

Understanding addiction drug and the Abandonment Process

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Abstract:

Humans have always used drugs found in nature. After the advent of organic chemistry in the 19th century, the use of drugs increased. Currently, we are witnessing a large consumption of these products that modify the state of consciousness. A development in consumption that has accentuated research on drug addiction and dependence. Studies in physiology and clinical psychology affirm that all consumption does not necessarily lead to the installation of drug addiction.

In this paper, we will try to explain the mechanisms of drug addiction and dependence. In other words, how does drug addiction operate? Can anyone be addicted to drugs? What are the factors that would cause the use of drugs and that define an addicted subject? What are the solutions, in other words, how to get out of addiction? Or what means are available to an addict?

Among other things, this article deals with vulnerability and protective factors. We also propose lines of thought allowing the understanding of the process of stopping drug use. Finally, we present some psychotherapeutic methods.

(Key words):

Addiction drugs, vulnerability factors, protective factors, stopping consumption, psychotherapy.

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Introduction

The search for happiness, well-being and emotional stability has always been man's essential quest. To do this, he has, since the dawn of time, resorted to the use of plants and substances that could help him to feel better, to find sleep again, to be able to release his negative emotions or to promote artistic creation, for hallucinogenic or sleep herbs.

Before the advent of 19th century organic chemistry, which isolated active ingredients, humanity used drugs found in nature, first "spontaneous" (which can be harvested) and then "cultivated" (whose production is rationalized and developed). (Morel, 2019, p.13).

This was the case of cannabis leaves, opium then heroin used as antitussive and analgesic for the "heroic" (in the sense of energetic) treatment of tuberculosis, coca used for its stimulating virtues, cocaine used in the late 19th century as a local anesthetic in eye surgery or ENT, or more commonly tobacco, used in the 16th and 17th centuries to heal wounds, or alcohol used to disinfect.

Some of these products, which alter the state of consciousness, were and still are used in some countries for religious or initiatory purposes to come into contact with spirits. These products have certainly always been diverted from their medical or religious use, starting with alcohol, which has been used to get drunk since biblical times. Note that the word "addiction" which evokes a misuse and socially reprobate of these products did not appear until the end of the 19th century, thus showing an awareness by society of the dangers of these products and the appearance of a real social phenomenon. During the 20th century, the word "drug" was used more particularly to designate illicit substances.

However, the development of the use of these substances is a recent social phenomenon. While opium use, developed in the colonies of Asia, remained confidential in Europe during the first half of the 20th century, the use of cannabis and LSD by the psychedelic movement and young people During the decade 1970-1980, it was the use of heroin that developed. Since the 1980s, the phenomenon has exploded, especially among young people, with the use of cannabis, cocaine or ecstasy in all sectors of society, from the countryside to the city, from the "difficult" suburbs to the most chic neighbourhoods.

At the dawn of the 21st century, although alcohol remains the most commonly used drug, cannabis use and the diversification of the drugs used have become particularly worrying. Indeed, drug use worsened in the second half of the 20th century.

Since then, research on the mechanisms of addiction and addiction has continued to multiply. Indeed, it is still and always wise to work on this, because many people fall into the trap of addiction, thus following the illusion that they are not yet addicted and believe that they have a power over its substances.

However, it is true that not all drug use leads to the establishment of a drug addiction. Hence the need to establish criteria on which a diagnosis is based. Thus, the concepts of experimentation, use, abuse or harmful use and dependence are currently used to delineate the different types of consumption (ICD-10, 1997; APA, 2004). It is therefore out of the question to define the term 'toxicomania' without that of addiction.

1- Addiction drug (toxicomania) and addiction:

The term 'toxic' originated 'toxicomania', which refers to a situation where user 'appeals to artificial means, that is, 'toxic substances' or 'drugs', to deny any suffering to seek pleasure' (Olivenstein, 1980, p. 11). However, because the word mania had different meanings depending on where it was used and the theory underlying it, the World Health Organization

(OMS, 1974) started to recommend the use of ‘drug dependence’ (Vargas, Nunes & Vargas, 1993).

The World Health Organization (1974) uses “drug” to designate “any substance that, when introduced in the body, can change one or more body functions”. Then, to refer to the dependence of psychoactive substances, the WHO (World Health Organisation) uses drug dependence, defined as follows: “psychic and sometimes physical state, resulting from the interaction between a living organism and a drug” (OMS, 1974, p. 15)

Another word is also used to describe a problematic consumption of psychoactive substances : drug addiction. Addiction involves a character of ‘submission to an owner; in this case, the owner or master would be a drug’ (Vargas & al., 1993, P. 23) ; it originated in the Roman Republic, when it meant enslavement as the payment of a debt, servitude or submission. This way, addiction is understood as a relation of enslavement, therefore, of exclusiveness between the subject and the object, whether drug or any other object. Therefore, someone who eats excessivae food, for example, can be considered an addict. Drug addiction differs from *toxicomania*, as it would involve a special type of addiction, in which the consumed object is exclusively a drug (Vargas et al., 1993). The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association APA (APA, 2014, p. 481) also proposes a distinction between excess drug use, calling it “substance-related disorders,” and addictive disorders, which comprise “excessive behavior patterns” such as gambling addiction.

