Rehabilitating Drug Dependants

A Social or a Medical Approach?

by Dr M Zakir Husain

How to rebuild a new meaningful and satisfying social life? That is not easy. It requires strong and sustained community support; it demands a tolerant approach and not an excluding or punitive approach.

DRUG addiction is a worldwide phenomenon; it is affecting significant number of people in affluent and poor countries alike. It is suspected that in Bangladesh, drug dependence is more prevalent than is commonly believed. It affects many including young adults and adolescents. In the absence of well conducted survey, the real magnitude of the problem still remains a matter of guess.

There is mood of denial and many don't want to admit it to be a particular concern. A recent television report on BTV drew attention to this though in a superficial manner and focusing upon how addicts get "high" and not on how they got into the habit and what can be done to rehabilitate them.

Drug Dependence: A Product of Socialisation

Studies confirm that a strong socialisation process is at work in the introduction to, and dependence on, regular use of drugs. This is true for most types of drugs such as heroin, cocaine and other better known ones like alcohol and tobacco. Usually, a strong group or peer pressure induces the first encounter with drugs particularly among the young and adolescents.

The initial encounter with addictive substance is usually an unpleasant episode. But in course of time and as a result of socialisation process, dependence is reinforced and fully established. The dependent person adopts dependence related behaviour and withdraws from "normal" social contacts.

Alternative Approach: Open Community-based Support Group

First, a preventive approach. The potential user has to be approached early before being induced into use and becoming regular. This is mainly the function of the family, neighbours, and friends, particularly organised peer groups who strongly support a "post modern" norm of drug-free behaviour and life-style. This provides an alternative role or ideal model for the youth who are seeking for a liberal expression and way of life.

In this approach, fear, reprimand, and threats play no useful part. The subject of drugs and drug induced behaviour has to be brought out in the open and discussed freely. The tyranny and darkness of secrecy, dogma and taboos are to be lifted. Self-righteous preaching will likely turn away attention from the real issue and drive the affected persons underground, heap shame and fear on them, and destroy their hope and confidence to return to the normal fold.

Second, we need to support withdrawal from drug dependency and eventual rehabilitation in the society. Drug taking is the outcome of socialisation process. Thus, reversal of this will also have to be a socialisation process. Since drug dependence is a group activity, withdrawal and return to society is most likely be effective as a group process.

Logically, therefore, in this new approach, the dependent person, his/her family members, and friends should take primary charge with the support of the peer group in the community rather than leave things to segregated institutions and only professional care givers.

The work of World Health Organisation in South East Asia region supported an open community-based approach as an alternative to the conventional practice of institutional detoxification of individual drug addicts and then attempts at their rehabilitation in society. The process starts with regaining social acceptance and unlearning of dependent behaviour through a socialisation process. There may be need for medical detoxification but it is neither the main activity nor the starting point.

Rather than exclusive use of professional doctors, it relies upon community workers (including some ex-addicts) who identify and work with groups of addicts and their families in homes and communities. This raises hope and confidence; restores socialisation with change from dependence-related types of behaviour. Treatment in detoxification centres within the community follows. A community based approach using group socialising and an open door policy would seem to make more sense.

Having restored confidence and regained acceptance, the second stage is to rebuild the almost totally lost previous social contact of the addicted person. How to rebuild a new meaningful and satisfying social life? That is not easy. It requires strong and sustained community support; it demands a tolerant approach and not an excluding or punitive approach. Actually, the key is the restructuring of the social life through enormous psychological support strong enough to move the addicted person from a dependent life-style to a new dependence free life-style.

There may be back and forth movement when the addicted persons may go back to previous forms of addictive life-style, but over time, with community-based open approach, most if not all addicted persons will settle into a restored life-style regaining normal positions and relationships within the family and the society.

In short, our approach to drug dependent addicts should be the reverse of traditional approach which starts with medical detoxification. In the new approach, detoxification might follow the process of social restoration and not precede that. Like in many other forms of behaviour akin to dependence, regaining confidence and hope and strong incentive for return to normal social fold with sympathetic social support are essential elements of a new strategy.

Psychology and Health

by Anisur Rahman

The fields of psychosomatic medicine, behavioural health, behavioural medicine, and most recently health psychology have emerged. These different areas of stud illustrate an increasing role for psychology in health and a changing model of the relationship between the mind and the body.

MODERN medicine was established during the 19th century. Both the biomedical model of health and disease and Darwinian theory of evolution conceptualised Man as part of nature and having a biological identity in common with all other biological beings.

