# Drug Addiction: Causes and Prevention

Dr M.S. BHATIA

DRUG abuse is not a static phenomenon. The range of addictive substances continues to expand, the extent of their use increases, more and more younger people from all socio-economic strata are being involved and the psycho-social antecedents and consequences of drug use alter with time. The past decade has seen a move away from the assumed importance of psychological and socio-demographic factors in the development of drug use and perceived that social context of drug users (Peer and family influences) and situational variables (drug availability, adolescent cultural values are more influential in the development of dependency.

According to WHO expert committee (1980), drug addiction is a state of periodic or chronic intoxication, detrimental to the individual and to the society, produced by the repeated consumption of a drug (natural or synthetic). There is a compulsion not only to take the drug but also to increase its dose. The word addiction includes two terms—dependence and habituation. The term 'habituation' differs from 'dependence' that there is only a desire (not compulsion) to take the drug, no need to increase the dose, detrimental to individual only (not society) and is not followed by the physical withdrawl symptoms e.g. tobacco, coffee and certain analgesics intake. The term 'abuse' indicates that an unspecified drug is being used in an unspecified manner and amount by some person or persons and such use has been judged by some persons, or group to be wrong (illegal, immoral) and harmful to the user or society or both. The various groups of dependence producing drugs are: cannabis (*bhang, ganja, charas*), opiates (morphine, heroin or smack etc.), alcohol, barbiturates, amphetamine, cocaine, inhalants (acetone, gasoline etc.). Out of all these, opiates produce strong physical and psychic dependence. While opiates, alcohol and barbiturates produce tolerance (which is an adaptive state characterized by diminished responses to the same quantity of a drug or by the fact that a larger dose is required to produce the same degree of pharmacodynamic effects). Thus there is strong compulsion to increase the dose to avoid the withdrawl effects—peculiar to each group.

*Types of drugs:* The drugs, which are commonly abused in India, are: heroin (smack, smag, skag, brown sugar, white sugar, Thai white, gardh, peeto, horse, morph, junk, chandu, medak, sakos, cold turkey), hash (hashish, *charas), bhang*, marijuana (grass, *ganja*), cocaine (coke, snow, crack), LSD (mescaline, hallucinogen), dexedrine (benzedrine), methaqualone (mendrax, mandies), fortwin, morphine, pethidine, diazepam (calmpose, valium) etc.

*Modes of intake:* The common modes of drug intake are:

(a) *Smoking:* The simplest and most common method is cigarette smoking. A little tobacco is removed to make place for the drug. Cigarettes are so burnt as to save even a speck of the drug. The commonly smoked drugs are heroin, hash, marijuana, etc.

(b) *Sniffing*: A highly expensive drug is sniffed like snuffpowder e.g. cocaine.

(c) *Injection*: Forearms, ankles and even neck veins are the common sites of injection. The common drugs which are abused by injection are cocaine, fortwin, pethidine, morphine, etc.

(d) *Chasing:* It is a method employed to conserve the drug content. On a silver foil, a thumb nail mark of a zig-zag line is made e.g. a small quantity of brown sugar is heated on the foil by means of a candle flame held underneath. As the powder turns into liquid and flows along the nail making, the vapour is chased or inhaled through a pipe.

(e) *Ingestion*: The drugs which are taken orally are *bhang*, crude opium, LSD, dexedrine, methaqualone, diazepam etc.

**How to identify a drug addict**

The common observations which may help in identifying a drug addict are: signs of personal neglect (uncut nails, dishevelled hair, decrease in frequency of bathing, poor dental hygiene); burnt, fingertips of thumb, forefinger and middle finger; needle marks on the forearm; hollowed eyes and dark circles under the eyes; drooping eyelids and pin-point pupils even at night; tightening of skin on the face; loss of appetite and weight (upto 30 kgs in 2 years due to preference of drugs over food); spending longer hours in the toilet (because the addict is constipated or is inhaling the drug); loose unburnt tobacco in the ashtray (a small portion of the cigarette is emptied to make place for drug to be smoked); absenteeism from school, scratch marks on limbs and face due to constant itching; a new set of friends either frequenting the residence or making phone calls; increase in emotional and monetary demands; frequent fluctuations in mood ranging from grandiosity to bouts of depression; sexual promiscuity; compulsive lying, manipulations, justifications; disappearance of household articles and personal belongings or direct evidence in the form of a vial or a 'pudi', stained coin, candle, foil etc.

The author is from the Department of Psychiatry Smt. Sucheta Kripalani Hospital, New Delhi.

