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Article

Polysubstance Use Disorder: Case Study

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Abstract

The case study examines the treatment strategy for an individual diagnosed with polysubstance use disorder. It specifically addresses the needs of Mr. “A,” a 31-year-old man who has been grappling with this disorder for the past seven years, primarily involving the use of alcohol, opium, and heroin. He reports several significant concerns, including disrupted sleep patterns, diminished appetite, increased aggression, hypertension, and persistent intrusive thoughts. During periods of abstinence from these substances, Mr. “A” has experienced withdrawal symptoms, which include vomiting, diarrhoea, and heightened anxiety, ultimately leading him to resume drug use. His family took him to the hospital as a result of an overdose. He was actively participating in a treatment program designed to address his addiction. This comprehensive program spans three months and begins with a crucial detoxification phase lasting approximately seven to ten days. Following detox, the program incorporates medication alongside a tailored behavioural modification and therapy plan to support his recovery.

Keywords: Polysubstance use, Case Study, behavioural modification

Introduction

Polysubstance use refers to the simultaneous consumption of multiple drugs. People often resort to polysubstance abuse to amplify the effects experienced by various substances. Typically, users have a favored drug that they mix with others to intensify the primary drug's impact (Mutukumaran). Those diagnosed with polysubstance abuse or addiction tend to seek the euphoric sensations associated with being under the influence, often without a specific preference for any particular drug. Drug addiction, characterized as a self-induced and compulsively sustained condition, has reached near-epidemic levels, emerging as a significant public and social health crisis that hinders the advancement of not only the individuals affected but also their families and society as a whole. Those grappling with this affliction often find themselves unable to regain control and are unable to overcome their dependency without the assistance of professionals who possess specialized training in this area. We will discuss the three predominant substances that are widely prevalent in North India, namely alcohol, Opioid, commonly referred to as chitta/ heroin, and opium, which are often encountered in the forms of doda, affeem, and bhukki (T.singh).

Alcohol

- Ethanol, a psychoactive and toxic compound found in alcoholic beverages, possesses properties that can lead to dependence. While alcohol has been a part of various cultures for centuries, its consumption is linked to considerable health risks and adverse effects.

- The intake of alcohol significantly increases the likelihood of developing noncommunicable diseases, including liver and cardiovascular diseases, as well as various cancers. Furthermore, it is correlated with mental health challenges and behavioral issues, such as depression, anxiety, and alcohol use disorders.

- Global statistics indicated that approximately 400 million individuals aged 15 and older were affected by alcohol use disorders, with around 209 million suffering from alcohol dependence. Alcohol consumption is implicated in over 200 diseases, injuries, and health conditions (National Institute of Drug Abuse).

Opioid/Heroin

- Heroin is a prohibited and extremely addictive substance derived from morphine, which is a naturally occurring compound obtained from the poppy plant. This drug is commonly found as a white or brownish powder that is often adulterated with substances such as sugars, starch, and powdered milk.

- When in its purest form, heroin appears as a white powder with a distinctly bitter flavour. Users may prefer highly pure heroin for snorting or smoking. The dark hue of black tar heroin is a result of less refined processing techniques that retain various impurities that are dissolved and then injected into the veins, muscles, or beneath the skin.

- The short-term use consequences of heroin consumption may include disorientation, vomiting, incoherent speech, and a decline in cognitive abilities. In contrast, the long-term repercussions are more severe and can manifest as damaged and collapsed veins, often indicated by bruising and other visible marks on the arms and legs. Additional effects may include cuts and scabs resulting from scratching at irritated skin, gastrointestinal issues as well as respiratory complications.
- Furthermore, individuals may experience sexual dysfunction and reproductive challenges, alongside mood fluctuations and symptoms of depression. Withdrawal from heroin can provoke a range of distressing symptoms, including agitation, anxiety, a runny nose, excessive sweating, yawning, dilated pupils, goosebumps, rapid heart rate, nausea, and vomiting.

Opium

Opium, obtained from the immature seedpods of the opium poppy (Papaver somniferum), has a long history of medicinal use spanning several centuries.

This substance comprises various alkaloids, such as morphine and codeine, both of which serve as potent analgesics. The medical applications of this substance encompass several important aspects like pain relief, cough suppressants, anti-diarrheal and highly used in addiction.

