CHAPTER V
SUMMARY

Drug usage is not a new phenomena. It has a history of nearly ten thousand years and was prevalent almost in all civilizations. Poppy was known to man in prehistoric times. Opiates have been in use for at least 8000 years for its pain relieving properties. In Sumerian civilization, Persia, Egypt, Greek and Rome cultures opium was used in medicine and religious rituals. Arabs were probably the first ones who started using opium systematically as a psychoactive substance. Arab traders spread opium habit and cultivation of poppy to Persia, India and China and introduced it to European doctors. In India also, the use of psychotropic drugs has a history and mythology of thousands of years. Soma and Sura were two famed celestial drinks, origin of which is attributed to mythological ‘Sagar Manthan’. Use of Cannabis Indica, the Indian hemp, has been continued in India all through the ages. This all shows that alcoholic drinks, cannabis and its derivates and opium have been in use since long with wide socio-cultural and religious acceptance. But abuse of drugs is the disorder of the so called modern technological society because drugs serve as the auxiliaries for coping with recurrent psychological stress of modern living. Natural drugs such as cannabis, cocaine, poppy, opium and khat which were previously used within certain cultural settings and confined to traditional ways of life have been increasingly exploited and have now reached an epidemic level. Synthetically manufactured drugs such as amphetamines, barbiturates and wide range of sedatives and tranquillizers have become more readily available in market. One of the most important changes which have been noticed is that earlier drug use was limited to adult population only but now all types of drugs are in use by almost all categories of people viz. pre-adolescents, adolescents and post adolescents (Smith, 1989). And these too are not confined to any given sex, class or socio-economic conditions. Even though addicts tend to give various reasons and justifications for their drug usage, most notable among them have been enjoyment, to get high kick, to satisfy curiosity, to relieve tension, psychological pressure, company of friends, to remove fatigue, to feel relaxation.
and peace and to get proper sleep. Opium derivative addicts invariably reported increased work efficiency as one important reason for using the drug. In high percentage of addicts, curiosity to examine the effect of drugs as a sexual stimulant was found as major contributory factor.

In order to understand the phenomena of drug dependence various definitions and various theories were proposed which elude consensus. Attempts at a unified theory of drug addiction have also not been successful. Part of the problem can be attributed to substantial disagreement over the issue of definition of addiction itself. While those adopting habit forming or reinforcing view prefer to identify addiction with compulsive drug self administration (Jaffe, 1985), others tend to link addiction to physiological dependence syndrome (Edward et al., 1981). However 'World Health Organization' has adopted the following definitions and usages for the dependence producing drugs that "any substance that when taken into the living organism may modify one or more of its functions would be called a drug. Drug dependence is a state of periodic or chronic intoxication detrimental to the individual and to the society produced by the repeated consumption of a substance (natural or synthetic)". Its characteristics include (a) an overpowering desire or need to continue taking the substance in order to experience its psychic effects and sometimes to avoid the discomfort of its absence and to obtain it by any means, (b) a tendency to increase the dose and (c) a psychic and sometimes a physical dependence on the effects of substance.

The drug epidemic is about two decades old in India and has moved from socially and culturally accepted phenomenon of recreational/religious drug use of alcohol, ganja, charas and bhang to a social and a cultural newer drug use of heroin, cocaine and designer drugs. Routes of administration have shifted from oral intake and inhalation to chasing and injecting drug use. The population affected has also shifted from rural and occupation specific users to youth in general and urban and slum dwelling populations specifically.

While all this, in a way, represents man's hedonistic nature, it is also a symptom of inherent dysfunction of society and social groups and structures.
The need to belong, however inadequately, is a sign of changing times and values. Societal dysfunction and the modern rat race has led to the break up of the family unit and lack of parenting and value system.

Addiction, it is truly speaking all-pervasive ailment. It is a disease as listed in DSM – IV of the American Psychiatric Association. It is a disease of relationships-lack of human ones and a compensatory relationship or attachment to other things. It is also a disease of attitudes reinforcing the fact that being substance (drug) free without commensurate change of lifestyle or spiritual awakening the net. Result is always relapsing into dysfunctional use.

