



## POLY-SUBSTANCE DEPENDENCE: CASE REPORT

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### ABSTRACT

Drug addiction, also known as substance use disorder, is an illness that affects a person's brain and behavior, resulting in an inability to manage the use of any drug or prescription, whether legal or illicit. Drugs include substances such as alcohol, heroin, marijuana, and nicotine. Drug addiction can begin with social experimentation with a recreational drug, and for some people, drug use becomes more frequent

**Keywords:** Alcohol, Heroin, Marijuana, Nicotine

### 1. INTRODUCTION

Drug addiction, also known as substance use disorder, is an illness that affects a person's brain and behavior, resulting in an inability to manage the use of any drug or prescription, whether legal or illicit. Peer pressure, physical and sexual abuse, early drug exposure, stress, and parental supervision can all have a significant impact on a person's chance of drug use and addiction. Addiction risk is influenced by genetic and environmental variables as well as important developmental phases in a person's life. According to the most recent global estimates, approximately 5.5 percent of the population aged 15 to 64 years has used drugs at least once in the previous year, with 36.3 million people, or 13% of all drug users, suffering from drug use disorders. Opioid use is reported in 2.1% of the country's population, with heroin use being highest at 1.14% percent followed by pharmaceutical opioids at 0.96% and opium at 0.52%. Regarding the pattern of use, dependent use is highest among users. The prevalence of opioid use in India is three times the global average.

### CASE STUDY:

On 23 March 2020, a 31 years old male patient from Ambala came to the hospital with the chief complaints of Craving, Anger, Sleep disturbance and poor appetite admitted into the Akal De-Addiction center Cheema Sahib. He is experiencing all these complaints from last few weeks more than usual.

### Present history of substance abuse:

Substance	Amount	Frequency	Duration
Heroin	2 Gram	5 times/week	5 years
Alprex	30 Tab.	3 times/day	8-9 months
Tramadol	10 Tab.	3 times/day	3 years
Nicotin	40 Sticks	Uncontrollable	10 years
Cannabis	20 Gram	Daily	5 years
Pre-Gabblin	20 Cap.	Daily	3-4 months

### Past History of substance abuse:

Substance	Amount	Frequency	Duration
Heroin	2 Gram	5 times/week	5 years
Nicotin	40 Sticks	Uncontrollable	10 years

**General Examination:****Weight:** 75kg**Height:** 174cm**BMI:** 24**BACKGROUND INFORMATION:**

**Personal History:** Patient aged 31years old belonged to Ambala, Punjab. Patient is B.A. last year dropout and he is not doing any job. Patient having no any past medical history of illness. Patient was good in studies and also having good relations with teachers. Patient lost his mother when he was 21years old. That was the precipitating factor for the patient to start taking alcohol. Patient having very good relations with his mother and mostly he was sharing his problems with only his mother. After the death of his mother patient start taking alcohol and indulge in the bad company that can leads to PSDU.

**Family history:** Patient's mother having Diabetes Mellitus and also she was suffering from paralytic attack. Because of that she died in 2012. Patient's brother and father also having alcohol dependence. Other than there is no history of any medical and psychiatric illness in the family.

**Educational history:** Patient didn't complete his graduation because of the drug addiction and issues in his family.

**Occupational History:** Patient doing work in a shop for few duration of time. Other than he was not doing any work.

**Sexual history:** Patient was unmarried. He was having girlfriend. At the age of 14years patient intimate with his girlfriend. At present patient having no problem related to sexual life.

**History of family psychiatry/ medical:** In patient's family there was no history of any psychiatric illness. All the family members are healthy except his mother. She was suffering from Diabetes Mellitus Type-II and also having paralytic attack. Because of that she died in 2012.

**SPECIAL INVESTIGATION:**

Sr. No.	Name of Investigation	Patient Value	Normal Value	Inference
1.	HCV	Non-Reactive	-	Normal
2.	HBsAG	Non-Reactive	-	Normal
3.	HIV	Non-Reactive	-	Normal
4.	Hb	11.0g/dl	14-16	Moderately decreased
5.	TLC	9800	4,000-11000/cumm	Normal
6.	RBS (Fasting)	84	70-120	Normal
7.	S. Cholestrol	214	125-200mg/dl	Mild Increased
8.	S. Billirubin(T)	0.99	0.20-1.00 mg/dl	Normal
9.	S. Billirubin (Conj)	0.64	0.00-0.30mg/dl	Increased
10.	Urine examination	THE-BZO-TRA Reactive	Normal	Presence of Drugs

**TREATMENT:**

- Tab. Bnx 2/0.5 TDS
- Tab. Clonax 0.5mg TDS
- Tab. Oleanz 5mg OD
- Cap. Fludac 20mg OD
- Tab. Diavox 500mg OD
- Tab. Zdlip 10mg OD
- Tab. Neurobion 133mg OD

**CARE PLAN:**

- Ineffective Individual Coping.
- Powerlessness related to lifestyle of helplessness.
- Situational Low Self-Esteem related to life choices perpetuating failure. situational crisis with loss of control over life events.
- Imbalanced Nutrition: Less than Body Requirement.
- Altered Family Processes/Role Performance.

**INTERVENTIONS:**

- Carefully observe the patient.
- Give proper medication to the patient especially when the patient taking Anti-craving drugs.
- Check for the any suicidal risk and help the patient to ventilate his feelings.
- Meditation and yoga teach to the patient as well as involve the patient in group therapy.
- Proper diet plan make for the patient.
- Individual counseling sessions given to the patient.
- Help the patient to vent out his feelings.
- Motivate the patient for continue his education after discharge and focus on his future.

**OUTCOME:**

After the interventions patient felt motivated and health status of the patient also improved. Now patient dependency on drug decreased. Patient focused on his future. Stress and anxiety of the patient also decreased. Patient feels good after sharing his feelings.

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**2. DISCUSSION**

Patient 31 years old was suffering from PSUD. When patient was 14 years old he take first time alcohol and cigarette within the influence of his cousin. In 2012 his mother died because of Diabetes Mellitus Type-II and paralytic attack. After that he got depressed because of death of his mother and he was started taking heroine. Patient indulges in the activities of bad company. Patient taking alcohol, heroine, nicotine, tramadol, alprex and pre-gaballin. Patient also caught by the police while he was taking drugs and he got arrested by the police about more than 12 times because he fought with the people because of his friends. In 2018 patient having an accident in which he got minor injury on his head and in 2019 he injured his left arm in accident because of heavy dose of alcohol. For that surgery of his left hand was done. Patient having history of relapse 1 time and he was also try to quit drugs but not succeeded. Patient also got seizures because of high intake of drugs. For that he was admitted in the private hospital Ambala. At present patient came to the hospital with the chief complaints of craving, anger, sadness, disturbed sleep pattern and poor appetite. Now at present patient take treatment for the Poly Substance Used Disorder at Akal De Addiction center Cheema Sahib, Punjab. He was taking Anti-craving, Anti-anxiety, Anti-Depressants and Vitamin tablets. Motivational therapy, Individual counseling and Group counseling given to the patient. Patient felt motivated toward self and future. Sleep pattern of the patient was also improved as well as he is taking proper diet.

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