

## **RELATED PERSONALITY DISORDERS OF SUBSTANCE ABUSE AND DEPENDENCE: IMPLICATIONS FOR PREVENTIVE MEASURES**

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### **ABSTRACT**

This work is on the study of substance dependence, abuse and some related personality disorders. The worldwide abuse of substance and its effect have become a menace to the world as a whole. Victims get involved in substance use because of the euphoric state it puts them. The after effects of these drugs have brought humanity to the soil. That is why, this work looked at the most commonly used substances, such as alcohol, opioids, cocaine tobacco and cannabis. Some of these substances have different effects. Such effects are paranoid, hallucination, cocaine bug, delirium, depression, anxiety and chrome pains. Victims who have fallen prey to these substances (addicts) have seriously derailed in personality. There have been reports of cases of divorce, criminality, others concerning these addicts. Many of them have lost respect and honour in the society where they belong. A lot of efforts have been made to bring them back to normalcy. There have been treatments and rehabilitations yet little have been achieved in bringing these victims back to normalcy. That is why the researcher recommended a lot on the steps of prevention. Conclusion was also made.

### **INTRODUCTION**

Substance abuse has been a worldwide problem. This is because there has not been a lasting solution. There will be continuous effort by all that are concerned to bring this global menace to an end. Substance or drug abuse is known as the taking of drugs more than the recommended dose or without medical supervisor and prescription. Vasco (2008) refer to drug abuse as the arbitrary over dependent or misuse of one particular drug with or without prior medical diagnosis from qualified health practitioner.

People can become so dependent upon certain substances that their personalities will begin to derail. Personality hence stands for one's most important assets which usually contribute in shaping one's life. All one has achieved or expected to achieve can be influenced by one's personality. One's personality can limit or expand his options and choice. That is why Zucheri in Njoku (2014). Explained that personality includes one's outward appearance, one's qualities or attributes, the way one really is, one's general habitual behavior, politeness, submissiveness, talkativeness etc. Eriega (2006) went ahead to say that personality is those distinct and unique organization of traits in an individual as reflected in how he reacts to himself and others and how he handles frustrations and conflicts. These explanations suggest that personality refers to that part of the individual that is most representative of the person. Long ago, people have used several substances with the intention of escaping from uncomfortable situations, reducing pains and even feeling high during ceremonies.

According to Davidson, Neale, Blankstein and Clett (2002), People have discovered some intoxicants that affect the central nervous system, relieving physical and mental anguish or

producing euphoria. They went ahead to say that, though there are some devastating consequences of taking such substances into the body, their initial effects are usually pleasing to the victims. This pleasing state perhaps has always drawn people to substance abuse and dependence. The victims have never considered the after effect and the damages done to their personality by these substances.

Some people imbibed the substance use into their culture, such that it is not even seen as crime. North Americans use drugs to wake up (Coffee or tea). They use drugs to stay alert throughout the day. (Cigarettes and soft drinks) They also use drugs to reduce pains (aspirin) (Davidson et al 2002). Africans are not exempted from the general use of substance: Nigerians culturally accepted the use of various alcohol during ceremonies (Kai kai, Palm wine, burukutu and beer). The use of tobacco is also accepted generally especially during marriage and naming ceremonies. The south Africans have their favorite 'Nkomoti' and so on. It is the widely accepted use of these substances that has set the pace for substance abuse and dependence.

One will like to know the difference between substance abuse and substance dependence. Substance in an explicit form is a chemical that does not intend to maintain normal health. It is a non medically used psychoactive drug which is likely to be self-administered. It alters one's mood, cognition and behaviour (Ghedse and Maxwell 1990). Substance abuse is taking of such drugs contrary to the physicians prescription. Akunyili (2006) explained drug abuse to be the use of any drug to alter the state of the body or mind for any purpose other than medical warrant' The world Health Organization (WHO) listed out patterns of drug misuse or abuse as:

- a) **Unsanctioned use:** Use of a drug that is not approved by a society or a group within a society.
- b) **Hazardous use:** Use of a drug that will probably lead to harmful consequences for the user-either to dysfunction or to harm.
- c) **Dysfunctional use:** Use of a drug that is leading to impaired psychological or social functioning (e.g loss of job or marital problems)
- d) **Harmful use:** Use of a drug that is known to have caused tissue damage or mental illness in the particular person (Edward and Hoggeson 1981 p. 225)

The Royal college of Psychiatrists (1987) noted that substance abuse is any taking of a drug which harms or threatens to harm the physical, mental health or social well being of an individual or other individuals or of society at large or which is illegal. In substance abuse there are recurrent and significant adverse effects related to the use of substances. Some of them are:

- a) Failure to fulfill major obligations (For instance absences from work, neglect of children)
- b) Exposure to physical dangers (operating machinery or driving while intoxicated)
- c) Legal problems (arrests for disorderly conduct)
- d) Persistent social or interpersonal problems (arguments with a spouse or relatives) (Davidson et al 2002)

Substance dependence on the other hand is a maladaptive pattern of substance use. It can lead to clinically significant impairment or distress. (APA 1994). People with substance dependence have an intense craze for a particular substance. They continue to use it even when it increases their substance related problems. Sarason and Sarason (2005) are of the opinion that there are alterations in their bodily systems (Particularly the nervous system)

when drug use is discontinued. There is also a need for increased frequency and amount of the substance to get the same effects as previously done. They concluded that substance dependent individuals show a distinctive pattern of repeated use that usually result in tolerance, withdrawal symptoms and compulsive drug taking.

The DEM-IV characterized substance dependence as the presence of at least three of the following by an individual.

1. **The person develops tolerance:** This refers to the need to use more of the substance by the individual to get the same effect, because the normal dose has less effect as time goes on.
2. **Withdrawal symptoms:** This occurs when a person stops or cuts down the use of a particular substance. There are signs of physical and psychological effect.
3. The person uses more of the substance or uses it for a longer time than intended.
4. There is persistent desire or unsuccessful effort to cut down or control substance abuse.
5. Much of the persons time is spent in efforts to obtain the substance or recover from its effects.
6. Substance use continues despite psychological or physical problems caused by the drug (e.g smoking despite the knowledge that it increases the risk for cancer and cardiovascular disease)
7. The person gives up or reduces participation in many activities e.g work, recreation, socializing because of the use of the substance (Shuckit, Dappen, Danko, Tripp and smith, 1990) opine that substance dependence is seen as one being addicted to one substance or the other when tolerance or withdrawal is present.

Generally, some people have argued that there is no difference between substance dependence and substance abuse. The writer is also in agreement that these two are of the same evil mission. Substance abuse is a less serious aspect of substance dependence. None of them should be encouraged, because substance abuse is a pace-setter for substance dependence.

The effects of substance abuse and dependence on the personality of individuals are too numerous to mention. They induce a lot of disorders on the individual. The ingestion of certain substances can lead to serious behavioral psychological and physiological signs and symptoms. The behavioral pattern of people using such drug is not usually stable. According to Chibuko (2006) the users of these substances can display up to triple personalities. They feel deprived, lonely and depressed. Their interests, values attitudes and self concept are thereby affected. Certain kinds of mental illnesses have been traced to have their origin from substance misuse.

Akunyili (2006) summarized the danger inherent in engaging in substance abuse as follow:

1. Increased tendency to commit crimes like armed robbery, burglary cultism and murder.
2. Untimely death through accident.
3. Suicidal tendency following frustration and depression.
4. Immoralities such as raping which leads to contracting of sexually transmitted diseases like HIV/AIDS
5. Increased rate of health related problems such as psychosis.
6. Reduced life expectancy through damaged body organs like liver lungs and kidneys.

There have always been reports of delinquent behaviour from drug dependent Victims. Such behaviours are prostitution, robbery, shop lifting and other crimes. These actions are in the

effort to purchase more drugs for use. These behaviours have affected the personality well being of many. Different substances have different effects on personality. In the course of this write up some common substances of abuse and dependence are discussed alongside with their personality disorders. They are alcohol, opioids, cocaine, cannabis and tobacco.