Also in 1930, Freud (1930/2011) understood the use of psychoactive substances to help cope with malaise, but which could cause more intense suffering. Currently, chemical dependency is understood as a mental and behavioral disorder, included in the International Classification of Diseases and Related Health Problems (ICD-10) (OMS, 1994) and DSM-V (APA, 2014).

In general, these manuals address not only the damage these substances can cause but also the consequences of lack of consumption in case of abstinence. Then, for some people from the scientific community, a drug can be defined by its chemical or physical properties or its mechanism of action (Santiago, 2017). This idea that chemical dependency is a disease does not occur without a consequence. To receive a treatment, a chemically dependent must be aware that he or she has a chronic disease and, therefore, needs a treatment. On the other hand, there is a challenge to make a chemically dependent morally responsible for his or her acts under the influence of a psychoactive substance, since he or she is a carrier of a chronic disease. When defining a pathology, the responsibility can be transferred exclusively to the individual, without considering social and cultural issues (Olivenstein, 1980). It means that, depending on how this theme is addressed, the drug and the individual can be separated. This way, the responsibility for consumption can be isolated in each case: sometimes of the individual, sometimes of the drug. An interaction of both is also possible, so that their particular aspects or even the drug properties are not disregarded. These aspects are important because they have an impact on the treatment that will be adopted. For professionals in the field of psychology who deal with therapy, it is important to learn more about how to address drug use.

Therefore, abuse of psychoactive substances can be addressed in different ways, using different terms to name it: toxicomania, chemical dependency, and drug addiction.

2- Evolution of the terminology of toxicomania :

Since the early decades of the twentieth century, there have been attempts to define the dependence on psychoactive substances (toxicomania); these attempts have been shown a

difficult process, as this ensemble of behavioural disorders involves complex biochemical, physiological and psychological mechanisms distinct from one substance to another.

An official, unitary definition for addiction has been trying to give since 1931 by the Commission on Narcotic Drugs, and later by World Health Organization (WHO), in 1957, 1964 and 1969. Etymologically, the word "toxicomania" comes from the Greek language from toxikon (poison) and mania (madness); therefore "madness of poison". First official terms assigned to the toxicomania refer to habituation and addiction. The term "habituation" refers to the repeated use of a drug for a psychological desire (without the signs of tolerance or abstinence).

The second notion suggests a vice, a bad habit; however, etymologically, the term addiction comes from Latin: addicere in the Roman law used to designate the relationship between two people in a debtor-creditor relationship; addictus was a slave coming from a debtor.

In 1964, the WHO Expert Committee on Drug Dependence has replaced the terms habituation and addiction with "drug dependence", redefined in 1969. According to WHO (1964, 1969), the drug dependence is a state psychic and sometimes also physical, resulting from the interaction between an organism and a drug, condition characterized by behavioural and other responses that always include the compulsion to take the drug in a continuously or periodically way to experience its psychic effects, and sometimes to prevent the discomfort given by its absence. Tolerance may or may not be present. In this definition, the compulsive use of a drug for its psychological effects is the only feature, both necessary and sufficient to define the drug addiction. Physical dependence and tolerance may be present, but none is either necessary or sufficient in itself to define the drug addiction. This definition makes psychological dependence the only condition for drug dependence, cancelling the physical dependence as necessary or sufficient.

The diagnostic system for mental disorders published in 1994 (DSM IV) by the American Psychiatric Association has used the term "substance dependence", for the general behavioural syndrome produced by repeated use of substances. Thus, DSM IV has defined and established distinct diagnostic criteria for dependence and abuse.

Substance dependence was defined as a set of symptoms that indicate continued use of a substance despite the major problems generated by it. Withdrawal symptoms and tolerance may be present, but not a sine qua non for the diagnosis of substance dependence. It is a way of self administration of a substance that typically causes tolerance, withdrawal and compulsive consumption behaviour. According to DSM IV, the abuse is less severe diagnostic and involves a series of adverse events caused by repeated use of a substance which does not meet the criteria for substance dependence.

DSM 5 (in force from May 2013) does not distinctly conceptualize anymore the abuse and dependence, but puts them together in what it calls "substance use disorder". DSM 5 combines abuse and dependence into a single disorder of graded clinical severity and requires two criteria to make a diagnosis. The DSM-IV diagnosis of substance dependence requires the presence of as few as 3 of 7 symptoms possible (17- 22). This modification has been made as there is no evidence of a distinction between abuse and dependence. Specifically, DSM 5 refers to "substance use and addictive disorders", including both "substance use disorder" and addictions that are not induced by substances (eg. gambling disorder, formerly called impulse control disorders). In DSM 5 are established diagnostic criteria for: use disorder, intoxication and withdrawal status and on various psychoactive substances (Baconi & al., 2015, pp. 18-33)

After having defined the two key concepts of this article: drug addiction and drug dependence, in particular in the DSM IV and V, we are going to approach in what follows the factors of vulnerability and protection making it possible to identify a drug addict subject. It would therefore be a question, in this article, of explaining the mechanisms of drug addiction. In other words, how does drug addiction work? Can anyone be addicted to drugs? What are the factors that would be at the root of drug use and which define a drug addict? What are the solutions, in other words, how to get out of addiction? Or what are the means available to a drug addict?

