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✓ **Resume**

*Due to the availability and coverage of large numbers of patients, emergency care has the potential to be used to reduce the risk from problem drinking. The most effective approach to preventing drunkenness and alcoholism is an approach aimed at gradually changing traditions in society, with an emphasis on the possibility of adjusting individual behavior under the influence of others. A full motivational interview should be conducted with patients, including family relatives, who tolerate harmful and dangerous drinking and are hesitant to change their drinking habits.*

**Key words:** Toxicology, alcoholism, detoxification, hypertension.

**МЕДИКО-СОЦИАЛЬНАЯ ПОМОЩЬ ДЛЯ ЗЛОУПОТРЕБЛЯЮЩИХ АЛКОГОЛЕМ  
ПАЦИЕНТОВ В ОТДЕЛЕНИИ НЕОТЛОЖНОЙ ПОМОЩИ**

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✓ **Резюме**

*Вследствие доступности и возможности охвата большого числа пациентов экстренная медицинская помощь обладает потенциалом для использования в целях сокращения риска, возникающего в результате проблемного употребления алкоголя. Наиболее эффективным подходом предупреждения пьянства и алкоголизма является подход, нацеленный на постепенное изменение традиций в социуме, с акцентом на возможность корректировки индивидуального поведения под влиянием окружающих. Полноценное мотивационное интервью необходимо проводить с пациентами включая их семейных родственников, которые допускают вредное и опасное употребление алкоголя и сомневаются по поводу изменения своих питейных привычек.*

**Ключевые слова:** токсикология, алкоголизм, детоксикация, гипертония.

**ТЕЗ ТИББИЙ ЁРДАМ БЎЛИМИДА СПИРТЛИ ИЧИМЛИКЛАРНИ СУИСТЕЪМОЛ  
ҚИЛГАН БЕМОРЛАРГА ПСИХО-СОЦИАЛ ЁРДАМ КЎРСАТИШ**

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✓ **Резюме**

*Шошилинч тез тиббий ёрдамнинг асосий устуворлиги шундаки кўп сонли беморларни қамраб олиш, ҳамда алкоголизмда тез тиббий ёрдам кўрсатиши ва унинг турли хавф даражаларини камайтиришидир. Маслиҳат ва алкоголизмнинг олдини олиш бўйича энг самарали ёндашув – бу жамиятдаги урф одатларни босқичма босқич ўзгартиришига қаратилган, ҳамда индивидуал ёндашув амалга оширилмоқда. Бундай алкоголизмни профилактик чора тадбирлари асосида оилавий муҳит катта рол уйнайди, шу сабабли ҳам бундай ишлар профилактикасида оила аъзолари билан биргаликда чора тадбирларни ишлаб чиқиш зарурдир.*

**Калит сўзлар:** Токсикология, алкоголизм, детоксикация, гипертония.

## Relevance

The social and economic burden of alcohol use is increasing in all countries. The World Health Organization (WHO) estimates that 3 million deaths occur annually as a result of the harmful use of alcohol worldwide, which is 5.3% of all deaths. Research shows regional, national and local differences in levels, nature and social context of alcohol consumption, but overall negative health effects are clear. According to the International Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), alcohol dependence syndrome is a chronic relapsing disease and at the moment there are no highly effective methods of treatment. Prior to the onset of addiction, there is always a period of problem drinking? The duration of this period varies individually and depends on many factors (frequency of alcohol consumption, the amount of alcohol consumed, hereditary factors, concomitant diseases, etc.), but usually takes several years. Effective intervention at the stage of problem drinking can slow or prevent disease formation.

### Social and economic consequences of alcohol consumption

Alcohol dependence has a wide range of social consequences, affecting both the drinker himself and his close environment, and society as a whole. From a social position, this is a form of deviant behavior, characterized by a person's pathological attraction to alcohol and subsequent personality degradation. Social manifestations of alcoholism are expressed in a change in the circle of communication, in the rejection of alcohol-dependent persons by society, in their stigmatization. Most alcohol abusers are socially isolated, lose social skills, and perceive the world around them as hostile, there is a loss of friends, trust in people. In addition, with alcohol dependence, family relationships are disrupted. The formation of an addiction syndrome in one of the spouses causes irreparable harm to family relations. According to studies by Russian authors, 2/3 of wives with alcoholism have a pronounced neurotic state. In the countries of the European Union, among the causes of divorce, alcoholism is in the first place in 40–80% of cases.

