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HEROIN DEPENDENCE;
FAMILY SUPPORT & RELAPSE IN PATIENTS

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ABSTARCT…Objective: To determine the frequency and level of family support in Heroin Dependent patients presenting with 1st treatment and also the patients presenting with relapses. **Study design:** A descriptive study. **Place & duration of study**: The study was conducted in the Department of Psychiatry & Behavioral Sciences, Nishtar Hospital, Multan from September, 2013 to December, 2013. **Subjects & methods:** The sample consisted of 50 consecutive inpatients presenting with Heroin Dependence. They were interviewed and Family support Scale (FSS) was administered to know the level of support in heroin dependent patients. **Results:** Results showed that 20% patients relapsed 3 times while 38% had more than three times relapses among whome 30% patients have family support, but 70% have very low level and family support decreased with increasing number of replace. **Conclusions:** We concluded that higher level of family support was during in the 1st treatment of Heroin Dependence and family support decreased as the number of relapses increased.

Key words: Heroin Dependence, Relapse, Family Support

INTRODUCTION

Addiction is characterized by an inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships and a dysfunctional emotional response[1].

In the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, 5th edition (DSM-V), Heroin Addiction is included under the category Substance-related and Addictive Disorders[2].

Over the years, the meaning of relapse has been changed. As a failure of the individual in recovery is called relapse. Relapse is a process of going back to the same unhealthy lifestyle and actions that would provoke the re-using of substance of drugs[3]. Relapse, in relation to drug misuse, is resuming the use of a drug or a chemical substance after one or more periods of abstinence. The term is used for both, substance dependence

and substance abuse[4]. Half-Million people are addicted on hard core heroin & consume about $1.2 billion every year in Pakistan[5].

After starting treatment, the majority of patients relapse within a year and mostly first three months are the most vulnerable period. Relapse is a frustrating experience and it has several adverse consequences for patients, caregivers and therapists[6].

Socio-demographic factors such as young age, male, single, unemployment, poor group, positive family history of substance abuse and poor family support are important factors to be associated with relapse[7].

Low level support from family members, society, and the community at large towards addicts, highly promote the tendency of relapse after treatment. Weak family communication patterns, ineffective interactions among family of addict are the high probable factors toward relapses of

drug addiction. Family support is much needed to ensure the rehabilitation process future success and issues like "don't care attitude" in the long run that are causing the addicts to relapse[8].

Physical and emotional stresses play a huge role in relapse. Stressful events and situations such as family feuds or high expressed emotions, stressful jobs and difficult tasks, tense working environment, trauma or loss, feelings of happiness and excitement, can give a reason to pick up a drink or a drug. At times some people, places and things are relapse triggers and hinder the recovery of alcoholic or addict, so the family must be vigilant in recognizing and avoiding these triggers[9].

The aim of the present study was to determine the frequency and level of family support in Heroin Dependent patients presenting with 1st treatment and is also to compare the level of support in patients presenting with relapses in the Department of Psychiatry & Behavioral Sciences, Nishtar Hospital, Multan.

MATERIAL AND METHODS
The study was conducted in the Department of Psychiatry & Behavioral Sciences, Nishtar Hospital, a teaching hospital affiliated with Nishtar Medical College, Multan. The Department offers inpatient and outpatient treatment services for Psychiatric & Drug Addiction Patients with a team of trained psychiatrists and psychologists.

The present study was conducted on the 50 consecutive inpatients of Heroin Dependence, admitted in the Department of Psychiatry & Behavioral Sciences from September, 2013 to December, 2013. The patients were suffering from any other psychiatric morbidity, alcohol or any other drug abuse, organic brain syndromes and was not fulfilling the criteria of the Heroin Dependence were excluded from the study. All the patients were diagnosed according to the criteria of the Diagnostic and Statistical Manual (DSM-V) laid down by American Psychiatric Association 2013[2]. Written informed consent was taken from the patients. Confidentially was also ensured. All

the information regarding demographic details was collected on the prescribed Performa. Family Support Scale (FSS)[10] was administered to know how helpful various individuals, groups, and agencies were in heroin Dependent treatment.

The data was analyzed using Statistical Package for Social Sciences (SPSS) version 10.0 for frequencies and percentages. The results were depicted in the form of tables & summarized for gender, age, marital status, locality, education, income, number of relapses and family support.

RESULTS
Table-I shows Demographic Characteristics of subjects. Out of 50 subjects, the majority of patients 31 (62%) were married, 32 (64%) were about 21-30 years age group, 26 (52%) belonged to rural area, 22 (44%) were uneducated and 26 (52%) were unemployed.