What should be taken into account in the question of substance abuse are these three dimensions: first, the gender and quality of substances, second, the individual in his physiological, psychological or behavioural complexity, and finally the socio-cultural environment in which it is found.

As for the first parameter, we are currently witnessing an unparalleled diversity of methods of consumption, which has had serious psychological and social consequences on public health. It is therefore in our interest to study these issues from scratch. In other words, we will try to identify in this article an overall pattern of profiles of drug addicts. We do not claim, however, to provide complete answers to the questions asked, but we shall present, all the same, some main knowledge that one has of the factors of vulnerability and resilience or protections to the development of addictive behaviors to drugs or substances and finally we propose avenues of reflection around the help that a drug addict can have (of oneself and his entourage).

3- Being vulnerable to substance abuse:

Today, researchers from a variety of disciplines have been able to identify some vulnerabilities related to substance abuse. However, we specify, that there are many other factors that could lead to addiction. It is therefore impossible to isolate, in a given subject, a single risk factor that would be the only one responsible for the occurrence of an addiction.

We gather, drawing on our various scientific readings and our own experience as a group therapist member at the addiction department of Sidi chahmi Oran during the training of clinical psychology students of the University of Mostaganem, between 2011 and 2018, the following points:

First, as already mentioned, there are risk factors that are directly related to the psychotropic substances or products themselves, which is within the legal framework of the products and their availability, the addictive power of the substances, of which we know that some of them produce, more quickly than others, a state of addiction causing health, psychological and social complications (Reynaud, Bailly, Venisse, 2005).

Finally, we find personality disorders, such as antisocial personality, borderline personality, narcissistic personality, but also schizophrenia, which constitute factors of vulnerability to the establishment of dependence (Verheul, 2001; De Graaf, Bijl et al., 2004).

Added to this is the nature of the education that the child may have had. Indeed, adult drug addicts have often been abused children, or too spoiled, unable to assume responsibility, incapable of making decisions, lacking in self-confidence. Are often anxious, shy, passive people. They thus find refuge in the addiction which would have a psychological function of support.

The third vulnerability factor concerns the socio-cultural environment of the drug addict. Studies by Booth and Sullivan (2002) show that sociocultural factors, such as immigration, acculturation, marginalization, and a precarious social situation, can influence substance use. We will find, First, the family. Indeed, the lack of communication especially with the parents, the difficulty of finding a space in the family, of positioning oneself in relation to other members and of identifying.

According to Varescon (2010), two types of families generate drug addiction: families with a too flexible structure and families with a too rigid structure. By structure, we mean the rules that govern the relationships between individuals. An overly flexible structure is one where there is no clear boundary between what is acceptable and what is not. Conversely, a structure that is too rigid is a structure where prohibitions are excessive and omnipresent. The common point between these two family models is above all the irrational, even delusional, nature of the relationship, the child being chronically unable to predict the behavior of his parents or to adapt to external social behavior. (Varescon, 2010, pp. 441-444).

Some researchers speak of social isolation from the family, family dysfunction, lack of landmarks, unawareness of parents, absence of the father (Varescon), existence and intensity of conflicts, etc. Varescon adds violence whether sexual or not. The parents' attitude towards psychoactive substances can also play an inciting role and favor the occurrence of consumption or dependence. The risk is double when it comes to parents who are themselves drug addicts, where there is easy access to psychotropic substances (family alcoholism, Varescon), the early exposure of the child to these behaviors of substance use (early taking psychotropic drugs). On the other hand, Farges talks about the frequency of mental disorders in the parents of individuals with substance abuse or dependence. (Farges, 2000).

Secondly, we find the group of peers or the close entourage of the child or adolescent especially. The general population knows that the peer group plays an important role in the initiation and consumption of psychoactive substances. Currently in school and high school, children and adolescents are introduced to drugs. Indeed, the need especially of the teenager to be part of a community which seems to be a kind of social and psychological recognition, the grouping where we share everything, a need for reciprocity around the product. The peer group can play a reinforcing role insofar as the adolescent who uses psychoactive substances tends to choose a group within which substances circulate (he can easily obtain them). It is therefore clear, and as we have already mentioned above, that adolescence appears to be the most favorable age for consumption and dependence, the younger the adolescent, the more vulnerable he is. Especially if his social background is disadvantaged. Indeed, many studies have shown that the more disadvantaged the social environment, the greater the risk of becoming a drug addict. (Varescon, 2010)

