

Alcohol respiratory
depression and
possible death.
alcohol is



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Alcohol is liquid distilled product of fermented fruits, grains and vegetables used as solvent, antiseptic and sedative moderate potential for abuse. Possible effects are intoxication, sensory alteration, and/or anxiety reduction. Symptoms of overdose staggering, odor of alcohol on breath, loss of coordination, slurred speech, dilated pupils, fetal alcohol syndrome (in babies), and/or nerve and liver damage. Withdrawal Syndrome is first sweating, tremors, then altered perception, followed by psychosis, fear, and finally auditory hallucinations.

Indications of possible mis-use are confusion, disorientation, loss of motor nerve 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 some reasons are relaxation, sociability, and cheap high. But did you know that alcohol is a depressant that decreases the responses of the central nervous system. Excessive drinking can cause liver damage and psychotic behavior. As little as two beers or drinks can impair coordination and thinking.

Alcohol is often used by substance abusers to enhance the effects of other drugs. Alcohol continues to be the most frequently abused substance among young adults. HERE ARE SOME STRAIGHT FACTS ABOUT ALCOHOL.

... Alcohol abuse is a pattern of problem drinking that results in health consequences, social problems, or both. However, alcohol dependence, or alcoholism, refers to a disease that is characterized by abnormal alcohol-seeking behavior that leads to impaired control over drinking. Short-term

effects of alcohol use include: -Distorted vision, hearing, and coordination -
Altered perceptions and emotions -Impaired judgment -Bad breath;
hangovers Long-term effects of heavy alcohol use include:-Loss of appetite -
Vitamin deficiencies -Stomach ailments -Skin problems -Sexual impotence -
Liver damage -Heart and central nervous system damage -Memory loss Here
are some quick clues to know if I, or someone close, has a drinking problem: -
Inability to control drinking—it seems that regardless of what you decide
beforehand, you frequently wind up drunk -Using alcohol to escape problems
-A change in personality—turning from Dr.

Jekyll to Mr. Hyde -A high tolerance level—drinking just about everybody under
the table-Blackouts—sometimes not remembering what happened while
drinking -Problems at work or in school as a result of drinking -Concern shown
by family and friends about drinking If you have a drinking problem, or if you
suspect you have a drinking problem, there are many others out there like
you, and there is help available. You could talk to school counselor, a friend,
or a parent. Excessive alcohol consumption causes more than 100, 000
deaths annually in the United States, and although the number shows little
sign of declining, the rate per 100, 000 population has trended down since
the early 1980s.

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

About 9 percent is due to alcohol-related stroke. One of the most important contributors to alcohol-related deaths is a group of 12 ailments wholly caused by alcohol, among which alcoholic cirrhosis of the liver and alcohol dependence syndrome are the most important. These 12 ailments together accounted for 18 percent of the total alcohol-related deaths in 1992. Mortality due to the 12 causes rises steeply into late middle age range and then declines markedly, with those 85 and over being at less than one-sixth the risk of 55 to 64-year olds. The most reliable data are for the 12 conditions wholly attributable 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-induced ailments. The geographical distribution for whites and blacks follows roughly the same pattern but the rates for blacks are two and half times higher.

In the late nineteenth century blacks, who were then far more abstemious than whites, were strong supporters of the temperance movement, but the movement in the South was taken over by whites bent on disenfranchising black people by any means possible, such as propagating lurid tales of drink-crazed black men raping whitewomen. Consequently, blacks became less involved in the temperance movement, a trend that accelerated early in the twentieth century with the great migration of blacks to the North, where liquor was freely available even during Prohibition. The geographical pattern of mortality from the 12 conditions wholly caused by alcohol is partly explained by the average alcohol consumption among those who drink, which tends to be higher in the Southeast certain areas of the West and than

elsewhere. In New Mexico, Arizona, Alaska, and in many counties in the Plains and Mountain states, the rates are high, in part, because of heavy drinking among Native Americans. Another possible contributor to high rates in the West is lower family and community support than elsewhere, as suggested by high divorce and suicide rates, low church membership, and the large number of migrants from other regions. In the South Atlantic states, black males contribute heavily to the high mortality rates, although white rates there are above average. One unexplained anomaly is the comparatively low rates in the area stretching from Kentucky through Tennessee, Alabama, Mississippi, to Louisiana, all states with high alcohol consumption among those who drink.

