



EARLY ADULTHOOD WITH POLY-SUBSTANCE DEPENDENCE: CASE REPORT

* *Nikita Gupta, Dr. Anupama K², Mr. Muthukumaran. T³*,

*2nd Year M.Sc.(N), Akal College of Nursing, Eternal University, Barusahib, Himachal Pradesh, India

²Professor, Akal College of Nursing, Eternal University, Baru Sahib, HP, India

³Assistant Professor, Akal College of Nursing, Eternal University, Baru Sahib, HP, India

ABSTRACT

Substance use disorder (SUD) is a relapsing, chronic disease with a complex pathology that includes (but is not limited to) sensitivity to drug-related cues, negative effect, and motivation to continue using drugs. SUDs are quite common, with 35 million persons fulfilling the criterion. While drug use and addiction are well-studied, most studies of SUDs look at drug use in isolation rather than in the context of co morbid substance histories, which is more common. In fact, 11.3 percent of people diagnosed with SUD also have alcohol and illicit substance use disorders. Additionally, having an SUD with one substance raises the risk of acquiring a dependency on other substances. For example, alcoholics have a two-fold increased risk of developing heroin addiction, cannabis users have a three-fold increased risk, and cocaine users have a 15-fold increased risk.

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

1. INTRODUCTION

Poly substance dependence is a form of substance use disorder in which an individual indiscriminately utilizes at least three distinct classes of substances and does not have a favorite drug that qualifies for dependence on its own. Although any three chemicals can be used in any combination, research has shown that alcohol is frequently combined with another substance. One study on poly substance usage found that people who used numerous substances were divided into groups based on their favorite substance. According to the findings of a longitudinal study on substance use, excessive use or reliance on one substance increased the likelihood of excessive use or reliance on another substance¹.

In 2010, roughly 5% of the population (230 million individuals) used an illicit substance. Of these, 27 million experience high-risk drug use, also known as repeated drug use, which is creating health difficulties, psychological problems, and/or social problems, putting them at risk of those hazards. Substance abuse disorders claimed the lives of 307,400 people in 2015, up from 165,000 in 1990. Alcohol use disorders account for the most deaths, with 137,500, followed by opioid use disorders with 122,100, amphetamine use disorders with 12,200, and cocaine use disorders with 11,100².

Alcohol, amphetamines, barbiturates, benzodiazepines, cannabis, cocaine, hallucinogens, methaqualone, and opioids are the most commonly associated drugs with this name. The exact root of substance abuse is unknown, but there are two leading theories: a hereditary predisposition or a learned habit that, if it progresses to addiction, manifests as a chronic debilitating disease³.

CASE PRESENTATION:

A 29 years old male, worked as a driver came to the hospital with the chief complaints of anxiety, anger and irritability. He was experiencing these conditions from last one month.

Present history of substance abuse:

| Substance | Amount | Frequency | Duration |
|-----------|----------|-----------|-------------|
| Heroin | 1 gm | 4-5 times | 13-14 years |
| Rexcoff | 1 bottle | 5 times | 18 years |
| Cigarette | 7-8 | 1 time | 18 years |

Past History of substance abuse:

| Substance | Amount | Frequency | Duration |
|-----------|--------|-----------|-------------|
| Heroin | 1 gm | 4-5 times | 13-14 years |
| Cigarette | 7-8 | 1 time | 18 years |

GENERAL EXAMINATION:

Weight: 107 kg

Height: 178cm

BMI: 32.8kg/m²

BACKGROUND INFORMATION:**Personal History:**

- Mr. xx 29 years old male was admitted in Akal Drug De- Addiction Centre, Cheema Sahib on 17/02/22 with the chief complaints of the anger, anxiety and irritability from last one month. He is HIV and HCV positive at the time of the admission and undergoing the treatment of HIV. He was admitted here by his own will as came with his mother for the admission. He started taking substance at the age of 12 years of age, at present he was abusing the substances Heroin, Cigarettes, Rexcoff from 18 years of duration. He is having 3 legal or police cases over him at the time of admission. He almost spent 3 lakhs over consuming the substances from 18 years. The source of the substance was local peddlers and his peer group. He was not having any withdrawal symptoms and he said he was taking substances for fun.

Family history:

- He is having nuclear family which includes his father, mother, sister and himself.

