

# Letter to Editor: “Prevalence of Substance Abusers in a Tourist Area”

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## Abstract

The article entitled “Prevalence of Substance Abusers in a Tourist Area” covers one important topic that involves a huge amount of people worldwide, which is drug abuse. In particular, the authors searched for the prevalence of substance and polysubstance abusers among tourists in an Indian region. Interesting data are coming from dozens of studies concerning drug abuse, every year, but little is known about the relationships existing between this insane behavior and the clinical history of the patients involved, or how comorbidities modify their prognosis. According to this, the approach of clinicians is inevitably different by case, it is strongly conditioned by the clinical state of subjects and needs to be personalized after evaluation of potential interfering drugs and coexisting systemic diseases.

**Keywords:** Polysubstance abuse, Multimorbidity, Drug abuse

## Introduction

We read with much interest the article published on your Journal entitled “Prevalence of Substance Abusers in a Tourist Area”, concerning the drug abuse among tourists in the city of Srinagar, India [1]. This work covers one of the most important topics in Medicine, the drug abuse, dramatically concerning a huge amount of people worldwide and, for this reason, we congratulate with the authors for their efforts in performing the research. “Drug abuse” is common among the medical conditions, involving up to 250 million people and around 5 per cent of the adult population, as reported by the World Drug Report in 2017 [2]; first of all, we think that it is necessary to underline how the term “abuse”, referred to drugs, has to be distinguished from the term “misuse”, usually caused by unintentional medication taking or wrong prescription by doctors. The authors correctly splitted the population according to the type of substance taken by the subjects: they found that the most abused substance was charas, a cannabis concentrate derived from a live cannabis plant (*C. sativa* or *C. indica*), very popular among the Indian people for its low costs and the ease in the way it is produced. These data do not differ that much from those collected in the European countries, where cannabis is the first consumed illegal drug and cocaine is the most abused among stimulants [3]. The prevalence of substance abusers, in the population of 2000 participants to the study, was 10% and 98 upon 200 of them (49%) were polysubstance abusers. This is interesting, and it gives some information about the theoretical increase of polysubstance dependent patients, if compared with other studies performed in the last years: the ASSALT project by Corrao et al. (1999) reported a prevalence

of 7.5% of polysubstance abuse in a cohort of 120 patients [4], while another Italian project by Soares et al. in 2013 [5] showed a prevalence of 28.4% on a total of 1779 subjects. The abuse of more than one drug is not only harmful for the intrinsic side and addictive effects of the substances, but it is strictly associated with increased mental illness, suicidal thoughts and attempts, poor physical health and high risk of being arrested [6]. Another important point of discussion is about the age of the abusers: 130 of them (65%) were, in fact, younger than 40 years; data from American reports [7] showed how the highest rates of drug abusers could be found in the population aged 16 to 17 years (19.2%), with a prevalence of subjects with a lower educational level, even if young adults with different educational degrees were equally as likely to have tried illicit drugs in their lifetime. The prevalence of males was even greater, with 93% of subjects belonging to this group. These data are consistent with other studies from the current literature, that confirm how males are more likely than females to use any kind of illicit drugs [8], this is true especially in case of cannabis use but, although males consume cannabis at higher rates than females, the sex gap is narrowing. A recent review by Hemsing et al. [9] has shown, in fact, that the increased tendency to use illicit substances does not depend only on the male sex, but more generally on the male gender (including subjects of both sexes with typically male behaviors and attitudes); also, these subjects have an increased risk of use of one or more substances. This gender difference (in this case it is more appropriate to talk about “gender” and not about “sex”) in drug abuse is more evident in adults than in adolescents (13-19 years): adult men

are 2-3 times more likely than women to develop drug abuse/dependence disorders and approximately 4 times as likely to have an alcohol use disorder. Differences between men and women were related to many different factors, such as the biological response to the drug, the progression to drug dependence, and the comorbid psychiatric diagnoses, which may be due to both sociocultural factors and biological differences. The role of the ovarian hormones (oestrogens and progesterone) seems to play a crucial role as well [10]. Moreover, drug abusers belong more often to lower socioeconomic order and the abuse is often related to lower parental education. Lower socioeconomic orders seem play a role in the abuse of "light drugs" such as cannabis, whereas lower parental education appears to be associated with hard drugs use such as cocaine and heroin [11]. Unfortunately, data about the drugs more often involved in the polysubstance abuse are missing in this study, and the same it is to say about comorbidities. In our previous editorial concerning toxidromes [12], that is the way to define the syndromes caused by elevated levels of toxins in the body (usually linked to drug abuse), we discussed about the importance of considering comorbidities. As it happens in the case of infections and acute illnesses, all chronic conditions affecting patients can theoretically modify the body response to drugs. Moreover, comorbidities and interfering drugs (a polydrug therapy is common in comorbid patients) can also act as confounding factors during the evaluation of the drug abusers. It is to consider, in fact, that heart and/or respiratory rate, blood pressure, body temperature and mental status could be altered not only in the case of an overdose, but also in the case of complicated medical conditions affecting comorbid patients. Besides those financial, psychological, and social factors that normally have to be taken into account in the evaluation of patients, considering patients' comorbidities could help clinicians better understand the causes of the abuse itself and assess the best treatment for each of them. The "holistic approach" to patients is still the most difficult challenge for clinicians and it gets even more challenging and fascinating when dealing with this kind of patients.

## Conflict of Interest

The authors have no conflict of interests

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