Opium is readily accessible in various forms, including afeem, bhukki, and doda, which are prevalent and widely found in the northern regions of India.

The direct impact of opioids on the brain may lead to several adverse effects, including diminished decision-making abilities, difficulties in maintaining focus and concentration, and a reduction in reaction times. Individuals may experience feelings of euphoria, increased drowsiness, and, in severe cases, a loss of consciousness.

Long-term use of opioids can result in physical dependence. Consequently, if an individual fails to consume their prescribed dosage, they may encounter withdrawal symptoms and risk of developing depression and other psychological disorders.

In this instance, Mr. A presents with primary concerns including bodily pain, restlessness, disrupted sleep, a melancholic mood, diminished appetite, as well as aggression and irritability. He has a history of grappling with feelings of isolation, which may have worsened, leading to an increased detachment from social engagements. There is a notable absence of interest or enjoyment in activities that he previously found pleasurable, as evidenced by his signs of boredom and withdrawal from routine tasks, accompanied by distorted thinking.

Methodology

A 31-year-old male has been admitted to a rehabilitation center in Punjab, presenting with primary concerns related to the use of multiple substances, disrupted sleep patterns, and

heightened anxiety. He also reports diminished sexual interest, feelings of agitation, sadness, and suspiciousness, along with mood disturbances characterized by repetitive thoughts.

History of present illness

He indicated that he began consuming alcohol between the ages of 20 and 21, typically in amounts ranging from one to two pegs, though this was not a regular habit but rather an occasional indulgence. In 2011, he resumed using Affeem and Doda, and he also experimented with charas once. Following his marriage in 2016, he first tried chitta, administering it through injection. His usage pattern involved 20 days of regular consumption, followed by a two-month hiatus, then another two months of regular use, and subsequently a seven-day break, continuing in this manner. He noted that he ceased alcohol consumption in 2016; however, in the past one to two months, he has been using chitta daily at a dosage of 0.5 grams. Currently, the client wishes to discontinue drug use and has abstained for the past three days, during which he has experienced withdrawal symptoms, including pain and chills in various parts of his body, leading to difficulty in resisting the urge to use again, resulting in a return to consumption, albeit in smaller amounts.

Informant history

The informant indicated that the individual in question was using chitta; however, when family members inquired about its use, they reported no distress within the family. The patient resides in a joint family setting, and according to his mother, his exposure to the drug began when he started associating with friends and cousins, some of whom have a history of substance use. Additionally, it was noted that he had previously suffered from hepatitis C three years ago. The informant also mentioned that there are no issues related to financial or marital distress.

Medical history

In 2016, he received treatment for hepatitis C, which lasted for three months. However, after two years, the virus reactivated due to injections, prompting him to undergo another three-month treatment, which he completed.

Negative history

The patient demonstrates no significant negative history concerning seizures, brain injuries, or suicidal thoughts.

Family history

The client resides in a joint family and has one brother and one younger sister. He is married and has two children, a son and a daughter. Additionally, there is no record of psychiatric disorders in the history of the family. In terms of family medical history, the patient's mother has diabetes, while the grandmother has a history of hypertension.

Educational history

He has completed his 12th grade with a score of 70 percent. He is a bright young man who aspires to further his education; however, his father has declined to support this pursuit.

Occupational history

He is a farmer.

Marital history

In 2016, he entered into an arranged marriage, which has since fostered a positive and fulfilling relationship with his spouse. Their sexual relationship is also characterized by satisfaction and harmony. Additionally, he maintains a strong and affectionate bond with his children.

Premorbid history

The patient's perspective on himself and others is characterized by a cheerful disposition; he exhibits extroverted traits and a strong appreciation for freedom. His passion for travel is evident, and he possesses a clear understanding of his objectives. Additionally, he is a firm believer in a higher power.

Discussion

Course of treatment

The program was designed as a comprehensive, multi-faceted treatment initiative. This type of treatment plan integrates multiple therapeutic techniques and interventions to pro vide holistic care. Here are some key components of a multimodal treatment plan:

- Medical Treatment
- Behavioral Therapy
- Psychological Support
- Holistic Therapies
- Relapse Prevention

Mr. A and his family were the initial individuals to receive psychoeducation regarding polysubstance use disorder and the functioning of the treatment plan. This knowledge enabled them to comprehend the nature of the disease as well as the operation of the de-addiction program.