## Causes

Whether or not a given person will develop dependence on a particular drug will depend on the interaction of three factors:

(a) *Personal characteristics and experiences of the individual:* The personality factors, which correlate with drug abuse, are: social non-conformity, low self-esteem, depressive feelings, extrovert, sensation seeking curiosity, low frustration tolerance, impulsivity, a need for immediate gratification, low religiosity, hostility, concern with personal autonomy, a lack of interest in the goals of conventional institutions and the presence of various psychiatric disorders (depression, mania, anxiety neurosis, schizophrenia, antisocial and cyclothymic personality).

(b) *Immediate socio-cultural millieu:* The socio-cultural precursors which facilitate the initiation or perpetuation of drug abuse are: problems within the family (breakup, divorce, violence, lack of communication, drug abuse in parents, etc), peer preasure (stronger peer influence than parental influence; more support for problem behavior from friends, incompatibility between peer and parental attitudes, company of delinquents), unemployment, low income, an abundance of information about drug effect and sources, abuse of socially acceptable drugs like tobacco, alcohol, cannabis etc. and laxed legal system (if there is no, low or equal punishment for all the drugs manufactured, possessed, sold or consumed, then there is a preference for those drugs which give the maximum profit e.g. heroin).

(c) *The characteristics of the drug used:* The pharmacodynamic characteristics of the drugs ('mood elevators' are preferred to depressants or hallucinogens), amount and frequency (the drugs which are to be taken less frequently and in lesser doses are abused more), routes of administration (drugs, which can be smoked or inhaled, are preferred to injectable drugs), ready availability and cost (the easily available and cheaper drugs are misused maximally), and the public acceptance of the drug intake e.g. of tobacco, alcohol is a predisposition to abuse of drugs, not approved by the society.

## Complications

The common complications of drug addiction are: physical (nausea, diarrhoea, lethargy, constipation, impotence, hepatitis, cirrhosis of liver, abscess, lung oedema, coma, AIDS, etc.); psychological (e.g. depression, suicide marital and family disharmony, delirium, dementia, fits etc); socio-cultural (rejection from the society, poverty, loss of job, etc.) and legal (e.g. violence, homicide, stealing, sexual perversions, imprisonment etc.)

## Management

The major steps to control drug addiction include:

(a) *Treating the drug addict:* It includes hospitalization, withdrawl of drugs, detoxification, administration of vitamins and pain-killers, supportive psychotherapy, family therapy and rehabilitation facilitated through Day Care Centres or Narcotics Anonymous Group. The success of treatment depends on good premorbid personality, no identifiable stresses, no psychiatric problems, newly and highly motivated addict, intake of one drug and in the lesser doses and good family support.

In Delhi, we have many hospitals (like AIIMS, Smt. Sucheta Kripalani, Ram Manohar Lohia, Safdarjung, G.B. Pant, Hindu Rao, Deen Dayal Upadhyay and Swamy Dayanand Hospitals) and voluntary organisations (like Abhay, Ashiyana, Jagriti, Roshni, Sanjivini, Tilanjali etc) to help in treating the drug addicts.

(b) *Role of Parents:* If the parents find that their child is on the drug, then

* Accept the truth and take immediate remedial steps. Do not bypass the issue.
* Do not thrash or ill-treat the child. This will induce anxiety and aggravate his need to resort to drug again.
* Treat the child with love and understanding.
* Do not cut down his pocket money in the hope that this may curtail his resources to buy the next dose of drug. It will lead him to thefts and crime at a later stage.

(c) *Relapse:* About 80 per cent of the addicts resume their habit within six months. The main cause of relapse are: presence of overt or latent psychiatric illness, poor follow up, poor rehabilitation services, easy availability of the drug, continuous peer pressure and outdoor method of treatment.

(d) *Prevention*: The prevention of drug addiction can be at different levels e.g.

(1) *Parents*:

* Provide the child with a secure, stable home environment (lack of love is a preparatory ground for revolting indulgence).
* Keep the child occupied—provide, opportunity for sports hobbies and other useful activities that could slant him away from evil outlets.
* Keep the child informed of the hazards of drug addiction and how to stay away from people and places, that can influence him. Promote a well knit family feeling of interdependence. It will lead to a feeling of being wanted and being loved.

(2) *Community:* At college campus celebrations, organisers should ensure that freedom is not misused; indulgence in addictive drink during festivals should be avoided (it can easily make an ex-addict revert back to drug); teachers in schools should allocate a certain period in a week for talking to students on the hazards of drug addiction; posters and messages in society, notice boards of residential buildings.

(3) *Legal Control:* Law enforcing agents of all levels (police, judiciary, etc.) should be committed and more vigilant. The strict enforcement of laws (e.g. 10 years rigorous imprisonment and Rs 1 lakh fine for possessing, selling or consuming the drugs) will help in decreasing the prevalence of drug addiction.

(4) *Research:* More research is needed to find out the causes and factors predisposing to drug addiction. It can also help in finding out better alternatives for the at risk individuals at a time when they are on the verge of becoming drug addicts.