

A Comprehensive Overview of Adolescent Alcohol use Disorder and their Prevention in Schools; The Role of Homoeopathy in De-Addiction

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Abstract: *Alcohol consumption that exceeds a certain threshold on a daily or weekly basis is referred to as excessive consumption or Alcoholism. Alcoholism can relate to harm that has been caused by such excessive consumption, including social, mental, and physical effects.^[1] Early alcohol usage was prevalent (14% among boys and 12% among girls). Early alcohol use may adversely affect teenage brain development and negatively impact their quality of life. Knowing the causes of such destructive behaviour is necessary to prevent it more effectively.^[2] This article discusses how homoeopathy can be used to treat or control alcoholism and how it significantly aids in recovery.*

Keywords: Alcoholism, Alcoholism in Adolescence, Alcohol use disorder, De-Addiction, Homoeopathy, School Prevention programmes

Abbreviations: Alcohol Use Disorder (AUD), World Health Organisation (WHO)

1. Introduction

Alcoholism has defined a cutoff for unhealthy use that is empirically based on the epidemiological literature. Risky drinking amounts are those above these cut-offs. For men, this level is greater than 14 drinks per week or >4 drinks on an occasion; for women, this cutoff is >7 drinks/week or >3 drinks on an occasion.^[3] According to the WHO, alcohol use is the main risk factor for early death and disability among people between the ages of 15 and 49, as evidenced by the fact that 3.3 million men and women worldwide died as a result of drinking alcohol. According to researchers, Teens who frequently indulge in Alcohol misuse have deficits in executive function with anomalies in attention, working memory, long-term memory retrieval, planning, temporal integration of memory and goal, decision-making, monitoring, and inhibitory control.^[4]

Epidemiology

Based on research, India has the world's foremost teenage population (253 million persons aged 10 to 19 years), accounting for 21% of the total population. In addition, children as young as 13-15 have begun using alcohol in India.^[5]

Stages of Alcohol Consumption

Abstinence, experimentation, social or recreational use, habituation, abuse, and eventually addiction are the six stages of alcohol consumption.^[6]

Why schools have been the best place for prevention?

Schools are a practical and effective location for adolescent-focused intervention programmes. Additionally, evaluating

the efficacy of a programme and keeping track of how faithfully it is implemented in a classroom context are both rather simple. Task perseverance depends on the majority of executive functions, working memory, and sustained attention. Action execution also requires foresight and strategy. Early prevention programming exposure may operate as proactive interference against later drug-facilitative knowledge, preventing alcohol abuse.^[7] The process of de-addiction can be helped and supported by homoeopathy, which is also very beneficial for memory and focus.

Aetiology

- 1) Genetic Factor: According to the studies, the genetic point of view has received substantial support from these investigations and Alcoholism does likely to run in families.
- 2) Emotional Vulnerability: Emotional immaturity is a characteristic of alcoholics, and this makes them more susceptible to developing into alcoholic addicts. Clinical illnesses including depression and antisocial personality disorder are usually linked to later heavy drinking.
- 3) Stress and lack of peer support: Alcohol is probably the person's go-to method for numbing anxiety, resentment, despair, or other unpleasant emotions brought on by stressful parts of his position.
- 4) Stress in a marriage or intimate relationship: Intimate relationship crises, especially those that result in hurt and self-devaluation, are frequent triggers for the onset of excessive drinking.
- 5) Social Influences: Additionally, alcohol has developed a ceremonial role in encouraging joy and enjoyable social contact.^[8]

Screening Test:

With just three questions, this quick screen can be completed.

- 1) How many days a week, on average, do you drink alcohol?
- 2) How many drinks do you typically consume each day?
- 3) How much booze did you consume at one time in the past month?^[9]

The World Health Organisation created the 10-item Alcohol Use Disorders Identification Test- C, which has good performance characteristics for identifying harmful alcohol consumption.

