Substance Abuse is Context Oriented: A Case Report on Opioid Withdrawal of a Pakistani Addict

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Abstract. Substance abuse is one of the burning issues in Pakistan nowadays among younger population in general and adolescents in particular. Around 700 deaths per day due to the drug related complications are reported and almost 31 million individuals here are recognized as addicts. The maladaptive usage or dependency on any kind of thing being ingested for changing mood, mind or behaviour is generally known as substance abuse. This paper presents a case report of a 21-year old, young boy suffering with opioid withdrawal disorder. He is struggling to get rid of this curse for so long as it's his third relapse even though got treated two times from the reputed drug rehabilitation centres earlier. The basic reason as per etiological factors came to be his familial background. The area of residence, outside environment and familiar practices are seemingly the biggest problem in his case directing the need to consider this very essential element of removing such curses from bud by working on the contextual features during the treatment of addictions. Thus, therapy with comprehensive focus on surroundings where the patient will return, needs to be carefully devised.

Key words: addicts, context, dependence, familial practices, younger population.

Introduction

One of the most devastating and destructive social and psychological problem of 20th century is being recognized as substance abuse. It is one of the major concerns of the world including Pakistan nowadays. UNODC (World Drug Report, 2018) reported that around 275 million people used were found to have used illegal drugs at least once during 2016. Further, 31 million are suffering with substance abuse disorder (SUD) requiring proper treatment and rehabilitation. As per Diagnostic and Statistical Manual (DSM-5, 2013), SUD is in actual a problematically driven usage of drug leading to a clinically significant impairment in daily activities of individuals and also deteriorated functioning is associated with it.

It is recognized that drug has caused serious damage to humanity. International classification of diseases (ICD-10) presented this SUD as harmful us and dependence syndrome having drastic effects in terms of illness and fatalities. For instance, around 450,000 individuals were reportedly died in 2015 due to substance abuse. The major cause of accidental overdose was reported to be diacetylmorphine, commonly known as heroin (Ali et al., 2003: 519). Moreover, in 2014 Pakistan was labelled as the "Most Heroin-Addicted Country" across the globe (World drug report, 2016). Also, cannabis was found to be most commonly used drug having 3.6% prevalence, 0.8% are found to be heroin users and around 0.3% of the population were opium users here. Next, around 0.4% are injecting drug users in Pakistan. Non-medical use of prescribed drugs, psychoactive drugs intake and poly-drug involvement is also found to be growing among common individuals (Naeem, 2019: 1-2; Drug use in Pakistan, 2013).

Associated risk factors have been identified as the psychological issues, mental health concerns, childhood traumas, sensation seeking tendencies, peer group involvement in drugs, poor living standards, availability of drugs or certainly easy access to substances and above all the vulnerable or adverse environment or familial contexts et cetera (Aslam et al., 2011: 125-126).

It is reflected that this curse has serious influence upon health, education, behaviour and interests of individuals. Further, all such issues predispose the individual to crime and destructive disorders including both physical and psychological adversities. In a study to find causes for drug use and relapse in Lahore, it was observed that life changing incidents and recreational interests could be the reason to start but interaction with other addicts, negative reaction of family members and stress from surrounding were found to be the possible reasons of relapse (Naeem, 2019: 1-2).

Case Report

Client was 21 years old boy. He belonged to middle socio economic class. Client was a third born in the family. He came to the local rehabilitation centre in Islamabad, Pakistan with the complaint of Heroine injections usage. He was persistently using injections and was unable to quit. Restlessness, irritability, muscle aches et cetera were experienced in case of non-availability of injections. Client has been assessed with the help of formal and informal assessment.

History of Present Illness

As reported by client that he was brought to the rehabilitation centre because of excessive drug use. He was currently using heroin injections when he was brought for the treatment. He had poor functioning i.e. he could not do any job and household chores because of extensive use of injections. He started due to personal problem or stress at 16years of age. At first he drank alcohol with his cousin and suffered with severe vomiting. After that he started using cigarette.

Initially he used to take one injection per day but later on the client increased the number of injections per day and was using 5-10 injections. He reported that when he was brought to the rehabilitation centre he was in normal condition because he came there after taking injection. He was very weak and lethargic due to excessive usage of drugs.

He was already treated two times for addiction but after being discharged from rehabilitation centre he again started using drugs because of an urge to take heroin just for once but was unable to restrict himself anymore. The mother of the client was worried and brought him to the centre and she is hopeful that his life will become better and he will give up the use of drugs. Client also wants to quit drug usage permanently but he was unable to do so. Client knows that this act is harmful and has negative effect on him.