Added to all this are everyday events that cause stress. The study of the role of stress in addictions is partly based on biological work centered on the physiological reaction of an organism subjected to stress (Goeders, 2003). Indeed, studies on animal models have shown the process of reinforcement by self-administration of drugs, in the face of stressful situations (Piazza, Le Moal, 1998). A study, more centered on the individual, puts forward the thesis of self-medication and appeasement (Khantzian, 1985). According to this hypothesis, the individual consumes substances in order to cope with a state of tension associated with situations experienced as stressful and/or with symptoms. Whatever the theories underlying the link between stress and addictions, all of the studies consider that the impact of stressful life events contributes to the development and maintenance of substance use. In addition, it has been shown that, conversely, addiction increases the level of stress. The subjects are then caught in a vicious circle, where the initial consumption, having as its objective the appeasement of a state of internal tension, finally leads to other consumption (Vélée, 2005; Varescon, 2006)

Stress is a well-known risk factor in the development of addiction and in addiction relapse vulnerability. A series of population-based and epidemiological studies have identified specific stressors and individual-level variables that are predictive of substance use and abuse. Preclinical research also shows that stress exposure enhances drug self-administration and reinstates drug seeking in drug-experienced animals. The deleterious effects of early life stress, child maltreatment, and accumulated adversity on alterations in the corticotropin releasing factor and hypothalamic-pituitary-adrenal axis (CRF/HPA), the extrahypothalamic CRF, the autonomic arousal, and the central noradrenergic systems are also presented. The effects of these alterations on the corticostriatal-limbic motivational, learning, and adaptation systems that include mesolimbic dopamine, glutamate, and gamma-amino-butyric acid (GABA) pathways are discussed as the underlying pathophysiology associated with stress-related risk of addiction. The effects of regular and chronic drug use on alterations in these stress and motivational systems are also reviewed, with specific attention to the impact of these adaptations on stress regulation, impulse control, and perpetuation of compulsive drug seeking and relapse susceptibility. Finally, research gaps in furthering our understanding of the association between stress and addiction are presented, with the hope that addressing these unanswered questions will significantly influence new prevention and treatment strategies to address vulnerability to addiction.

In addition to stress, exceptionally dangerous events can increase the risk of becoming a drug addict. These are mostly traumatic events. Several studies have shown, in fact, that subjects suffering from post-traumatic stress PTSD and other syndromes, related to a traumatic event suffered during childhood, have a high probability of developing drug addiction. In 2003, Medrano et al attempted to identify the degree and type of childhood maltreatment, psychological distress and substance abuse (Medrano, Hatch et al., 2003). The severity of forms of abuse during childhood is directly associated with psychological distress, which may thus explain the repeated use of substances to reduce this state of distress, especially in women (Comfort, Sockloff et al., 2003; Kanterdahl, Burge, Kellog, 2005; Tucker, D'Amico et al., 2005). This is how the link between the state of diagnosed post-traumatic stress, the search for appeasement of the malaise and the problematic consumption of substances has been clearly highlighted.

4- Preventing Addiction drug/ Protective Factors:

Protective factors are characteristics or conditions that act as risk moderators, they reduce the negative effects associated with risk factors and help young people better cope with their situation. Protective factors are cumulative and interactive. However, they are not necessarily and always the opposite of risk factors; for example, the negative effects of growing up in a poor environment can be mitigated by the involvement, participation and support of parents. The first protective factor is the family. Appropriate parenting practices are an important protective factor against behavioral problems such as delinquency and drug use. In particular, educate children in such a way as to involve them within their family, in addition to the quality of the links.

Indeed, having the right to participate in the family develops in the child the feeling that he counts for the family group, that he is an essential unit. Then, once drug addiction is there, the attitude of the family is decisive, benefiting from family support, encouragement from parents or another family member, being able to express their emotions, help the drug addict subject to move forward. It would also be interesting to integrate families into neighborhood life, the involvement of families in extracurricular and school activities, and the availability of resources and services are also considered protective factors.

It is therefore mandatory to consider these families, which present risk factors for delinquency in young people, as a complex reality, influenced by different risk factors. Therefore, the

concept of the so-called family at risk must be understood as a whole. Finally, it should not be forgotten that the family is located at the junction of several other areas of influence: the group of friends, the school and the community.

In short, the family is a key player in the development of children and adolescents. It is therefore important to act with those who are at risk, by focusing on protective factors and offering training to parents and young people, family therapy, integrated treatment plans or other effective prevention strategies. and reducing juvenile delinquency

In addition to the family, health professionals can help these young drug addicts to rebuild themselves and to draw up a life project, to get involved in the family circle and in the activities of the social group, first inside of the different care structures, and then once outside by providing local work. This will increase the sense of belonging to society and more adherence to its values; demonstrate attachment to a sober, non-using adult role model, show examples of people who have already been able to stop using.

