

JUDGEMENT FROM A PSYCHIATRIC FORENSIC PERSPECTIVE IN CHRONIC ALCOHOLISM

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Rezumat:

Abuzul de substanțe psihoactive și, în special, de alcool a atins cote alarmante în ultima perioadă, astfel că în Europa, astăzi, consumul acestuia depășește limita de 10 l alcool pur per locuitor, conform datelor din literatura de specialitate. Alcoolismul este o problemă deosebit de complexă din punct de vedere medical, social, economic, pedagogic și nu în ultimul rând etic, având o paletă largă de consecințe în aceste domenii.

O serie de dificultăți ce solicită colaborarea strânsă între medicul legist și psihiatru, respectiv pedopsihiatru, apar în cazurile care necesită stabilirea responsabilității în infracțiunile comise de alcoolici, în general, și în cele comise de bolnavii cu intoxicații acute, în special.

Importanța elementelor de prognostic medical și social este frecvent evidențiată în practica medico-legală, când alcoolismul cronic este implicat în rezolvarea unor probleme judiciare, și anume cele referitoare la măsurile de siguranță ce se impun unor infractori cu alcoolism cronic, precum și la modalitățile de reabilitare a comportamentului antisocial.

Datorită complexității problematicei discernământului și a determinismului psiho-social al acestuia, este necesară individualizarea nuanțată a aprecierii lui, fără elaborarea unor scheme-șablon care să stabilească relații între tipul bolii și discernământ.

Cuvinte-cheie: alcoolism cronic, discernământ, psihiatrie expertală

Abstract:

The abuse of psychoactive drugs and especially of alcohol reached alarming levels in the last period. In Europe, nowadays, alcohol consumption exceeds 10 l pure alcohol per inhabitant according to recent literature data. Alcoholism is a complex subject with medical, social, economic, educational and ethic aspects and generates numerous consequences in all the walks of life.

There are some problems that require a tight collaboration between the forensic doctor and the psychiatrist and they occur when it is needed to determine the liability in crimes committed by alcoholics in general and by patients with acute intoxications in particular.

The importance of medical and social prognosis is revealed in forensic practice when chronic alcoholism is questioned in legal problems regarding security measures for prisoners who are chronic alcoholics and their rehabilitation possibilities.

Due to the complexity of judgment and its psycho-social determinism, it is necessary to approach it carefully, without using models that would determine disease-judgment relations.

Keywords: chronic alcoholism, judgment, expertise psychiatry

The abuse of psychoactive drugs and especially of alcohol reached alarming levels in the last period. In Europe, nowadays, alcohol consumption exceeds 10 l pure alcohol per inhabitant according to recent literature data. Alcoholism is a complex subject with medical, social, economic, educational and ethic aspects and generates numerous consequences in all the walks of life.

The occurrence of symptoms associated to this disease in teenagers and even children led to the so-called “rejuvenation” of alcohol addiction. Individuals affected by this disease (currently affecting a high percent of general population and prevailing in youngsters) develop an addictive behavior which harms personal and social life.

Specialized literature data show the early relapse of the disease in about 50 – 60% of cases (we mean the relapses and/or recurrences of the disease that occur in the first 6 months after anti-alcoholic treatment starts). Early relapse of alcohol addiction is frequently associated with the existence of **predisposing factors**, among which specialized literature mentions the biological, psychological and last but not least, social ones. A particularly important part in biological factors is played by toxicomaniac desire for alcohol and various psycho-endocrine adjustments that occur at the early stage of remission.

Alcohol is the substance with the highest degree of social acceptance within psychoactive substances that may lead to addiction. It does not diminishes the negative impact on the physical, psychical and social status of the individual.

It is known that ethanol determines dopamine increase in mesocorticolimbic circuit by inhibiting GABA interneurons and the latter act on specific receptors launching a series of waterfall reactions that are finally responsible for the synthesis of a protein – dynorphine – that generates the craving (the compulsive use of the drug) in the early stages of abstinence. Cell changes occurring at this stage are the basis for the learning-memory phenomenon leading the possible relapse even after a long period of abstinence.