Personal History

Prenatal and perinatal history, postnatal history, school history and peer relationship were also reported to be normal.

Family History

The client was living in a nuclear family system. He belongs to upper middle socio-economic class. He had no financial problems. There exists a strong communication gap in the family of the client. No one shares anything with other family members. His uncles, cousins (friends) and elder brother also use to take drugs. But he said that his father (late) even did not smoke.

Informal Assessment

Informal assessment included the behavioural observation and interview with the client and his mother regarding problem.

Formal Assessment

Mental Status Examination. The client was dressed up casually but neatly, had good hygiene was well groomed. He was calm and cooperative. He showed no unusual

movements and psychomotor agitations. His tone and speech was normal. He was in low mood. His thought process was goal directed and logical. He had no hallucinations, suicidal and homicidal ideation. He has proper orientation of time, place, person, and self.

House Tree Person Test (HTP) (Buck, 1966). The overall interpretation of three figures shows that the client was aggressive and showed hostile tendencies. Feeling of inadequacy and weakness is evident. Client is deep person and he may be overly concern with his hold on reality for his own security needs. Yet sociability and openness to others shows good social skills of client.

Bender Gestalt Test (BGT). The Bender Gestalt Test, or the Bender Vision Motor Gestalt Test, is a psychological assessment instrument used to evaluate visual-motor functioning and visual perception skills in both children and adult (Pascal and Raud, 193: 122). Client scored 111 and has standard score of 157. His score shows that he might have neurological dysfunctioning suggesting reason or consequence of drug usage.

Rotter's Incomplete Sentence Blank (1950). The Rotter Incomplete Sentence Blank is a projective psychological test developed by Rotter and Rafferty (1950). The total score is an index of maladjustment. RISB scoring and responses by the client revealed that he had social issues, feeling of inadequacy, low confidence, anxiety, and he is overly concerned with his hold on reality and his future. His familial relationships were healthy.

Index of Peer Influence (IPR). The IPI was developed by Aziz (2000) and it was published in 2000. It can be used with both children and adults. The index comprised of 5-point rating scale. Score range is 13 to 65. The client's score on IPR is 36 which reflect that the subject has more peer influence or easily influenced from peers in initiating drugs.

Diagnosis

292.0 (F11.23) Opioid Withdrawal disorder. This diagnosis is made on the basis of above assessments and by considering the DSM-V criteria for substance use disorders. Differential Diagnosis (American Psychiatric Association, 2013) was also considered carefully.

Discussion

The present case has certain indication which are quite usual but the important point is to have focus on the reasons of relapse. Ethology of the client includes familial influences. As the uncles, cousins and brother of the client also use to take drugs so he observed it. People learn through observing others' behaviour, attitudes, and outcomes of those behaviours. Another reason is that there is some evidence that repeated exposure to opioid causes changes in certain genes that lead to altered levels of a certain brain chemical called dopamine. Dopamine is associated with the rush that is experienced when an individual takes cocaine. This rush is largely responsible for the addiction process. It gives pleasure to the abuser. Human research indicates that to some extent all the psychoactive drugs provide pleasurable experiences (Nelson and Israel, 2002).

Further, it is suggested that the world and a person's behaviour cause each other, while behaviourism essentially states that one's environment causes one's behaviour (Bandura, 1977). Individuals who have a first degree relative with this substance use disorder are at a higher risk for developing the disorder than others and in this case the elder brother of the client and paternal uncles also use to take drugs. Researchers studied over 1,000 pairs of males and questioned them about their use of marijuana, cocaine, hallucinogens, sedatives, stimulants, and opiates.

Absence of father or single parenting causes lack of parental supervision which along with other factors contributed a lot in the problem of client (Taremian et al., 2008: 335-342). It was assumed that individuals who have come from unstable home environments have a greater chance of developing an addiction problem. Additionally, life stressors such as death of loved ones, or traumatic events cause stress and individuals turn to substance abuse as a type of self-medication.

Now, the most exorbitant focus was on the circumstances leading to inability of the client to overcome the destructive contextual influences he has to handle. As the environment is not supportive so the client was found to suffer with relapse because even after being treated and was seemingly recovered, discharged from the centre, he just got stuck in that cage again and again. Thus, as per the presented information the basic concern is to work on the environment of the individual as well. Just client's treatment would never matter, the most important thing to do is, including the whole family in the process of therapy helping them all to understand the problem and then getting the plan work. It seems difficult but would have lasting benefits, even for a few but could get the complete or effectual assistance, that would be more important than treating so many individuals but all would end up to relapse.

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