Support psychotherapy emphasizes individual psychological qualities, such as self-esteem, confidence, knowledge and fulfillment of one's areas of excellence, the acquisition of social skills, the ability to choose and to become autonomous, good problem-solving skills, effective coping strategies (Morel, 2004; Varescon 2005; Reynaud, Bailly et al., 2005). The quality of emotional competence, which accounts for the way in which individuals identify, understand, express and regulate their emotions, is also a powerful bulwark against addiction

Finally, being able to identify protective factors is fully in line with the study of the determinants of resilience. Resilience resulting from the interaction of an individual's resources with the environment. It is, therefore, essential to help a drug addict to identify the traits of his personality, the only possible way is to study the resources of these people, in order to help them face difficult situations, to work more on individual factors "resilience", i.e. tapping into the background of the person, if the person is ready, they will show a more guilt-inducing discourse (becoming aware, positioning themselves as a subject), if on the other hand, they are not isn't yet, she's going to focus on her own struggles to chart a course "(I'm not going to find a job, my friends are consuming all the time, my workplace is supportive, my family won't accept me, etc.)"

5- Breaking drugs addiction:

To stop using drugs, you must first have willpower. It is therefore very difficult, if not impossible, to convince an addict to stop consumption if he is still in the first phase "that of pleasure". Some drug addicts do not know they have become addicted, because they think they are able to stop using when they want. To reach this stage, many drug addicts must have a click, that is to say, be aware of the harmful effects of drugs on their physical or mental health, through the death of a friend who uses, the illness of loved one, the permanent departure of a partner, filing for divorce, losing your job, having an accident, having a problem with the law, seeing your own child abusing substances, having financial problems, being refused those around you, feeling guilty, being ashamed, etc.). Sometimes, hospitalization and psychological care, the sharing of experience during group psychotherapy sessions help to become aware and not to relapse.

Getting out of drug addiction requires the activation of the subject's personal resources as well as the involvement of those around him, especially for a young subject. However, this is apparently not necessarily enough to give up consumption. Currently, more and more researchers are interested in the processes allowing a good understanding of the process of abandonment. Among these, I cite Vavassori (2002) and Jemmeat (2001) who study the different methods of getting out of drug addiction. Indeed, Vavassori exposes in an interesting article (Vavassori; Harrati & Favard, 2003, pp. 83-101), the different explanatory theories of the process of stopping the consumption of substances.

First, with regard to sociological theories, he specifies that they have a certain interest in highlighting what they call "Maturing out", that is to say "Healing". by aging (Biernacki, 1986). these start from the premise that all drug addicts stop using with age, that time plays in favor of the abandonment of consumption.

As for the psycho-sociological models, they attempt to expose the individual factors intervening in the cessation of drug addiction Brisson (2000), based on French and Quebec works, describe the process of recovery, a term which has its source in the field of mental health. For Brisson (2000), the recovery process is to be understood as part of the functioning of rehabilitation, and refers to a functioning of transformation and self-discovery, of reconstruction following a health problem (Anthony, 1993; Deegan, 1988). It is the resumption of control over the disease and over one's life, the "re-appropriation of the power to act". Indeed, the dependent subject is indeed in this state where the dependence and the product take control of his life and impose their law.

According to Vavassori, these studies illustrate the recovery process by modeling the exit from drug addiction and propose temporal indicators of the state of consumption, essential benchmarks in the establishment of psychotherapeutic follow-up.

Vavassori also presents the psychiatric approach based in particular on the DSM classifications, in particular in the DSM-IV. In the latter, the evolution of addiction is described as variable, but generally chronic, which can last for years with periods of exacerbation and partial or complete remission (Valleur, Matysiak, 2002). The DSM-IV classification proposes to account for the evolution and diversity over time of addictive behaviors and their remissions.

Finally, the psychopathological approach which, according to this author, aims to provide a psychological interpretation and an organized theoretical representation of phenomena, and this regardless of the reference paradigm (cognitive, behavioral, psychoanalytical, etc.) (Pedinielli, Rouan, 2000). However, few works in psychopathology are directly interested in the study of addiction cessation processes. this is probably induced by the use of neurobiological definitions (reward circuit) of addiction that do not differentiate physical dependence and psychological dependence. The latter is mainly considered as the expression of physical dependence and neurobiological processes (Reynaud, Parquet & Lagrue, 2000). However, the psychopathological approach makes it possible to consider addiction from different angles, to reintroduce psychic addiction as an autonomous entity, and thus to broaden the understanding of the process of attrition that Vavassori tries to apply.

According to Vavassori, the differences that appear in the descriptive and explanatory models of the cessation of addiction, reside mainly in the definitions of addiction, which have a direct impact on the care. However, the issue of getting out of drug addiction is not fully measured by the yardstick of getting out of physical dependence. (Vavassori, 2002)

The work of Vavassori (2002) apprehends pathological dependence as a system constituted by both psychic dependence and physical dependence and as autonomous. It remains to be determined which of the two is primary and how they interact with each other.