The biomedical model has been extremely useful. Enormous achievements have been made using it as a model. Infectious diseases like polio and measles have been conquered through the development of vaccines; bacterial infection can be cured because of the development of antibiotics. Despite these great advances that this model led to it needed improvement as many researchers recognised that aspects of a person — his history, social relationships, life-styles, personality, mental processes and biological processes — must be included in a full conceptualisation of health and illness. As a result the biopsychosocial model has emerged as the leading theoretical alternative to the biomedical approach; *a human being is after all a biopsychosocial unit.*

Therefore, the fields of psychosomatic medicine, behavioural health, behavioural medicine, and most recently health psychology have emerged. These different areas of study illustrate an increasing role for psychology in health and a changing model of the relationship between the mind and the body.

This new model proposes a constant interplay of biological, psychological, and social systems — each interrelated with and producing changes in the others. The life span perspective adds an important dimension to this model by considering the role of the person's development in health and disease.

Role of Psychology in Health and Illness

The idea that medicine and psychology became more formalised early in the 20th century in response to Sigmund Freud's analysis of the relationship between the mind and physical maladies. Freud noticed that some patients showed symptoms of physical illness without any organic disorder. Consistent with his psychoanalytic theory, Freud believed that these symptoms were converted from unconscious emotional conflicts. He called this condition 'conversion hysteria' the symptoms of which can include paralysis, deafness, blindness, and the loss of sensation in parts of the body, such as a hand etc.

Freud argued that conversion hysteria reflected the individual's state of the mind, and that repressed experiences and feelings were expressed in terms of a physical problem. This explanation, though not quite correct, (Freud believed that psycho-sexual conflict was converted into bodily symptoms) indicated an interaction between the mind and the body, and suggested that psychological factors may not only be consequences of illness but may contribute to its cause.

There is a growing dissatisfaction with many aspects of the current medical system, a development which, in an indirect way, helps to promote the rise of alternate models of care. For example, there is a tremendous concern outside of as well as within the medical community about rising health costs.

The failure of the medical community to come up with effective treatments for many types of major health problems, such as cancers, AIDS and Alzheimer's disease, has also contributed a disenchantment with the disease model as the only model of health care.

Another source of dissatisfaction with the disease model is its lack of focus on quality of *life*. Infectious diseases are usually acute in onset and last for relatively short, predictable periods of time. Even highly aversive medical interventions can usually be tolerated for this brief period. In contrast, chronic diseases often have a slow, insidious onset and may endure for a long, indefinite period.

Painful and prolonged medical treatments that disregard the quality of life are becoming increasingly unacceptable. Behavioural and other interventions that can improve the quality of life thus have become highly sought after as the incidence of chronic disease has increased.

The earliest challenge to biomedical model was psychosomatic medicine. It is generally considered a special area within medicine, composed primarily of psychiatrists, that focuses on the role of psychological factors in somatic or physical disease. In general, it still gives little attention to disease prevention and health promotion.

In contrast, behavioural health — which also challenged the biomedical assumptions of a separation of mind and body — gives almost total attention to disease prevention and health promotion in pratising health persons through the use of educational inputs to change behaviour and lifestyle. The role of behaviour in determining the individual's health status indicates an integration of the mind and body.

A third discipline that challenged the biomedical model was behavioural medicine.

Behavioural medicine has two roots — the early work in psychosomatic medicine, done primarily by psychiatrists and physicians, and later work in behaviour therapy, done primarily by psychologists. The contribution of psychiatrists and physicians sensitised mental health workers to the role of psychological factors in both the etiology and the treatment of medical disorders. The contribution of the psychologists was primarily in the techniques of change, the tools by which psychological factors can be analysed and manipulated to enhance our understanding of illness as well as how to prevent and treat it.

Behavioural medicine employs a wide variety of procedures all of which have the common goal of altering bad living habits, distressed psychological states, aberrant physiological processes, in order to have a beneficial impact on a person's physical condition. It treats psychophysiological disorders, such as essential hypertension (high blood pressure without an evident organic cause), coronary heart disease, bronchitis, asthma, overweight, problems of seriously ill children, addictive disorders that threaten health, such as cigarette smoking and alcoholism, chronic pain etc — the physical disorders thought to have psychological factors as a major aspect of their causal pattern. Thus behavioural medicine challenged the traditional separation of the mind and the body.

These findings are exceedingly important because they revealed that link between the mind and the body is more direct and pervasive than was previously thought. Although an illness may be primarily physical or primarily psychological, it is always a disorder of the person in whole — not just of the lungs or the psyche.

The body and the mind are two ways of talking about the same organism. Soon they led to an important therapeutic technique called biofeedback, whereby a person's physiological processes such as blood pressure are monitored. The feedback serves as a consequence of operant conditioning (a psychological principle of learning). Biofeedback has proven to be useful in treating a variety of health problems, such as headaches.

