



POLY-SUBSTANCE DEPENDANCE: A CASE STUDY

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ABSTRACT

As per the WHO survey, the liquor consumption in Punjab is maximum as compared to the other states in India. The annual expenditure on opioid drugs is estimated to be Rs 7575 crores per year as per Punjab Opioids Dependence Survey -2015/2016. As per Akal Drug De-addiction and rehabilitation center cheema, Punjab, for the year 2010-2017, reveals that 1/3rd of addicts who come for treatment are upto the age of 25years. This striking data goes a long way to support our concern about the addiction among youth.

Keywords: Liquor, Opioids, Drug Addiction, Re-habilitation

INTRODUCTION

The problem of drug addiction and alcoholism is a worldwide phenomenon of alarming proportions. The scourge of drug dependence has damaging repercussions on the individual's physical, emotional and socio-cultural well-being. The term drug addiction does not find mention in the present classification of diseases. However, the term addiction is being retained though the current prevalent use of the word "De-addiction". As per ICD-10 versions: 2016 (F10-F19), the abuse of drug and alcohol is now classified under "Mental and behavior disorder" due to use of the psychoactive substance. Diagnostic classifies the same under "Substance related disorders".

In Punjab (a north Indian state), they have become a major public health concern, and the situation is expected to grow unless proper treatments are implemented.² More than 90% of the cases who report to the drug de-addiction center indulge in opioid, alcohol and nicotine abuse. Rest of the cases of substance abuse pertains to cannabis, benzodiazepines, antihistamines and amphetamines. Various types of opioid used by the patients, the

factor associated with onset of abuse, mode of drug intake, reason for seeking treatment and management of the drug abuse are the topics which needs the outmost attention of the government, public and the physician.

CASE PRESENTATION:

A 30 year old unmarried men, visited to de addiction centercheema sahib with the chief complaints of drug addiction, suicidal and homicidal behavior; from last 4 months.

Present history of substance abuse:

Substance	Amount	Frequency	Duration
Alcohol	250ml	1 time	10year
Heroin	10miligram	5 times	4 month
Tramadol	2 tab.	1 time	4 month
Bidi	1 bundle	-	17 yr
Rexcof	1 bottle	Sometimes	4 month
Afeem	2 gram	2 time	1year

Past History of substance abuse:

Substance	Amount	Frequency	Duration
Bhuki (poppy husk)	2 spoon	3 time	10 yr
Opium	-	-	10 yr

General Examination:

Weight: 64kg

Height: 178cm

BMI: 20.2kg/m²

BACKGROUND INFORMATION:

Personal History: Client's premorbid personality was social, active, energetic, outgoing, and nature was caring. His company was not good his peer group was also use to take drugs.

Family history: The client belongs to a middle class family. He is living in a joint family. Client father is a farmer, his relation with his father is not satisfactory because he said that his father use to bit him at home and his mother is a homemaker, with her his relations were satisfactory. He is having one elder brother and two elder sisters they all are married. Client was more closed to his mother in a family.

Educational history: He was good in studies. He had never gone through any kind of adjustment difficulties as he was a social person, and was good in making adjustments. But during his +2 he was completely into drug abuse because of which his studies were affected.

Occupational History: He worked as a security supervisor at Daga mill in 2021, but after 1 year he was fired from there because of his habit of drug abuse.

Sexual history: He was having a premarital history of sexual relations; his age of having first time sexual

relation was 15year. He had sexual relation with his girlfriends and also had a paid sex (multiple partners)

History of family psychiatry/ medical illness:

Client's father was having a history of opioid dependence and alcohol abuse; he is on BNX therapy. His brother is also taking alcohol and afeem, but no treatment was going on for him.

SPECIAL INVESTIGATION:

Based on patient's complaint, urine test was performed for drug screening; he was MOP (morphine), BZO (benzodiazepine), COT (cotinine), and THS (marijuana) reactive.

TREATMENT:

Olanzapine, 5mg OD

Clonidine, 0.1mg BD

Zoline, 50mg OD

Clonazepam, 0.5mg TDS

Lorax, 2mg OD

Unidep, 150mg OD

Addnok-N, 2.5mg BD

CARE PLAN:

Risk of self and other directed harm

Ineffective individual coping

Situational Low Self-Esteem

Knowledge deficit

INTERVENTIONS:

Safe and secured environment for the client was maintained.

Determine understanding of current situation, previous, and other methods of coping with life's problems.

Encourage verbalization of feelings, fears, and anxiety.

Explore alternative coping strategies. Patient may have little or no knowledge of adaptive responses to stress and needs to learn other options for managing time, feelings, and relationships without drugs.

Spend time with patient. Discuss patient's behavior and use of substance in a nonjudgmental way.

Encourage expression of feelings of guilt, shame, and anger. The patient often has lost respect for self and believes that the situation is hopeless. Expression of these feelings helps the patient begin to accept responsibility for self and take steps to make changes.

Encourage to take daily medications.

OUTCOME:

Good rapport was formulated and client ventilated their feeling and emotions.

Anxiety was reduced and able to maintain good relationship with surrounded people.

Now he knows about the value of his life.

DISCUSSION:

According to client he started taking substance at the age of 13 years. And he also reported that during the childhood his father use to give him some amount of Bhuki because he also take such substances to improve his work competence. His cousin is a local paddler from whom he was taking drugs. He uses to spend 1000rs. Per day for substance intake which he arrange from his friends or sometime from his cousin. His family relations were also disturbed because of his habit of taking drugs and also he is having a delusional thought that his brother and sisters are trying to take off his land. His occupational history was also not good because he worked in a mile from where he was fired because of his habit of substance use. He is also having sexual relationship with multiple partners and had a paid sex. He also reported that his father use to bit him at home and sometimes they restrain him with iron chains for few days. So that he cannot take drug.

Before the day of his admission he ran away from his house for 10 days because father his bitten him, after which he was bring to de addiction center, cheema sahib by his brother in law forcefully. At the time of admission he was having multiple pricks in his both arms and teeth's were stained because of nicotine use. He said that because of a broken relationship with a girl during his senior high school studies he get more disturbed and at that time he use to take more amounts of substance like heroin. After which he suffered with depression also for which he had a treatment from Thanola in 2014 where he also got ECT. After that in 2017 he had a treatment from Barnal and also had a treatment from Patiala for 15 days for substance abuse. But for this no significant evidence were found (family member's verbal report).

He also attempted suicide many time before. First time by trying to hang himself with a fan and second time by rash driving, he intentionally had an accident in which his clavicle bone get fractured for which he had a treatment. In 2015 he burned gas cylinder at home but no casualty were happened at that time, his uncle handle the situation at that time. One case was also filed on him in 2021 for involvement in a physical fight with someone which was compromised.

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