’s at the samedoses. Recent research is showing that true substance dependence may be caused, in part, by brain chemistry deficiences. That is one reason that substancedependence is considered a disease. And, as with other diseases, there is thepossibility of taking medicine to get better. There is now promising evidencethat taking medicine can correct some of the deficiences that may cause drugdependence. It is beginning to look like a combination of the right medicinealong with talking therapy and behavior therapy, will help us treat this diseaseas we have never before been able to. One drug is Naltrexone, sometimes known asReVia.

Fluoxetine (Prozac) and Desipramine (Norpramin) have also shown promise. Alcohol abuse is also a serious medical and social problem, but is not the sameas alcoholism. Alcohol abuse is the intentional overuse of alcohol, i. e., to thepoint of drunkenness. This includes occasional and celebratory over-drinking.

Not all people who abuse alcohol become alcoholics, but alcohol abuse by itselfcan have serious medical effects. Overuse of alcohol is considered to be: -morethan 3-4 drinks per occasion for women -more than 4-5 drinks per occasion formen. One drink equals one (12-ounce) bottle of beer or winecooler, one (5-ounce)glass of wine, or one and a half ounces of liquor.

Alcohol, probably the oldestdrug known, has been used at least since the earliest societies for whichrecords exist. Of the numerous types of alcohol, ethyl alcohol is the typeconsumed in drinking. In its pure form it is a clear substance with little odor.

People drink alcohol in three main kinds of beverages: BEERS, which are madefrom grain through brewing and fermentation and contain from 3% to 8% alcohol; WINES, which are fermented from fruits such as grapes and contain from 8% to 12%alcohol naturally, and up to 21% when fortified by adding alcohol; and distilledbeverages (spirits) such as WHISKEY, GIN, and VODKA, which on the averagecontain from 40% to 50% alcohol. Drinkers may become addicted to any of thesebeverages. Physical Effects of Alcohol The effects of alcohol on the human bodydepend on the amount of alcohol in the blood (blood-alcohol concentration). Thisvaries with the rate of consumption and with the rate at which the drinker’sphysical system absorbs and metabolizes alcohol. The higher the alcohol contentof the beverage consumed, the more alcohol will enter the bloodstream. Theamount and type of food in the stomach also affect the absorption rate. Drinkingwhen the stomach is filled is less intoxicating than when it is empty; the foodsin the stomach, which contain fat and protein, delay alcohol absorption.

Bodyweight is also a factor; the heavier the person, the slower the absorption ofalcohol. After alcohol passes through the stomach, it is rapidly absorbedthrough the walls of the intestines into the bloodstream and carried to thevarious organ systems of the body, where it is metabolized. Although smallamounts of alcohol are processed by the kidneys and secreted in the urine, andother small amounts are processed through the lungs and exhaled in the breath, most of the alcohol is metabolized by the liver. As the alcohol is metabolized, it gives off heat. The body metabolizes alcohol at about the rate ofthree-fourths of an ounce to one ounce of whiskey an hour. Technically it ispossible to drink at the same rate as the alcohol is being oxidized out of thebody. Most people, however, drink faster than this, and so the concentration ofalcohol in the bloodstream keeps rising.

Alcohol begins to impair the brain’sability to function when the blood-alcohol concentration (BAC) reaches 0. 05%, that is, 0. 05 grams of alcohol per 100 cubic centimeters of blood. Most statetraffic laws in the United States presume that a driver with a BAC of 0. 10% isintoxicated. With a concentration of 0. 20% (a level obtained from drinking about10 ounces of whiskey), a person has difficulty controlling the emotions and maycry or laugh extensively. The person will experience a great deal of difficultyin attempting to walk and will want to lie down.

When the blood-alcohol contentreaches about 0. 30%, which can be attained when a person rapidly drinks about apint of whiskey, the drinker will have trouble comprehending and may becomeunconscious. At levels from 0. 35% to 0. 50%, the brain centers that controlbreathing and heart action are affected; concentrations above 0.

50% may causedeath, although a person generally becomes unconscious before absorbing a lethaldosage. Moderate or temperate use of alcohol is not harmful, but excessive orheavy drinking is associated with alcoholism and numerous other health problems. The effects of excessive drinking on major organ systems of the human body arecumulative and become evident after heavy, continuous drinking or afterintermittent drinking over a period of time that may range from 5 to 30 years. The parts of the body most affected by heavy drinking are the digestive andnervous systems.

Digestive-system disorders that may be related to heavydrinking include cancer of the mouth, throat, and esophagus; gastritis; ulcers; cirrhosis of the liver; and inflammation of the pancreas. Disorders of thenervous system can include neuritis, lapse of memory (blackouts), hallucinations, and extreme tremor as found in delirium tremens. Deliriumtremens (“ the DTs”) may occur when a person stops drinking after aperiod of heavy, continuous imbibing. Permanent damage to the brain and centralnervous system may also result, including Korsakoff psychosis and Wernicke’sdisease. Recent evidence indicates that pregnant women who drink heavily maygive birth to infants with the FETAL ALCOHOL SYNDROME, which is characterized byface and body abnormalities and, in some cases, impaired intellectualfacilities. Additionally, the combination of alcohol and drugs, such as commonlyused sleeping pills, tranquilizers, antibiotics, and aspirin, can be fatal, evenwhen both are taken in nonlethal doses. Many studies have been made of attitudestoward drinking in different societies. Every culture has its own general ethosor sense of decorum about the use and role of alcoholic beverages within itssocial structure.

In some cultures drinking is either forbidden or frowned upon. The Koran contains prohibitions against drinking, and Muslims are forbidden tosell or serve alcoholic beverages. Hindus take a negative view of the use ofalcohol; this is reflected in the constitution of India, which requires everystate to work toward the prohibition of alcohol except for medicinal purposes. Abstinence from alcohol has also been the goal of temperance movements in Europeand the United States. Some Christian religious groups strongly urge abstinence, including the Christian Scientists, Mormons, Seventh-Day Adventists, Pentecostalists, and some Baptists and Methodists. In some ambivalent cultures, such as the United States and Ireland, the values of those who believe inabstinence conflict with the values of those who regard moderate drinking as away of being hospitable and sociable.

This accounts for the plethora of laws andregulations that restrict the buying of alcoholic beverages. Some psychologistssay that this ambivalence in the culture makes it harder for some people todevelop a stable attitude toward drinking. Some cultures have a permissiveattitude toward drinking, including those of Spain, Portugal, Italy, Japan, andIsrael.

The proportion of Jews and Italians who use alcohol is high, but therates of alcoholism among them are lower than in Irish and Scandinavian groups. Some cultures may be said to look too favorably upon drinking, as do the French. In France the heavy consumption of alcohol has been related to the fact thatmany people are engaged in viticulture and in the production and distribution ofalcoholic beverages. Various surveys indicate that subgroups within a society orculture do not all have the same attitudes toward alcoholic beverages or thesame drinking patterns. Drinking behavior differs significantly among groups ofdifferent age, sex, social class, racial status, ethnic background, occupationalstatus, religious affiliation, and regional location.##FOOTER##