Vavassori and with reference to the work of Jeammet (2001), defends the idea of the psychopathological diversity of drug addicts. As a result, addiction does not determine the cessation of consumption. Indeed, for this author, the presence of psychic arrangements of dependence, prior to physical dependence. For Vavassori, psychic dependence is primary and is reactivated or relayed secondarily by physical dependence, leading to a chain reaction of psychological disorders. These two functionings are autonomous: the primary psychic dependence results from a conjunction of factors contributing to adjustments to the dependence. Physical dependence only occurs from the consumption of the product. Both interact, reactivate each other and lead to cyclic functioning.

6- Therapeutic treatment of addiction

6.1- Substitution treatments

The study of addictive problems or dependence on psychoactive substances (drugs, alcohol), leads us to ask two questions: how can the dependent subject stop his consumption and what are the means to support him in this process?

Many solutions have been provided by pharmacological studies to address the problems of physical dependence, in particular through the development of substitution treatments, such as Methadone, Subutex® (Buprenorphine), LAAM (L-alpha-acetyl- methadol) presenting a double principle (Morel et al., 1997):

- Shift consumption from a fast-acting and intense product (heroin) to a slower-acting and less psychomodifying product (methadone or subutex). The use of this medication induces a detachment that is both physiological from the problematic product, and social since it removes the subject from the infernal circle of the search for money (thefts), from the environment of consumption, where time does not turn more than around the product.
- Shift the mode of regulation of consumption from the subject to the prescriber, thus opening an interval where support and assistance measures are put in place. Places of distribution of substitution treatments are not only there as "shops", they are also transitive places aimed at re-establishing a social bond, a social hook.

The principle of substitution treatment consists in accepting an addiction to a psychoactive substance while maintaining a quality of life and a feeling of freedom for the subject, sufficient for him to consider himself and be considered normal (Catteeuw, Sztulman, 1999; Valeur, Matysiak, 2002)

This treatment has limits, in fact, treatment compliance is often difficult to strictly respect and leads to relapses leading to new drug use or even treatment abandonment (Pelletier & Pérodeau, 1995).

Substitutive care is therefore essential in the care system, but the limits adopted support the need to offer the patient psychological support and psychotherapeutic aid adapted to internal (psychodynamic) and external (environment) failures. The care of a dependent subject must be introduced above all by analyzing the position of the subject in relation to his consumption (awareness, real desire to stop, attempts to control consumption, existence of a possible involvement in a treatment, the course of the subject of a maintenance in the more or less long term of a stop) (Vavassori, 2002). Added to this is the development of the outbuilding (Jeammet, 2000; Vavassori, 2002). Indeed, the identification of a particular arrangement makes it possible to target the clinician's action on the resources and the psychic failures of the subject.

6.2- Addiction Psychotherapy:

The psychotherapeutic management of a drug addict subject is often included in a "therapeutic chain", according to Vavassori's expression, including withdrawal – aftercare, substitution treatment.

We specify that there is currently, in the four corners of the world, a great diversity in the psychotherapeutic management of drug addicts. This confronts therapists with the difficulty of getting drug addicts to adhere to a care approach, but also of finding a therapeutic approach that is well suited to their situation.

Support can be individual, in psychotherapeutic form inspired by psychoanalysis. However, it does not represent an ideal of psychological care, but takes into account the subjectivity of the subject. Addiction in this context is above all considered as the symptomatic translation of a psychic conflict between the different authorities. The institutional context is often difficult for the establishment of psychological help, since the subject first presents his request to an

institution before addressing it to the therapist. This then leads to an additional step in the request for help.

The psychoanalytical method, by maintaining the singularity of the subject at the center of the therapeutic process, allows the control of the homogenization of the care imposed by the institutional context. The care is therefore set up for a long period, not stopping when drug use is stopped, especially if we consider that the development of dependence is permanent but variable according to a dialectic between the internal and the external and therefore reacting to care.

Nevertheless, this psychotherapeutic approach often has limits, especially when faced with the inability of the drug addict subject to elaborate any problem. In addition, the transference context remains difficult and long to establish and frequently leads to irregularity in consultations and sometimes even abandonment. In this context, care is problematic, but when it works, it is effective. (Vavassori, Harrati & Favard, 2003)

Other possibilities, such as group therapy, are available to drug addicts, young or old, even if they remain far from ideal. Group therapy appears as one of the alternatives in the care of dependent subjects. Even if the transfer effects tend to be diluted in the group, it gives the subject the possibility of blending into the group (Pagés-Berthier, Farges, 2000).

The danger in this context is to reinforce the identity belonging to a group, which most often the dependent subject tries to flee when he decides to stop his consumption. Several group therapies are possible, such as non-directive talk groups and more directive behaviorist-inspired group therapies, based on the expression of feelings. The work is not based on the interpretation of the content of the speech but on the intensity with which the message is delivered. (Vavassori, Harrati & Favard, 2003)

Clinical Case

Anis (fictitious name) is 20 years old. He is from Oran. His parents divorced when he was only 2 years old. His mother works in a state service. Her father remarried but did not have children from his second marriage. Anis currently lives with her mother, sister, and twin brother.

