

The journey from drug addiction to drug recovery; a case report of an inpatient rehabilitation

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Abstract

In Pakistan, 64% of the total population is under the age of 30 and unfortunately, the increasing number of young addicts in Pakistan is estimated at the distressing rate of 40,000 per year. By considering the alarming situation and scarcity of literature, this research aims to investigate the recovery phase of drug addiction by introducing a case that highlights drug addiction, recovery, and relapse in the Pakistani context. We designed a case study approach in which face-to-face interviews were used. The case under consideration is a 38 years old patient with a history of chronic addiction with episodes of recovery and relapses. The shift of approaches from the extreme end of the addiction continuum to full recovery poses an opportunity for drug rehabilitation professionals to learn factors associated with drug addiction, the recovery process, and first-hand comments on recovering interventions in Pakistan.

Keywords: Illicit Drugs, Substance-related Disorders, Mental Health Recovery, Case report, Pakistan.

DOI: <https://doi.org/10.47391/JPMA.2419>

Introduction and Literature Review

Recovering from addiction is more likely seen in people motivated to change and it requires mastering effective coping, stress management, and reinforcement skills. This change from numbness to motivation is a road less travelled in Pakistan, hence, the driving force behind this study.

The word "addiction" derives from a Latin term for "enslaved by" or "bound to"... The World Drug Report by UNODC confirms that almost 35 million people worldwide are addicted and in need of treatment.¹ Addiction exerts a long and powerful influence on the brain that manifests in three distinct ways: craving for the object of addiction, losing control over its use, and continuing involvement with it despite adverse consequences.² The family's physical and financial resources, parents' direct caregiving practices,

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their social interactions within and outside the home environment and the reflections and memories exchanged or withheld by family members about the family play an essential role in resorting to drug addiction.³ As far as rehabilitation is concerned, it is an agonizing and distressing process of regaining self-control; learning, unlearning, and relearning behaviour patterns; and mastering self-esteem to reenter the community.⁴

Across the literature, be it global or local Pakistani studies on drug addiction, one can figure out that most of the studies aimed at profiling the drug addicts with their socio-demographic risk factors, which translate into the vulnerability to fall prey to drug addiction. This substantial body of research insights comprises of systematic reviews and meta-analyses to postulate new derivatives about drug addiction and substance use disorders primarily investigating the relapse aspect of the phenomenon. Moreover, cross-sectional and quantitative approaches investigate comorbidity with other psychological disorders. The qualitative approach has yielded some invaluable academic investigations regarding factors associated with drug use and drug addictions. All this has been primarily the case for developed cases.

Pakistani Diorama is far worse than the situation globally due to low prices of drugs, unemployment or financial stress, lack of parental supervision, absence of addiction awareness, and indifference of community leaders.⁵ Kayani et al.,⁶ reported that approximately 1 in 27 Pakistani adults is drug dependent, with 700 people dying every day due to drug-related complications. There is a scarcity of insights based on authentic empirical research about drug addiction treatment and recovery in Pakistan, as established in the literature review. Those available are limited in scope and coverage, based on cross-sectional quantitative studies or archival researches. Due to this lack of holistic studies, the efficacy of existing drug prevention and addiction treatment provisions is not examined or modified in Pakistan To prompt improvements according to indigenous needs, change in policymaking and regulatory legislation based on in-depth narratives of individuals with substance-abuse disorders.

In the wake of the growing menace of drug addiction in Pakistan and the least amount of authentic documentation

on the subject, the objective of the study is to understand drug addiction as well as the drug recovery and relapse from a recovering individual's point of view to kickstart the research in this area in Pakistan.

Case Report

The case is a 38 years old male patient with a history of chronic addiction with episodes of recovery and relapses. The case was seen at the House of Wellness Islamabad in January 2021. The person's extreme history and his post-recovery development highlight his importance to be discussed as a case. Being a graduate from respected national university and working as an HR for five years does not sound like the 'ideal' circumstance for someone to become a drug addict or who has been a drug addict. The case has acquired health counseling certification internally from Malaysia also juxtaposes with the profile one thinks of a relapsing individual. Such a shift of approaches from the extreme end of the addiction continuum to full recovery poses an opportunity for drug rehabilitation professionals to learn from.

