



Substance use Disorder: A Burning Issue



Mudasir Maqbool^{1*}, Mohmad Amin Dar¹, Shafiq Rasool¹, Rabiah Bashir¹ and Misba Khan²

¹Department of Pharmaceutical Sciences, University of Kashmir, India

²Mader-E-Meharban Institute of Nursing Sciences and Research, India

Submission: May 02, 2019; **Published:** June 25, 2019

***Corresponding author:** Mudasir Maqbool, Department of Pharmaceutical Sciences, University of Kashmir, Hazratbal Srinagar-190006, Jammu and Kashmir, India

Abstract

Substance use disorder (SUD) has infiltrated all socio-cultural and economic strata causing loss of productivity. Mental and substance use disorders are a major public health concern everywhere and responding to the burden they cause is a challenge for health systems in both developed and developing regions. Treatment rates for people with mental and substance use disorders remain low, with treatment gaps of over 90% in developing countries. Developing countries are facing an escalating burden of non-communicable disease, with mental and substance use disorders among the most significant. Many developing countries spend less than 2% of their health budgets on mental health. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Studies suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits patients with substance use disorder. In this article, we will give a brief overview about substance use disorder.

Keywords: Substance use disorder; Alcohol; Nicotine

Introduction

Substance use disorders are important health concern worldwide. Substance use is a chronic disorder which is associated with significant mortality and morbidity. These disorders also account for significant health care utilization and medical costs. Substance use disorders occur when a person's usage of alcohol, prescription drugs, or illegal drugs causes problems in his or her life and daily activity [1]. Treatment of substance use disorder involves detoxification and prevention of relapse. The major problem in treating patients with substance use disorders is relapse. Addiction is a chronic disorder that requires long-term treatment. Anticraving agents play the key role in the prevention of relapse. These medications generally reduce drug craving and reduce the likelihood of relapse to compulsive drug use. Anticraving agents along with other psychotropic drugs are used for management of the substance use disorders [2]. In India, substance abuse has infiltrated all socio-cultural and economic strata causing loss of productivity. Mental and substance use disorders are a major public health concern everywhere and responding to the burden they cause is a challenge for health systems in both developed and developing regions. Treatment rates for people with mental and substance use disorders remain low, with treatment gaps of over 90% in developing countries [3,4]. Developing countries are facing an escalating burden of non-communicable disease, with mental and substance use disorders among the most

significant. Many developing countries spend less than 2% of their health budgets on mental health [5]. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Studies suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits patients with substance use disorder [6]. Substance abuse causes acute and chronic physical, psychological and social effects in varying amounts along with serious social problems in the form of crime, unemployment, family dysfunction and disproportionate use of medical care. Science has not yet explained fully the psychological processes leading to drug abuse. Substance abuse affects above 50 million people worldwide. Abuse of legally prescribed drugs is also increasing rapidly [7]. In India, the abuse of alcohol, cannabis and raw opium has been traditionally known. The abuse of synthetic narcotic drugs and psychotropic substances is comparatively new. Substance abuse has affected all socio-cultural and economic classes causing loss of productivity [8]. Family stress, lack of coping skills, peer pressure, personality disorder, comorbid psychiatric illnesses, social stress and market forces act as risk factors [9].

Survey shows that around 20-30% of adult males and 5% of adult females use alcohol while 57% of the male and 10.8% of the female drug users consume opiates in some form or other. Rapid assessment survey on substance abuse shows that the primary abused drugs are heroin (36%), other opiates (29%) and cannabis (22%); 75% of addicts start drug abuse before 20 years of age; in urban areas heroin abuse is more while in other sites cannabis abuse is more [10,11]. The family remains the primary source of attachment, nurturing, and socialization for humans in our current society. Therefore, the impact of substance use disorders (SUDs) on the family and individual family members merits attention. Each family and each family member are uniquely affected by the individual using substances including but not limited to having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against him or her. For children there is also an increased risk of developing a SUD themselves.

