Management of Drug addiction in India

Case Studies in psychiatric practice

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assisted by

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MANAGEMENT OF DRUG ADDICTION IN INDIA

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SPARC
SOCIETY FOR PROMOTION OF AREA RESOURCE CENTRES

PREFACE

Drug abuse in India has of late assumed new dimensions. Psychiatrists in India have played an important role in the treatment and rehabilitation of habituated patients. Some of them have made seminal contribution in epidemiological research in the field; some have actively campaigned against drugs and have mobilized public opinion for effective intervention in the field of drug abuse.

Dr. Kuruvilla presents in these pages a set of case studies of patients of drug abuse. These case studies can be used in training programmes and group discussion They present different types of drugs abused; varied backgrounds of patients; organizational parameters within which therapy was given; the recognized/articulated causes of drug-use; intervention; outcome and some reflections on the limits of the possible.

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SUBJECT : A :

'A', 32 year old physician, sought treatment after having been addicted to Fortwin (eight months), Morphine (three years) and Amphetamines (nine years). He had stopped the use of drugs a week before admission and was going through acute withdrawal - restlessness, irritability, pain, insomnia. He also had a history of an epilepsy - like problem for the last two years, which could be related to drug abuse.

A post-graduate diploma holder, he was employed in a public limited concern. He was married and had one child. Questioning revealed no psychiatric abnormality. Conflict in marital life had led to frustration and drugs.

With co-operation from his wife and sustained by his motivation he underwent detoxification, and was treated for his seizures. Aversion therapy was employed. He was subsequently discharged and it is not known if he gave up his habit for he did not return for follow-up.

One important factor that this case reveals is that follow-up is almost as important as detoxification. Abstaining from drug abuse is relatively easy in the controlled atmosphere of a treatment centre. The real test comes during rehabilitation when the patient is back in familiar surroundings, facing peer group pressure and temptation. Regular follow-up would provide the support and encouragement required to combat the situation. Therefore, a great deal of attention needs to be paid to easily accessible, properly staffed follow up facilities where the patient can receive further

counselling and the therapist can keep track of his progress. This could help to reduce the number of relapse cases.

In this instance, the subject being a doctor, has easy access to some types of drugs. Intervention needs to cover linkages of one's occupation with addiction.

SUBJECT : B :

'B', a 24 year old teacher, belonging to a big town came for treatment with a three year history of using multiple drugs like Mandrax & Morphine. For the last eight months he had suffered from fits, probably related to his addiction. He had started with ganja but found that heroine (morphine powder as he called it) gave him a better high and he switched over to the use of that. He had been more or less continuously using the drug and did not abstain even when he began to get fits. When he tried to stop he suffered from acute withdrawal symptoms like irritability, running nose, hiccups, loss of appetite etc., He complained of having become negligent about his work.

This addict sought no real treatment, asking solely for advice which could not be of great value to him unless he underwent proper detoxification. He requires counselling before further progress can be made.

Very often, addicts are not even aware of the stages of treatment required - from detoxification to follow-up. They even hold the mistaken view that their habit is a disease that can be cured with a course of medicines administered on an out-patient basis. Public education through the media is a must to remove such misconceptions.

SUBJECT : C :

'C', a 24 year old, was admitted with a history of multiple-drug-abuse for eight years.

Disharmony between his parents had led him to seek escape from unhappiness in drugs. Now unemployed and unmarried, he had progressed from ganja and hash to the more potent drugs available. Social contact was limited to fellow addicts. Coming from a well-to-do family he could well afford to support his own habit without difficulty and he, probably even supported his friends' as well. Despite his addiction, he managed to complete his graduation, but found it difficult to hold a job. Health slowly deteriorated. His relationships with his father and his brothers worsened considerably, especially when having been forcibly admitted for treatment twice, he returned to his habit immediately on release. A course of treatment at a private rehab centre was no help either and on being caught taking drugs while under treatment, he was asked to leave.

Ultimately, he underwent detoxification under strict surveillance from his mother and was brought for counselling. It was found that he was an adventurous and sociable person. Though he had had some behavioral and adjustment problems in school, there was no real underlying psychiatric problem. He was under emotional turmoil

resulting from a feeling of insecurity which stemmed from the knowledge that if he did not mend his ways he would be ostracised by his family and left to his own resources. And he was conscious that while still an addict he could not hope to support himself. In fact, it was this very knowledge that motivated him to undergo treatment.