The case is a middle child. Family dynamics suggested a mute and emotionally unavailable father made the case to drift away. The case has disassociated himself from religion and adored the lifestyle of rock musicians. The patient had taken drugs from Hash to LSD (Lysergic acid diethylamide). He tried weed twice in California with his college friends as his first-ever drug consumption when he was 19 years old in the year 2000. Later in 2002 at the age of 21, he started hanging out with a group of drug addicts who bought and sold drugs around in a college in Pakistan. He became an addict of Hash in 2003 with a work colleague. With a part-time job and studies, the case could not perform without the help of the 'enhancement' effect of drugs. Apart from Hash, he also consumed alcohol occasionally at parties and birthdays. This addiction to Hash and alcohol continued until 2006. After his graduation in 2006, new 'harder' drugs such as Heroin, Ketamine, Cocaine, Marijuana, and LSD also became a part of drug addiction.

All these drugs were tested in blood separately, resulting in a positive report. Moreover, non-illicit drugs such as unprescribed medication and vitamin supplements were also a part of the patient's drug intake. The MMSE (Mini-Mental State Examination) was used as a brief test for the patient's quantitative assessment of cognitive impairment. The patient was examined for orientation, immediate and short-term memory, attention and calculation, language and, praxis. The scores above 17 out of 30 are considered as severe mental state disorientation. The first four times of admissions, the scores were 15, 14, 16, and 17, indicating severe cognitive impairment. In contrast, it showed a

minute improvement with a score of 18 for the following two times. Based on these scores, the first rehabilitation started around the end of 2007 as an inpatient at rehab and the last one in 2013. The patient was admitted six times in total for a period of 3 to 8 months. Apart from inpatient rehabilitation, detoxification has also been opted as a treatment 25 times, lasting 20 days a session. The case felt that the inpatient treatment plan 'paused' his life but made him realize 'how much time has gone.' However, the therapist's empathetic behaviour due to being a recovering addict himself, a non-judgemental attitude, the similarity in childhood experiences, and support from family and social circle helped in recovering from addiction. The case had resorted to other forms of rehabilitation as well, including;

- (i) Hakeem (Muslim Physician) prescribed capsules, that later on proved to be opium,
- (ii) Dam ka pani under spiritual healing,
- (ii) Homeopathy which did not control withdrawal symptoms,
- (iv) Naltrexone that blocked opioid receptors. Out of these four, only Naltrexone was deemed appropriate as a temporary solution by the case. The case further suggested some improvements in recovery plans; (i) To replace religious obligations with spirituality, (ii) To use an eclectic approach in designing rehabilitation programme, (iii) Eliminating the coercion to be an inpatient client, instead of having the freedom of decision, and (iv) Addition of household chores.

Discussion

When people, especially the young, depend on both illegal and prescription medications due to prolonged usage, they fail to control the consumption and feel compelled to continue due to the pleasure principle working in brain.⁷ Khattak⁸ reported that the major reason behind drug abuse is parental short-sightedness in prioritizing academic and occupational well-being over emotional and mental health. Batool et al.⁹ also reported along the same lines that recreation and curiosity were the most significant factors to initiate the process of drug use in Pakistan. Becoña¹⁰ emphasized the biopsychosocial model by Skewes & Gonzalez¹¹ to be taken into account while devising a treatment plan for an individual seems to be a workable and practical approach as self-esteem and social functioning needs to be fixed during the drug recovery process. Firstly, the use of tough love¹² by the family causes the addict's facades and denials to crumble, leading them to see treatment as a necessity with the dissemination of knowledge about rehabilitation programmes to

caregivers.¹³ Moreover, the spousal or relational support from a presumed better half helps in better social adjustment as reported by Muzaffar.¹⁴

Conclusion

Given the potential and need for the initiation of research, this case study highlighted the factors assisting the onset of drug addiction, the factors facilitating and hindering the drug recovery process. Additionally, this study initiates research at the national level. It adds to international literature from the perspective of indigenous culture. Furthermore, it recommends more insightful case studies, qualitative studies, quantitative studies and a detailed grounded theory approach for an in-depth understanding of the recovery process in Pakistan.

Consent Form: Consent of the patient was obtained for publishing his case.

Disclaimer: The article is a part of a PhD thesis.

Conflict of Interest: None.

Funding disclosure: None.

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