Thus, treating only the individual with the active disease of addiction is limited in effectiveness. The social work profession more than any other health care profession has historically recognized the importance of assessing the individual in the context of his or her family environment. Social work education and training emphasizes the significant impact the environment has on the individual and vice versa. This topic was chosen to illustrate how involving the family in the treatment of a SUD in an individual is an effective way to help the family and the individual. The utilization of evidence-based family approaches has demonstrated superiority over individual or group-based treatments [12]. Substance use disorder (SUD) is a disease whose social costs are high. The negative effects of drug abuse go well beyond the health and condition of the person who suffers from SUD. Research has shown a strong link between addiction and the disruption of family relationships, including severe psychosocial and physical effects on family members described as depression, anxiety, and stress. Parents' depression when living with a partner suffering from SUD can contribute to the mental, physical, and social neglect of the family's children, further aggravating the family's anxiety and stress [13].

Management of substance use disorders

Substance use disorder (SUD) has been conceptualized as a chronic relapsing medical illness with relapses and remissions and a strong genetic component similar to diabetes type II and hypertension [6]. Risk for relapse is heightened because the neurobiological changes in brain pathways created by many years of alcohol and/or drug use do not completely revert to normal after the detoxification process. The intensity and nature of the behavioral intervention can influence the outcome of treatment for patients with SUDs. The use of medications in the treatment of SUD can also play a major role in preventing relapse and facilitating longer periods of abstinence. More effective medications have been developed over the past 30 years, and

subsequently, pharmacotherapy has progressively played a more important role in the treatment of addictions. Medications are mostly used as adjuncts to psychosocial treatments and the role of pharmacotherapy in treatment depends on the specific type of SUD [14]. Pharmacological agents have three broad objectives: management of acute withdrawal syndromes through detoxification, attenuation of cravings and urges to use illicit drugs (initial recovery), and prevention of relapse to compulsive drug use [2].

Conclusion

Treatment of substance use disorder involves detoxification and prevention of relapse. The major problem in treating patients with substance use disorders is relapse. Addiction is a chronic disorder that requires long-term treatment. Anticraving agents play the key role in the prevention of relapse. These medications generally reduce drug craving and reduce the likelihood of relapse to compulsive drug use. Anticraving agents along with other psychotropic drugs are used for management of the substance use disorders.

References

1. Rehm J, Taylor B, Room R (2006) Global burden of disease from alcohol, illicit drugs and tobacco. *Drug and alcohol rev* 25(6): 503-513.
2. O'Brien CP (2005) Anti-craving medications for relapse prevention: a possible new class of psychoactive medications. *Am J Psychiatry* 162(8): 1423-1431.
3. Mathers BM, Degenhardt L, Ali H, Wiessing L, Hickman M, et al. (2010) HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet* 375(9719): 1014-1028.
4. Wang PS, Aguilar-Gaxiola S, Alonso J, Angermeyer MC, Borges G, et al. (2007) Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys. *Lancet* 370(9590): 841-850.
5. World Health Organization. International statistical classification of diseases and health related problems (The) ICD-10 (Doctoral dissertation, World Health Organization).
6. McLellan AT, Lewis DC, O'Brien CP, Kleber HD (2000) Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *Jama* 284(13): 1689-1695.
7. United Nations office on drugs and crime (2003) Investing in drug abused treatment, a discussion paper for policy makers; Vienna Austria. United Nations International Drug Control Programme New York.
8. National Institute of Social Defense (NISD) Govt of India (2005) Manual on prevention of substance abuse in small enterprises. NISD Govt. of India, New Delhi.
9. Govt of India (2010) Annual report 2009-10, Ministry of health and family welfare, New Delhi.
10. Kumar SM (2002) Rapid assessment survey of drug abuse in India. Ministry of social justice and empowerment, Government of India and United Nations office on drugs and crime (UNODC), Regional office for South Asia.
11. Mohan D, Dhawan A (2002) A survey of prevalence of drug dependence and comorbidity in the general population of Thrissur. Report submitted to WHO (India). New Delhi: WHO.

12. Lander L, Howsare J, Byrne M (2013) The impact of substance use disorders on families and children: from theory to practice. *Soc Work Public Health* 28(3-4): 194-205.
13. Ólafsdóttir J, Hrafnadóttir S, Orjasniemi T (2018) Depression, anxiety, and stress from substance-use disorder among family members in Iceland. *Nordic Studies on Alcohol and Drugs* 35(3): 165-178.
14. Batra A (2011) Treatment of tobacco dependence. *Dtsch Arztebl Int* 108(33): 555-564.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/GJARM.2019.06.555692](https://doi.org/10.19080/GJARM.2019.06.555692)

**Your next submission with Juniper Publishers
will reach you the below assets**

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>