Validated Screening Test:^[10]**Pre-Screening Form:**

All adult patients should be given the pre-screening form. Using one pre-screening query for alcohol and one preliminary screening question for drugs, it eliminates people who are at little or no risk.

Audit:

Patients who test affirmative on the pre-screening for alcohol consumption should be given the Alcohol Use Disorders Identification Test (AUDIT). The screening questions are on side one, while the scoring and interpretation guidelines are on side two.

It is traditionally graded from 0 to 40 with an 8 as the minimum, but more recently, scores of 5 (for men) and 4 (for women and those over 60) have been deemed positive. It is the briefer-validated screening tool.^[11] For males and females, a score threshold (or cut-point) of 4 will indicate unhealthy alcohol use, whereas a score of 7 or more indicates moderate to severe alcohol use disorder. This test is widely used and useful for training with scoring-friendly procedures.^[12]

NIAAA alcohol screening and brief intervention for youth: a practitioner's guide:

This screening test is designed for patients aged 9 to 18 and exclusively looks for alcohol usage.

• BSTAD:

The Brief Screener for Alcohol, Tobacco, and Other Drugs (BSTAD) tool uses frequent of consumption questions to identify hazardous substance use amongst adolescent patients aged 12 to 17. The accompanying resources help clinicians provide patient feedback and follow-up resources.

• S2BI:

The Screening to Brief Intervention (S2BI) tool uses frequency variation of use questions to categorise alcohol and drug use among adolescent patients aged 12 to 17. The accompanying resources help clinicians provide insight from patients and follow-up resources.

Management of alcohol use disorder:^[13]

Pharmacotherapy and counselling are two strategies for treating moderate to severe alcohol use disorder (AUD) that can be successful in primary care settings. Specialist care recommendations can also be beneficial. Remember that it is doubtful that a brief intervention can cause people with

moderate to severe AUD to significantly reduce their drinking on its own.

Current Prevention Strategies used in Schools:

Young children's school-based programmes frequently concentrate on enhancing social-emotional skills, Teenage problem behaviour, such as drug use behaviour, is predicted by temperamental traits like emotionality. According to Wills and colleagues, a person's ability to self-regulate during adolescence and, consequently, their drug use behaviour are influenced by their temperamental traits and socialisation during childhood. A school-based preventative programme called Encouraging Alternative Thinking Strategies works to support young children's social and emotional development by teaching and modelling executive function abilities.

Therapeutic Management:

Acamprosate, *naltrexone*, and *disulfiram* have all shown effectiveness in the treatment of mild to severe AUD alcohol dependence. Even with medication assistance, many people might find it challenging to begin and maintain a change. Thus we emphasise the importance of continued motivational counselling, community support, peer support, and attention to relapse prevention.

a) Primary Care Counselling:

A 45-minute first consultation and eight about 20-minute follow-up sessions spread out over the course of four months, are required for counselling in primary care. These appointments are often scheduled every two to three weeks.

b) Remission in Patients:

Every routine appointment should include encouraging conversations regarding recovery. Problem-solving and recovery-enhancing conversations should follow when circumstances that could raise the risk of relapse are met or predicted.

Homoeopathic treatment in de-addiction:**Application and uses of homoeopathic treatment:**

- 1) They facilitate a speedy and secure recovery from drug dependence
- 2) They aid in treating withdrawal symptoms and assist patients in overcoming their negative effects.
- 3) Homoeopathic remedies aid in recovery from relapse or the victim's susceptibility to resume their compulsive drug-taking behaviour.