Various offenses are one of the social consequences of alcoholism. Experts note that problematic consumption of alcoholic beverages and the state of intoxication contribute to the commission of the most serious offenses. Also found that in the frequency of offenses there are no fundamental differences between those prone to domestic drunkenness and those suffering from

alcohol dependence. Both those and other persons are asocial and tend to commit offenses.

Thus, the social damage from excessive alcohol consumption is enormous: it is caused by industrial and transport injuries, an increase in crime, and is the cause of fires. Alcohol addiction is the most common cause of family breakdown, an increase in the number of dysfunctional families, the number of orphans and children with mental and physical developmental disabilities, the formation of codependency syndrome and suicidal behavior.

### Relevance in Uzbekistan

The dynamics of disorders associated with the use of psychoactive substances in Uzbekistan is characterized by an increase in alcohol dependence with a constant decrease in drug abuse. Thus, in the period from 2008 to 2018, the incidence of drug addiction decreased from 8.2 cases per 100,000 populations to 2.6 cases, respectively. At the same time, the incidence of alcohol dependence increased from 13.0 to 24.3, respectively. Over time, excessive alcohol consumption can lead to chronic illness and other serious problems, including: high blood pressure, heart disease, stroke, liver disease and digestive problems, cancer of the breast, mouth, throat, esophagus, liver, etc. of the colon, weakened immune system, increased chances of getting sick, learning and memory problems including dementia and poor academic performance in school, mental health problems including depression and anxiety, social problems including loss of productivity, family problems and unemployment, alcohol use disorders or alcohol dependence. In Uzbekistan, there is an almost twofold increase in the number of hospitalizations of people with acute alcohol intoxication, which is 47% of all cases of acute poisoning. Available evidence suggests that 90% of all patients (6,578 people) with acute alcohol intoxication admitted to emergency departments throughout Uzbekistan in 2018 were chronic alcoholics.

### Current situation with treatment of alcoholic disorder in Uzbekistan

In Uzbekistan, 2,689 people with alcohol intoxication, as well as with symptoms of alcohol withdrawal, were admitted to the emergency medical service in Uzbekistan in 2016. Emergency care (EC) provides detoxification services in accordance with national standards, such as antibacterial, vitamin, infusion and detoxification therapy for antidote therapy for the development of deep coma - naloxone 0.4 mg intravenously 2 times a day, until 5% - 5 mg / kg motivational intervention required for substance use disorders.

Although the emergency care system in Uzbekistan provides effective pharmacological treatment to detoxify these patients, follow-up and communication with Alcohol dependence treatment services is inadequate. This is the reason why very few alcohol addicted patients seek treatment for their addiction after being discharged from emergency hospitals. As a result, patients admitted due to acute alcohol intoxication can be re-hospitalized with the same diagnosis in a short time, which increases health care costs, risks of injury, violence and crime.

Despite solid international experience and strong links with family members of patients as a means of social support, there are no psychosocial interventions in the emergency department to reduce the harm associated with their addiction. The SOLID project is the result of a collaboration between universities in Germany, Kazakhstan, Kyrgyzstan, Tajikistan, China and Uzbekistan, supported by the German government. The SOLID project and this doctoral study are aimed at contributing to the achievement of UN Sustainable Development Goal Health and Wellbeing by developing a psychosocial support system in emergency hospitals with the involvement of family members of people with substance use disorders. The research is carried out as part of the priority research area of SOLID projects "Social work and drug addiction treatment "In most developed countries, the standard treatment for alcohol abuse disorder consists of detoxification therapy and antidote therapy with drugs such as naloxone, nalorphine, etc. Combined with psychosocial therapy such as cognitive behavioral therapy (CBT), motivational interviewing, motivation enhancement therapy, self-help groups and soon. These types of combination therapies have shown excellent results and should be introduced in Uzbekistan as well. Currently in Uzbekistan, despite the fact that drug therapy is used quite effectively, the lack of psychosocial and motivational interventions leads to repeated visits to patients with alcohol abuse disorder in emergency departments. With a one-dimensional approach to treatment, although the problem is temporarily resolved, the underlying root cause persists and alcohol consumption is steadily increasing. Psychological, socio-economic factors play a large role in chronic alcoholism; therefore, treatment with drugs only resolves only the symptom, but not the cause. Therefore, we must implement comprehensive treatment programs that include both drug and psychotherapy to reduce alcohol consumption in Uzbekistan and thereby reduce co-occurring alcohol abuse.

