Drug Addiction-Etiology, Complications and Management

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Introduction

The problem of drug addiction is a complex one. It is present all over the world in every nation, though its nature and extent varies. Different combinations of factors determine the extent of the drug problem in any community or nation. The etiology of drug addiction is complex and an attempt to give a brief description of it would necessarily be simplification of the issue to some extent.

Etiology

Drug addiction may be divided into two types for purposes of understanding its etiology :

1. Traditional type of drug problem.
2. The recent epidemics of drug addiction seen in Western industrialised societies.

Traditional drug problem existed all over the world. The numbers of drug addicts in this were small. It mainly involved adult male population.

Drugs have been used as self-medication for relief of psychological stress from ancient times. Psychological stress is a necessary part of life experiences. We all experience frustrations as well as successes and satisfactions in life. People who are chronically dissatisfied need some available mechanism for seeking relief from this psychological stress.

People with various psychological deficiencies and immaturities are candidates for becoming chronically dissatisfied. Drug addicts emanate from the ranks of psychotics, neurotics, cases of personality disorders, eccentrics and people having inter-personal maladjustments.

Availability of any drug and its cost determine whether persons in need will use that drug. There are restrictions on the sale of addicting drugs. The presence and extent of illegal trade will determine the number addicted. Certain people are exposed to risk by virtue of drugs being easily available to them. Medical and paramedical professions, chemists and people in illegal trade are exposed to this risk. Iatrogenesis through indiscriminate and excessive prescription of these drugs by medical profession results in a small number of addiction.

Religious and cultural customs and attitudes either facilitate or forbid the use of

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drugs. Drug addicts collect in groups. Once those groups are formed, they exert a great influence on their members and make it difficult for them to escape from this habit. They also attract fresh members to their ranks.

Drug addiction is essentially a problem of control of one's behaviour. Drug addict is unable to control his drug taking. Human beings have three types of controls: (1) Internal controls, (2) Social or group control and (3) Legal or state controls.

Internal and group controls supplement and strengthen each other. Weakening of these results in disorders of lack of control. In societies with closely knit groups, mal-functioning groups show this phenomenon of lack of control of individual's behaviour.

The second type of epidemic increase in drug addiction seen in Western industrialised societies is not an isolated phenomenon. It is one of a constellation of problems which have come up in the West all at the same time. These are increase in mental illnesses, suicide, delinquency, crime, sex deviations, divorces, broken homes, illegitimacy, vagrance, general irresponsible behaviour and drop-outs groups like hippies. These problems have arisen along with the cultural change which has taken place in the West. All these phenomena are indices of psychological stress. These are mainly dependent upon :

(a) Level of psychological stress present in the community which needs relief.

(b) Mechanisms for absorbing stress or its healthy release.

(c) Available means of unhealthy release.

(d) Control mechanisms at the services of the individual helping him to channel stress into healthy channels.

Individualism is emphasized in the value system of Western industrialised societies. Independence and freedom of thought and action of the individual are highly prized. Every person functions as an independent unit in the West. He on his own is required to fend for himself and cope with problems of life. There is ruthless competition in the society and individual is expected and forced to sustain himself in the face of this competition. Failure and defeat are not tolerated. The culture is indifferent to the pains and troubles of the individual in these struggles of competitive living. Material outlook of the society determines his place in society upon his productive capacity. His identity is tied up with his material possessions. Rapid mobility reduces his stable interpersonal ties and loyalties. His interpersonal relationships are mostly short-lived, formal and contractual. Divorce statistics bear witness to the weakening of marital stability. Individual has been left alone not only to fend for himself materially, but also has been left alone to make a success or failure of his psychic functioning and of his human relationships. Individuals in the West are isolated and alienated. In the weakening of stable interpersonal relationship a westerner's intrapersonal psychic processes have lost a stable validating factor. Weakening of this feed back

has adversely affected the psychological stability and generated psychic stress. Intense competition in the absence of group security further aggravates the stress. The loss of the umbrella of normative, supportive, guiding, corrective, and stabilising group influences is reflected in the individual's showing defective contol of his personal behaviour and interpersonal relationships.

Internal controls of the individual are the repository of original external parental controls. These controls developed during growth also need constant reinforcement for their stability. This is nomally provided in stable well knit family group life. Disruption of this has resulted in the weakening of internal controls in the Western people.

In contrast to Western Industrialised Societies our population in India is organised with a hierarchy of closely knit stable primary groups. The basic unit of these is the extended family. Individual in these family groups lives a pooled and shared life in which not only he shares with other members according to his needs from the pooled material resources of a family, but also shares family values and standards, is guided by group decisions, is supervised by group vigilance and shares group security. He does not function as an independent person but is in every sense completely embedded in his family. All his initiative and effort goes into group deliberations and in this way he contributes to family processes but he is not allowed to function as an independent break-away unit. The Individual in this way both contributes to and is subjected to family group influences in his economic, psychological, intellectual and social functioning, in fact in every sphere of his functioning. He has a rich affective life in the famlly which determines his satisfactions and his sorrows. He grows up, develops and matures within the frame work of this family group life. He does not normally break away or grow out of his family.