Opioid dependence is the modern diagnostic term for narcotic addiction, but the older term is still often used. The term opioid refers to natural and synthetic substances that have morphine-like effects. The term opiate is generally used in a more restricted sense to refer to Morphine, Heroin, Codeine, and similar drugs derived from Opium. Opioid dependence is defined as a cluster of symptoms related to continued use of an opioid drug. One of the prominent features of the disorder is the inability to stop using the drug. Persons with repeated periods of opioid dependence are often called narcotic addicts. During the late nineteenth and early twentieth centuries the principal opioid drugs used were Laudanum (a solution of opium in alcohol, taken orally) and morphine (usually injected by needle). During the latter half of the twentieth century, heroin has been the principal drug of opioid users. It is usually taken by intravenous injection, but sometimes by insufflation, that is, by sniffing it into the nasal cavities.

The course of opioid dependence is affected by multiple interacting conditions in the person and in the environment. The combined conditions create thresholds for the onset, continuation, and relapse after remission of opioid dependence. Different methods of investigation (for example, pharmacological, psychological, sociological, psychiatric) have led to different theoretical conceptions of the causal
conditions and processes in opioid dependence. These conceptions, however, tend to be compatible and supplementary rather than contradictory.

Relapse is a central problem in the treatment of addictive behaviour, and a specific problem in the out-patient treatment of the opiate withdrawal syndrome. Daily use does not continue indefinitely. In some cases, an important life change leads to cessation of use. In other cases, pressure from family or friends or other sources prompts entry into a treatment program. In still others, arrest, conviction, and incarceration interrupt the daily use. Sometimes conviction leads to probation with treatment as a requirement of the probation. After treatment or incarceration, the majority of chronic users resume opioid use within six months. The common long-term pattern consists of initial use followed by irregular sequences and varied durations of occasional use, daily use, treatment, abstinence, and incarceration. Remissions enduring for three years or longer followed by relapse are not unusual. In follow-up studies extending from five to more than twenty years after admission to treatment, the percentages of users reported abstinent from opioid drugs have varied from 9 percent to 21 percent (Maddux, & Desmond, 1992). The review of related literature clearly revealed potentially important aspects which were incorporated in the present study as possible refinements.

During the last decade much popular and scientific attention has been focused on the problems surrounding illicit drugs. Attempt was made to review major aspects of drug abuse behaviour especially those which are related to the present investigation i.e. Personality and Drug Addiction, Psychopathology and Drug Addiction and Stress and Drug Addiction.

The present study focused on drug abusers in terms of their ego factor i.e. level of ego integration. It is conjectured that normal as well as deviant aspect of an individual's personality functions can be better understood in terms of his ego-strength, a psychoanalytic construct playing central role in ego integration instead of a peace meal approach toward personality. Another factor of prime
importance seems to be the satisfaction with life. Though different people's reactions to various psychosocial stressors would largely depend upon their attitudes, perceptions and available psychological resources but still it is one of the most dominant factor in determining one's escapist behaviour in term of taking refuge in drugs. Psychopathology also seems to have major contribution in drug relapse.

More specifically the aim of the present study was to study the clinical profile of opiate addicts in terms of personality aspects, psychopathology and life satisfaction in relation to outcome of treatment.

OBJECTIVES OF THE STUDY

The present study started with the following objectives:

1. To examine the level of ego strength in drug addicts who successfully respond to detoxification treatment and those who relapse after detoxification and resort to drugs again.
2. To examine the level of defective integration in drug addicts who successfully respond to detoxification treatment and those who relapse afterwards.
3. To study the level of paranoid tendencies in drug addicts who successfully respond to detoxification treatment and those who relapse and resort to drugs again.
4. To study the level of guilt in drug addicts who complete the detoxification treatment successfully and those who relapse after detoxification and resort to drugs again.
5. To examine the level of frustrative tension in drug addicts who successfully respond to detoxification treatment and those who relapse and resort to drugs again.
6. To study the level of anxiety in drug addicts who successfully respond to detoxification treatment and those who relapse and resort to drugs again.
7. To examine the tendencies of depression in drug addicts of both the groups.
8. To understand the level of hopelessness in drug addicts who successfully respond to detoxification treatment and those who relapse afterwards.

9. To examine the nature of negative automatic thoughts in those drug addicts who remain abstinent after treatment and those who relapse afterwards.

10. To study the level of suicide ideation in drug addicts who successfully respond to detoxification treatment and those who relapse afterwards.