### **Alcohol**

In so many years now, alcohol has been used for recreational, medical and ceremonial purposes. The chemical compound called ethyl alcohol or ethanol is contained in beer, wine and other hard liquor. Alcohol acts on the central nervous system as a blocker of messages. It first affects the frontal lobes of the brain, the seat of inhibitions reasoning powers, memory and judgment. If consumption is continued, it affects the cerebellum, the seat of motor muscle control, balance and the five senses.(hearing, perceiving, seeing, tasting and touching) Finally, it affects the spinal cord and the brains medulla which govern involuntary functions such as breathing, heart rate and body temperature control. (Sarason and sarason 2005) Davidson et al (2002) are of the opinion that a person who has been drinking heavily for a number of years may also experience delirium. People who abuse alcohol or are dependent on it always have anxiety disorder. They suffer depression and impaired interpersonal relationships. They are always victims of separation and divorce, crime and occupational decline. (Ghodse and Maxwell 1990)

### **Opioids (Sedatives)**

Opioids is any natural or synthetic substance that acts on the body in a way that is similar to the actions derived from the opium puppy. The opioids consist of a number of substances like Morphine and Heroin. The opioids are sometimes called narcotics. Fairly enough, opioids and its derivatives were used to treat coughs, diarrhea, fever, epilepsy, melancholy, diabetes, skin ulcers, constipation and other ills. In 1804 Morphine which is the most important ingredient of opium was accepted by physicians as a painkiller of known reliability. Opioids was so useful that it was called God's own medicine (Brecher 1972).

Nevertheless, Heroin which has three to five times the potency of morphine can be injected, smoked or inhaled. Heroin addicts go through series of experiences. Sarason and Sarason (2005) noted that addicts describe the effect as extraordinary, pleasurable sensation, that is very similar to sexual organs. There is lingering state of opioids bliss. One young addict said in Sarason and Sarason (2005 p 460) after his first experience of heroin "why didn't they tell me that such wonderful feelings existed". Though these addicts have a lot of pleasure living with heroin the negative consequences however outweigh the temporary feelings of well-being by far.

Opioids have both sedative and analgesic effects. They cause mood changes, sleepiness, mental clouding, constipation and slowing of activity of the brains respiratory center. An overdose may cause death.

Krauz (1999) concluded in his research that opioid addicts have frequent severe psychological problems. They suffer from depression and their suicide rate is high.

### **Cocaine (Stimulant)**

Cocaine is a native drug in Andean regions of Peru and Bolivia in South Africa. The Indians of Peru and Bolivia used the leaves for a long time to increase endurance and reduce hunger

in order to cope with their economic problems then. Cocaine is used by doctors because of its anesthetic properties. It was also used to reduce pains. It was reported in Sarason & Sarason (2005) that a young neurologist, Sigmund Freud used cocaine to combat his depression. He also recommended it to his patients for the treating of depression and other conditions. Cocaine preparations can be swallowed, sniffed, smoked or injected. Cocaine taken by injection is associated with the highest levels of dependence.

Cocaine is the only drug known to be both a local anesthetic and a central nervous system stimulant. It puts the body in an emergency state in much the same way that a rush of adrenaline would, in a stressful stimulation. Cocaine affects at least three parts of the brain. The cerebral cortex, which governs reasoning and memory. The hypothalamus which controls appetite, body temperature, sleep and emotions such as fear and anger and the cerebellum which regulates motor activities such as walking and balance. High doses of the drug can result in a condition called "Cocaine psychosis" Cocaine expresses its stimulant effect on the nervous system- the increase of the activity of the transmitter agents: dopamine and noradrenalin.

After the intravenous injection, inhalation or sniffing, there is a feeling of pleasure and excitement. The 'crush' as it is called lasts for some seconds, then followed by a vivid state of enjoyment and exhilaration (euphoria) cocaine also increases sexual desire and produces feelings of self confidence, well being and indefatigability. (Ghodse and Maxwell 1990, Davison et al 2002, Sarason and Sarason 2005).

