

A Psychological Study on Substance Abusers: Pre and During Rehabilitation

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ABSTRACT

Drug addiction is like a complex chronic disease and quitting the same usually takes more than good intentions and strong will. A combination of factors influence risk for addiction and labels a person as a drug addict. In this project, an attempt has been made to study the psychology of substance abusers, before and during rehab, and suggest some preventive measures towards the same issue. A sample size of 30 was selected from Spandana Hospital Rehabilitation Centre, Sreenivas Nagar, Nandini Layout, Bengaluru, Karnataka – 560096. The patients feel very insulted and judged by the society as they are frowned upon. They crave to be heard, for some empathy, love and care. In such a fragile condition, the substance abusers wish for betterment and are enthusiastic to counsel those who follow the same path of substance abuse.

Keywords: Drug, Substance, Drug addiction, Drug addicts, Substance Abuse, Psychology, Rehabilitation, Bangalore.

Substance abuse is considered as a chronic disease that affects one's brain and behaviour. Usage of drugs opens the door to drug addiction. An interesting and distinguishing feature of addiction is that individuals continue to pursue the activity despite its physical or psychological harm. Addicts are usually unaware that their behaviour is causing problems for themselves and others. Over time, pursuit of the pleasurable effects of the substance may dominate their activities. There is evidence that addictive behaviours and substance abuse disorders are often accompanied by mental health conditions such as depression and anxiety, or they usually elevate pre-existing problems. They affect the reward, reinforcement, motivation, and memory systems of the brain. Personality traits and mental disorders are major conditioning factors in drug addiction. Psychiatric disorders, particularly schizophrenia, bipolar disorder, depression, and attention-deficit-hyperactivity disorder, are associated with an increased risk of abuse.

Substance abusers and the society

The society carries a remarkable stigma towards drug addiction. It is evident that the society treats substance abusers as outcasts. They choose to stay away from such individuals. People

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A Psychological Study on Substance Abusers: Pre and During Rehabilitation

have a pessimistic attitude and opinion towards those going through drug addiction. Instead of choosing to help, the society cuts them off. Families punish their members who get into addiction and sometimes even cut ties with them or abandon them. Understanding the sole cause of this journey and providing treatment is an important aspect the society needs to understand and implement. Despite a lot of research on drug addiction being a disease, people tend to have a very moralistic approach while being around addicts. It is nothing less than a sort of character-assassination. This increases the potential of addicts to hide this disease instead of giving it a voice; slacking them off treatment and betterment. This is a stereotype that has been passed down since centuries and it is high time change must be implemented in the same. Developing and disseminating effective treatments for drug abusers represents one of the nation's most urgent public health priorities (Clark, 2013).

Road to recovery

Drug addiction induces a sense of hopelessness and feelings of failure, as well as shame and guilt. But recovery is the rule rather than the exception. The routes to recovery are plenty and seldom straight. Relapse or recurrence of substance abuse is common. The high addiction relapse rates and rising number of addiction cases show that the existing treatments are not really effective.

Individuals can achieve improved physical, psychological, and social functioning on their own by what is known as natural recovery. The support of community or peer-based networks could be of immense help too. Clinical-based recovery through the services of credentialed professionals is also a path chosen for professional help in this regard.

The two pharmaceutical opioids most commonly used to treat people with opioid use disorders, methadone and buprenorphine, have become increasingly accessible over the past two decades.

The International Day against Drug Abuse and Illicit Trafficking is celebrated on June 26 every year. This is a day celebrated to undertake campaigns and sensitize people to the menace of drugs. The United Nations, in the World Drug Report of 2020, suggests several policies such as combating misinformation, awareness raising, global monitoring and ban on advertisement of cannabis. The World Drug Report of 2021 emphasized the importance of strengthening the evidence base and raising public awareness, so that the international community, governments, civil society, families and youth can make informed decisions and better target efforts to prevent and treat drug use, and tackle world drug challenges.