Educational history:

- Mr. xx had studied up to 10th class and after that he had worked as driver for 3 years in 2015-2018. He was not having good relations with the teachers of the school and having the destructive behavior in his childhood as he got easily indulge in the school in fights with other children and the teachers also.

Occupational History:

- Mr. xx was driver by profession for 3 years (2015-2018) but there also he was having fights with the manager and got into conflict where he was beaten by the manager and more people and he too beat the people around and ran from Dubai and got blacklisted in the country.

Sexual history:

- He is unmarried and not having good relationship with his girlfriend also.

History of family psychiatry/ medical:

- His mother is suffering from diabetes mellitus but no medical history is seen in the father.

There is no psychiatric history of the family.

SPECIAL INVESTIGATION:**Urine drug test- Morphine and Heroin reactive**

- **HCV- Positive**
- **HIV- Positive**

He is not having any alterations in the further investigations but he is HIV and HCV positive at present.

TREATMENT:

| Drug Name | Dose | Route | Frequency |
|------------------------|---------------|--------------|-------------------|
| Tab. Serenase | 5 mg | Oral | HS |
| Tab. Denock | 2.5 mg | Oral | Sublinguil |
| Tab. Sertaline | 100 mg | Oral | OD |
| Tab. Clonazepam | 2 mg | Oral | HS |
| Tab. Zolpidem | 10 mg | Oral | HS |
| Tab. Neurobion | | Oral | OD |
| Tab Lorezapam | 2 mg | Oral | HS |
| Tab. Antichol | 2 mg | Oral | OD |

CARE PLAN:

1. Proper diet ---low sugar intake, less intake of rice.
2. Exercise and walk to reduce body weight.
3. High fiber diet less intake of fats and carbohydrates.
4. Do meditation for relaxing the mind of the patient and ventilate out the thoughts and feelings.

INTERVENTIONS:

- Drug should be taken about 5 -10 minutes before the meal. Instead of eating a lot at 3 meals, divide total intake in 5 meals.
- Drug interaction was checked, no interaction was present.

OUTCOME:

- Patient used the suggested medicine Adnock twice a day after using medicine the activity of the patient was monitored.
- Patient was advised to tell the staff if he suffers any side effect in future or, if his symptoms not properly treated.

2. DISCUSSION

Many factors contribute to a patient's poly drug abuse disorder, including peer pressure and parental neglect. There is no such history among the family members, but the mother does have Diabetes Mellitus. If the illness is not effectively treated or is left untreated for a long time, it can lead to a long-term addiction to a variety of narcotics, most notably street heroin. Because the patient is obese and HIV and HCV positive, he may develop a variety of other health issues in the future, such as cardiovascular disease, diabetes, kidney disease, and so on. Patient should keep track of his or her daily dietary intake because if he or she is taking oral medication and not eating according to his or her body's needs, he or she may suffer from a state that is perhaps more harmful than the disease. Instead of having a large meal all at once, little meals should be eaten four to five times during the day. Non-pharmacological methods including as exercise, psychotherapy sessions, group counseling, and family therapy can also be used to treat poly substance abuse. Preventing and intervening before teenagers engage in this pattern of use would be the most cost-effective way to reduce the burden of polysubstance use. However, our knowledge of the early risk variables that predict (various patterns of) polysubstance use is poor. Studies have noted

individual-level (e.g., sensation-seeking, psychopathology) and social-environmental (e.g., exposure to others' substance use, including in family and peer contexts) correlates of polysubstance use based on cross-sectional, retrospective, or short-term longitudinal data. The relationship between early drug use and later drug problems may be particularly viable in cases where adolescents engage in polysubstance use area of research that needs additional consideration with regard to early onset substance use and specific drug use outcomes in adulthood.

REFERENCES

- [1] Troncale, Joseph A. (May 2004). "Understanding dynamics of polysubstance dependence". *Addiction Professionals*
- [2] Trenez, R. C., Scherer, M., Harrell, P., Zur, J., Sinha, A., and Latimer, W. (2012). Early onset of drug and polysubstance use as predictors of injection drug use among adult drug users. *Addict. Behav.* 37, 367–372. doi: 10.1016/j.addbeh.2011.11.011
- [3] Weinberg NZ, Rahdert E, Colliver JD, Glantz MD. Adolescent substance abuse: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry.* 1998;37:252–281