



# **Rapid Assessment of Alcohol and Other Substance Use in Conflict-affected and Displaced Populations: A Field Guide**



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## **ACRONYMS**

<b>CDC</b>	Centers for Disease Control and Prevention, USA
<b>HIV</b>	Human immunodeficiency virus
<b>IASC</b>	Inter-agency Standing Committee
<b>NGO</b>	Nongovernmental organization
<b>RAR</b>	Rapid assessment and response
<b>STI</b>	Sexually transmitted infection
<b>WHO</b>	World Health Organization
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nations High Commissioner for Refugees

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## INTRODUCTION

### Background

An increase in alcohol and other substance use is among the many health and social issues associated with conflict and displacement.<sup>1,2</sup> Problems with substance use are prevalent in a variety of conflict-affected situations,<sup>3</sup> including camps for refugees and internally displaced people. Psychoactive substances, particularly alcohol and psychostimulants, are also often used by combatants.<sup>4</sup>

The reasons given for substance use among conflict-affected and displaced populations include self-medication for pain and mental health problems, the stress of adapting to life in a new environment and exposure to unfamiliar patterns of alcohol and other substance use.<sup>5</sup> A wide range of legal and illegal substances may be used, including alcohol, cannabis, hypnotosedatives, inhalants, opioids, and psychostimulants. (See Box 1 for background information about psychoactive substances, and Box 2 for background information about patterns of substance use). For the purposes of this guide, cigarettes and other tobacco products have been excluded as they are unlikely to cause acute problems among conflict-affected or displaced populations.

The loss or disruption of livelihoods may also make displaced populations vulnerable to substance use or involvement in the drug trade.<sup>6</sup> In some long-term displaced populations, the local economy may depend on the commercialization of psychoactive substances, including alcohol, khat, cannabis and opium, sometimes associated with commercial sex work.<sup>7</sup>

In settings of conflict and displacement, as elsewhere, the social problems associated with alcohol and other substance use are considerable. These include gender-based violence, organized crime and the serious neglect of children.<sup>8</sup> In addition, the financial burden of alcohol and other substance use has a negative impact on household economies and food security, resulting in undernutrition and ill health.

Health problems associated with alcohol and other substance use have been well documented.<sup>9</sup> In situations of conflict and displacement, the most obvious problems are injuries such as those caused by acute intoxication or life-threatening overdose. In addition, interruption to drug supply can cause withdrawal symptoms in dependent users,<sup>10</sup> and in some conflict-affected settings, there is a clear association between suicide and alcohol use.<sup>11</sup>

The relationship between substance use and HIV transmission is complicated and needs further study in conflict-affected populations.<sup>12,13</sup> Nevertheless, alcohol has been shown to increase risky sexual behaviour and HIV transmission in some conflict settings.<sup>14-16</sup> In addition, conflict and displacement may increase HIV and other bloodborne virus transmission due to an increase in unsafe injecting drug use.<sup>17</sup> A transition to injecting drug use has been observed in conflict settings, and needle sharing may also increase<sup>18,19</sup> as access to injecting equipment or harm reduction interventions is disrupted.<sup>20</sup> Injecting drug use is increasing in sub-Saharan Africa, where conflict and

HIV are particularly prominent.<sup>21</sup> It could introduce HIV into already vulnerable communities with the risk of an explosive epidemic in areas of low HIV prevalence.<sup>22</sup>

### Box 1. Psychoactive substances<sup>23</sup>

**A psychoactive substance** is any chemical that can alter a person's perceptions, feelings, behaviours, or thoughts. A psychoactive substance can be a medicine, plant derivative or industrial product. Psychoactive substances used will vary from setting to setting; an outline of different types of substances used and their effects is given below. Each assessment will reveal different types of substance use, and the information in this brief summary does not replace the need for expertise on alcohol and other substance use in the team.

**Alcohol:** Alcohol is a sedative. Intoxication with alcohol causes sleepiness, impaired judgement, disinhibition, and problems with balance and coordination. Alcohol is usually consumed in beverages like wine, beer, spirits or home-brew. It is also found in some cough mixtures and industrial products.

**Hypnotosedatives (sleeping pills):** A large number of synthetic drugs are used to decrease anxiety or for sedation. They are used either in pill form or by injection and include: benzodiazepines such as alprazolam (Xanax), diazepam (Valium), flunitrazepam (Rohypnol), oxazepam (Serepax), temazepam (Normison); barbiturates: such as pentobarbital; and other sedatives, such as chloral hydrate and methaqualone (Mandrax). They are similar in their effects to alcohol.