LITERATURE REVIEW

Alan I. Leshner (1997) has shown that drug addiction is a chronic, relapsing disease that results from prolonged effects of drugs on the brain. The most effective treatment approaches will include biological, behavioural, and social-context components. Marc N. Branch (2011) conducted a review study illustrating how basic, normal choice dynamics can lead to addiction. This view is consistent with the most effective treatments currently available and also provides a basis for research on treatment and prevention. Pier Vincenzo Piazza and Véronique Deroche-Gamonet (2013) proposed a general theory of transition to addiction that synthesizes knowledge generated in the field of addiction into a unitary explanatory frame. Drug addiction is indicated as a true psychiatric disease caused by a three-step interaction between vulnerable individuals and amount/duration of drug exposure. Mohammad Amin Wani and Sarkar R. (2016) explored the impact of drugs on an individual's mental health.

METHODOLOGY

The objective of this study was to study the psychology of substance abusers, in their addiction and rehabilitation phase, with an aim to suggest preventive measures towards the same issue. The data was collected from Spandana Hospital Rehabilitation Centre, Sreenivas Nagar, Nandini Layout, Bengaluru, Karnataka – 560096. Data collection was done using a set of interview questions. A qualitative and quantitative (percentage statistics) analysis was done on the obtained data.

DATA ANALYSIS AND DISCUSSION

Behavioural symptoms and emotions of substance abusers under the influence of drugs: The effects of drug use vary according to the type of drugs used and the person's medical condition. Drug use significantly alters a person's behaviours and habits. Under the influence of drugs, the substance abusers felt a varied set of emotions. Some were filled with **enthusiasm** or **happiness**, while some felt **sad** and **depressed**. Certain drugs such as cocaine and methamphetamine (“meth”) increases the heart rate and imparts **a lot of energy and alertness**, while, substances such as heroin and weed impart **drowsiness, insomnia, shallows breathing** and induces a sense of **calmness and relaxation**. These mood swings also brought along **violence** or **suicide**. All the individuals also felt **well connected to their emotions and true feelings**, something they felt they were incapable of in their sober normal state, considering this to be a way to feel more ‘normal’ or ‘human-like’. The abusers felt the ability to feel and express all their emotions to its zenith, be it, **love** or **aggression**.

Classification of drugs based on their effects

- **Depressants:** Also known as “downers”, they help people relax and feel at ease. These drugs do not necessarily make the person feel depressed. They affect the Central Nervous System (CNS) and slow down the message flow between the brain and body. This can affect the concentration and coordination of the user, making them feel drowsy. Examples: benzodiazepines (Valium, Xanax), barbiturates, opioids (heroin, brown sugar, fentanyl), alcohol and GHB (gamma hydroxybutyrate).
- **Stimulants:** These drugs speed up the messages traveling between the brain and body, making the person feel awake, alert, confident and energetic. These drugs increase heart beat and induce a sense of euphoria. Examples: Amphetamine, Betel Nut, Caffeine, Nicotine and Cocaine.
- **Psychedelics:** Also known as **Hallucinogens**. These psychoactive substances alter a person's perception, mood and cognitive processes, causing them to hallucinate. Examples: Lysergic Acid Diethylamide (LSD), Magic Mushrooms.
- **Empathogens:** These drugs increase an individual's feeling of empathy and benevolence towards others. The users feel connected to others. These can sometimes cause depression. Example: Methylenedioxymethamphetamine (MDMA).
- **Cannabinoids:** affects the cannabinoids receptors of the brain. Makes an individual calm, relaxed and excited. Examples: Cannabis (weed), Hash oil.

Attitude towards recovery during the addiction phase:

During the drug addiction phase, the thought to quit the substance never occurred to any of the patients. They **lacked the will to get better** and had **no sight of recovery in mind**. This includes circumstances where well-wishers have advised the abusers to quit the substance(s), but it was only laughed upon and never heeded any attention to. The addicts were completely submerged in their world of substances, as if it were a normal day-to-day chore.

A Psychological Study on Substance Abusers: Pre and During Rehabilitation

The abusers never had a reality-check; their lives solely revolved around the substance(s) and the “trip”, “rush” or “high” it induced.

