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Article

Substance Abuse Disorder- A Case Study

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Abstract

In this case study, "X," a 32-year-old man who has been married for two years and enjoys a pleasant relationship with his wife, is the focus of substance abuse disorder. Their one-year-old daughter is a blessing. who has spent a number of years battling Substance Abuse Disorder (SUD). X grew up in a tiny, tight-knit neighbourhood and was loved by his family and friends for being a happy, driven young man. His parents were incredibly protective and caring, and they always saw a bright future for him. They supported his goals and encouraged him in school. Growing up, X was very close to his younger brother, who had always been his confidante and ally, providing him with unwavering support even during trying times. A multimodal treatment approach is available.

The treatment of substance use disorder and withdrawal symptoms often requires a combination of medical management, behavioral therapy, and support programs.

- Medications for Withdrawal Management
- Psychological Support and Counselling
- Long-Term Maintenance Therapy
- Support Groups
- Addressing Nutritional Deficiencies

Drugs to Help Manage Withdrawal The following drugs may be taken into consideration in order to control withdrawal symptoms and lower the chance of relapse: Methadone is used to lessen cravings and withdrawal symptoms in opioid-dependent individuals. Without producing euphoria, buprenorphine can aid in the reduction of withdrawal symptoms. NSAIDs:

Ibuprofen and other non-steroidal anti-inflammatory medications (NSAIDs) can help reduce cramping and muscle soreness. Cognitive behavioral therapy, or CBT, can assist the patient in identifying triggers that may result in substance use and in creating coping strategies to handle cravings. A therapy strategy to boost a patient's motivation to alter their behavior and adhere to the treatment plan is motivational interviewing.

Keywords: Cocaine, Medication-Assisted Treatment (MAT), Relapse Prevention, Substance Use Disorder, Withdrawal Symptoms,

Introduction

Individuals and their families are impacted by substance abuse, a chronic, crippling illness with high morbidity and death. An estimated 250 million people between the ages of 15 and 64 took illegal drugs in 2014 (World Drug Report, 2012). Drug or substance use disorders, such as drug dependency, affect 10% of illicit drug users. Many drug addicts utilize intravenous substances, and over 10% of them get HIV, with hepatitis C accounting for the majority of cases (United Nations Office of substances and Crimes, 2018).

Anything that can lead to addiction, habituation, or altered awareness is considered a substance or drug. It can also refer to any substances that alter the body's composition or functionality. Drugs are prescribed by doctors for medicinal or nutritional purposes, but when used for other purposes, they may become dangerous (Poss, 1996).

The DSM-IV defines substance abuse as the repeated use of a substance that may harm the user or others physically or socially but is not accompanied by any symptoms when the substance is stopped. But according to the United Nations Office on Drugs and Crimes (2015), substance addiction (or dependence) is a compulsive pattern of substance use that is characterized by a loss of control over the substance's use, continued use despite serious substance-related problems, and the emergence of a state of physiological need such that physiological signs and symptoms, known as withdrawal symptoms, occur when access to the drug is denied. Addiction is typically linked to three things: the inability to quit, the propensity to increase dosage or behavior, and withdrawal symptoms. Those symptoms that develop following abstinence of drug (Barrett et al., 2008)..

Drug addiction essentially progresses via four stages: 1) Experimentation: using the drug voluntarily without altering behavior; 2) Regular use: the person looks for the drug's euphoric effects, builds a trustworthy drug supplier, etc. 3) Abuse: engages in regular drug use. At this point, symptoms of addiction, like cravings, drug obsession, depression, etc., will start to show. 4) Addiction is characterized by physical and/or psychological dependence, compulsive drug use, and withdrawal symptoms despite serious negative consequences (Barangam et al., 2002).

Genetic predisposition, psychological factors like stress, personality traits like high impulsivity, depression, anxiety, eating disorders, personality, and other psychiatric disorders, age at first

exposure, and self-medications are some of the factors that have been linked to patients with substance addiction. Disability and environmental factors, such as drug availability, peer pressure, social standing, drug awareness through advertisements, and family history of addiction or sexual abuse (Kreek et al., 2005; O'Brien et al., 1998). Nonetheless, it has been demonstrated that some characteristics, such as self-control, academic proficiency, antidrug knowledge, strong neighborhood ties, some genotypes, parents, and an enriched environment, have protective benefits against drug misuse (Botvin et al., 1990).

