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Role of Cognitive Behavior Therapy on People with Substance Abuse in the Craving Phase: Case Report

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Abstract---The problem of substance abuse has shown an increase in quantity, quality, and rate of distribution, both in terms of the number of victims and the types of substance abuse. World drug reports around 275 million people used drugs worldwide in 2020. In Indonesia, there are 3.66 million drug users in 2021. When people with substance abuse stop taking the substance and have the desire to take it again, it is called the craving phase. The case is a 36-year-old male with Mental and Behavioral Disorders Due to the Use of Other Stimulants With Uncomplicated Substance Withdrawal (F15.30). The patient wants to stop using crystal methamphetamine because there's a desire to use it again in the last 3 weeks after stopping two months ago. This patient is in the craving phase, and CBT is the most therapy given to prevent relapse, beside CBT patient is also given other non-medical therapy in the form of supportive psychotherapy, motivational interviewing, and family therapy, for the medical therapy Fluoxetine 10 mg tab every 24 hours IO (in the morning) and Alprazolam 1 mg tab every 24 hours IO (in the evening).

Keywords---cognitive behavioral therapy, craving phase, crystal methamphetamine, substance abuse.

Introduction

In recent years, the problem of drug abuse has shown an increase in quantity, quality, and rate of distribution, both in terms of the number of victims and the types of substance abuse. According to the 2021 World Drug Report, around 275 million people used drugs worldwide in 2020, while more than 36 million people suffered from drug use disorders. In Indonesia, there is an increase in the prevalence of drug users in 2021 by 0,15%, so it becomes 1.95% or 3.66 million people. Problems that often arises is that even though rehabilitation has been carried out for drug users, most of these users still experience relapses or relapses even though they are undergoing or have finished rehabilitation. According to the National Institute on Drug Abuse (NIDA), around 40 to 60% of people who have undergone rehabilitation or therapy for drug addiction will experience a relapse (Michiko, 2016).

The main factor causing relapse in addicts is that they still feel the desire to return to using drugs but cannot overcome it. Addicts who are currently or have completed rehabilitation have a strong desire to experience the drug again (Craving). Craving can still be felt after being free from drug use for one to 24 months. The desire arises because of cognitive distortions, one of which is the notion that drugs are important things to consume. Craving is also known to be the result of behavioral conditions, when addicts are faced with a stimulus related to an addictive substance, their desire to use the substance is active again, causing a craving (Safira, 2019).

In dealing with individuals with drug abuse, apart from drugs, the therapy that is often given as a form of relapse prevention is Cognitive Behavioral Therapy (CBT). CBT is believed to be able to change the cognitive and behavioral systems associated with drug abuse (Setiawan, 2019; Yang et al., 2015). therefore, the authors are interested in discussing the role of CBT on People with Substance Abuse in the Craving Phase

Case Report

A male patient, W, 36 years old, came to the psychiatry polyclinic at Prof. Ngoerah Central General Hospital (RSUP); the patient want to stop using crystal methamphetamine because he wanted to improve himself. The patient was interviewed in a sitting position while facing the examiner with a calm face. He was wearing a dark green T-shirt, shorts, and sandals. His hair was neatly combed, have tan skin, fingernails, and toenails were clear. During the interview session, he was calm and cooperative; answering the question spontaneously using Bahasa Indonesia, and speaking at a reasonable speed and volume. The patient can correctly state their name, current age, where they are, and the time of examination, the examiner's name and remember what he did in the last month.

The patient came to the NAPZA clinic at Prof. Ngoerah Central General Hospital (RSUP) for the first time. He want to stop using crystal methamphetamine but said there was still a desire to use it when he was hanging out with his friends. In the last two months, although the patient's friend offers him crystal methamphetamine, the patient still can control his desire to not use it. The patient said that as long as he did not use crystal methamphetamine he had no serious complaints, but occasionally the patient said he had sleep disturbances and mild anxiety. There's None of the patient's family knows that the patient using crystal methamphetamine.

The patient initially used crystal methamphetamine five years ago and was threatened to break up if the patient don't want to use it. Over time, the patient increase the number of uses because he felt more comfortable and felt more energized and stayed up late at his job. When asked, the patient used it because of a lack of enthusiasm in life, he refused, patient use it so that more time can be used and not wasted on his job. For the last three weeks, he intended to use it again because of the friendly environment, the patient still can refuse, although in his mind there's a strong desire to use it and know the effect when he uses it (Heimberg, 2002; Longmore & Worrell, 2007; Butler et al., 2006; Mohammed, 2016).

The patient using 0.2 grams of crystal methamphetamine each day and more use since four years ago until using it three or four times daily with a dose of 0.2 grams. While using it he didn't see or hear something that have no source. When taking crystal methamphetamine, patients felt more energize and can stay up late. The patient didn't have a mood jump, was never extravagant or wasted his money to treat his friend or buy unimportant things. Patients usually sleep after midnight because feeling uncomfortable and have many things to think about. Often wake up and have trouble going back to sleep. The patient also wants to divert the problem he is facing. When asked, the patient refused to tell all about the problems. The patient still can eat and drink well and take care of himself without being told by others.