CHARACTERISTICS	N (%)
SEX	
Males	50 (100%)
AGE GROUPS	
16-20	6 (12%)
21-30	32 (64%)
31-40	10 (20%)
41-50	2 (4%)
MARITAL STATUS	
Single	19 (38%)
Married	31 (62%)
LOCALITY	
Rural	24 (48%)
Urban	26 (52%)
EDUCATION	
Uneducated	22 (44)%
Primary	12 (24%)
Middle	11 (22%)
Matric	5 (10%)
INCOME	
Unemployed	26 (52%)
Employed	24 (48%)
Table-I. Demographic data (subject characteristics) (n=50)	

Tables II shows Family Support in Heroin Dependence. Out of 50 patients, 15 (30%) has family support, but 35 (70%) had very low level or no family support.

FAMILY SUPPORT	N (%)
Family support	15 (30%)
Lower level of support or no support	35 (70%)
Table-II. Family support	

Tables III shows Number of relapses of Heroin Dependence. Out of 50 patients, 10(20%) were 3 times relapsed and 19(38%) had more than 3 relapses and out of 30% patients that have family support, 14% patients who relapsed, had higher levels of family support in 1st treatment, while patients, those relapsed more than three times had very low level of family support.

NO OF RELAPSES	N (%)	FAMILY SUPPORT 15(30%)	FSS SCORE	MEAN
1st Treatment	7 (14%)	7 (14%)	481	68.71
One Relapses	6 (12%)	4 (8%)	260	43.34
Two Relapses	8 (16%)	2 (4%)	113	14.13
Three Relapses	10 (20%)	1 (2%)	52	5.2
More Than Three Relapses	19 (38%)	1 (2%)	49	2.57
Table-III. No of relapses and level of family support of heroin dependence				

DISCUSSION

In our research, the majority of the patients (64%) presented with heroin addiction in 21-30 years of age. This is in accordance with one study, in that study most subjects belonged to 16-50 years of age[11]. According to one more study, most of the subjects were from 16-25 years of age group presenting with heroin Dependence[12].

In our study, 52% subjects belonged to urban areas. According to another previous research, 43% patients were from urban area[13]. The difference may be due to increasing urban population and gradually weakening the authority of the state to control the availability of drugs in urban sector.

In this study, 62% subjects were married. Other researchers showed that 30.5%[14] and 35.2%[11] of the participants were married. The difference may be explained due to early marriage in our culture and inability to handle practical problems of life.

In the present study, 52% subjects were unemployed & 48% were employed or had any other earning source. Unemployment, occupational problems and lower educational level were strongly associated with relapses[7]. In Pakistan, illiteracy and unemployment is a major problem of our society.

Present research revealed that 20% patients relapsed three times and 38% had more than 3 relapses with Heroin Dependence. The majority of treated substance abusers ultimately relapse, which may be very frequent and rapid. Socio-demographic factors like young age at initiation, male, unemployment, single, friends, family history of substance abuse and lower family support are important factors for relapse[7]. In the 1986 one research indicated that the relapse rate for those who completed a drug treatment was 53.6% for heroin[9]. However, the reported data explicate that most of the drug addicts failed to sustain the free of drug lifestyle after they have been discharged after treatment[8]. One more study reported that 90% relapsed cases among heroin addicts within six months after discharge from hospital and 40% of the heroin addicts relapse after a month of abstinence[15].

In this study, 30% patients have good family support, but 70% have very low level or no family support. According to one study, 3rd main factor that made major contribution of relapse in addiction tendency is Family support. The findings showed that 57% of the paients reported that they feel, discomfort, uneasiness and difficult to express

their emotions and practical problems with family members[8]. According to one more study, lack of communication and ineffective interaction among the family members is also major causes that create the uneasiness amongst addicts to confront their family[16]. One of the previous study showed that 96% patients had family support during and after treatment[17]. This difference may be explained due to high expressed emotions in our culture.

In this study, 14% patients have higher levels of family support 1st treatment, but the number of relapses also increased with decreased level of family support. Those patients, who had more than 3 relapses, had only 2% family support. One study showed that those patients who live alone, limited or no family or friends, face high expressed emotion from family, have increased frequency of relapses[18]. In our culture, family support is very high at 1st treatment, care, continuous visit to a patient in hospital, but later on it is decreased with increased number of relapses and even family stopped to visit the hospital after 2nd relapse.

LIMITATIONS & SUGGESTIONS
There are some limitations in this study. The sample size was small and we used the criteria of Substance Dependence only therefore it is suggested that further research should be with large sample size and on patients with alcohol and multiple drug Dependence. Moreover, subjects with other categories like "Substance Misuse" should also be included.

CONCLUSIONS
We concluded that that higher level of family support was in the 1st treatment of Heroin Dependence and family support was decreased as the number of relapses increased.
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> If you tell the truth,
> you don't have to remember anything.

Unknown