The Other Side of Smack

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MAN has long used psychoactive drugs not only to enhance pleasure and relieve discomfort, but also to facilitate the achievement of social, religious, and ritualistic aims. But in the last decade, many countries have experienced new trends or problems related to drug-abuse. Many people have become addicted to socially "Unacceptable," "disapproved", and "Unfamiliar" drugs, which are not only highly potent but also quite difficult to be got rid off.

The Problem

The commonly abused drugs are usually classified according to effects they have. Therefore, there are three broad categories most drugs fall into : depressants (for example, barbiturates, and narcotics like Mendrax, Heroin), Psychedelics (for example, Hashish, Charas, Ganja) and Stimulants (like Cocaine, and amphetamine). Out of these, depressants are quite dangerous because they produce a strong physical and psychological dependence (thus producing a wide spectrum of withdrawal symptoms when stopped).

Narcotics or opiates are easily available in the streets of many cities including Delhi, Bomby, etc. under various names as "Horse", "Morph", "Junk", and "Chandu". Out of the opiates, Heroin (which is 200 times more potent than Morphine) is sold under the various terms as—"Brown Sugar" and "Gardh" in Bombay, "Smack" and "Powder" in Delhi, "Sakos" (Sugar), "Skag", "Peeto" (powder), "Brown Sugar" and "Cold Turkey" in Goa.

Not only the number of addicts are increasing but more and more younger people, coming from all socio-economic status, are involved. Like no drug before it was uniquely equipped to wreak the greatest amount of damage in the shortest period. In Sucheta Kripalani Hospital, during 1982 to 1983, 60% patients who came for de-addiction were alchohol addicts while 20% were taking cannabis, 15% other narcotics and 5% were using more than one drug but none of them was Heroin or "Smack" addict but from 1984 to June 1986, the persons who came for de-addiction include as many as 80% "Smack" addicts and 20% others. These cases came more from younger age-group 15-25 years and 20 percent were having age less than 15 years (many were school children). Most of them were using this drug in variable amounts ranging from half to five grams. The methods employed were snuffing, inhalation or injections.

Why they Become Addict

Personal Causes: Whether or not a given person develops dependence on a particular drug will depend on the interaction of three factors.

(a) The personal characteristics and experiences of the individual taking the drugs—modern research in Neuro-Biochemistry has found out that these persons who become drug addict lack a chemical substances called "*Endorphins*" in their brain, so they seek artificial sources to fulfil the deficiency of these chemicals necessary for the performance of proper congnitive functions with concentration and interest. These persons who lack these chemicals form a separate special group of drug addicts who are very difficult to treat and if they are de-addicted, they are again prone to addiction. This is the explanation why out of every ten who experiment these drugs, only one becomes addict. The other special group consists of persons who are either suffering from minor or major psychiatric problems (for example—depression, anxiety neurosis, Schizophrenia and individuals with various personality disorders) are more prone to addiction.

This group constitutes a special group because the successful treatment of these patients primarily consists of treating the underlying psychiatric illnesses. For example.

Case I

Mohan began using heroin shortly before his 18th birthday when he failed in the 10th class. He became socially withdrawn, disinterested in surroundings and was not eating of his own, weeping without provocation and found to be more irritable than before. Out of curiosity, he started experimenting "Heroin" along with the "bad characters" of the same locality. He was taken by his parents to many General Practitioners but the success of treatment was always temporary. After spending about Rs 4,000 on his treatment, he was brought to this hospital (Sucheta Kripalani Hospital). On detailed psychiatric evaluation he was found to be *depressed* to an extent of harbouring suicidal ideation. He was treated by drugs psychotherapy for the basic underlying illness. He improved within three weeks and has never become addicted to any kind of drug for last one year.

Case 2

The patient, Meena, 26 years old, a science student, studying in a local college. She became "Heroin" addict in July, 1985. She was a regular smoker but out of curiosity to experiment the widely talked drug, she started using it along with her classmates. Her parents, after great persuasion took her to many leading General Practitioners and Psychiatrists but the success of treatment was never complete. When she was brought to this hospital, she was still taking

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about 2 grams of "Heroin" (Smack) per day.