The Rubrics related to Alcohol De-Addiction from Murphy Repertory are given below.^[13]

1) Toxicity Chapter

- a) **ADDICTIONS**, ailments from- *ars.*, *aven.*, *carc.*, *cham.*, *coff.*, *ip.*, *lach.*, *nux-v.*, *op.*, *thuj.*
- b) **ADDICTIVE**, personality, ailments from -*ars.*, *aven.*, *carc.*, *lach.*, *med.*, *nux-v.*, *op.*, *thuj.*
- c) **ALCOHOLIC**, constitutions - *absin.*, *cimic.*, *agar.*, *ant-c.*, *ant-t.*, *ARS.*, *asar.*, *aur.*, *bell.*, *bar-c.*, *cadm-s.*, *calc.*, *cann-i.*, *carb-v.*, *card-m.*, *chim.*, **CHIN.**, *cocc.*, *coff.*, **CROT-H.**, *dig.*, *eup-per.*, *gels.*, *hyos.*, *ille.*, *kali-br.*, *lac-c.*, **LACH.**, *led.*, *meph.*, *nat-c.*, *nat-m.*, *nat-s.*

nux-m., NUX-V., OP.,phos., RAN-B.,SEL.,sep., stram., SULPH., SUL-AC., zinc.

d) **ALCOHOLISM**, dipsomania (see Alcohol, general)

- **Hereditary**, craving - asar., carc., lach., psor., sul-ac., sulph., **SYPH.**, tub.
- **Withdrawal**, to help from - ange., asar., aven., bufo, calc-ar., carc., chin., kola, lach., nux-v., passi., querc., stroph., stry-n., sul-ac., sulph.

2) Weakness Chapter

a) **ALCOHOLIC**, drinks, amel., weakness -canth., nit-s-d., nux-v., thea.

b) **ALCOHOLISM**, weakness, in -alco., ars., carb-n-s., kali-br., nat-s., phos., ran-b., sel., sulph.

3) Food Chapter

a) **ALCOHOL**, general

- **abuse**, poisonings - **ABSIN.**,**AGAR.**, **ALCO.**, am-m., anac., ange., **ant-c.**, **ant-t.**, **apoc.**, **apom.**, **asar.**,**AUR.**, **aven.**, card-m., caust., cham., **chel.**, chim., **CHIN.**, chin-m., **CROT-H.**, **cupr-ar.**, dig., **eup-per.**, kola, **lac-c.**, **LACH.**, **NUX-V.**, op., passi., petr., ph-ac., **phos.**, plat., pib., psor., puls., **quas.**, **QUERC.**, **RAN-B.**,sars., sec., **SEL.**, **stroph.**, **SUL-AC.**, **SULPH.**, syph., tarax., tub., valer., **VERAT.**, **zinc.**
- **-ailments**, from
- **-desires**, alcohol - absin., acon., alco., aloe, am-c., ant-t., arg., calc-s., **CAPS.**, **carb-v.**, carc., **chin.**, cic., **coca**, ccc., **CROT-H.**, kali-m., kola, kreos., lac-c., **LACH.**,lap-gr-m., lec., **led.**, **Iyc.**,nux-m., **NUX-V.**, **phos.**, pib., **psor.**, **puls.**, rhus-t., staph., **stram.**, stront-c.,stry-n., sul-i, **SUL-AC.**, **SULPH.**, subm., syph., **tub.**, ziz.

Clinical Chapter

ALCOHOLISM, dipsomania- **habit**, to overcome-ange., aven., bufo, **cinch.**,kola, **querc.**, **sul-ac.**, sulph.

Homoeopathic Materia Medica and Its Application.^{[14][15]} [16]

The most common medicines used for **alcoholic constitutions** are: *Absinthium*, *Cimicifuga racemosa*, *Agaricus muscarius*, *Antimonium crudum*, *Arsenicum album*, *Asarum europaeum*, *China officinalis*, *Crotalus horridus*, *Hyoscyamus niger*, *Lachesis mutus*, *Nux vomica*, *Opium*, *Phosphorus*, *Quassia amara*, *Quercus glandium spiritus*, *Ranunculus bulbosus*, *Selenium metallicum*, *Sepia officinalis*, *Strophanthus*, *Syphilinum*, *Sulphur*, *Acidum sulphuricum*, *Zincum metallicum*.

