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 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.
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 their 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

