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A Clinical Case of Opioid Use Disorder in a Young Adult Male

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***Abstract*:** This case examines the complicated clinical picture of Mr. TS, a 21-year-old man diagnosed with Opioid Use Disorder (OUD), coded under ICD-10-CM code F11.20. His use of substances started during adolescence and escalated to severe dependency on several substances, such as heroin and alcohol. Contributing factors are emotional instability, dysfunctional family relationships, and a history of aggressive and self-injurious behavior, especially during withdrawal and stress. Notwithstanding several attempts at rehabilitation, Mr. TS still persists with relapse, indicating the necessity for a holistic, tailor-made treatment regimen. The recommended treatment program merges evidence-based pharmacotherapy in the form of methadone or buprenorphine with psychological therapy such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and psychodynamic therapy. Family therapy and psychoeducation have been included in order to handle relational difficulties as well as enhance sustainable recovery. Research highlights the need for long-term pharmacological treatment, decreased stigma, and enhanced access to care. Although his prognosis is guarded, supportive family and finances provide protective factors. This case highlights the imperative need for a comprehensive, stigma-free, and interdisciplinary treatment model to treat the biological, psychological, and social aspects of OUD.

Keywords: *Aggressive behaviour, Opioid Use Disorder, Substance dependence*

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1. Introduction

Opioid use disorder (OUD), which is coded as F11.20 in the ICD-10-CM, refers to a chronic opioid use that results in clinically significant impairment or distress. The impairment may manifest as withdrawal from opioids, enhanced tolerance, and withdrawal when stopping the drug. OUD can vary from dependence on opioids to addiction.

Mr. TS, a 21-year-old male, is being rehabilitated at Sai Kripa Foundation for substance abuse and violent behavior. He belongs to a high-income family and had completed his 12th grade before joining a Bachelor's course in Journalism and Mass Communication, which he left due to increasing substance abuse. His drug use started during 9th grade with cigarettes, and eventually, he became addicted to various drugs, such as weed, alcohol, heroin, and smack. He stated that his drug use started with curiosity and recreation, but soon it grew, particularly while in university, and resulted in multiple attempts at rehabilitation. His past history of aggression, especially when he has cravings, and self-injurious behavior as a manipulative tactic to attract attention from his family are important features of his clinical presentation. Despite repeated treatment efforts at rehab centres, his drug use has gone on to further ruin his physical and mental health, particularly following a 2022 breakup with his girlfriend. His relations with his family are said to be peaceful with his father, although he holds strained relations with his mother and younger brother.

He shows irresponsible behavior towards his family and attempts to gain attention by playing around with his emotional environment. He has an overall anxious and irritable mood, which is improved only after substance consumption. Currently, Mr. TS continues treatment at the rehabilitation center and is in a declining condition. His condition is marked by severe dependence on substances, withdrawal symptoms, and aggressive behavior, with a noted pattern of family conflicts and an inability to manage stress effectively.

1.1 Provisional diagnosis

F11.20 Opioid Use Disorder, Severe

2. Suggested treatment

Treatment of Mr. TS is a multi-modal strategy for addressing his drug use, violence, and emotion regulation. Cognitive Behavioral Therapy (CBT) will be applied to help him identify triggers, enhance impulse control, and address cravings. Motivational Interviewing (MI) will seek to engage him in ambivalence about recovery and increase motivation to change, whereas

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Contingency Management will provide rewards for being sober and improved behavior changes, specifically reduced substance use. If detoxification has not been done, supervised medical detoxification will be provided, especially for heroin and other drugs. Continued rehabilitation at the Sai Kripa Foundation, relapse prevention, will be continued, with harm reduction measures to teach him about safe drug use if complete sobriety is not immediately possible. For aggression management, anger management techniques will help develop healthier coping strategies, including relaxation techniques, communication skills, and physical activity. Psychodynamic therapy will explore the underlying causes of his aggression, such as family dynamics, feelings of abandonment, and emotional instability. Family therapy will involve engaging his father, as the primary decision-maker, to support his recovery and improve family dynamics, addressing conflicts and improving communication patterns. There will be psychoeducation for addiction, mental illness, and coping techniques along with training of life skills by emphasis on management of time, stress, and vocational ability for the assistance in re-entry to society. The management will encompass pharmacotherapy in withdrawal as well as in cravings such as buprenorphine or methadone along with psychotropics in any internal mood or anxiety disorders. Involvement in support groups such as Narcotics Anonymous (NA) or SMART Recovery will be promoted for peer support and accountability. Repeated follow-up with the treatment team will monitor his progress, reinforce positive gains, and help correct any emergent issues or setbacks. Short-term goals are to cut down on the use of drugs, enhance management of anger, and stabilize mood, whereas long-term goals center on staying and being sober, restoring social and family relationships, and obtaining gainful employment or educational involvement.