There were at least four cycles of high alcohol consumption in the last 150 years with peaks in the 1840s, in the 1860s, the first decade of the twentieth century, and again in the 1970-1981 period. Each of these peaks was probably accompanied by an increase in alcohol-related deaths, as suggested by the course of liver cirrhosis mortality, which, since the early twentieth century, has followed more-or-less the same trend as consumption of beverages alcohol. America is now in a phase of declining alcohol consumption, so one would expect that the rate of alcohol-related deaths would continue to decline. Among westernized countries, America in the early 1990s was somewhat below average in both alcohol consumption 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 mean that you're an alcoholic? Sometimes people get the idea that alcohol abuse and alcoholism

are the same thing. They are not. The National Council on Alcoholism says, "Alcohol Abuse : a problem to solve.

Alcoholism: a disease to conquer." In case you have wondered what the difference is, here's some help: Alcohol Abuse is the misuse of the substance, alcohol. You know you are abusing a substance when: -You continue to use it, even though you're having social or interpersonal problems because of your use. -You still use it even though it's causing you physical problems.

-Using it the way you do is causing you legal problems. -You don't live up to major responsibilities on the job or in 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: -You must use larger and larger amounts of it to get high. -You have withdrawal when you try to stop or cut down.

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

-You keep using, no matter what. The National Council on Alcohol Abuse and Alcoholism estimates, based on research, that a Blood Alcohol Concentration (BAC) between .02 and .04 makes your chances of being in a single-vehicle fatal crash 1.4 times higher than for someone who has not had a drink. If your BAC is between .

.05 and .09, you are 11.1 times more likely to be in a fatal single vehicle crash, and 48 times more likely at a BAC between .

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

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

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

Not all people who abuse alcohol become alcoholics, but alcohol abuse by itself can have serious medical effects. Overuse of alcohol is considered to

be: -more than 3-4 drinks per occasion for women -more than 4-5 drinks per occasion for men. One drink equals one (12-ounce) bottle of beer or wine cooler, one (5-ounce) glass of wine, or one and a half ounces of liquor.

Alcohol, probably the oldest drug known, has been used at least since the earliest societies for which records exist. Of the numerous types of alcohol, ethyl alcohol is the type consumed 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 made from 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 distilled beverages (spirits) such as WHISKEY, GIN, and VODKA, which on the average contain from 40% to 50% alcohol. Drinkers

may become addicted to any of these beverages. Physical Effects of Alcohol

The effects of alcohol on the human body depend on the amount of alcohol in the blood (blood-alcohol concentration). This varies with the rate of consumption and with the rate at which the drinker's physical system absorbs and metabolizes alcohol. The higher the alcohol content of the beverage consumed, the more alcohol will enter the bloodstream. The amount and type of food in the stomach also affect the absorption rate. Drinking when the stomach is filled is less intoxicating than when it is empty; the food in the stomach, which contains fat and protein, delays alcohol absorption.

Body weight is also a factor; the heavier the person, the slower the absorption of alcohol. After alcohol passes through the stomach, it is rapidly

absorbed through the walls of the intestines into the bloodstream and carried to the various organ systems of the body, where it is metabolized. Although small amounts of alcohol are processed by the kidneys and secreted in the urine, and other 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 of three-fourths of an ounce to one ounce of whiskey an hour.

Technically it is possible to drink at the same rate as the alcohol is being oxidized out of the body. Most people, however, drink faster than this, and so the concentration of alcohol in the bloodstream keeps rising.

Alcohol begins to impair the brain's ability 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 state traffic laws in the United States presume that a driver with a BAC of 0.10% is intoxicated. With a concentration of 0.20% (a level obtained from drinking about 10 ounces of whiskey), a person has difficulty controlling the emotions and may cry or laugh extensively. The person will experience a great deal of difficulty in attempting to walk and will want to lie down.

When the blood-alcohol content reaches about 0.30%, which can be attained when a person rapidly drinks about a pint of whiskey, the drinker will have trouble comprehending and may become unconscious. At levels from 0.35% to 0.50%, the brain centers that control breathing 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 itsocial structure.

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

This accounts for the plethora of laws and regulations that restrict the buying of alcoholic beverages. Some psychologists say that this ambivalence in the culture makes it harder for some people to develop a stable attitude toward drinking. Some cultures have a permissive attitude toward drinking, including those of Spain, Portugal, Italy, Japan, and Israel.

The proportion of Jews and Italians who use alcohol is high, but the rates 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 that many people are engaged in viticulture and in the production and distribution of alcoholic beverages. Various surveys indicate that subgroups within a society or culture do not all have the same attitudes toward alcoholic beverages or the same drinking patterns. Drinking behavior differs

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significantly among groups of different age, sex, social class, racial status, ethnic background, occupational status, religious affiliation, and regional location. ##FOOTER##