Attitude of substance abuse patients towards rehabilitation centres:

Table 1: Percentage analysis of the attitude of substance abuse patients towards the concept of rehabilitation centres.

| <i>Attitude Towards Rehab</i> | Dislike the concept | Prefer treatment at home | Much-needed to quit addiction |
|--|----------------------------|---------------------------------|--------------------------------------|
| <i>Number of individuals (Percentage Analysis)</i> | 25 (83.30%) | 3 (10%) | 2 (6.60%) |

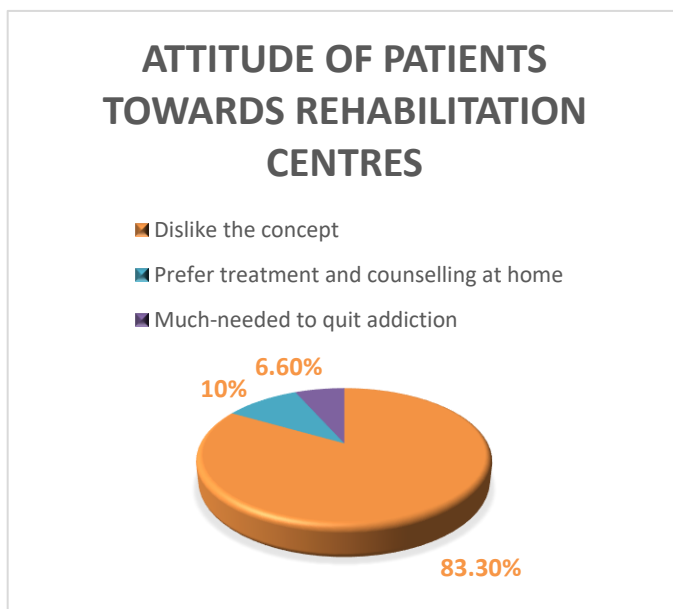


Figure 1: Attitude of substance abuse patients towards the concept of rehabilitation centres.

All the patients were enquired about their attitude towards the concept of rehabilitation centres and were asked about the alternative they would prefer if not for hospitalization and medication. **83.30%** of the sample population (25 out of 30 patients) showed their **dislike** towards the concept of rehabilitation centres. **10%** of the sample population (3 out of 30 patients) preferred **alternative methods** such as medical treatment and counselling at home while **6.6%** of the population (2 out of 30 patients) considered rehabilitation centres as a **much-needed** force to aid substance abusers channelize their selves into other purposeful aspects and quit addiction.

Majority of the population felt controlled and deprived of love and empathy. Some complained about aspects such as food and lack of mobile phone usage. The concept of rehabilitation centre was termed as a “jail” and “a mini vacation to purify your mind and body” by some of the patients. While 10% of the sample population preferred alternative methods to rehabilitation instead of the centres. They felt treatment and medication at home would be a far better choice. This way, the patient would not have to fight for survival outside their comfort zone, making their road to recovery a much smoother path. These patients felt that counselling must be provided to both, the family as well as to the patients of drug addiction, so that everyone deals with the situation with the same level of maturity and mindset. The remaining population considered rehabilitation centres as a much-needed

A Psychological Study on Substance Abusers: Pre and During Rehabilitation

force to aid them in quitting their addiction and channelizing their inner true selves in the right path of life.

The society's perception of substance abusers

All the patients considered society as a negative force in their addiction journey. They felt that the society was the most **unsupportive** and one of the most **negative aspects** when it came to dealing with substance abuse and drug addiction. The patients **felt judged** by the society including by those in the rehabilitation centres, which is very ironic. The patients find it to be **insulting** to co-live with mentally ill patients and be **treated as out-casts** as they are deprived from basic respect that every human deserves. Most patients, especially females, were **taken advantage of** and, **viewed and treated differently** by the society. Given that we are all humans, the patients believed that the society could be a bit more considerate to substance abusers. Humanity, empathy and support is what the patients crave for in such times.

Psychology of substance abuse patients in the rehabilitation centres

The psychology of the patients in the rehabilitation centre ranged from those who have almost reached the zenith of addiction to those who are still abiding in denial.

1. **Lack of authority** over self and one's own life. The rehabilitation doctors and the medicines have more say in how the patients feel and function.
2. **Eagerness to get back to their normal life** and live according to their rules, cutting down substance addiction.
3. **Willingness to let go** of their past and give in their energy in inculcating new hobbies and activities. They plan on replacing substance abuse with a productive pass-time.
4. As most of the patients started this journey through the peer-pressure milestone, they are **ready to voluntarily cut ties with such bad influence** without carrying any guilt or burden of their friendship in mind. They **wish to rebuild their friends-circle** with those who emit a much higher frequency.
5. The patients feel confident in their ability to empathize and help other substance abusers by providing counselling or by just 'having a talk'.
6. Feeling of **humbleness** and understand life better with a new, better and healthier perspective.
7. Looking forward to **building their career and future**.
8. Determined to **win the trust of their families** back and prove themselves as individuals.
9. **Head-strong to face society** and their negative societal comments or taunts.