Health psychology is probably the most recent development in this process of including psychology in an understanding of health. Health psychology is the aggregate of specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction, and to the analysis and improvement of health care system and health policy formation.'

Health psychology again challenges the mind-body split suggesting a role for the mind in both the cause and treatment of illness, but differs from psychosomatic medicine, behavioural health, and behavioural medicine in that research within health psychology is more specific to the discipline of psychology.

Aims of Health Psychology

Health psychology emphasises the role of psychological factors in the cause, progression and consequences of health and illness. The aims of health psychology can be divided into: a) understanding, explaining, developing and testing theory; and b) putting this theory into practice.

Health psychology aims to understand, explain, develop and test theory by:

Evaluating the role of behaviour in the aetiology of illness. In general, the processes by which behaviour can influence health and illness can be grouped into three major categories.

First, behaviours can lead directly to alterations of tissue and bodily function by their effects on neuroendocrine and other physiological processes. Central to this category of effects is the concept of stress. Psychological stress results when a person appraises a certain situation or event as causing, or having the potential to cause, some type of harm. Stress can exert a number of effects, including direct physiological changes. For example, severe, frequent, or prolonged stress can result in potentially harmful changes in cardiovascular functioning (e.g. blood pressure), gastrointestinal secretions, endocrine functioning, and other changes that are directly related to one's physical well-being. Behaviours that lead to an increase in severe, frequent, or prolonged stress will thus increase the probability of disease; behaviours that prevent such levels of stress from occurring or quickly reduce them if they do occur will lead to a decrease in the likelihood of disease.

Perhaps the most well-documented major disorder in which stress plays an important role is cardiovascular disease. Research on variables that can increase the likelihood of myocardial infractions (heart attacks), for example, has identified a host of physical factors, such as hypertension, elevated levels of blood cholesterol, diabetes, and so on.

However, these physical factors alone are not maximally predictive of heart attacks. The best set of predictors includes a number of behavioural factors including a behaviour pattern known as the Type a or coronary-prone behaviour pattern. Type A behaviour is characterrised by three major behaviours:

1) A high level of aggressiveness and easily aroused hostility in pursuing one's goals; 2) a sense of time urgency about almost everything; and 3) being competitive and highly achievement-oriented.

Researchers now believe that only people who are high on the hostility and anger component are at increased risk of coronary heart disease. Such a pinpointing of maladaptive health behaviours helps us not only to develop specific behavioural interventions for preventing or ameliorating the behaviours, but also to understand better the processes through which behaviours can influence health by directly affecting the function of the body.

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Beet Those Stones

SCIENTISTS at the Bhabha Atomic Research Centre and doctors of KEM hospital, Mumbai, India, have successfully demonstrated a process to deplete stone-forming chemicals from the foodstuffs using oxalate oxidase, an enzyme obtained from beet stem and banana peels. Even a small dietary oxalate load in enteric hyperoxaluria patients can lead to a more pronounced excretion of oxalate and consequent stone formation.

According to the scientists, the enzymes oxalate oxidase and oxalate decarboxylase could soon be combined as a package for deoxilation purposes. A purified preparation of oxalate oxidase obtained from banana fruit peel or beet stem when added to 100 ml of a 10 per cent homogenous plant material effectively eliminated 70-80 per cent oxalate content.

Life-saving Vaccine

INDIA'S first genetically engineered hepatitis-B vaccine is now commercially available. Hyderabad-based company, Shantha Biotecnics has developed the vaccine. Council for Scientific and Industrial Research has also assisted for developing the product called Shanvac-B.

Varaprasad Reddy, managing director of Shantha Biotecnics, says that India would not only save foreign exchange worth $14 million, but also earn a forex through exports of the vaccine to countries like Bangladesh and Sri Lanka.

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Cheers to That

SERGE Renaud, the French scientist who had earlier proved that drinking wine is a heart-friendly activity, recently came up with some more heartening news for wine lovers. According to him, two to three glasses of wine per day keeps no, not the doctor, but death away. Yes, if Renaud's claims are correct, then a daily intake of the intoxicant can reduce death rates from all causes by as much as a whopping 30 per cent.

Well-oiled Swedes

PETROL in Sweden will contain less sulphur than any in Europe by the year 2000. Swedish oil companies recently agreed to switch to petrol containing fewer than 50 parts sulphur per million (ppm). Planned European legislation will set a higher limit of 150 ppm.

Rolf Annerberg, director-general of the Swedish Environmental Protection Agency, argues that cleaner fuel will reduce air pollution and encourage the design of more efficient automobile engines. "It paves the way for lower fuel consumption, thereby automatically reducing carbon dioxide emissions," he says.

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