On detailed evaluation about the past history, her parents revealed a sudden change in mood of the patient, becoming more euphoric and elated after her exams in June, 1985. She suddenly started demanding new clothes and more pocket money to spend. Her mood was elated and found to be making plans all the time. She was more active than usual and was once caught, reading "Bad" magazine. One of her friends disclosed to her parents that she was taking some drug. She was examined mentally by two psychiatrists and found to be suffering from a psychiatric illness called *Mania with Cyclothymic Personality Disorder*: She was treated for two months with drugs and behaviour therapy. She has recovered completely and at present. she is taking interest in her studies and is going to be married in December, this year. In USA, a study conducted on drug-addicts has found that these drug addicts are not simply drug addicts but as many as 30 to 60 percent patients suffer from various underlying psychiatric disorders ranging from simple anxiety neurosis to personality disorders (the most dangerous being the antisocial personality disorders which tend to demonstrate criminality at times).

The second important factor being the nature of more immediate socio-cultural milieu. The socio-cultural precursors which facilitate initiation of drug—use are : problems within the family such as break-up, divorce, violence, repression and most important lack of communication. The problems of drug abuse can often be traced back to *Communication problems* between parents and adolescents. If the parents are very strict, or very permissive, to the point of being neglectful their child may turn to drugs as a way of dealing with the situation. Tolstoy once said, "Every unhappy family is unhappy in its own way".

Other Factors

—Low self-esteem and little sense of belonging to the community.

—frustation, unemployment, increasing mobility particularly of youth.

—peer group pressures.

—an abundance of information about the drug effect and sources.

—quest for pleasure.

—curiosity or defiance of a taboo.

—a response to despair, nervousness, timidity, depression, boredom or rebellion.

The pharmacodynamic characteristics of drug used, taking into account also the

—amount used.

—frequency of use.

—route of administration (Ingestion, inhalation or injection).

—Ready availability of drug and the general public acceptance of the use of these "mood modifiers" because one socially acceptable drug abuse predisposes to other which may not be socially approved. The experimental and, or casual, use are necessary precursors to dependence on drugs.

Complications

There are many side effects of Smack intake ranging from nausea, loss of interest, lethargy, constipation, impotence, cirrhosis of liver, Hepatitis, Sedation, Abscess, Coma and now may be AIDS (Acquired through infected syringes or sexual perversions like homosexuality, common in drug addicts). The intake of this kind of drug also suppresses those drives that motivate an individual to satiate hungers, seek sexual gratification and respond to provocation with anger. In short, they seem to produce a state of total drive satiation. Some narcotic users say that opiate type drugs give them a pleasant 'floating' 'drifting' or 'coasting' sensation and that every thing seems to be all right. The cost of refined Heroin is around Rs 400 per gram while that of crude one is between Rs 20 to Rs 40 per gram.

Withdrawal Syndrome

Heroin is 200 times stronger than the raw opium in its physical, psychological and withdrawal effects. The abstinence (withdrawal) syndrome consists of a complex of symptoms and signs which include, restlessness, body-aches, yawning, lacrimation, running nose, sweating, flushing, trembling, nausea, diarrhoea, increased body temperature, and blood pressure, loss of appetite and body weight. A lay man can judge a person for Smack intake from the size of pupil (in eye) (Being pinpoint if the person has taken the drug).

These withdrawal symptoms are because of adaptation of body to the physiological changes resulting from drug intake.

The withdrawal symptoms due to psychic dependence are—anxiety, lack of concentration, irritability, altered behaviour, sleeplessness and even depressed mood. The abstience syndrome appears within a few hours of the last dose, reaches peak intensity in 24 to 48 hours and then subsides gradually within two weeks time. Thus two weeks time is the crucial time for patient to suffer these intolerable symptoms.

Management

Inspite of the phenomenal increase in the number of drug (Smack) addicts, there is limited space and low priority accorded to drug addicts. Only few hospitals in the city have facility of admission for drug addicts (eg - GB Pant Hospital has 4 beds but only for women, etc.). These hospitals also run De-addiction clinics ones a week.