He stopped his studies when he was only in the first year of the middle cycle. From a very young age, he worked as a cameraman, traveling to events, sometimes accompanied by his mother who shares this passion with her.

At 13 years old, anis already begins the consumption of psychotropic drugs. Currently, he is following a therapeutic (medical and psychological) protocol in a regional addiction center.

I met Anis as part of the interviews I had as a teacher-internship supervisor responsible for clinical psychology students at the University of Mostaganem, which took place at the specialized establishment in psychiatry sidi chami in Oran (ouest from algeria)

I then had individual interviews with Anis, which took place within the addiction service. The interviews were therapeutic (supportive psychotherapy) and anis was favorable for the use of these interviews in research.

We had a total of 5 individual interviews with Anis, in addition to 2 group sessions (group dynamics).

During the interview, Anis was shy, he expected more questions from us than answers. He spoke softly and with a low voice, he looked more anxious than he was in a group. Then, as soon as the first session ended, he became increasingly free and relaxed.

Anamnesis:

As we have just specified above, Anis's parents were divorced since his first childhood. This divorce of his parents may have been a real source of anguish for him. This separation has indeed left significant after-effects on him. first, a permanent feeling of being rejected by his father. This absence caused him emotional difficulties. We were able to identify emotions of anger, sadness, depression, a lack of self-esteem as well as an inability to verbalize. In addition to a strong feeling of abandonment, an anxiety. These factors constitute a favorable ground for the installation of a psychological fragility that will prepare Anis to easily fall into the trap of drugs (very early at 13 years). Anis's emotional suffering still persists today. He is not emotionally secure.

Indeed, according to Roussillon (2015), "The early internalization of insecure primary objects results in the development of significant attachment disorders, preventing the child from establishing a safe and stable relationship with the individuals who make up his environment. Parental images and the different identification supports cannot ensure a sense of continuity and coherence. The child can then enter into an active search for support, making the protagonists interchangeable in a narcissistic investment of the relationship ». (Roussillon, 2015).

This groundbreaking research can turn towards alcohol or drug addiction as in the case of Anis.

Anis's father was, however, absent. His absence was both physical and symbolic. He acts as if his children did not exist, leaving all the responsibilities and obligations to their mother: " *A father? A father who was never present for us when we needed him, we don't need him anymore ...it's my mother who has always taken care of us, she worked day and night for us, we always stayed home alone while she left to work.* »

Anis blames his father for this abandonment. For him, he is the only one responsible for their current situation, notably the incarceration of his twin brother: "if my father were present, my brother would not be in prison, he is a very kind boy!"

this speech reveals the existence of an unconscious feeling of guilt about his brother's incarceration. Her brother was incarcerated because of drugs. We are witnessing a shift in guilt on the father.

Moreover, by maintaining an insecure bond, Anis was overcome by the emotional suffering caused by his father's absence; his social relationships are more precarious today, marked by disappointment and fear of abandonment. Which generated an enormous emotional dependence on others, especially the mother.

The feeling of being abandoned could impact self-esteem at Anis, leaving a void that is difficult to fill.

In addition to psychological disorders such as depression, anxiety, Anis therefore tries to compensate for this paternal lack in another way, by being a drug addict, engaging in several forms of drugs.

Consumption:

Anis had therefore a difficult childhood, deficient, but also a adolescence very marked by this feeling of being abandoned, left to his own devices. Moreover, he grew up in a popular

neighborhood where obtaining drugs was easy: *«I started smoking at 13 years old, then I immediately followed up with Cannabis (Haschich), at 16 years old, I switched to Lyrica®, Kietyl®, L'ectasy®, I also consume alcohol, beer, vodka, red wine »*

Consumption will only increase when Anis leaves his neighborhood to go to another more chic one according to his words: *« at 18 years old, we moved, but with everyone, so I found myself with the same people, we met very often in groups, girls and boys, we usually had all kinds of drugs, students came to our house to get some, in (Haouch) an Arab house[†]. I spent nights outside, two, three nights, even 15 days without going home, at a club, or in night club, I spent a lot of money, all the money I earned. »*

It is obvious that the social environment from which Anis comes has favored the use of very early consumption but also its dependence: *"what pushed me to consume was the void, and the outings with friends."*

The study realised by Oliva Jorge ; Conceição Ferreira ; Ferreira e Ferreira ; Kawachi ; Zarzar and Pordeus (2018), *reveals that the Religious activities and sports/cultural-based friendship seem to demonstrate a protective effect against lifetime illicit drug use among adolescents in comparison with school-based friendships. Conversely, gender heterogeneity within groups increased the chances of adolescents reporting illicit drug use. Adolescents who lived in less vulnerable areas had greater odds of drug use in comparison with those living in more vulnerable areas. »*

Anis suffers from withdrawal effects like anxiety. Study realised by Richert ; Andeber and Dahlberg (2020), confirms that stress levels increase among young people who use drugs. *« Multivariate logistic regression analyses demonstrated significant associations between severity of drug use problems and anxiety, concentration difficulties, aggression, hallucinations and mental stress caused by experiences of trauma. »*

He also has insomnia, visual hallucinations with memory disorders. *'when I consume, I feel very well, I am happy, I am less shy, I can talk easily with anyone, but in the lack, I become nervous, angry, I even had violent arguments with people, I was even stabbed in the stomach, I assaulted a girl in the street, I stole his mobile phone to get drugs».*

Anis has developed behavioral disorders such as theft, physical and verbal aggression,.

