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CASE REPORT

COCAINE CRAVINGS, BORDERLINE PERSONALITY DISORDER & ATTEMPTED HOMICIDE

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Abstract

In the 80's, in Spain, there was a very significant increase in the population addicted to heroin use. The behaviour patterns of use and abuse of this substance also caused many drug addicts to be linked to the associated consumption of multiple toxic substances, favouring the appearance of politoxicomania. The origin of the change of model in drug use began in mid-1987 and in the following years, ecstasy and the so-called designer drugs began to spread throughout the festival scene in the United Kingdom, Western Europe and the Iberian Peninsul. In the 90's, new substances were introduced into society that had little to do with heroin use, shifting the link to toxic substances to these better accepted and less questioned substances, avoiding the possible problems associated with consumption in marginal environments. The normalization of the consumption of substances of abuse began to have a greater social tolerance, breaking the stigma that led to the alarm raised by heroin consumption in the 80's. In this sense, drugs were no longer associated with marginalization, and were seen in environments considered festive and, therefore, "normal". *ASEAN Journal of Psychiatry, Vol. 22(5): July 2021: 1-4.*

Keywords: Cocaine, Borderline Personality Disorder, Cravings, Attempted Homicide, Dual Pathology, Emotional Fit of Rage, Pathological Impulsiveness

Introduction

In the 80's, in Spain, there was a very significant increase in the population addicted to heroin use. The behaviour patterns of use and abuse of this substance also caused many drug addicts to be linked to the associated consumption of multiple toxic substances, favouring the appearance of politoxicomania.

The origin of the change of model in drug use began in mid-1987 and in the following years, ecstasy and the so-called designer drugs began to spread throughout the festival scene in the United Kingdom, Western Europe and the Iberian Peninsula [1,2]. In the 90's, new substances were introduced into society that had little to do with heroin use, shifting the link to toxic substances to these better accepted and less questioned substances, avoiding the possible problems associated with consumption in marginal environments. The normalization of the consumption of substances of abuse began to have a greater social tolerance, breaking the stigma that led to the alarm raised by heroin consumption in the 80's [3,4]. In this sense, drugs were no longer associated with marginalization, and were seen in environments considered festive and, therefore, "normal".

The Case

The present case deals with a middle-aged man, with a history of long-term, chronic, mixed use of toxic substances. He began contact with substances of abuse prior to 1988, developing his link to toxic substances with a serious addiction to cocaine ("craving") that persisted at the time of the events. As the aggressor himself referred, he "constantly searched for cocaine and injected it directly intravenously, since snorting it had no effect on him". There is also accreditation of nonspecific personality disorder. Regarding physical pathology, he had a clinical history of organic diseases such as HIV, chronic viral hepatitis and chronic bronchitis.

The aggressor lived with his partner. The relationship between them was instrumental: he offered her toxic substances acting as a dealer;

while she offered him sexual pleasures in exchange, both living together at the same address [5,6].

At the time of the events, the aggressor was incessantly looking for toxic substances since his supplies had run out. He had an acute state of intoxication due to cocaine consumption and his actions were a result of his serious addiction. In this way, from the harmful toxic influence of the substances and being in an angry state because the victim had changed the pin of a bank card, in order to buy drugs he pounced on her as she lay on the bed, grabbed her by the neck with both hands, clenching tightly and asked her if she had changed the pin number of the credit card. Without having achieved his purpose, the aggressor took a mobile charger that was near the bed and with the cable wrapped around the victim's neck, crossed both ends and pulled them with great force. The victim hit him and managed to free herself, quickly leaving the house, to be helped by the neighbours.

In the oral hearing, the private experts who evaluated the aggressor considered compatible that, at the time of the events, he could have suffered a mental and behavioural disorder due to multiple consumption of toxic substances in this last period, of opiates, alcohol and cocaine, the latter through the nasal and intravenous route, associated with a mixed anxiety-depressive adjustment disorder and a borderline personality disorder, configuring a dual pathology. Likewise, he presented dysfunctional basic personality traits of the paranoid and antisocial type, exacerbated by the multiple consumption of toxins. All these psychopathological alterations came together at the precise moment of committing the events.