The concept of **physical addiction** is defined as a regular repetition of alcohol consumption that determines, as homeostasis is kept, an adaptive condition and, implicitly, a compensatory feedback. This compensatory feedback, in the case of abusive alcohol consumption, determines the down regulation and, respectively, the up regulation and the occurrence of the tolerance (this phenomenon is defined by the necessity to increase the alcohol amount to obtain the same effect).

Physical addiction also means the existence of **withdrawal** that results from the abrupt stop of alcohol consumption and is defined to hyper-excitability produced by SNC inhibition decrease (the interruption of alcohol consumption against the background of low GABA activity), the increase of the glutamate release and other neurotransmitters, such as noradrenalin. This syndrome reflects the hyper-excitability of SNC, such as sympaticotonia, translated clinically in insomnia, anxiety, epileptic crises, sweat, tremor, tachycardia etc.

Chronic alcohol consumption may determine **craving**, term that defines the compulsive use of the drug (ethanol) due to the necessity to consume large amounts and to the low capacity to control its ingestion. This compulsive behavior is a distinctive sign of addiction, phenomenon distinct from **physical addiction**. The latter is a process developed rather early, when the consumption is chronic and lays on biochemical processes (GABA, glutamate) that do not imply irreversible cell and structural changes.

There are two categories of alcoholics (according to Ghafeta), depending on motivational characteristics:

1. Reactive alcoholics in whom alcohol ingestion is triggered by stress, and motivated by cenesthetic and eutimic comfort in relation to a hostile environment;

2. Addictive alcoholics, the real toxicomaniacs, who resort to alcohol tempestuously, without exogenic justification, as a consequence of the premorbid and disharmonic personality.

There is no clear-cut distinction between “social, recreational” consumption and the “noxious” one, yet alcohol consumption is continuous and ingestion modalities may vary from one individual to another. Nevertheless, all the persons that will develop ethanol addiction are recruited from those that practice high – quantity and frequency – consumption, which generates medical and psychosocial problems.

There are some problems that require a tight collaboration between the forensic doctor and the psychiatrist and they occur when it is needed to determine liability in crimes committed by alcoholics, in general, and by patients with acute intoxications, in particular.

The accurate diagnosis is often difficult, as diagnosis is made retrospectively, which complicates the case matter. We have in mind a series of particular situations, such as simple intoxication and pathological intoxication, entities that assume a different appreciation of judgment and responsibility due to their important legal consequences. In all legislations, occasional alcohol consumption does not exonerate from liability, as it depends on the free will of the offender.

Antisocial deeds are committed mainly in the forensic stage of acute intoxication, triggered by the suppression of cortical inhibition caused by alcohol and the release of subcortical instinctual drives. In time, toxicophilia generates toxicopathy and chronic alcoholism with all its clinical forms. Repeated alcohol consumption is based on the need to amputate the negative consequences of a negative situation, the necessity to run from unpleasant realities and consequential guilt. Being a result of failure in interhuman communication, chronic alcoholism discards the guilt generated by relational deficiencies. This is why we may say that chronic alcoholism starts as a moral issue, as a feedback to life conflicts and ends as a disease. Irrespective of stage classifications, in the process of chronic alcoholism installation the morning ingestion becomes a “carrefour of passage from sociopathy to disease”.

The evolution of chronic alcoholism, according to WHO, comprises the following phases: the prealcoholic phase (of alcohol consumption as a tranquilizer), the prodromic phase (dissimulation and rationalization as an excuse) and the chronic phase (physical and psychical degradation).

Another classification of the phases of ethanol dependence installation is made by Jellinek, as follows: 1. The phase of the need for alcohol. 2. The phase of consumption dissimulation. 3. The phase of incapacity to hold back by losing control and destroying the feedback systems. 4. The phase of physical addiction and in the end 5. The phase of physical addiction with the loss of behavior control when alcoholism becomes chronic and is a real sociopathy. In these phases the passage from night consumption to morning consumption is the crucial moment in which the patient must be persuaded to pursue a detox treatment.