## **Brief intervention**

Brief intervention is the practice of identifying an existing or potential problem with alcohol use and motivating the individual to take appropriate action .

Brief intervention(BI)-These are heterogeneous interventions that include a short conversation designed to motivate the individual in a non-contentious manner to think about his / her drinking and / or to plan changes to reduce alcohol use and / or reduce the risk of harm to their health. For the most part, types of brief preventive intervention are based on two key concepts:

1 concept of phased change;

2 concepts of motivational interviewing

Key Concept 1: Stages of Behavior Change

Behavior change steps are five sequential steps associated with specific tasks that an individual needs to complete in order to achieve intentional behavior change.

At the stage of forethought, the person either does not know about the problem that needs to be solved, or knows about it, but does not want to change the problem behavior.

The next is the stage of reflection, characterized by an ambiguous attitude towards problem behavior and an assessment of the advantages and disadvantages of such behavior, as well as its change, which in many cases ends with a decision.

At the preparation stage, the person makes a conscious decision to change, accompanied by a willingness to adhere to an appropriate action plan.

This plan is implemented at the stage of action, within which the individual becomes a participant in actions aimed at achieving change and overcoming the difficulties that arise.

If successful actions are sustainable, the person moves to the conservation stage, where efforts are made to consolidate the changes achieved.

Once these changes have become part of the lifestyle, the individual leaves the cycle of incremental change. Relapses, however, are not uncommon, and sometimes it is necessary to complete the entire cycle of changes more than once before the changes become sustainable.

### **Key Concept 2. Motivational Interviewing**

Motivational interviewing (MI) is a style of conversation designed to reinforce a person's motivation and his / her willingness to change. MI is a two-way, focused communication style that focuses on creating and reinforcing the desire for change in the person seeking help. The purpose of such communication is to strengthen the person's motivation and his / her commitment to achieve specific change by identifying and analyzing his /

her own reasons for change in an atmosphere of understanding and support.

MI is based on four processes:

- Involvement (building relationships, trust - listening attentively);
- focusing (reaching mutual agreement on the main topic of the conversation);
- Motivation (active listening to stimulate discussion of changes);
- Planning (joint development and agreement of a change plan).

The focus is on ensuring active patient participation.

BI technique

A brief intervention is a short, evidence-based, sympathetic, well-structured conversation with a patient designed to motivate and induce contemplation and / or planning for a change in drinking behavior without conflict.

Brief intervention differ in several parameters

- By duration - from 5 minutes to several sessions of an hour or longer;
- By context - from advice to instruction;
- On the use of MI or a phased change model.

It is very important that brief intervention is based on empathetic, respectful, positive attitudes. Communication with the patient and were conflict-free. The idea is to work with the consciousness and motivation of a person, so as not to shock him, not to confront him and not to impose his own opinion. The goal is to collaborate and work with the person, not try to force the person to make a change or do something they don't want to do.

Short-term intervention includes 5 main stages:

- 1) Evaluation and feedback;
- 2) Discussion and definition of goals;
- 3) Techniques for changing behavior;
- 4) Manuals / self-help guide;
- 5) Observation and support of changes .

Brief interventions can be used for patients with hazardous or harmful alcohol consumption. In some cases, a short-term intervention can reduce alcohol consumption by more than 30% . At the same time, the reduction in alcohol consumption by patients who underwent short-term interventions is accompanied by an improvement in somatic health and a decrease in the number of days of temporary disability due to somatic disorders. Family relevance in short-term intervention

When it comes to family management and its impact on adolescent development, parental control and knowledge are arguably the two most empirical variables . Parental monitoring can be defined as "a set of interrelated parental behaviors that include attention and tracking of the adolescent's location, actions and adaptations." .

This definition implies an intentional aspect when parents actively seek information about their teenager's behavior. Parental knowledge is the result of behavioral monitoring and other methods of obtaining information, such as disclosing information about the child . Research has consistently shown that low levels of parental control are associated with early use of alcohol and drugs . A literature review of the available articles showed that the majority of articles focused on the benefits and positive effects of family intervention.