3. Prognosis

Substance Dependence: The patient has a history of increasing substance use (cigarettes, marijuana, heroin, smack, alcohol) that has had a profound effect on his physical and mental well-being.

Aggressive Behavior: Recurring aggressive behavior, particularly while withdrawing, is a prominent symptom that hinders treatment and interaction with others.

Relapse and Treatment History: Repeated admissions to rehab (Sai Kripa Foundation) reflect a relapse pattern, particularly following major emotional upheavals (e.g., breakup). This reflects difficulty sustaining long-term recovery.

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Family and Socioeconomic Support: Good financial support and possible family involvement in treatment are protective factors that can assist recovery, although family processes continue to be complicated.

4. Research evidence

Opioid Use Disorder (OUD) is a chronic, relapsing disease defined by compulsive opioid use, lack of control over use, and continued use despite harmful consequences. Unchecked, OUD is linked with high morbidity and mortality rates, such as overdose and infectious complications. Highly treatable, OUD is also highly stigmatized, with stigma being a major obstacle to treatment entry and delivery. Stigma is present at several levels—structural, public, and internalized—and these layers must be addressed to enhance treatment outcomes. Pharmacological treatment, specifically buprenorphine and methadone, is the gold standard for the treatment of OUD, drastically decreasing fatal and non-fatal overdoses. Integration of these medications into primary care is effective and cost-effective, enhancing not just substance-related outcomes but also overall health comorbidities. Yet, a majority of OUD individuals do not get evidence-based treatment. Statistics in 2022 showed that only roughly 25% of adults in need of OUD treatment got medication-assisted therapies, and this was often because of a lack of awareness, access barriers, and system barriers. Withdrawal from these medications has been associated with increased relapse and mortality rates, and hence, long-term pharmacotherapy is crucial. Behavioral treatments could provide additional advantages but need to be voluntary and supportive. Long-term opioid use also causes alterations in brain structure and function, giving rise to psychiatric and neurological complications that make treatment harder. Treating these conditions requires interdisciplinary office-based programs, effective communication, harm reduction practices, and policies that are fair. Physicians, pharmacists, and policymakers have to join forces to decrease stigma, increase access to treatment, and encourage the general acceptance of evidence-based treatments for OUD. Overcoming social and regulatory obstacles, particularly in incorporating methadone into primary care, is an essential step ahead in addressing the opioid crisis and enhancing the quality of life for those impacted by this disorder.

5. Conclusion

Mr. TS's case illustrates the complex and entrenched nature of Opioid Use Disorder, particularly when combined with early-onset substance use, emotional instability, and family disharmony. His clinical presentation is that of a chronic and severe OUD with co-morbid

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Behavioral problems like aggression and self-destructive behavior. In spite of repeated attempts at rehabilitation, his ongoing struggle necessitates more comprehensive, individualized, and extended care. The recommended treatment plan integrates evidence-based pharmacotherapy and psychotherapy, targeting not just withdrawal and craving management but also addressing the underlying emotional and relational reasons behind his substance abuse. Long-term pharmacotherapy with methadone or buprenorphine, combined with psychosocial interventions, has been cited by research to play a critical part in bettering outcomes and diminishing mortality. In addition, minimizing stigma, increasing access to treatment, and engaging the family in the treatment process are key to long-term recovery. Mr. TS's prognosis is conservatively good based on the presence of strong familial and economic support, but success will be contingent upon his participation, regular follow-up, and a comprehensive treatment approach that addresses both his biological and psychosocial deficits. A supportive, stigma-free, and empathetic treatment setting will be instrumental in assisting him toward stability, relational repair, and return to education or vocational training.

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