On the other hand, cocaine abuse and dependence has some adverse effects on the victims. The euphoric condition subsides after sometimes. This is usually replaced with anxiety, depression, irritability, insomnia and the craving for more cocaine. In several occasions, repeated intoxication has produced hallucinations. There is illusious hearing of voices by the person (calling his name). Light sparkle to impair visions (snow, lights). The feeling of insects in the skin (cocaine bugs). This makes the body surface to be damaged from incessant scratching. There is a paranoid condition in which the drug victims imagine pursuers and victimizers. This makes him to be unnecessarily violent suspecting and wounding anybody that comes his way. Generally, there is a psychological change on the person of the cocaine user. These changes are in the form of anxiety, impaired judgment and impaired social or occupational functioning. (Sarason and Sarason 2005).

## **Cannabis**

The cannabis plant has been harvested throughout history because of its fibers and oils. The Americans used the fibers for manufacturing of cloth and robe Marijuana is the product out of the dried leave and flowering tops of the plant. It is in this form that it is mostly used by people especially in the United States. The solidified resin called hashish (hash) can also be used to produce psychoactive effects.

Marijuana has-been used medicinally for years in U.S.A. Among the uses are reduction of anxiety and depression, treatment of various disorders such as nausea, chronic pain and multiple sclerosis; Marijuana became popular as a recreational drug partly because many people believe, it is not a risk when it is used mildly. Marijuana can be eaten or smoked. Smoking is the fastest way to feel the drug effects. It is also known as *Indian Hemp*. The major active ingredient in Marijuana is THC (Tetrahydro Cannabino).

Cannabis intoxication begins with high feeling, there is symptoms of inappropriate laughter and grandiosity, lethargy, impairment in short term memory, impaired judgment, distorted sensory perceptions, impaired motor performance and distortions in the perception. (They feel that time passes slowly. There are induced hallucinations and shifts in emotion. (Solowing, Stephens, Roffman, Babor, Kadden, Miller; Christranson, Mckee and Vendett, 2002, Zimmer and Morgan 1995).

## **Tobacco**

This is a plant that produces leaves which are smoked in cigarette, pipes etc. it is any of several plants belonging to the genus *Nicotina* of the nightshade family especially *tobaccum* which leaves are prepared for smoking, chewing or as snuff. In Native American cultures, tobacco leaves are smoked at rituals, ceremonies and important social events, they are also used as medicine for a number of ailments (Jean, 2012). It is therefore a licit drug, socially and legally accepted. It does not intoxicate, it is a stimulant. It is mostly sold in form of cigarette or snuff.

Tobacco smoking is dangerous to health. It is responsible for high death in the society. The World Health Organization (WHO) reported that about 4 million people died yearly world wide of tobacco related illnesses.

Various government and relevant agencies regularly warn that tobacco smoking is dangerous to the smoker's health. The government of Nigeria made it compulsory that every advertisement on tobacco carries a warning, that the Federal Ministry of Health warns that tobacco smokers are liable to die young.

Lanbo (2007) ascertained that studies have shown that half of the people that smoke tobacco today will eventually die of tobacco related causes. It is the major cause of lung cancer. This is why 31<sup>st</sup> of every May is declared as the world non-smoking day. There are about 4000 different chemical compounds in a stick of cigarette about 43 of them are cancer causing compounds and most of others are deadly poisons. Some of these substances are nicotine, carcinogens, carbon monoxide and tar (Kingery, Alfred and Coggeshall, 1999).

## **Related Personality Disorders**

It is now clear that substance dependence and abuse leaves a lot of damage on the personality of an individual who decides to be a victim. All substances, including the ones not discussed in this work supposedly have similar effects. The use of these substances in excess and dependence on them, have brought visible and invisible disorder on the personality of individuals. We can see such effects as paranoid, hallucination, cocaine bug, delirium, depression, anxiety and chronic pains being suffered by these addicts. Most times they become very irrelevant to the society. This is because their personalities have so much derailed that they can no longer function well, neither are they useful to their immediate relatives or the society as a whole. They are seen as liabilities. They have no personality to protect. All their interest and lives centre on how to possess and take more of the substance that has captured their interest and affection. There are several reported cases of these addicts and their malfunction. There have been report of divorce, inability to keep homes, occupational malfunction, impaired social relationships, psychosis and death. Majority of the drug users are single. They have high rate of marital problems. It is either their spouses run away from the home or there is separation. This indicates poor relationship with spouses.

