



David's Story

David is a 24 year old engineering student who presents to your general practice on a Tuesday afternoon, complaining of stomach pains and nausea.

David misses his scheduled appointment and presents in the late afternoon instead. He appears pale and complains of pain, and you also notice excessive perspiration and a strong smell of deodorant. You order a full workup and tests, as well as conduct a physical examination and note abdominal bloating and pain on palpation. You ask David to schedule a return appointment and let reception know that he'll require a long appointment.

David returns under similar circumstances, fronting up outside of his scheduled appointment but this time before the arranged date and before you've received the test results. Rather than ask him to return, you seize the opportunity to learn more about his situation. You discover that three days before his first appointment, he had broken up with his girlfriend of six

months during a heated argument, and he has been "drinking more than usual" since.

David candidly discusses his alcohol use. He reports that he first started to drink in high school as, "there was always a lot of alcohol around our house", and drinking every day was something most of his family members did. He explains that back in high school it helped him feel confident and reduced his sensitivity and anxiety around others. He enjoyed how a beer "settled his nerves" and helped him feel strong, especially after an intense session in the gym or whilst at the rowing club. David says other boys at his school drank alcohol regularly, and they would spend time at each other's houses where drinking became a key part of socialising.

David remarks how he found the transition from school to university very difficult and drinking alcohol was the only way he was able to socialise at college and other events. Over the past five years his alcohol use has developed a chronic pattern of daily use, with 5-8 standard drinks each evening, and



sometimes 1-2 standard drinks in the morning to “take the edge off” before he goes to class. Weekends can sometimes lead to all night drinking binges where he might consume up to 10 standard drinks in a single evening session. David tells you he also uses cannabis and MDMA with his friends during weekends. He reports smoking cannabis socially, often 3-4 joints over a weekend, and that his use of MDMA varies depending on who he is socialising with. He also tells you that sometimes he’ll “just take whatever people have without asking what it is”. Three months ago he was caught speeding whilst intoxicated and was disqualified from driving.

You ask more about his upbringing and relationships. David tells you he’s had a history of challenging relationships including with his family. He tells you his father was a successful businessman, and was frequently absent on travel or worked overnight to align with the North American stock market hours. He describes his mother as “extremely critical” and that she was “easily upset, got angry at little things”

and was highly demanding of her children. David is the older of two boys, with his brother only finishing high school this year. He tells you they were never close because of the age gap between them.

David describes himself as “having a bit of a short fuse.” At school he excelled at sports like football and rowing, but was prone to getting into fights when provoked. He was in trouble a number of times at school for physically intimidating others, after which his parents were summoned to the principal's office to discuss “his problems”. He reports several meetings with counsellors, but that he didn't return for further appointments. When you ask why, David explains that counselling brought up emotions he couldn't cope with, and he found it “too full on” to talk about his experiences and emotions.

David’s previous romantic relationships appear to have been stormy. He tells you that his relationships “always end up the same way”, and describes that when he pushes for greater intimacy in relationships, his girlfriends threaten to leave, telling him



he is controlling and possessive. David tells you that he often uses alcohol to cope with these discussions and has made suicidal threats when faced with the end of a relationship. He reports several visits to emergency departments when highly suicidal, but that he would often walk out after a few hours of waiting, when no intervention was offered. These events almost always lead to the breakdown in his relationship, and greater alcohol use.

As David tells you about his drinking and past relationships he appears upset and low in mood. He mentions that his moods have been fluctuating and that he feels confused about who he is and what he wants out of life. He asks you what he should do, and that you are the first person he's opened up to about his problems. You are grateful for the fact his test results will take a few more days to come back, as you are confused about where to start or what to focus on. You worry about how quickly he's become attached, and the responsibility of managing a very vulnerable and needy young man. You ask him to come back in a few days

when his results will be ready – giving you time to develop a treatment plan.