In this case, disharmony among parents distressed the friendly, outgoing child to the extent that he found solace in drugs. Once they were aware of his addiction, both parents, despite their desire to help him, probably blamed each other for his addiction and that only made it worse. The realization that now he was a cause of dispute undermined the effect of any encouragement and help each parent could provide. What is required here is both individual and family counselling. The addict must find a release for his emotions in some other healthy activity - he could perhaps join a club or take up a hobby. The parents must cease their squabbling so that the environment at home is harmonious, supportive and loving. The habit could then be broken.

Parents must realize the importance of their harmonious and contented partnership to their children. The life of their parents constitutes an ideal world. They feel insecure when fights are frequent and sometimes they may even have to take sides. This insecurity could lead a sensitive child to drug abuse.

SUBJECT : D :

A 30 year old labourer was a regular user of ganja. He belonged to the low socio-economic strata, earning only Rs.200/- a month. Educated upto the eighth standard, he had been married for 4 years, was childless and was suffering from a sexually transmitted disease. In addition to ganja abuse, a habit of 12 years standing, he was suffering from acute depression and was occasionally suicidal. His addiction led to sleeplessness, burning sensations all over his body and other associated problems. After symptomatic treatment he was required to undergo psychotherapy to alleviate his depression. Two months later he was conceivably better but since follow-up was poor, it is not known whether he was completely cured of his addiction.

Such a case is typical of the labour class, earning a paltry sum, barely able to keep body and soul together and seeking some sort of temporary escape from the bitter grind of poverty through the 'high' the drug provides. Psychotherapy would not always provide the solution. The answer lies in alleviation of the misery of the poor, and improvement of their lot.

SUBJECT : E :

Subject 'E' was a 35 year old businessman belonging to the upper middle-class, Married and living in a small town, he had been used to a joint family all his life, where the elders took the decisions. When the family split up into smaller units, the responsibility for his wife and children came upon his inexperienced shoulders and unable to face what was to him, an enormous task,he found comfort in alcohol, sedatives and tranquillizers. After 6 years, a number of physical ailments began to appear. Body ache and sleep disturbances made him seek treatment.

Once detoxification was over, he underwent psychotherapy in order to build in him the confidence and maturity required to face the pressures of his responsibilities and deal with the stresses of life. However, once his aches and pains disappeared after discharge he did not return for follow-up.

Once again misinformation is one of the contributory factors. Though the addict did need counselling to build his confidence he was unaware that he actually needed help for his addiction, and not merely treatment for the symptoms of addiction.

Better follow-up facilities with properly trained staff could perhaps improve the situation. Such patients could be visited at home for further counselling that would make them aware of the problem and its root cause. Even their families could be included in counselling sessions in order to enlist their help.

SUBJECT : F:

'F', now 45 years old, started taking drugs when he was still a medical student. He was happily married with two children and all relationships were satisfactory. He was in Government service. He started with morphine for relief from regular migraines, then progressed to pethidin and had been using it for close to 20 years. In between he had undergone treatment a few times but to no avail. He had even undergone brain surgery on being told that it helped cure addiction but that was no help. After abstaining for a year and a half, he had a relapse. Eventually, he admitted himself once again for treatment since his addiction upset him.

A physical ailment therefore, can often cause addiction if the same drugs are used for long periods of time. More especially in problems such as migraine which have no known cure. The patient is not consciously looking for a high, he is merely taking the widely-accepted treatment for pain. The subject was probably aware of the consequences of addition and would not really require counselling. A complete cure could only be effected with the help of the patient's own motivation and deep resolve.

SUBJECT : G :

A 32 year old engineer, addicted to ganja for twelve years, sought help when depression and lack of concentration set in and work began to suffer. On being advised to get himself admitted, he promised to return but did not.

Lack of information about treatment methods gives rise to the belief that addiction can be treated with only medicines, on an out-patient basis, just like any other disease. On hearing that they must be admitted and detoxified, most patients are put off by the complexity of treatment and lack motivation to take even the first step.

SUBJECT : H :

'H', now 23 years old and unemployed, took to drugs while still in school doing his 10 + 2. Always a problem child, he had had problems of adjustment and for the last two years had been conscious and distrustful of people around him, imagining that all were out to harm him. He had been addicted to ganja for six years and had started taking Mandrax since the last three years.

Tests revealed that he was a schizophrenic, for which he underwent and was greatly improved. He had even been successful in avoiding drug abuse for two months.