Drug users have problems with neighbourhood. They are often seen as threats and menace to their immediate environments. They also have problem of unemployment. In one of the surveys reported by Ghodse and Maxwell (1990) 75% of drug addicts under study were unemployed and only 13% were in regular employment. Two thirds of those who were unemployed were out of work for more than a year and the majority (69%) were dependent on state benefits.

Drug abuse has a relationship with criminality. The study from London of 150 drug abusers reported by Ghodse and Maxwell (1990 p. 75) revealed that 57% were currently involved with the law, 40% were on bail and 17% were under police enquiry. During the period of drug use the total sample had 69 convictions per year between them. In the same study, the self reported criminal activity during the previous three months showed that 96% had been in illegal possession of drugs, 44% had obtained goods by false pretences, 41% had received stolen goods, 45% had stolen drugs. All these may be in attempt to secure more drugs for use. Ghodse and Maxwell (1990) stated that an Advisory council on the misuse of Drug has defined a problem drug user as a person who has physical, psychological, social or legal problems, associated with drug use. They went ahead to say that longitudinal studies of adolescent clearly show that illicit drug use has an adverse effect on education, work history and physical health. They are also of the opinion that criminal involvement is increased with drug use.

## **CONCLUSIONS**

Substance dependence and abuse has brought a lot of menace to the entire universe. The effects of these substances have damaged the personality of the victims. There has been little or no success on the treatment of these addicts. So the researchers recommended ways of prevention. She is of the opinion that preventive measures will go along way to save this serious situation in the time to come.

## **RECOMMENDATIONS: PREVENTIVE MEASURES**

There is need to continue to fight this menace that is worldwide. Most researchers have concentrated on the treatments of the addicts when the dice is already cast. It is important to make suggestions on prevention because prevention they say is better than cure. Few cases have been reported of being successful in the treatment of these addicts. The general experience gathered from substance abuse shows that discouraging people from the on-start to the abuse of drug is the best step to take.

Most of the prevention effects should be focused on adolescents. Adolescent period is a period of trials. Substance abuse in adulthood often follows trials made during teenage and earlier years. It is necessary to carry out programme in schools where we can find these adolescents Firstly, there should be a programme called Peer-Pressure resistance training carried out in schools by the Government. Students will be made to learn how to say no to peer pressure on smoking or taking of drugs. Evans et al (1989) suggested that films can be prepared particularly portraying teenagers resisting appeals from friends to try smoking or taking of drugs.

The idea that smoking is good by young people should be discouraged. Many adolescents believe that smoking is less harmful and makes for class. So it is good to establish the fact

that it is not a standard behaviour to smoke cigarettes, drink alcohol or use marijuana. This can be done through campaigns and seminars in schools.

There should be inoculation against mass media messages, where some programmes are carried out to counter any positive images of smokers. Programmes, seminars and talks should be organized for parents. This is because some adolescents imitate their parents who smoke and take drugs. These parents should be made to understand the risk of their actions towards their children.

It is believed that low self esteem and inability to cope with one stress or the other underlie the onset of smoking and drug use in young people. There should be programmes by school counselors to raise the self esteem of students. Teach them ways of alleviating stress and stressful situations instead of getting involved with drugs.

There should also be jingles and other information strategies about the harmful effects of smoking or of drug use on mass media. There should be warning labels on containers of alcoholic beverages and drugs. There should also be warning signs, captions and statements on strategies places where adolescents visit. Some of these places are the stadia. Amusement parks, fast food joints, banks, churches and traffic light points.

Generally, the dangers, risks and health problems involved in taking alcoholic drinks, smoking and illegal taking of drugs should be made known to these adolescents. Such diseases as cancer of the lungs, liver and kidney, psychosis and premature death should be x-rayed to the adolescents. This can be done through seminars, films and programmes organized by school Guidance counselor or sponsored by the Government. These efforts, if put up, will go a long way to help in preventing substance abuse and dependence among adolescents.

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