If initially, due to sociopathic consumption, personality features deteriorate (generosity, altruism, responsibility), afterwards the patient is uninhibited because of the destruction of the feedback systems and loss of control over one own's deeds. We may conclude that chronic alcoholism is a disease of frail personalities (unable to solve life conflicts but through alcohol), unbalanced and disharmonic. Alcoholism is, in the beginning, reactive, becomes addictive and then a habit.

There are particular circumstances when **responsibility is diminished**, in chronic alcoholism against the background of mental deficiency, traumatic encephalopathy and serious personality unbalance. In psychoses and in pathological intoxication, occurring psychical disorders lead to irresponsibility.

The importance of medical and social prognosis is revealed in forensic practice, when chronic alcoholism is questioned in legal problems regarding security measures for prisoners who are chronic alcoholics and their antisocial behavior rehabilitation. Furthermore, in cases of disability after a craniocerebral trauma associated with chronic alcoholism, it is necessary to assess neuropsychical consequences developed in time by this association. Recent literature shows the effects of alcohol during CCT by quantitative magnetic resonance methods, which showed structural changes in the brain.

It was also noticed an aggravation of the neuropsychical evolution of alcohol-addict injured persons. A comparative study was made 90 days after the CCT with the cases that associate violence to chronic alcoholism and cases with patients injured in the absence of alcohol. Results revealed with the alcohol-addicts a marked global cerebral atrophy concretized in the reduction in volume of the brain, the increase in volume of the cephalorachidian liquid in agreement with the aggravation of the cognitive deficiency.

When patients with acute or chronic alcoholism also suffer a TBI, their post-traumatic cognitive and social recovery is slowed down, as symptoms such as memory disorders, focus disorders, thinking, understanding and problem solving difficulties persist, and the patients have higher depression risks. The problems that occur in the patients' evolution further to a severe TBI, associated with acute or chronic alcohol consumption, may be blamed on the **enhancement or neuroprotection** effect of alcohol at the time of the injury. A correlation has been noticed between the severity of the injury caused to the neuropsychological performance and the alcohol intake level at the time of the traumatic brain injury. Therefore, when the patient suffers from acute alcohol intoxication, the low and medium alcohol intake levels have a neuroprotective effect on the injuries, whereas in chronic alcoholics this effect was not noticed. The high alcohol intake levels of the latter have an enhancement effect when the injury takes place. Thus, high alcohol intake levels in the blood at the time of TBI occurrence mean an unfavorable prognosis, which is first reflected in the negative influence on neuropsychological tests, which is noticeable during the first 30 days of therapy.

Alcohol neuroprotection at the time of the injury is assessed depending on the alcohol intake level and the severity of the traumatic brain injuries. Acute alcohol intoxication in chronic consumers has no neuroprotective effects in case of small and repeated injuries. The neuroprotective effect of small and medium alcohol intakes before a severe TBI is accounted for by cytotoxicity-mediating NMDA receptor inhibition. The microscopic lesions revealed in the hippocampus were of the brain edema and degenerative lesion type, both less severe than when no alcohol intake was present.

The post-traumatic neuropsychological deficits were accompanied by hypometabolism in the front lobe, which was revealed by various imaging methods such as CT scans, NMR or PET explorations, associated with specific neuropsychological tests.

Other particular cases, which require special attention from forensics specialists, are the chronic alcoholism-epilepsy and the chronic alcoholism – post-traumatic stress disorder (PTSD) associations. These associations diminish the patient's psychological decision-making capacity, manifested especially in civil trials (children entrusting after divorce, guardianship).

A frequent case in forensic praxis is alcohol consumption by PTSD patients, in order to counter anxiety, irritability or depression symptoms occurring after a psychological trauma. The research performed revealed higher endorphins levels during the psychological trauma, which may later decrease and lead to the onset of emotional disorders and other symptoms accompanying the PTSD. Hence, the need to drink alcohol after such trauma, in order to maintain high endorphins levels and implicitly to improve one's symptoms. The PTSD-alcoholism association frequency is three times higher in women than in men.

To conclude with, given the complexity of judgment-related issues and its psychological and social determinism, we think that it is necessary to assess it on individual basis and not apply ready-made patterns establishing the relations between the type of condition and judgment.

Acknowledgments and disclosure

The authors declare that they have no potential conflicts of interest to disclose.

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