Psychiatric and psychotic problems are sometimes the underlying cause of addiction and need prolonged and careful treatment after which chances of a cure are bright. Sometimes addiction leads to psychosis preliminary screening of addicts for psychosis is necessary.

SUBJECT : I :

Mr. I, a 27 year old, began to take injections of Fortwin to treat frequent head aches. Initially he was advised an injection a month under medical surveillance. Then he learnt to inject himself and gradually began to feel the need for it two or three times a day. Consequently he became depressed and lost a great deal of weight. He was conscious of being constantly restless and disturbed when he did not take the injection.

He was a graduate and had continued studies but had changed courses frequently and had ultimately not finished his post-graduation. Married and a father of three children, he was a smoker and took alcohol occasionally.

There was no real underlying psychiatric problem here. Given adequate motivation (some counselling may be required to boost it) there are few grounds for a relapse. It is a case of medical treatment developing into addiction unknowingly. This case again emphasises the need to orient G.P.s on addictive drugs, addiction fits management

SUBJECT : J :

Mr. J, is a 23 year old farmer from Andhra, belonging to the upper middle class, he was married recently. He used to take alcohol regularly while he was in college, then two years ago he had also

started taking Morphine injections. Since the last six months both dosage and frequency of Morphine had greatly increased but he had discontinued the use of alcohol.

He had also tried calmpose as a substitute for Morphine in order to break his habit but in vain. Now he complained of feeling drowsy all day through if he abstained. He could not sleep and his appetite was poor. Morphine also gave him a feeling of elation and euphoria which he relished.

Past history revealed that though he was a B.Com., he had been a poor student and had been twice debarred from taking examinations because he was caught cheating. He also had some anti-social streaks in his personality, given to picking quarrels and was currently facing a court case of having been involved in a street fight.

He submitted to family pressure and sought treatment but motivation was poor and during detoxification he ran away from the hospital four times, each time going back to drug abuse. Eventually, when he was discharged after a month he was 'clean' but how long he stayed that way is not known since motivation had been poor. He also underwent individual and family therapy but he did not participate voluntarily and had to be persuaded.

Lack of adequate motivation such as in this case makes relapse an almost foregone conclusion. What is required is that the addicts motivation be sufficiently boosted to enable him to undergo detoxification. Later, his behavioural abnormalities can be treated through proper therapy. This patient would need to be shown an alternative means to relieve his pent-up feelings so that he did not

stray into quarrels. The root cause for his anti-social personality could well still be undetected and perhaps would emerge with further therapy and thereby determine the path his treatment should take.

SUBJECT : K :

A boy from Madras, a student of TY B.Com. now almost 22 years old, had been smoking cannabis ganja regularly for the last 15 years. During the last year a friend offered to introduce him to another drug which, he promised, would give him a better 'high'. Finding that he preferred this'new stuff' over all the others, he switched to it on a regular basis and gradually increased the dosage as his craving grew. The 'new stuff' was heroin.

His family disapproved of his habit and tried to persuade him to dicontinue it. He would lie to them saying he was no longer addicted. One two occasions he tried to stop it by himself but developed severe withdrawal symptoms like sneezing, runny nose, head ache and body ache etc., and found relief from them only by taking the drug again. Eventually, with some persuasion from his sister, a para-medical trainee, he sought treatment at a centre. When he got himself admitted, he was once again experiencing withdrawal since he had refrained from using the drug for the last few days.

Family history showed no real psychiatric abnormalities. He was quite spoilt by his parents and was used to getting his own way. Frustration tolerance was also found to be low, and some signs of aggresion and stubbornness could be a cause of problems in social and family relationships.

He was to return for admission with his mother who would stay to provide support. But she decided that she would prefer him being treated in their home town and they did show up again.

Motivation in this patient was obviously not strong enough and he had no other problems resulting from his addiction other than withdrawal when he stopped. Even his personality showed no great flaws. So there was no underlying reasons for his habit other than the pleasure he derived from it. Counselling would have to establish adequate motivation, perhaps, by making him aware of the grim consequences of drug abuse. Then aversion therapy would be likely to be most effective. Family constraints precludes certain options available for the treatment of drug addicts.

Ofcourse, such a case also lays stress on the need for imparting accurate and detailed information about drugs right from school level onwards so that children can be discouraged right from the start.

