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Psychiatric Comorbidities Of Drug Abuse

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ABSTRACT

The present paper aims to understand and provide an overview of the psychiatric comorbidities of drug abuse. Early adolescence (12–14 years old) to late adolescence (15–17 years old) is thought to be a critical risk period for the onset of drug abuse. The highest rates of any illicit drug use and related health issues are observed in young people, aged 18 to 25 years with a lifetime prevalence of 42.9%. Young people are more susceptible to drug abuse due to a varied array of personal, micro (family, peers, and schools), and macro (socioeconomic and physical environment) factors that require further research. Additionally, substance abuse is linked to conduct disorder, post-traumatic stress disorder (PTSD), self-harm, and suicidal thoughts. People who have experienced physical or emotional trauma and women with childhood sexual abuse are far more likely to report lifetime use of prescribed psychoactive drugs and illicit drugs such as cocaine, amphetamines, antidepressants, etc. Men are more prone to show destructive and impulsive behaviour whereas woman show anxious behaviour under the influence of drugs. Statistics have reported that antisocial personality disorder affects 40-55% of patients who seek treatment for addiction or substance abuse. Research evinces that roughly 21% males and 13% females with attention deficit hyperactivity disorder (ADHD) abuse drugs or alcohol. Escalating figures of drug use warrants an urgent need for rehabilitation and comprehensive biopsychosocial evaluation that would give a deeper insight into the causality and symptoms of the disorder.

Keywords: drug abuse, antisocial personality disorder, attention deficit hyperactivity disorder, conduct disorder, depression, suicide and borderline personality disorder

INTRODUCTION

Drug abuse is defined as a self-destructive pattern of substance use that causes serious issues and distress, including tolerance to the substance or withdrawal from it. The use of illegal drugs, alcohol, and tobacco are the main global risk factors for disability and early death (Lim et al., 2012). Individuals with dual diagnosis who has a significant mental health illness in addition to a recurrent drug use interferes with their important responsibilities, causes social or interpersonal difficulties, tolerance, withdrawal symptoms, unsuccessful attempts to quit drug usage, neglecting other aspects of life and spending inordinate amount of time or energy recovering from the effects of the drug are all vital signs of drug abuse.

Substance intoxication or withdrawal can result in a variety of psychological symptoms, such as euphoria in the case of alcohol or inhalant intoxication, paranoia in the case of marijuana, or severe depression or suicidal thoughts in the case of cocaine or amphetamine withdrawal. From noticeable drowsiness and slow breathing to fast heartbeat due to cocaine intoxication or tremors and seizures of alcohol withdrawal, intoxication with drugs can have a wide range of physical effects on the body. According to neuroimaging studies, dopamine function is significantly disrupted (dopamine release decreases) in drug-addicted subjects, and is linked to decreased activity of the cingulate gyrus and orbitofrontal cortex (Volkow et al., 2004).

There are several biological, psychological, and social risk factors that can predispose individuals or an interactive effect to develop a chemical use disorder. Gender disparities are visible during the various stages of the addiction process, where women seem more susceptible than men to the reinforcing effects of nicotine, opiates, and psychostimulants (e.g. acquisition, maintenance, dysregulation-escalation and relapse) (Lynch et al., 2002). Mood disorders such as depression, bipolar disorder, anxiety, suicide, or aggressive behaviours, as well as personality disorders like Borderline Personality Disorder, Conduct Disorder, or Attention Deficit Hyperactivity Disorder, are psychologically linked to substance abuse or addiction.

Objective: The main aim of this present investigation is to examine the different psychiatric comorbidities among adolescents and adults that are common when drug abuse is diagnosed as a dual diagnosis.

Drug Abuse and Antisocial Personality Disorder

The hallmark of antisocial personality disorder (APD) is a pattern of careless, impetuous, and regretful actions that start in childhood or early adolescence and persist into adulthood. The International Consortium in Psychiatric Epidemiology, the National Comorbidity Survey (NCS), and the Epidemiologic Catchment Area (ECA) survey are three sizable epidemiologic surveys that demonstrate a strong correlation between APD and drug abuse (Regeir et al., 1990; Kessler et al, 1999). APD is significantly linked to alcohol and drug abuse and dependence in the general population (Grant et al., 2004). Antisocial personality disorder

symptoms can worsen due to drug use, which limits the effectiveness of treatment. Substance abuse becomes more severe and persistent when an ASPD patient completely denies their addiction or psychological issues. According to the estimates from the National Institute for Drug Abuse (NIDA), 40–55% of patients enter treatment for addiction. However, Drug and Alcohol Dependence (DAD) research revealed that individuals with antisocial personality disorder who abuse stimulants like nicotine, cocaine, benzedrine, etc. are more likely to discontinue treatment and take more risks than those who use other drugs or completely abstain from them. These findings align with family studies showing that female drug users come from deviant families and exhibit socially dysfunctional conduct from a young age (Remi et al., 2004).

Drug Abuse and Borderline Personality Disorder

Extreme emotions, impulsive behaviour, a skewed self-image, and intense, erratic relationships are all hallmarks of borderline personality disorder (BPD). Anxiety, depression, and substance abuse are among the other significant psychological conditions that people with BPD frequently experience. In comparison to lower prevalence in other personality disorders, 13% of BPD patients develop alcoholism and 11% develop a new substance use disorder (Walter et al., 2009). Research evinced that BPD patients abused drugs like benzodiazepines, opioids, cannabis, and anticholinergics more than twice as frequently as APD patients. Substance abuse is negatively correlated with depression in BPD patients and positively with state anxiety in APD patients and (Hatzitaskos et al.,1999). Cluster B (45.7%) was particularly prominent, with antisocial personality disorder (27%) and borderline personality disorder (BPD) (18.4% accounting for the majority of substance use disorder patients (57%) who met criteria for at least one comorbid Axis II disorder (Rounsaville et al.,1998). Women with eating disorders and substance abuse were much more likely to be diagnosed with borderline personality disorder and to report a significantly higher number of self-destructive behaviours (Sansone et al., 1994).