Emotions due to past behaviours

Looking back on their acts and behaviours when under the influence of drugs or during their addiction journey, the patients experienced a spectrum of emotions. They felt **regret, embarrassment, humiliation, remorse, sorrow, pain, guilty and ashamed** for voluntarily choosing this path for themselves and hurting others, mentally, emotionally or even physically. They carry a heavy heart as they believe themselves to be a **disappointment to their families** and to those who care about them.

Is the rehabilitation centre an end to their addiction journey?

When the patients were interviewed whether they would quit substance abuse after discharge from the rehabilitation centre, the three common answers encountered were:

- Yes. A **Strong NO to drugs**.

A Psychological Study on Substance Abusers: Pre and During Rehabilitation

- Will reduce the consumption of the substance, **take time and gradually quit**.
- Will **not quit until it is a personal choice** to do so.

A majority of the patients seem to be on their recovery path, while some remain ignorant and in denial. Regardless of the fact that a few patients are adamant about quitting their drug use, a majority of them believe that the craving for these substances will fade with time and as responsibilities mount on them, or when the person voluntarily decides to stop abusing these substances altogether.

Preventive measures to control and prevent substance abuse

- i. The primary step that one must take to control substance abuse is to understand how it develops. The root causes of such an addiction must be controlled in order to control substance abuse.
- ii. Healthy friendships and relationships must be developed in order to avoid all sorts of negative temptations and peer pressure.
- iii. If one's family members are suffering from drug addiction, it is important to be well aware of their biological, environmental and physical risk factors in order to overcome them.
- iv. Stress management must be taught from a very young age so that the youth or any individual in that matter does not seek out to drugs in times of despair.
- v. Productive hobbies must be inculcated and talents must be worked upon. An individual must always be occupied with work that they love, this leaves less scope for activities such as substance abuse.
- vi. If an individual is suffering from any mental illness, it must not be neglected or considered a crime to voice it out, as often, teens tend to cope with such situations by abusing substances.
- vii. Parents must know about their children's whereabouts and regularly advise them on the realities of life.
- viii. School and colleges must have awareness seminars on a regular basis to remind and train students on other stress management strategies.
- ix. Counselling must be provided to troubled individuals, especially victims of crime and abuse.
- x. Empathy and care must be shown to substance abusers, along with proper medical treatment, in order to smoothly pull them out of the evil clutches of drug addiction.

CONCLUSION

During substance abuse, the thought of recovery never crossed any of the patients' minds; they never considered to quit drugs before rehabilitation. They were entirely consumed in the "trip", "rush" or "high" the substance induced. A majority of the population (83.30% of the sample population) hated the rehabilitation centre. They lost authority over themselves and their lives. They felt disconnect to their families as it is in this moment that reality struck them. Majority found it very difficult to carry out their day without mobile phones. As one patient rightly said, "This feels like a rehabilitation from my phone more than it being for drugs". Alternative methods to rehabilitation were preferred instead of the rehab centres. Treatment and medication at home would make their road to recovery a much smoother path as it would all be inside their zone of comfort. Counselling must be provided to both, the family as well as to the patients of drug addiction so that the entire family lies of the same page in terms of the situation. Rehabilitation centres were also considered as a much-needed force to drive the individuals to quit addiction and channelize their energy into fruitful activities. All the patients considered society as a negative force in their addiction

A Psychological Study on Substance Abusers: Pre and During Rehabilitation

journey. Ironically, the patients were judged by outsiders and by those in the rehabilitation centre. They crave for some consideration, humanity, empathy, and support. Some of their patients were almost on the end of their path of recovery while some just stepped into the same. The lack of authority over themselves is one aspect that all the individuals were bothered by and this kept them determined to get better. Most of the patients were willing to let go of their past and give in their energy in inculcating new hobbies and activities. They're ready to voluntarily cut ties with such bad influence without carrying any guilt or burden of their friendship in mind and wish to rebuild their friends-circle with those who emit a much higher frequency. The patients look forward to build their career and future as soon as they discharge from the rehabilitation centre. Their eyes show determination to prove themselves as individuals to their families as well as the society.

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Conflict of Interest

The author(s) declared no conflict of interest.

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