SUBJECT : L :

Mr. L, now 28 years old and hailing from Bangalore revealed that he had had an unsatisfactory academic career since the age of 12. He missed school regularly and spent his time wandering about claiming that he was studying privately. During these years he bagan to consume alcohol in large quanties and in his 27th year, had also became a multiple drug abuser. Since he was unemployed, his mother, the only earning member and widow, gave him regular pocket money. She had also financed several unsuccessful business ventures that he undertook. A police problem was also mentioned but no details were made available. Since passing his higher secondary he had made no attempts to pursue further education, spending his energies in frequent sexual relationships. However, he complained of personality disorder problems.

Though supported by his mother, his relationship with her too was disturbed and stormy and in fact, when she brought him for treatment, he insisted that it was she who required it more than he did. Despite being told that his sexual inadequacy was linked to his habit of drug-abuse motivation was almost negligent and he was reluctant to undergo any form of treatment, not even prepared to concode that his addiction was a problem. Also his mother was not in a position to stay with him to provide encouragement and support and later, to participate in family therapy in order to resolve their problems.

Given the circumstances treatment of such a patient would be greatly unsuccessful since he was not even willing to accept that he needed help or indeed, that he had a problem. In such cases counselling would help little unless the patient was more receptive and open-minded.

SUBJECT : M :

Mr. M, hailed from Manipur. He was 28, married with two children and employed as a L.D. Clerk. Before marriage he used to drink occasionally but later he took to drugs until eventually he was a multiple drug abuser addicted to morphine, heroin etc.,

He sought treatment for continual head-aches and abdominal pain, probably ailments linked to his addiction. No physical abnormalities were detected and he was moved on to the psychiatric department for psychological tests which showed that he was also suffering from depression. Though he was unaware of his depression, he gave his pains as the reason for his drug abuse. It was difficult to make him understand that his pains were interlinked with his depression and addiction and could not be cured unless the latter two problems were treated.

Unfortunately for this addict, the climate of Vellore proved unsuitable and besides, it was difficult to have all his relatives travel the long distance for family therapy. It was not viable financially either, for treatment would take time, so he returned to Manipur.

It is possible that further tests would have revealed some frustrations which arose after marriage for which he found comfort in drugs. Counselling would definitely have helped him had time permitted.

What is really required is that treatment and rehabilitation facilities are provided for in large numbers in every state so that addicts can be treated locally as far as possible. This would also facilitate follow-up.

SUBJECT : N :

Mr. N, 23 years old and belonging to an upper middle class family of Calcutta, was doing his Engineering in Bangalore. He started taking cannabis while in the 10th Standard in school. After 4 - 5 years of this, he took to alcohol until finally he settled for heroin and had been on it eight months when he sought treatment. Though he was a user only for the high or elation it gave him, he had noticed that away from college, the craving was less. When he abstained from drugs, he took alcohol in large quantities, perhaps to compensate.

With no problems, psychiatric or otherwise, the patient had became an addict merely to experience the 'high' it gave him. Abstinence caused painful withdrawal. He would need counselling in order to make him realize to what extent continued abuse could cause damage both physically and mentally. Once he was aware of the horrifying

consequences of his seemingly pleasurable habit, he could be motivated enough to try and break away from his addiction. For the same reason detailed and proper education on the use & abuse of drugs is a must for school and college going children by whatever means available. Such a programme would be more effective and far reaching if it were Government - sponsored and carried out through the media.

SUBJECT : O :

An engineering student, married, sociable, of an out-going and friendly temperament became an abuser. Knowing full-well the physical consequences of drug addiction. He had no psychiatric or physical abnormality that led to his habit. In fact he was almost unaware that he had a problem. He firmly believed that he could give up his pleasure-giving habit whenever he so desired and that he required, no special treatment for it. Even a detailed resume of the consequences could not induce him to undergo treatment.

In such cases counselling at such a stage can have no foreseeable results. Perhaps when physical and emotional problems emerge due to the addiction, the patient can be made to see reason.

THE PROJECT AT A GLANCE

CITIES	PATIENT PROFILE	EXISTING FACILITIES	PSYCHIATRIC & MED. PRACTICE	COUNSELLIN
BOMBAY	✓	✓		
DELHI	✓			
MADRAS	✓			
CALCUTTA		✓	✓	✓
GOA	✓	✓		
IMPHAL				
HYDERABAD	✓			
SRINAGAR	✓			

DOCUMENT ON POLICY IMPLICATIONS

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