

Cocaine abuse and addiction--part ii. (cover story)



**ASSIGN
BUSTER**

Cocaine abuse and addiction The article discusses the problems of cocaine addiction and analyzes the various treatments available for tackling it. The neurochemical sources of cocaine's attraction have yet to be completely comprehended. There are many kinds of receptors in the brain but the ones which are responsible for the addiction have not yet been ascertained.

Research is still on to unravel the complex interactions among brain regions and neurotransmitter systems that account for the addiction to cocaine.

There is no fixed, forthright and known cure for cocaine addiction. The process of treatment is actually quite intricate, with several services being needed, particularly with the addicts exhibiting additional social and psychological disorders. However, the situation is not as disturbing as it seems. It has been found that only 10-15% of people who try cocaine ultimately become addicted, and even if they do, most break the habit successfully. Treatments of various kinds pertaining to the many psychological, social and neurochemical causes of the problem may work for different patients under different circumstances. Some of the drugs which have been under production to counter the addiction are fluoxetine, which prevents the reabsorption of serotonin; antipsychotic drugs and also naltrexone, which neutralizes the gratifying effects of heroin.

Researchers have been attempting to develop a compound that blocks cocaine's access to the dopamine receptor without affecting its function in the absence of cocaine. They have also been observing drugs which raise the level of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA) in the prefrontal cortex of the brain, the effect of which is believed to diminish the conditioned response to cocaine related cues in animals. Drugs that affect only one or several of the many kinds of dopamine receptors are being

<https://assignbuster.com/cocaine-abuse-and-addiction-part-ii-cover-story/>

scrutinized. Yet another strategy to treatment is an antibody, which breaks down cocaine in the blood, thereby acting like a vaccine. Despite these endeavors, none of these techniques have proved to be really successful in combating the addiction, except for the temporary relief of abstinence symptoms. The only realistic, feasible treatment for cocaine addiction has been the 12-step groups along with different forms of behavioral and psychological therapy. In the 12-step groups, people help themselves by helping others. They meditate, pray, admit their mistakes and beg for forgiveness, share their stories with others, discuss the 12 steps and in the process, learn how to live without the drug.

Cognitive and behavioral techniques have become increasingly prevalent in the treatment of cocaine addiction, and also other forms of drug abuse. This approach tries to work on altering the patient's internal and external environment. Methods adopted by addicts who have succeeded in quitting are taken as an inspiration in this form of treatment. Patients are recommended to note down the feelings and situations which instigate their longing for cocaine so that they are in a better position to respond to those needs the next time round. They are advised on how to cope with weariness, exhaustion, anger and frustration and how to avoid the drug, which under normal circumstances, they would have accepted. Imaginal exposure techniques help the patients to rehearse these situations and be better prepared to handle them the next time. They begin to recognize the warning signs of relapse and start avoiding people, places and all things related to cocaine. They are also urged to give up other drugs, such as alcohol, which induce the desire for cocaine and are encouraged to take up other activities and hobbies. Help and involvement from a close relative or friend has also

<https://assignbuster.com/cocaine-abuse-and-addiction-part-ii-cover-story/>

been found to be very effective in restraining the use of cocaine.

In some situations where patients reject the 12-step program, an alternative form of treatment called contingency contracting has been put to use. In this type of treatment, the addict composes a letter that contains a damaging admission of drug abuse and deposits it with a psychotherapist, besides declaring that it can be made public if cocaine appears in the addict's urine.

In recent studies, it has been found effective to reward addicts with vouchers for cocaine-free urine, which can be exchanged for items that foster healthy living. In cognitive therapy, the self defeating attitude of addicts is modified by changing their convictions about themselves, their lives, and their future and also about the drug use itself. They are exposed to the evils of cocaine and urged to wait and dismantle their desires slowly, which will then enable them to grow in confidence to resist the enticement in the future.

Evaluating which program is best has never proven to be easy, especially with insufficient follow up time, a high rate of spontaneous recovery, lack of independent evaluation, unreliable information provided by addicts themselves and the uncertain significance of many standard measures of outcome. Various methods have been found to work for different patients but no single approach has been found to be superior to others in general, or even for a particular class of addicts. In one study, the abstinence rate was found to be almost the same (50%) in both full hospitalization for a month and day hospital rehabilitation. In another study, 40 patients were subjected to 6 months of drug counseling alone or 6 months of counseling with voucher incentives. The latter had a better abstinence rate of close to 75% (against 40%). More studies showed that coping skills training which is a cognitive behavioral program, was found to be more efficacious than meditation, and <https://assignbuster.com/cocaine-abuse-and-addiction-part-ii-cover-story/>

relaxation training. Yet another study indicated that cognitive-behavioral therapy yielded better results than 12-step group over a period of six months, especially for patients with a history of depression and those who were better at abstract reasoning. A recent survey conducted by the National Institute on Drug Abuse showed that intensive individual counseling was slightly more effective. (five-month abstinence rate, 36% v/s 25% or less for the other programs).

Most addicts do not seek treatment and even those who do, might be doubtful about relinquishing the addiction. A burning desire and commitment to recover is the first step in the curing process. Motivational therapy works by helping the addicts to acknowledge the seriousness of the problem, increase their desire to quit and prepare them for other forms of treatment. It is based on the acronym FRAMES: feedback, responsibility, advice, menu and self efficacy. Certain studies have shown that this method is superior to standard counseling, meditation and relaxation training.

People who are in need of such programs include adolescents, pregnant women, mothers with children and addicts with psychiatric disorders. But the success of the treatment is always almost unpredictable unless the addict can be given a solid stake in something else besides the drug. An addict with something to lose and faced with some purpose in life, have been found to have a better chance of realizing their mistake and making a sincere effort to terminate this habit than addicts with no social responsibilities and other obligations.

Time and experience have shown that drug addiction can be eliminated only with the unconditional and unrelenting love and support of the addict's family and friends and not by medicines alone. External factors which may

rouse the temptation should strictly be removed from the addict's vicinity. The addict must realize the importance of life and living and make sure he does nothing to shorten the period he is present on the face of this earth. He must make a sincere and honest effort to relieve himself from this dangerous habit lest it becomes too late. Governments all over the world should introduce stringent laws to control the circulation and use of such drugs.

References

Cocaine Abuse and Addiction - Part II (December 1999) The Harvard Mental Health Letter, Volume 16, Number 6.