(a) *Treating Drug Addicts!* The basic determinant of success in treatment of drug addicts is *High Motivation* (Higher the motivation, the better is success). The drug therapy is not the only solution for treatment of drug addicts.

There are a great number of people who have a

role to play in dealing with drug use and they are to be found at different levels of social structure. They include—the legislative authorities who make laws and regulations (Strict is the law, the better is control eg. as in USA, Germany).

—Public administrators to control the drug availability.
—Health (Mental and Physical) and social service professionals.
—Drug treatment (Psychiatric services) and research centres.
—Schools administrators to create awareness among children because India's 42% population consists of individuals less than 15 years of age group.
—University services and counselling.
—Community services and educators.
—The Media helping in advertisement and health education.

The treatment is more successful if

—person is taking less dose and addicted to only one type of drug.
—newly addicted and highly motivated.
—good premorbid-adjustment.
—No other obvious stresses or psychiatric problems, and the most important,
—good family support.

(b) *Relapse:* About 80 percent of the addicts resume their habit within six months.

The main causes of relapse are

—presence of overt or latent psychiatric illness.
—poor follow up of patients.
—poor Rehabilitation services.
—Easy availability of drug and continuous peer pressure.
—Out door treatment because only few hospitals have the facility for admission and so the outcome of treatment is poor.

(c) *Prevention:* Methods of prevention can be considered in three headings.

(i) *Legal Control restricting the availability*—It may be aimed at the user, curtailing his liberty or imposing other restraints upon him if he illlegally possesses or uses the substance.

In general, when a drug is legally and readily available in a community, variations in the prevalence of dependence on the drug correspond directly to the extent of its use. The excessive use of certain drugs and the related high prevalence of dependence on them in particular communities appear to have been associated with promotion by advertising. Further more the advertising of pharmaceutical preparations in some countries may have had the result of encouraging the free and uncritical use of drugs in general.

If it is believed that an alternation in legal control will result in an altered prevalence of a particular problem, data should be gathered to confirm or refute this expectation.

(ii) *Education*: Knowledge, in itself is not necessarily protective if the drug is readily available, the fact that the incidence of dependence on restricted drugs is in many communities higher among members of the health professions than in the general population throws doubt upon the preventive value of knowledge about the dangers of drugs and emphasizes the importance of drug availability as a factor in the deviant use of drug. So educational programmes, which could be available on demand, should avoid the danger of promoting an unnecessary and excessive interest in dependence producing drugs.

(c) *At Risk Approach*: Advanced techniques are needed to influence the groups of the population particularly "at risk" of becoming drug dependent—that is, adolescents, individuals in occupational groups having ready access to drugs, persons with deficiency of Endorphins in brain, persons suffering from psychiatric illnesses like delingquency, Sociopathic personalities, depressives etc (According to a survey conducted by NIMHANS (Banglore), in India, around 35 million people suffer from some minor psychiatric illnesses like anxiety neurosis while about 15 million from major psychiatric illnesses like depression, Mania, Schizophrenia etc. So this group is always more prone to drug addiction because only few patients have access to psychiatric treatment due to scarcity of psychiatrists).

According to Kramer and Cameron (Senior medical officers, WHO), "Unfounded Scare or fear tactics tend only to discredit and therefore are not likely to be helpful and may be harmful". The school class may by developed as a special form of the "therapeutic community" to treat the disturbed child early in his school career.

The advertisement without proper preventive and rehabilitative treatment is going to create more curiosity in "at risk" individuals to experiment these drugs (for example, statutory warning on Cigarette packets had no effect on the sale of cigarettes). It can be concluded that only the drug treatment of these addicts is not the end (just like as if the leaves of an infested tree are sprayed with insecticides without paying attention to the infected roots), thus, it needs much more than this.

Research

More research is needed to find out the causes and factors predisposing to drug addiction.

It can also help in finding out the better alternatives to the "at risk" individuals at a time when they are at the verge of becoming drug addict.