The family groups in their turn participate in groups of higher order, consisting of Baradori, neighbourhood, language, caste, religion or occupation. These higher order groups provide support, guidance and social control to family groups.

Consequences of Chronic Drug Abuses

Acute intoxication with the drug is often seen in chronic drug users. This results from the addict using higher dose to get more effect. It may also result from drug interaction through the concomitant use of other drugs, which increase the effect of drug of addiction. Traquillizer, antihistamines and various other drugs increase the depressant action of narcotic drugs. A number of drugs increase the action of amphetamines. Poisoning may occur when the drug content of the drug obtained from illicit sources fluctuates widely and the drug user does not know the dose of active drug he is consuming. Use of combination of drugs may have the same results. Death sometimes results from these episodes of acute poisoning.

Death and serious physical injury sometimes results from the mode of administration of drugs. Intravenous injections

result in Infective Hepatitis and Septicaemia. Embolism in various internal organs is produced by injection of crude drug solutions containing solid particles. Smoking of drugs develops chronic lung diseases.

Chronic users of drugs deteriorate in their physical health and appearance. They pay little attention to their appearance and diet. They become undernourished, develop vitamin deficiencies and are more susceptible to infections. Cirrhosis, neurological disorders, myopathies and myocardiopathies occur in them.

Recently there has been reports concerning the effect of Hallucinogenous drugs on chromosomes causing congenital defects in the children born of users of these drugs.

Withdrawal syndromes resulting from the non-availability of drugs, if not treated promptly are liable to cause serious injury to the health of the addict. Psychotic episodes are seen as a result of use of many addicting drugs. In some cases permanent brain damage and intellectual deterioration results from chronic use of drugs.

The consequence of development of physical and psychological dependence upon drugs is that the person in spite of repeated resolves cannot keep away from the drug. He is repeatedly defeated in his efforts to do so. This leads to weakening of his will power resulting in his lack of persistence in all effort and deterioration of efficiency. Need to control drug taking leads to insincerity and weakening of moral fibre. Compulsion to procure drug by any means leads to lying, stealing, peddling of drugs and other crimes. There is progressive in ethical and moral degradation of the individual. Drug addict is finally reduced to a state called 'Amotivational Syndrome'. In this state he has insufficient motivation to undertake any construction actively. All his efforts are centred around drug taking. The social consequences of drug taking are withdrawal of the addict from all social contacts except those of the addict group, economic loss, neglect of family and children and various unsocial activities.

Management

In the management of a drug addict, a multipronged attack is necessary. The first step is withdrawal of the drug. In a drug addict with good physical health this may be done early. Hospitalisation is necessary to manage the withdrawal symptoms, and to keep the addict away from the drug. In cases with physical complications withdrawal has to be slow. Patient's dosage should be established and reduced gradually. In addition physical complications should be treated and physical health improved.

After this period of detoxication and building up of physical health, the main problem, and a difficult one, is to prevent the patient from resuming drug taking. For this one has to look into his social and occupational circumstances, and his motivation. Drug addict has problems and weak motivation. He needs prolonged outside help in order to succeed in the task of keeping away from the drug. This help can be rendered in a number of ways.

1. Intervention and improvement of his social and occupational adjustments which cause repeated stress to him is necessary. Recruitment of help from the family members is of special importance in his rehabilitation. Better understanding at adjustment may be brought about again.

2. Psychotherapeutic help, either individual or group psychotherapy, may be needed for him. Group therapy has been very useful. Mixed groups of addicts and their families are helpful.

3. He may be integrated into an Ex-addicts club or group where one exists. In this group recovered and stabilised persons help the fresh member.

4. Maintenance of prolonged therapeutic contact with him. Clinic based programmes are usually not sufficient. We know the strong influence of drug addict groups upon the individual addicts. Community approach of going out into the community and contacting these groups and working with them, organising them and influencing them in the direction of healthy functioning through principle of group work and therapeutic community approach, is very useful.

Maintenance of a drug addict on a stable dose of the drug has been tried with fair degree of success in some countries. This approach helps by establishing contact with the addict, by provision of drug through normal channels. This will exclude and discourage the underground trade; and control the physician's overprescription of addicting drugs.

Opiate addicts have been maintained on Methadone. These maintenance programmes bringing the addict in contact with therapeutic agencies helps to build up motivation in him to give up drug use.

Use of antagonists to drugs of morphine type is a recent development. These drugs by antagonising the pharmacological effects prevent the pleasurable effects of the drug. They thus stop the reinforcing effects of drug use and prevent drug dependence. Nalorphine, Cyclozocine and Noloxone are morphine antagonist drugs.

Drug addicts become easily discouraged and have feelings of anxiety and depression when they are not able to cope up with life situations. It is anxiety and depression which compels them to take drugs. Psychiatrists now prescribe anti-depressants and anxiolytic drugs in order to help these persons to stay away from addicting drugs.