SOCIAL IMPLICATIONS: Substance misuse has a wide range of social repercussions, including job loss, interpersonal relationship breakdown, school truancy and dropout, suicidal thoughts, traffic accidents, and unprotected sex (Baker, George, & Sandle, 1996). Numerous studies have shown a strong correlation between unemployment and abuse, which causes major mental health issues for addicts. These issues were previously believed to be caused by behavioral changes brought on by pre-existing psychopathology (Johnson, Reynolds, & Fisher, 2001). It has been shown that substance-abusing people disrupt their families and lose their ability to parent, which leads to child abuse, neglect, and abandonment as well as a major and serious impairment of parent-child contact (Bornstein, n.d.).

Numerous studies have demonstrated a strong correlation between drug usage and an increased crime rate among abusers, with this relationship being particularly noticeable for alcohol abusers. This was thought to be caused by the cognitive impairment of addicts, which makes criminal activity easier and makes people more aggressive. It was also linked to the addicts' financial limitations and the high prices of drugs on the black market (Pernanen, 2001). The type of substance typically determines the shape and pattern of the offenses. For instance, opiates, particularly heroin, were linked to theft and fraud, while stimulants, particularly amphetamine, were tied to general crimes. However, cannabis has little association with criminal activity (Fridell, Hesse, Meier, & Kühlhorn, 2008).

PHYSICAL IMPLICATIONS: Every year, over a million children in America are subjected to physical or sexual abuse, primarily as a result of parental alcohol misuse. Any type of mistreatment that might cause bodily harm, such as burns, fractures, lacerations, or bruising, is considered physical abuse. Physical abuse can include neglect, such as failing to provide children with food, clothing, shelter, or medical attention. Moreover, physical abuse may include sexually abusive actions such as raping, stroking, kissing, or even caressing (Widom, 1993). Self-inflicted bodily injuries, such as cuts, bruises, or even burns, have been linked to substance misuse (Jr Califor et al., n.d.) Injury-related hospital admissions among addicts are significantly greater than those among non-addicts, according to Blose et al. This suggests that addicts sustain injuries at a higher rate than non-addicts (Blose & Holder, 1979). Numerous studies link substance addiction to physical symptoms such restlessness, agitation, tremors, and confusion. These symptoms are

thought to be part of withdrawal symptoms because they stimulate the central nervous system (Hodding, Angeles, Jann, Ackerman, & Angeles, 1980).

MEDICAL IMPLICATIONS: Approximately 269 hospitalized patients in Switzerland between 1980 and 1986 had a history of drug misuse. Since lung infections are the most frequently found illnesses, around 47% of patients suffer infectious problems. This is mostly because approximately 95% of patients consume heroin. According to Scheidegger and Zimmerli (1989), around 16.4% of patients have viral hepatitis, 11.1% have a human immunodeficiency virus infection, 9.3% have mild genital infections, and 2.6% have bone and joint infections, sepsis, and endocarditis, respectively.

Managing the withdrawal symptoms and offering ongoing support to avoid recurrence are the immediate objectives. Drugs like buprenorphine or methadone can be used to lessen cravings and the symptoms of withdrawal. Medication-Assisted Treatment (MAT), a tried-and-true method for opiate detox, includes these drugs. Additionally, clonidine can be used to reduce autonomic symptoms such as cramping in the muscles, excessive tearing, and perspiration. Ibuprofen and other non-steroidal anti-inflammatory drugs (NSAIDs) can relieve leg and muscular discomfort, and if necessary, doctors may prescribe anti-nausea meds.

Psychological support is just as important as medical care. While Motivational Interviewing (MI) can promote participation in the recovery process, Cognitive Behavioral Therapy (CBT) can assist the patient in addressing triggers and underlying issues that contribute to substance use. Narcotics Anonymous (NA) and other support groups are advised for relapse prevention and continuous peer assistance.