**Opioids:** Opioids are also sedatives, causing euphoria, relaxation and analgesia (pain relief). Some opioids are naturally extracted from the opium plant, including codeine, heroin, morphine, and opium itself, and some are synthetically derived, such as buprenorphine hydrochloride (Temgesic, Subutex), methadone (Physeptone), and pethidine or meperidine (Demerol).

**Hallucinogens:** Hallucinogenic substances can cause changes in mood and the way that the environment or a person's body is perceived. They can be naturally occurring or synthetic, and include: LSD (Lysergic Acid Diethylamide), usually ingested from capsules, liquids or tablets or licked off pieces of paper); mescaline from pulp of the peyote cactus; psilocybin mushrooms; and PCP (phencyclidine) an animal tranquiliser.

**Cannabis:** Preparations of the cannabis plant are usually smoked or ingested as marijuana (leaves and flowers) or hashish (oil or resin from the flowering heads). Tablets containing THC (Tetrahydrocannabinol, the main active ingredient in cannabis) can also be used. Cannabis has both sedative and hallucinogenic effects.

**Psychostimulants:** This group of substances increase the stimulate body's nervous system and can result in feelings of increased energy and alertness, decreased appetite, and sleeplessness. Stimulants are usually ingested, inhaled or injected. Coca leaves can be chewed, used as a paste or made into cocaine powder or a smokable form (called crack); amphetamines are found as powders or pills (sometimes called shabu or speed), or in a smokable form (sometimes called ice), and are in some diet pills or prescription drugs; MDMA (sometimes called ecstasy) has both stimulant and hallucinogenic effects and is usually found as a tablet, powder or oil; khat, the leaves and buds of a plant found in East Africa, chewed or brewed as a drink.

**Inhalants:** A range of readily available aerosols, volatile solvents and gases are used as inhalants including aerosol sprays, butane gas, petrol, glue, paint thinners, solvents, and amyl nitrite ("poppers"). These have a combination of sedative and hallucinogenic effects.

**Other psychoactive substances** include: kava, a drink made from the roots of a shrub found in the South Pacific with mild sedative effects; and betel nut, is the seed of an Asian palm tree, with mild stimulatory effects.



## Box 2: Patterns of substance use<sup>23</sup>

Patterns of substance use vary from several times a day to infrequently, sometimes with excessive amounts (called 'binges').

**Intoxication** can follow the use of one or more substances causing a temporary change in thoughts, behaviour, mood, judgement, decision making and perception. The effects of intoxication depends on the substance, the frame of mind of the person and the setting in which it is used. A person intoxicated with some substances (such as alcohol) may be more likely to be involved in accidents, violence, rape, or unsafe sex.

**Harmful use** of substances is a pattern of use which is causing damage to physical or mental health, such as transmission of hepatitis or HIV from unsafe injecting drug use or brain damage from inhalants.

Regular use of a substance can result in decreased effect, so that greater quantities are needed to achieve the same effect – this phenomenon is called **tolerance**.

Sometimes people become **dependent** on a substance, and spend more and more of their time thinking about, obtaining, or using a particular substance, or losing their ability to control their use of a substance despite experiencing harms from its use. A dependent user may experience withdrawal symptoms if he or she abruptly stops using the substance, depending on the substance used.

**Withdrawal** symptoms depend on the duration of use, the amount used, and the substance used. In an emergency setting withdrawal may be precipitated by disruption to supply, or illness or injury preventing the dependent person from obtaining or using his or her drug of choice. Important withdrawal syndromes are outlined below: Some substances have no or very mild withdrawal symptoms, such as hallucinogens, inhalants and cannabis).

Substance	Withdrawal
Alcohol	Shakes, vomiting, anxiety, agitation, sweats and when severe, seizures, confusion and hallucinations (can be life-threatening if not managed correctly)
Hypnotosedatives	Anxiety, sleep difficulties, shakes, irritability and when severe, convulsions and confusion (can be dangerous if not managed correctly)
Opioids	Dilated pupils, nausea and vomiting, diarrhoea, insomnia, anxiety, agitation, sweating, aches and pains
Psychostimulants	Fatigue, irritability, depression, suicidal feelings, sleeplessness, nausea, vomiting,

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