11. To examine the level of psychopathic deviation in drug addicts who remain abstinent and those who relapse after detoxification treatment and resort back to drugs.

12. To examine the level of schizophrenic tendencies in drug addicts who successfully respond to detoxification treatment and those who relapse and resort to drugs again.

13. To understand the level of manic tendencies in drug addicts who successfully respond to detoxification treatment and those who relapse after detoxification and resort to drugs again.

14. To examine the level of hysterical tendencies in drug addicts who successfully respond to detoxification treatment and those who relapse afterwards.

15. To understand the tendencies of repression-sensitization in those drug addicts who remain abstinent after treatment and those who relapse afterwards.

16. To know the quality of life of drug abusers of both the groups.

HYPOTHESIS

The following hypotheses were framed:

1. Ego strength would be relatively high in cases who maintain abstinence after treatment as compared to relapsed cases.

2. Defective Integration would be higher in cases who recover successfully after treatment as compared to those who relapse afterwards.
3. The level of paranoid tendencies would be higher in drug addicts who relapse and resort to drugs again than those who successfully respond to detoxification treatment and maintain abstinence.

4. Relapse prone drug addicts would be high on guilt as compared to those who recover successfully and remain abstinent.

5. The level of frustrative tension would be relatively high in drug addicts who relapse and resort to drugs again than those who remain drug free after treatment.

6. Relapse prone cases would be higher on anxiety as compared to those who successfully respond by remaining abstinent.

7. Relapse prone cases would be higher on depressive tendencies as compared to their counterparts.

8. Relapse prone addicts would be relatively high on hopelessness as compared to those who remain abstinent.

9. Relapse prone cases would be high on negative automatic thoughts as compared to their counterparts.

10. Suicide ideation would be higher in relapse prone cases than those who maintain abstinence after treatment.

11. Relapse prone cases would be high on psychopathic deviation as compared to their counterparts.

12. Schizophrenic tendencies would be greater in relapsed cases as compared to those who respond successfully to treatment and remain drug free.

13. Drug abusers who relapse after detoxification would have higher hypomanic tendencies than those who recover after treatment.

14. The level of hysterical tendencies would be higher in drug addicts who relapse after detoxification treatment as compared to those who continue to remain abstinent.

15. Repression-Sensitization would be higher in drug addicts who relapse than those who remain abstinent after treatment.

SAMPLE

In the current study the sample was taken from the patients attending de-addiction clinic of Department of Psychiatry, Govt. Medical College and Hospital, Sector 32, Chandigarh.

The sample comprised of 140 male opiate dependents who have been treated/under treatment for de-addiction at least for the last six months. Out of these 140 male opiate addicts, 70 comprised of Relapse Group and the remaining 70 comprised of Abstinent Group.

The two groups were matched on age, marital status, occupation, education, socio-economic status, family type, and locality. Information regarding socio-demographic variables was obtained from the client as well as family members accompanying him.

Relapse was here defined as use of opiate routinely since detoxification, lasting for at least 2 weeks of daily use (Robinowitz et al., 1997). Abstinence was defined as drug free period for at least three months (Robinowitz et al., 1997). These groups were taken up for the study after satisfying the proposed inclusion and exclusion criteria:

Inclusion Criteria:

1. Only addicts of opium and its derivates.
2. Only those addicts who fulfilled the diagnostic criteria for Opiate dependence as described in the International Classification of Diseases – 10 (ICD-10).
3. Only males above 18 years of age.
4. Patients who underwent pharmacological treatment as well as counselling sessions.
Exclusion Criteria:
1. Presence of co-morbid major chronic physical or psychiatric illness.
3. Presence of co-morbid substance abuse like alcohol, hallucinogens etc. (except Nicotine)
4. Patients in acute withdrawal state.
5. Intoxicated patients

TOOLS USED FOR THE PRESENT STUDY

The tools were selected in accordance with the aims of the study. While selecting the tools, psychiatric properties and nature of the sample were taken into consideration.

