



SUBSTANCE ABUSE DISORDER: A CASE STUDY

* Sapna Thakur, Dr. Anupama K², Mr. Muthukumaran. T³, Dr. Gazalpreet Singh⁴

*1st 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

⁴Psychiatrist, Akal De-addiction Centre, Cheema Sahib, Punjab, India

ABSTRACT

Drug addiction is a phenomenon of overwhelming importance affecting every segment of society, the individual, the family and the community at large. To start with, the drug is taken for pleasure and later become a necessity to ward off the withdrawal features. Drugs take a tremendous toll on our society. Unfortunately, the most vulnerable and considerable segment of our society i.e. adolescents and youths, in their highly creative phase of their life, are the victims of this menace

Keywords: Alcohol, Cigarette Chitta, heroin,

1. INTRODUCTION

Drug addiction is a global phenomenon; but it is an overwhelming problem in Punjab and nearby northern states. Various surveys by WHO and the apex institutions of the country reveal higher prevalence of drug addiction in this area. It is adversely affecting the health of the youth, harmony in the family and well being of the society and is increasing the crime statistics of the state. The magnitude of the problem is so grave that it is destroying the fabrics of the society.

A recent ICMR survey in 2017, with 1000 respondents revealed that while only 0.17% respondents use opioids, all were dependent and half of them had used buprenorphine. Alcohol use was reported in 5.02%, tobacco in 3.21% and sedative- hypnotics in 0.04% respondents. The study also reveals increasing use of substances among females: substance abuse was found to be 1.01% to 0.72% of females were dependent on substances. However as per the Punjab Opioid Dependence Survey (PODS), opioid use is more common. PODS reported that about 15 in 100 could be opioid users and 4 in 100 are opioid dependent among 18-35 years old men in Punjab. Heroin or chitta appears to be the drug of choice (53%), followed by opium (33%) and pharmaceutical opioids (proxylon, codeine containing cough syrup) in 14. Roughly a third of the opioid users take drugs in form of injections and 90% of them inject heroin, attributing rapid high to same.

2. CASE PRESENTATION

In April 2022, A 30 years old married male patient from distt. mansa admitted in Akal De-addiction Centre, Cheema Sahib with the complaints of using multiple substances, aggression and irritability. He was brought by his parents and brother for admission in the centre.

Present history of substance abuse:

Substance	Amount	Frequency	Duration
Heroin	2 gram per day	5-6 times	8 months
Cigarette	20 sticks	6-8 times	8 months

Past History of substance abuse:

Substance	Amount	Frequency	Duration
Heroin	2 gram per day	5-6 times	10 years
Cigarette	20 sticks	6-8 times	10 years

General Examination:

- Weight: 72kg
- Height: 178cm
- BMI: Normal

3. BACKGROUND INFORMATION:

Personal History: At the age of 20 years, he started taking drugs under the influence of peer group. On daily basis, he spent rupees 4000 and had spent about rupees 1 crore on substance abuse. He frequently indulged in physical violence with others and having police cases for violence.

Family history: He is having a joint family. He is married since 2016 and have one son. He is having satisfactory relations with his family members.

Educational history: He is BA 2nd year dropout and had less interest in studies.

Occupational History: No occupational history. He is dependent on his family members for his living.

Sexual history: He is having satisfactory sexual relations with his wife. Patient also reports history of pre marital sexual relationships with his girlfriends.

History of family psychiatry/ medical: Significant history of alcohol dependence is present in the father. Significant history of diabetes mellitus and hypertension is also present in the mother.

4. SPECIAL INVESTIGATION:

- Urine Drug Test: - MOP- BUP-BZO reactive
- Hb: 10.6 gm/dl
- RBS(Random): 148 mg/dl

TREATMENT:

- Tab. Clonidine 0.1mg BD
- Tab. Clonazepam 0.5 mg TDS
- Tab. Agidol 5 mg OD
- Tab. Addnok-N 2/0.5 mg TDS
- Tab. Olazapine 10 mg HS
- Tab. Unidep 150 mg BD
- Individual therapy, group therapy, family therapy and motivational enhancement therapy

CARE PLAN:

- Risk of self and other directed violence
- Denial of health condition

- Disturbed family process
- Knowledge deficit

5. INTERVENTIONS

- Provided safe environment
- Discussed current life situations and impact of substance abuse so that patient can see the relationship between substance abuse and personal problems
- Provided positive feedback for expressing awareness of denial in self to enhance self esteem and reinforce insight into behavior.
- Encouraged participation of family members in counseling sessions so that their anger and stress can be reduced and helps to move individual forward in treatment process.

OUTCOME:

Patient is having grade 5 insight about the substance abuse. Patient's physical complaints had been resolved and his judgement also improved.

6. DISCUSSION

Patient is ready for discharge as patient is motivated to quit substance use. He is also reminded about harmful effects of substance use and also preventive measures for relapse. Family members are also involved in the discharge teaching. Importance of follow up is explained to patient. Patient assured for treatment compliance and regular follow up. From the above case, conclusion can be made that drug abuse is a major public health problem that impact our society at multiple level. Substance use can adversely affect the quality of life of both patient and family. It can also lead to various physical problems in the patient. This problem can be treated and managed with strict treatment compliance and regular follow up.

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