### **Complete family intervention**

When a family member lives with addiction, mental illness, thoughts, behavior and relationships are influenced by the problem, as well as the problem. Total Family Intervention (TFI) recognizes the impact of addiction or mental illness not only on the identified patient, but on the entire family system. Generic family intervention broadly defines the family as those significant people who are most visible in a person's life, and relies on the consent of all family members to participate not only in the intervention, but also in the treatment process. The family can follow the patient closely, because the family is closer to the patient, it is easier for them to explain his / her problem to the patient, drug addicts have psychological problems such as anxiety, depression, etc., if the family understands how they support, encourage and support patient behavior leading to a positive psychological attitude. We start treatment first when the patient needs support and the family provides it, caring for the needs of the patient, providing adequate nutrition, financial support and psychological comfort. When the family gradually sees an improvement in the patient's behavior, they reward him, praise him and take pride in him, the patient feels more committed and adheres to the treatment program. The family supports the treatment by caring for and motivating the patient.

Brief intervention method involving family members of patients.

Initial contact

- When family members contact you, they are often desperate. It seems to them that they have tried everything. They are terrified for a loved one.
- They have a variety of emotions ranging from love to anger, guilt, fear and hope. If they call, they still have hoped that something can be done.
- Designate an Intervention Specialist as the main point of contact for the team.
- Determine who will be on the team
- It is vital that key people involved in a person's life are willing to join the identified patient in the recovery process.

If only a few people join the recovery process, then the addicted person can split the family and continue the problematic behavior.

#### Second contact

- Hope and informed consent

Develop hope that the intervention can help them move in the right direction by making them imagine what life will look like when the person recovers.

- Provide information on the success of the interventions as well as the success of the various treatments.

- Explain the risk factors they can reduce and the protective factors they can enhance.

- Support a loved one.

- During a personal meeting, the interventionist also collects information about

The stage of readiness for change of the identified patient, as well as of each participant of the interventionist, to select the most appropriate tools to increase motivation and promote change.

- We can know the patient's state of mind and his / her willingness to accept change by assessing the change in behavior.

#### Planning

- During the preparation phase, it is vital to help the family see how the identified patient's behavior affected them, as well as to identify the patient physically, affectively, cognitively, environmentally and relationally and how their behavior influenced the identified patient.

It is important that everyone begins to take care of their physical and mental health through:

- Proper nutrition, adequate sleep and treatment of any disease.

- Learn or improve your stress management skills

- Deal with the issues of anger, grief, guilt, and anxiety associated with the patient's situation.

- Allowing yourself to be happy every day.

- Evaluate their relationship and, if necessary, strengthen boundaries and communication.

- Following the intervention, it is recommended that someone (the interventionist trainer or clinician) have short (30-minute) follow-up meetings.

- Check with your family weekly for 12 weeks:

If the patient has agreed to treatment, follow-up measures are aimed at adapting to all new changes.

- If the patient refuses treatment, follow-up is aimed at maintaining a unified message and preventing further separation and family breakdown.

How everyone manages to stick to the recovery plan, regardless of whether the patient decides to start the recovery process by changing habits or daily life to make it easier to avoid disruptive

behaviors, seek counseling, and recover. Supporting oneself and knowing what to do in the event of a relapse is important for everyone team member, not just for the patient.

Uzbekistan is an Islamic state, and the family is of great importance in the Islamic family, the word of your parents is absolute, and the children respect and admire their parents very much. Considering the current treatment for alcohol use disorder in Uzbekistan, we learned that no approach to treatment alone is feasible, so we must implement brief interventions involving family members of patients in addition to drug therapy so that the doctor and the patient's family can work together.

### Conclusion

Thus, due to the availability and coverage of large numbers of patients, emergency care has the potential to be used to reduce the risk from problem drinking. The most effective approach to preventing drunkenness and alcoholism is an approach aimed at gradually changing traditions in society, with an emphasis on the possibility of adjusting individual behavior under the influence of others. A full motivational interview should be conducted with patients, including family relatives, who tolerate harmful and dangerous drinking and are hesitant to change their drinking habits.

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