Mr A was first given the medical treatment of medical detoxification primarily focuses on the safe management of withdrawal symptoms and the elimination of toxins from the body. Due to his extensive history of drug abuse, a comprehensive detoxification process lasting ten days was necessary to adequately cleanse the toxic cells in his body. This process was closely monitored through urine and blood tests, including toxicology screenings and urine drug tests.

Throughout the detoxification treatment, he received appropriate care for withdrawal symptoms, which included intense cravings for drugs, bodily pain, and nausea. Additionally, medical complications such as seizures and severe agitation were also addressed during this period.

He was subsequently guided to participate in a 12-step addiction treatment program, which encompasses the following steps: acknowledging powerlessness, believing in a higher power, surrendering one's will and life to God, conducting a moral inventory and admitting wrongdoings, being prepared for change, requesting the removal of shortcomings, compiling a list of amends, maintaining a personal inventory, pursuing spiritual growth, and assisting others.

Throughout the 12-step program, the individual participates in one-on-one therapy sessions, group therapy sessions, and family therapy sessions. During the individual sessions, a comprehensive history is gathered, focusing on the onset of drug use and the underlying reasons for it. This exploration reveals that the individual has been grappling with trauma and unresolved issues from the past, which have hindered emotional coping in the present.

To gain further insight, psychological assessments were conducted, including:

MCMI test indicated significant scores in areas such as alcohol dependence, drug dependence, post-traumatic stress disorder, borderline personality traits, and anxiety.

IPDE test also revealed elevated scores in borderline, anxious, and impulsive traits.

BDI results suggested borderline clinical depression.

The adult anxiety checklist indicated only mild anxiety symptoms.

Therapeutic interventions were implemented in response to these findings, focusing on the resolution of past traumatic experiences. Hypnotherapy, conducted by a certified hypnotherapist, was employed to facilitate the healing process. Cognitive Behavioural Therapy (CBT) was utilized to examine and manage his thoughts, thereby improving his behavior. Additionally, Dialectical Behavior Therapy (DBT) and Interpersonal Therapy (IPT) were applied to transform irrational thoughts into rational ones and to address interpersonal conflicts with his father and wife. This was complemented by family counseling sessions aimed at educating family members on how to interact with the patient effectively, followed by organized family meetings for group counseling. We have consistently employed the empty chair technique during his sessions to facilitate his self-realization regarding the mistakes he has made, for which he tends to blame both others and himself. This approach has enabled him to arrive at the most effective solutions independently.

During the group therapy sessions, Joint Progressive Muscle Relaxation (JPMR) was conducted daily for a month, followed by sessions every three days, which facilitated relaxation and reduced anxiety. Additionally, meditation was practiced each morning for ten minutes. The group therapy included social interaction sessions designed to enhance communication skills, focusing on both verbal and nonverbal communication and their impact during interactions

with others. Well-being sessions addressed problem-solving techniques life satisfaction, etc. Relapse prevention sessions provided strategies for managing potential setbacks, including relaxation techniques. Furthermore, art and dance therapy sessions were incorporated, along with play sessions aimed at keeping him engaged throughout the day, forming an integral part of the treatment plan.

Prior to his discharge, we will initiate a comprehensive support program 15 days in advance, aimed at enhancing his mental resilience to confront the challenges posed by relatives and friends. This program will focus on equipping him with strategies to manage stressful situations, control urges, and navigate potential triggers that could lead to relapse. Additionally, we will establish structured routine charts and ensure consistent follow-up appointments with both medical and psychological professionals post-discharge to mitigate the risk of relapse. The family will also receive psychoeducation to better understand how to support and care for him upon his return.

Conclusion

The individual in question is a 31-year-old male with a documented history of substance abuse, which encompasses alcohol, and opioids (specifically Affeem, Doda, and Chitta). He has exhibited withdrawal symptoms, along with anxiety, depression, and irregular sleep patterns. Additionally, there is a notable family history of substance use disorders and a personal medical history of hepatitis C. The proposed treatment regimen includes medical detoxification, a variety of psychological therapies (such as individual, group, family therapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, and hypnotherapy), as well as holistic approaches (including relaxation techniques, meditation, art and dance therapy, and play therapy). Furthermore, strategies for relapse prevention will be implemented. The overarching objective is to comprehensively address both the physical and psychological requirements of the patient, while also providing him with the essential skills to sustain long-term recovery.

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