The patient's parents often quarreled since the patient was in elementary school, which occurred almost every day, sometimes even involving physical violence, which made him feel uncomfortable and sad. He felt lonely and never felt the warmth of family. The patient's parents were divorced since the patient was in the fifth grade of elementary school. As the patient got older, the patient felt hatred toward his parents because they did not love him. The patient lives with his siblings in his homeland. But now he no longer hates his parents because there is no point in dragging on in that condition.

The patient has been smoking since he was a teen but doesn't remember the exact year. At first only one to two cigarettes per day, currently six to seven cigarettes per day. The patient also drinks alcohol, especially when hanging out with friends on weekends, usually drinks beer and rarely gets very drunk. The history of other diseases was denied by the patient. None of the patient's family had ever experienced similar complaints. History of systemic diseases such as hypertension and Diabetes Mellitus was also denied. The patient is a person who is firm in his stance and finds it difficult to accept other suggestions. When something doesn't match what he wants, the patient becomes anxious. If there were problems, he keep problems to himself. Divert his problems by hanging out with friends, using marijuana, smoking or drinking alcohol (Wood et al., 2006; Otto et al., 2010; McKay et al., 2015; Simoni-Wastila & Yang, 2006).

On physical examination, present status and general status were found to be within normal limits. On psychiatric status examination, the general impression was that the appearance was reasonable, looked tense, and verbal and visual contact is sufficient. Relations with the examiner can be established Clear consciousness, euthymic/widening/appropriate mood and affect. The process of logical thinking is logic realistic/coherent/preoccupied to stop using crystal methamphetamine. Visual and auditory hallucinations are absent, depersonalization is absent, and illusions are absent. Instinctive urges, hypobulia are absent, raptus is absent, with a history of mixed types of insomnia. Psychomotor calm, age-appropriate impression intelligence, and insight score: 6. WHO assists test on tobacco: 25, on alcohol:30, on amphetamine:34, Beck Anxiety Inventory: 10, Back Depression Inventory: 11.

The patient's diagnosis according to the Guidelines for Classification and Diagnosis of Indonesian Mental Disorders III (PPDGJ-III), namely Axis I is Mental and Behavioral Disorders Due to the Use of Other Stimulants With Uncomplicated Substance Withdrawal (F15.30). Axis II is an Anankastic Personality trait and avoidant anxiety with ego defense Mechanisms: Repression and displacement of ego. Axis III has no diagnosis, Axis IV problem with a primary support group, and Axis V with GAF at check 70-61 and GAF one year last 80-71. Patients are given medical therapy: Fluoxetine 10 mg tab every 24 hours IO (in the morning) and Alprazolam 1 mg tab every 24 hours IO (in the evening). For the non-medical therapy in the form of supportive psychotherapy, motivational interviewing, plan to do CBT and family therapy.

Discussion

The patient didn't have a medical disorder because of the use of crystal methamphetamine. For now, the patient has insomnia and mild anxiety when stopping taking crystal methamphetamine. The patient has already been given medical and non-medical therapy by the psychiatrist. The patient has a stimulant (crystal methamphetamine) addiction problem that meets all the criteria for substance dependence in PPDGJ-III, such there's a strong desire or coercive urges (compulsion) to use substances, difficulty controlling substance use, there is a state of physiological withdrawal, there is tolerance, an increased amount of time to obtain or use the substance or recover from its effect and continue using the substance even though knowing the adverse health consequences, but these symptoms can be reduced by using selective serotonin reuptake inhibitor and benzodiazepine treatment (Hovens et al., 1994; Petry, 2001; Greenfield et al., 2007; Herman et al., 2022).

For these last three months, he already didn't take crystal methamphetamine, but in the last three weeks, there's a desire to use it. The desire to use it arises because the patient feels calm, has more energy, and can stay up late. It always appears when the patient gathers up with friends where most of the patient's friends use crystal methamphetamine. For now, the patient is in the craving phase, the desire to relive the experience of using psychoactive substances. There needs to giving more attention to addicts who have stopped using drugs (former drug users) because cravings can appear and will result in relapse or relapse (Maksum & Maburi, 2016).

With these complaints, the treatment plan that will be given is to carry out psychological evaluations, motivational interviews, counseling in the form of CBT, and psychopharmacological therapy to overcome the symptoms experienced by patients. CBT for substance abusers focuses on rebuilding distorted cognitions about the patient, other people, and the environment. This distorted cognition can be in the form of beliefs or irrational thoughts of addicts in terms of reasons for using the drug, including that drugs can give the impression of an effect as a solution to a problem they facing. CBT in this patient aims to improve the patient's way of thinking and perspective regarding the use of crystal methamphetamine so the patient does not always think and wish to use it again (Strickland et al., 2016).

Conclusion

Abuse of Psychotropic Drugs and Addictive Substances is a global problem and occurs a lot. The problem that often arises is that even though rehabilitation has been carried out for drug users, most of these users still experience relapses or relapses even though they are undergoing or have finished undergoing a rehabilitation program. The patient in this case wants to stop using crystal methamphetamine because there's a desire to use it again in the last 3 weeks after stopping two months ago. This patient is in the craving phase, and CBT is the most therapy given to prevent relapse, beside CBT patient is also given other non-medical therapy in the form of supportive psychotherapy, motivational interviewing, and family therapy, for the medical therapy Fluoxetine 10 mg tab every 24 hours IO (in the morning) and Alprazolam 1 mg tab every 24 hours IO (in the evening).

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