In view of the fact that the data under study derives from the individual in question, the self report modality was chosen for the educated but for illiterates the administration of all the tools was undertaken by the investigator. The tools used in the present study were as follows:

1. IPAT Anxiety Scale Questionnaire (Cattell & Scheier, 1963)
3. Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974).
4. Negative Automatic Thought Questionnaire (Hollon & Kendall, 1980)
5. The Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979)
6. Satisfaction with Life Scale (Diener et al., 1965)
7. Multiphasic Personality Questionnaire (Murthy, 1964)

The tests were administered in a uniform sequence. Sincere efforts were made to establish rapport with the subjects in order to elicit reliable and authentic information. Subjects were told that the information was being collected purely for research purpose. They were also assured that the information to be collected would remain strictly confidential and presented only in a form in which no person could be identified. The promise of privacy appeared to have gone a
long way in establishing psychological rapport, since a large number of subjects expressed desire to know about their performance on the tests used.

**SCORING**

The tests were scored strictly in accordance with the procedure suggested by the authors of different tests. As a result of scoring different tests several measures were obtained. Six different measures of anxiety were obtained by scoring IPAT Anxiety Scale Questionnaire; a single measure of depression was obtained by scoring the Beck Depression Inventory; a single measure of hopelessness was obtained by scoring the Hopelessness Scale; a single measure of negative automatic thoughts was obtained by scoring Negative Automatic Thought Questionnaire; a single measure of the suicide ideation was obtained by scoring Suicide-Ideation Scale; a single measure of life satisfaction was obtained by scoring Satisfaction with Life Scale; nine measures of personality were obtained by scoring Multiphasic Personality Questionnaire. Thus as a result of scoring different tests, 20 types of score were available for each subject.

**ANALYSES OF DATA**

Keeping in view the objectives of the present study the following statistical techniques were used for analyzing the data.

1. Mean
2. Median
3. Skewness
4. Kurtosis
5. t-test of significance
CONCLUSION

Psychoanalysts see overuse of alcohol and other psychoactive substance as products of neurotic conflict, doubt and anxiety about one's self-worth and attempts to make up for an impaired self-concept. Adler (1956) and some post-Freudian thinkers suggest that frustration in ambitions may play a role in the development of drug addiction. Addicts may have an enhanced need for power but find themselves inadequate to achieve their goals. They resort to drugs or alcohol because it provides a sense of release, a sense of power and feeling of achievement. Freudians believe oral addictive behaviours to be the result of fixation at the oral stage of psychosexual development. Since overindulgence in drugs helps in coping with the existing problems and at the same time leads to additional problems, this vicious circle results in drug dependence. According to Cox and Klinger (1988) and Cooper (1994) describe a "motivational model" of drug use. According to this theory, the person is motivated and the person decides consciously or unconsciously whether to consume a particular drug or not for mood altering effect and peer approval. Derman (1992), Stacy, Widaman & Marlett (1990) have given "reciprocal influence model" to explain addictive behaviour. In this view, adolescents begin drinking as a result of expectations that alcohol will increase their popularity and acceptance by the peers. In terms of Erikson's (1968) theory identity confusion has been the sole factor important to understand the addiction problem. Young people who do not know 'who they are' might find alcohol and drug related experiences attractive in exploring the outer boundaries of selfhood. They may think that they can find a dimension of themselves which evades them in sober and straight world. Using drugs may also temporarily relieve the emotional stresses accompanying the identity crisis. Rogers feels that people resort to drugs to evade the awareness of increasing gap between real self and experience.

The main hypotheses of the current study were supported by the results of the present study. It was found that the subjects in the Relapse Group had low ego strength than those who maintained abstinence after treatment. Relapse group subjects were found to have defective integration than those in abstinent
group. Depressive tendencies, hopelessness, negative automatic thoughts and suicide ideation were found to be higher in drug addicts who relapsed than those who successfully responded to detoxification treatment and maintained abstinence.

Relapse prone drug addicts were found to score high on guilt proneness, repression-sensitization, anxiety and frustrative tension as compared to those who recovered successfully and remained abstinent.

Psychopathology was found to be higher in Relapse Group in terms of high scores on psychopathic deviation, schizophrenic tendencies, hypomanic tendencies, hysterical tendencies and paranoid tendencies.

General life satisfaction as measured by Satisfaction with Life Scale of opioid addicts who maintained abstinence was found to be better than those who relapsed after treatment.

Collectively the current study suggests that personality, psychopathology and life satisfaction play an important role in drug addiction. More specifically in relation to addiction, its comprehension, prevention and treatment may improve significantly with the knowledge of the mechanisms and determinant factors related to its acquisition, development and maintenance.