Maintaining the patient on MAT with drugs like buprenorphine/naloxone or naltrexone, in addition to ongoing counseling and support group participation, is essential for long-term recovery. The comprehensive treatment strategy must include nutritional support to address decreased appetite, toxicological testing, and routine follow-up. This method lowers the chance of relapse while guaranteeing the patient's physical and mental health needs are met.

The first step in the treatment plan for the substance use disorder linked to "X" consuming 1.5–2 grams of cocaine is a comprehensive evaluation by medical experts to determine the extent of the addiction, any co-occurring mental health conditions, and "X's" general health. In order to handle psychological withdrawal symptoms in a secure and encouraging setting, detoxification can be required. The main treatment strategy is based on behavioral therapies, such as contingency management and cognitive behavioral therapy (CBT), which are designed to assist "X" in recognizing and altering negative thought patterns and reinforcing constructive ones. Although there are currently no FDA-approved drugs that directly target cocaine addiction, off-label drugs may be used to treat co-occurring illnesses or related symptoms.

Additionally, it is advised to join support organizations like Cocaine Anonymous in order to foster accountability and a sense of community. Family therapy may be used to address relationship

dynamics that contribute to the substance use disorder, and a customized aftercare plan is created to give "X" relapse prevention techniques. In general, the therapeutic strategy is designed to address the unique requirements and situation of "X," emphasizing the promotion of long-term healing and wellbeing.

Method

Case history

"X," a 32-year-old man with substance abuse disorder, has been experiencing a number of symptoms for the previous two days, including leg and abdomen pain, severe eye tearing, poor sleep, and decreased appetite. The patient also sought treatment for problems related to addiction. It was discovered that the patient had been smoking for two to three years and had been using about 1.5 to 2 grams of cocaine daily, which costs 1000 rupees per gram. Additionally, for the previous two years, the patient had been smoking cigarettes every day and occasionally drinking alcohol at parties and social gatherings.

But X had a string of disappointments in his late twenties. Despite the help of his family and friends, he isolated himself and felt inadequate after losing a promising career, which led to depression. He started using drugs as a coping mechanism, at first very seldom, but eventually his use increased to the point of dependence. His friends saw a shift in X's conduct; he missed social events, was more reclusive, and eventually lost his dependability, canceling arrangements and making up reasons to avoid them. The patient voluntarily came to the OPD to get addiction treatment. It was revealed that the patient's drug use had begun with pals near their home and had gradually increased.

Case Formulation

It's critical to comprehend the significant effects that "X," who uses 1.5–2 grams of cocaine each day, experiences in both their personal and professional lives. Cocaine use can psychologically result in increased impulsivity and mood swings, which can strain friendships and family ties and cause social isolation and a loss of support systems. Professionally, "X" might have poorer judgment and perform worse at work, which could result in absenteeism or disputes with coworkers and endanger job security and career progression. As "X" struggles with the repercussions of their addiction, such as legal troubles, financial pressure, or health challenges, this substance usage may also start a vicious cycle of stress and anxiety. In order to promote healing and reintegration into both the personal and professional realms, it will be imperative to address these occupational obstacles and interpersonal dynamics comprehensively during therapy. We can help "X's" overcome these obstacles and strive for a more balanced and satisfying existence by emphasizing the development of coping mechanisms and communication skills.

Course of Treatment

The treatment of substance use disorder and withdrawal symptoms often requires a combination of medical management, behavioural therapy, and support programs.

- Medications for Withdrawal Management
- Psychological Support and Counselling
- Long-Term Maintenance Therapy
- Support Groups
- Addressing Nutritional Deficiencies
- Withdrawal and Family Intervention

After using drugs for a very long time, X made the decision to quit. Abdominal pain, leg cramps, excessive tearing, trouble sleeping, and appetite loss were among the severe withdrawal symptoms he experienced within two days of stopping. He was overcome by these severe symptoms on a mental and bodily level. Finally, feeling nervous and worn out, he confided in his family that he needed assistance and was in pain. His brother and mother acted right away, sending him to a neighboring clinic where a doctor examined him.