Hereditary craving - *Asarum europaeum*, *Carcinosin*, *Lachesis*, *Psorinum*, *Sulphur*, *Acidum sulphuricum*, *Syphilinum*, *Tuberculinum*.

- 1) **ABSINTHINUM**: Principally a nervous remedy, especially useful after the abuse of alcohol.
- 2) **ACID SULPHURICUM**: Craving for alcoholic drink. Water feels cold in stomach, must be mixed with alcohol. stimulants, alcohol, which also causes complaints. Weakness which is out of proportion to the disease. Hurry, hasty, quick, sullen, impatient, angry because things move slowly.

3) **AGARICUS MUSCARIUS**: A great antidote to alcoholic drinks (Abs.)As good as Lach. for the red-tipped nose of drunkards.

4) **APOMORPHINUM HYDROCHLORICUM**: Combined alcoholism and Opism, constant nausea, constipation, insomnia, delirium, headache, pronounced hysteria and emaciation.

5) **ASARUM EUROPEUM**: The tongue whitish and thickly furred, anxious at the stomach mornings on waking and an ungovernable longing for alcohol, the stools usually consist of shaggy, stringy masses of inodorous mucus and may contain ascarides; retching aggravates.

6) **AVENA SATIVA**: Of great value for alcoholics who are nervous, sleepless and seem to be on the verge of delirium tremens. Especially useful in the treatment of the opium or morphine habit.

7) **CARBONEUM SULPHURATUM**: Our most useful remedy for broken down people from the long use of alcoholic stimulants. So absent-minded and irascible.

8) **CHININUM MURIATICUM**: Extremely sensitive to alcohol and tobacco; cannot bear alcohol or tobacco. Easily made drunk. Inability to smoke (in a great smoker); half a cigar made him feel extremely ill, cold perspiration broke out, inclination to vomit. Fulness in epigastrium, colicky pains in abdomen, flatulence. Appetite very bad; inclination to vomit > after dinner.

9) **CROTALUS HORRIDUS**: Vomiting: bilious, cannot lie on the right side, vomit dark green; of blood, stomach ulcerated. Gastritis from chronic alcoholism, constant nausea and vomiting.

10) **OPIUM**: Ailments from Alcohol and drug withdrawal. Excitement, great flow of ideas, vivid imagination. Desire to escape from reality. Acute senses Ailments of drunkards; of children and of old age with want of bodily irritability.

11) **SELENIUM METALLICUM**: The nervous states are all aggravated by coition; is extremely sad, has a strong desire for alcoholic stimulants, is worse after sleep, especially on a hot day;

12) **STROPHANTHUS HISPIDUS**: Craving coffee. A good drug for eliminating alcoholism. It causes aversion without causing the symptoms of withdrawal.

13) **SYPHILINUM**: Aversion to company. Sad and lamenting. Nightly delirium. Terrible dread of the night. **ALCOHOLISM** (hereditary tendency). Craving for **ALCOHOL** in any form acutely.

14) **QUASSIA AMARA**: Awoke with great anxiety 1 a.m., unable to sleep or read, next day could not perform any mental labour from the absence of thought. Alcoholism, dipsomania. Tongue dry with or with a brown sticky coating. Stomach full as if with hot water.

15) **QUERCUS GLANDIUM SPIRITUS**: To help with alcoholism, dipsomania: or withdrawal. Wheeling vertigo, vertigo with spleen and left side affections, hesitant to move for fear of apoplexy or giddiness. Hepato-splenomegaly.

2. Conclusion

The adage "The youth of today are the leaders of tomorrow" is well-known. Their actions can affect a nation's development and prosperity. Therefore, it is imperative to

stop these immoral practices from occurring in schools and to foster moral values in those children. In order to treat this ailment In addition to fostering the young patients' speedy recovery, homoeopathic drugs can help patients control their withdrawal symptoms and recover from recurrence. Thus, it aids in boosting that young person's general confidence and situational coping skills.

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