Drug Abuse and Depression

Mental health issues like drug addiction and major depression are linked to stressful life events and have a high rate of recurrence, even after treatment (Degenhardt et al., 2001). The likelihood that self-medication may contribute to the development of alcohol or substance abuse is suggested by the fact that MDD almost always manifests before alcohol or substance abuse (Deykin et al., 1987). Research indicates that adult cannabis abuse exacerbates depressive symptoms, but depression does not predict subsequent cannabis abuse (Bovasso et al., 2001). Women experienced more depression than men following treatment, and the rate and intensity of depressive symptoms were higher for those who relapsed were observed in the general population (Hatsukami et al.,1982). Higher family size, lower socioeconomic status, hyperactivity, attention issues, and aggression were specific risk factors for drug abuse and dependence. Male drug disorders were specifically associated with parental substance abuse and having younger parents (Reinherz et al., 2000). According to a systematic review of teenage patients admitted for self-harm, the most prevalent disorders

were depression, anxiety disorders, substance abuse, and attention deficit hyperactivity disorder (Hawton et al., 2013).

Drug Abuse and Suicide

In young adults, suicide is one of the main causes of premature death and with suicide attempts occurring five to twenty times more frequently in their age group (Harris et al.,1997). Suicide rates among addicts are two to three times higher than those among non-addict males. Women who use substances have a 6.5 to 9 times higher risk of suicide compared to non addicts (Darke et al.,2004). Compared to younger drug addicts, older addicts are more likely to attempt suicide and die by suicide and a significant risk factor for recurrent suicidal attempts is prior number of suicidal attempts (Conner et al.,1994; Ilgen et al., 2007). Suicidal behaviour in the general population and among addicts is associated with affective disorders and particularly depressed mood (Darke et al., 2004). It is well known that sedatives and heroin are the most frequently used drugs in suicide attempts in comparison to other available drugs which are less characteristic (Borges et al., 2010).

Drug Abuse and Attention Deficit Hyperactivity Disorder

Usually identified in childhood, attention deficit hyperactivity disorder (ADHD) is a neurological condition that can persist into adulthood. ADHD is commonly linked to issues with focusing, maintaining stillness, managing boredom and repetitive tasks, and controlling impulsive behaviours. Drug and alcohol abuse may be more common among ADHD patients as a coping mechanism for their symptoms or addicted to stimulants prescribed for their treatment. Both may result in an addiction cycle that is challenging to identify or address without expert assistance. The rate of co-occurrence was reflected in the National Comorbidity Survey which revealed that 15% of adults with ADHD met the DSM-IV criteria for substance abuse, compared to 5% of those without ADHD (Kessler et al., 2006). Because they have lower levels of dopamine in their brains, people with ADHD may try to compensate for this deficiency by abusing drugs or alcohol. There is growing evidence that treating ADHD in children with psychostimulants lowers the risk of developing a SUD (Wilens et al., 2003). Binge drinking, frequent marijuana and cocaine use were common among ADHD students. The risk of substance abuse was also found to be high even after adjusting for depressive symptoms (Mochrie et al., 2020). Females who exhibited greater hyperactivity-impulsivity also consumed more alcohol and made greater progress toward daily marijuana use in comparison to males (Elkins et al., 2018).

Drug Abuse and Conduct Disorder

Conduct disorder (CD) is a serious psychiatric illness marked by disrespect for other people, hostility, occasional physical violent behaviour encompassing vandalism to more frequent bullying, animal abuse and stealing. Individuals with APD and Conduct Disorder exhibited elevated levels of psychiatric symptoms, a greater prevalence of family history regarding substance abuse and psychiatric admissions, an earlier onset age, and more intense substance abuse symptoms (Mueser et al., 1997). The risk of cannabis abuse is elevated by response disinhibition, a type of neurocognitive dysfunction that probably makes many CD patients' symptoms worse (Blair, 2020). Limited Prosocial Emotions (LPE), is also elevated in adolescents with substance use disorders (Sakai et al.,2016). The risk of developing a conduct disorder was more than four times higher for boys whose mothers smoked more than ten cigarettes per day and this increase was more noticeable in boys under the age of thirteen (Wakschlag,1997). Another study found a high prevalence of conduct disorder (91 %) in both substance abusing and non-substance abusing juvenile offenders (Milin et al., 1991).

Conclusion

Substance abuse may manifest as a form of self-treatment for individuals who have evident, mild, or even subclinical mental health issues. This increases the risk of mental illness, physical health issues, dysfunctional social relationships, unemployment, suicidal thoughts and behaviour, and lower life expectancy. Ultimately, a person's susceptibility to different mental illnesses is determined by the crucial combination of various risk factors and protective factors that are absent at a given point in their life. The significant coexistence of substance use disorders and various mental health issues serves as a crucial motivation for promoting and engaging in both fundamental and clinical research on drug use, its effects, and the fundamental neurobiological, behavioral, and social processes involved. The research in this area is extensive yet certain aspects of it require a more large-scale and comprehensive review.

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