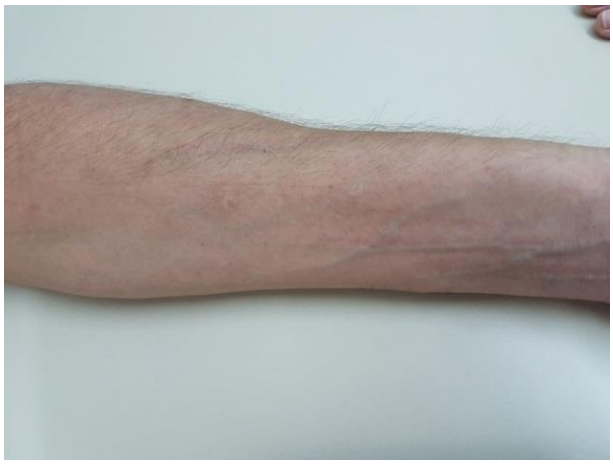

Figure 1: Forearm of the Aggressor. Self-inflicted Wound from Cigarette Burn can be Observed, being Pathognomonic of Borderline Personality Disorders

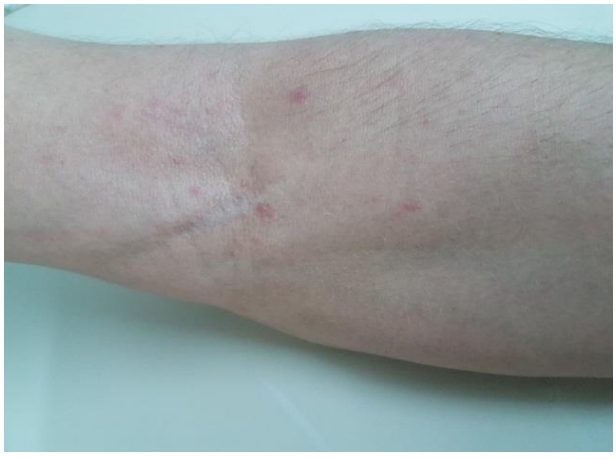

Figure 2: In the Flexure of the Elbow, Several Venepuncture Tracks can be Seen, due to the Consumption of Drugs by Parenteral Route.

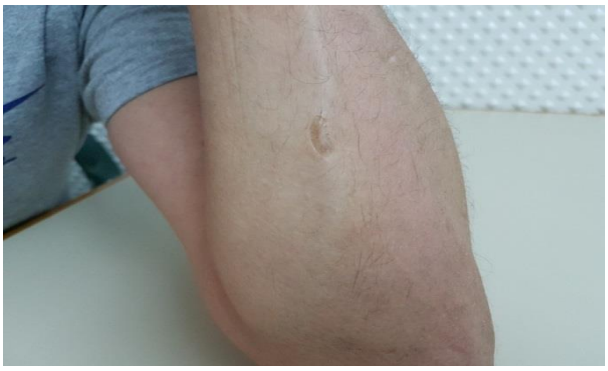

Figure 3: Post-Abscess Scar can be seen in the Posterior Region of the Forearm, after the Administration of Toxins by Parenteral Route.

Discussion

The sentence ruled that the aggressor was the perpetrator criminally responsible for a crime of attempted murder, concurring with the mitigating act of acting conditioned by his serious drug addiction, being sentenced to four years in prison.

This profile of subjects affected by dual pathology with chronic consumption of toxic substances, presents, from the juridical-legal point of view, an incessant search for the drug ("craving") and a pathological impulsivity ("acting-out") that supposes a partial and/or significant rupture, rather than total, of the inhibitory mechanisms of behaviour, negatively influencing their cognitive abilities and, at the same time, their volitional-motivational abilities in the form of an emotional, toxic-induced outburst. It would be difficult for a legal practitioner to determine a complete defence as a modifying circumstance of criminal responsibility, solely on the basis of the aforementioned psychopathological diagnostic categories [7-9].

Conclusion

The co-occurrence of substance dependence in patients with BPD poses a unique set of risks and challenges for patients and their clinicians. DBT, a treatment originally developed that is efficacious for chronically suicidal patients with BPD, has been adapted for this patient population. Features of the adapted intervention include drug-specific behavioural targets for treatment of problem drug use, a set of attachment strategies for fostering and building a strong therapeutic relationship.

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