According to the doctor, X was experiencing opioid withdrawal, which can be a painful and confusing process, particularly if you don't have competent help. They created a treatment plan that included (I) Medication-Assisted Treatment (MAT), which uses drugs like "methadone" or "buprenorphine" to diminish cravings and withdrawal symptoms, as well as "clonidine" to address the autonomic symptoms of withdrawal, like cramping in the muscles and tearing. Additionally, he was prescribed anti-nausea medication to manage any gastrointestinal issues and (II) NSAIDs for leg pain.

Understanding that strong emotional support would be necessary for recovery, X's family and close friends assumed proactive responsibilities. He began (III) Cognitive Behavioral Therapy (CBT) with his brother's help in order to comprehend the underlying causes of his addiction and to create coping mechanisms for controlling cravings. She also offered to meditate with him in the mornings and urged him to use (IV) mindfulness practices to lessen worry. As X found solace in her unwavering presence, their relationship, which had deteriorated over time, started to heal.

In the meantime, his mother concentrated on restoring his physical well-being, making wholesome meals to compensate for his diminished appetite, and making sure he drank plenty of water. She urged him to gradually rebuild his strength by eating small, well-balanced meals

throughout the day. Even though he didn't say much, X's father would sit with him during tough times to provide him with quiet company and a reminder that he wasn't alone.

Through this journey, he reconnected with some of his old pals, especially one from boyhood who had maintained contact despite the difficulties. They assured him that he would meet people who understood his issues without passing judgment by inviting him to local support group meetings, such as Narcotics Anonymous (NA) (V). For X, these gatherings turned into a safe haven where he could find strength and companionship while being inspired by the tales of recovery and resiliency of others.

Challenges

The difficulties "X" faces in managing a substance use disorder associated with 1.5–2 grams of cocaine are complex and can have a big influence on their road to recovery. A significant obstacle is the psychological aspect of cocaine addiction, which can result in strong cravings and a strong need to use despite the risks. Moreover, "X" can suffer from worry, depression, and mood swings, all of which can make recovery more difficult and raise the chance of relapse. The social stigma associated with cocaine usage can also prevent "X" from getting treatment because they may be afraid of being judged by their family or peers. Furthermore, obstacles to successful therapy may arise from underlying problems including trauma or co-occurring mental health conditions. It may be difficult to get the right medical care and support systems, especially in places with a dearth of addiction treatment programs. All things considered, these difficulties necessitate a thorough and customized approach to treatment, with a focus on support, coping mechanisms, and continuing care to promote long-term healing.

Outcome and Follow-Up

The outcome and follow-up phase are crucial in assessing the efficacy of the treatment strategy in the case of "X," who takes 1.5–2 grams of cocaine. First and foremost, we strive for quantifiable results like decreased substance usage and enhanced mental health. We will evaluate "X's" mental health in follow-up sessions, keeping an eye out for any indications of anxiety, depression, or other co-occurring illnesses that might have surfaced during the healing process. In order to guarantee that "X" can successfully control cravings and high-risk circumstances, it is imperative to reinforce behavioral interventions and coping mechanisms established in therapy. Standardized assessment instruments will be used to monitor progress and modify the treatment strategy as needed. Our long-term goal is to help "X" create a network of supportive people and build resilience in order to promote sustained healing. In order to stay motivated and avoid relapsing, it will be recommended to continue attending therapy sessions and support groups. Our ultimate goal is to help "X" escape the limitations of cocaine addiction and move toward a better, more satisfying existence.

Conclusion

As his treatment proceeded, X adopted weekly therapy sessions to help him recognize and manage triggers, as well as Medication-Assisted Treatment (MAT) using naltrexone to block cravings. He opened up over time, telling friends and family about his experiences and expressing regret. His brother reminded him that recovery was about more than just quitting drugs; it was also about mending relationships, so he urged him to focus on reestablishing trust via openness and consistency.

Over the course of the following few months, X's confidence gradually returned. His mother planned family dinners and his friends invited him to social events where he could feel happy and fulfilled without using drugs, so his family celebrated every recovery milestone, no matter how minor. during his dedication to getting better, X started to mend the rifts in his relationships with others and developed renewed gratitude to those who had stood by him during the worst of times.

With the help of his friends, family, and the network of support he developed through NA, X is now traveling forward with a fresh sense of purpose. Despite ongoing difficulties, he finds strength in the love and support of those around him and is dedicated to creating a brighter, healthier future.

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