Many studies reveals a correlation between absent parents and drug use as well as the appearance of behavioral disorders in their children.

The study realised by Mathibela and Mmamoagi Skhosona (2020) confirm that : *« The causes of substance abuse among adolescents cannot be singled down to one cause. Substance abuse is associated with different factors including peer pressure, boredom, low self-esteem, experimenting, economic factors, and poor performance academically. On the other hand, poor parent-adolescent communication, compounded by external forces such as genetic vulnerability, environmental stressors, social pressures, individual personality characteristics, and psychiatric problems, may contribute to the adolescent misusing substances. Furthermore, the literature review reveals that parenting styles that include low parental involvement, inconsistent discipline, and poor monitoring of adolescents can lead to teens having mood disorders and depression. It is therefore an undisputed fact that having a good relationship and more open communication with the adolescent will yield more positive results. In other*

[†]Traditional and popular Arab type of housing

words, the quality of the parent-adolescents relationship—whether good and open—or bad and closed—may lead to adolescent substance use disorder. » (Mathibela ; Mmamoagi Skhosana, 2020, pp. DOI: 10.5772/intechopen.93114)

«I buy Lyrica® and the Rock 25® and the Coke, and I sell them to other consumers; when I take Coke I feel virile ».

Studies have, on the contrary, shown that « drugs may have negative effects on male libido, erection, ejaculation and orgasm, as well as on fertility, and research on these effects is increasing. » (Wilson, 1991).

In the event that he is unable to get drugs, Anis prefers to stay at home to avoid conflicts with others : *‘I had a lot of problems with others, I had to break the window of a neighboring merchant because he disrespected my sister, he filed a complaint against me, then he withdrew, so I decided to isolate myself when I have the lack, I don’t want to have any more worries, I can’t control myself »*

Anis’s aggression is not only directed towards others, but also goes against oneself, going so far as to attempt suicide ‘my mother accused me of stealing it, I couldn’t stand that, I swallowed bleach, they took me to the hospital, then she learned that it was my cousin .. I also tore my veins with a razor blade, I was not conscious, I had consumed l’Ecstasy®, I lost all my money, that’s why I tried to end my life, they stitched my hand. ”

Anis is currently under psychiatric treatment (Depretine®, Laroxyl®, Tegretol®). In addition to CBT, relaxation, as well as speech groups.

Anis’s mother supports him in his approach, she accompanies him to the addiction rehabilitation center.

« I resumed my life from before, I found myself again at the dining table with my mother and my sister, I regained self-confidence, but then I relapsed again, when I interrupted my:visits to the center, I began to miss my appointments with the psychologist, I resumed the consumption of Lyrica, alcohol, for 15 days, I thought about my work, I was trembling with my hands, I had to take the camera in my hands, it wasn’t possible with the lack. I therefore abandoned my treatment, I stopped the medication that my doctor had prescribed for me, I had sleep disorders, anxiety, anger, all that came back to me, then I had a huge argument at home with my mother, my sister, and my brother, the evening on the way back, I was not well, I had a state of enormous fatigue, they took me to the hospital, they injected me with a serum, and then oxygen, in fact I am asthmatic ».

The cause of the relapse is the peer group :*“I was offered Haschich and alcohol, I didn’t say no”.*

Anis is very dependent. Currently, Anis at the center thanks to the permanent and unwavering support of his mother he is currently in treatment.

Conclusion

Drug addiction or drug use is becoming a major mental health issue in the world today. Indeed, understanding the mechanisms of drug addiction requires the study of the vulnerability and protection factors of the drug addict, as well as that of the process of stopping consumption.

Moreover, the fight against drug addiction and drug consumption requires the involvement of several social actors, first of all, the family, because it is the core of the child's education, through the access of the child to the right to participate in the family. Each family has a different way of doing things, it is up to the parents to know the personal resources of their children and to help them develop the sense of communication and to warn them against the risks of consumption. Next, the school, through awareness raising and the sanction measures that are necessary and allow the child attending school to develop a sense of responsibility towards his family, the institution which trains him and towards vis-à-vis society as a whole (the sense of citizenship). And finally, all the political powers and the various state institutions that must mobilize to reduce access to these substances.

In the end, we insist on the need to resort to therapy in drug addiction and addictions. Whether it is psychotherapy or chemotherapy, studies on addiction, observed as a diachronic functioning, consider reduction or cessation as the main consequence of therapeutic management.

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