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Substance Misuse is a Serious Social Problem

Siniša Franjić

Independent Researcher

***Correspondence authors**

Siniša Franjić
Independent Researcher

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Abstract

The beginning of tobacco, alcohol and psychoactive drug use usually occurs during adolescence, and young people are, due to the specifics of growing up, relative inexperience and a certain youthful propensity to risk, the most vulnerable population group to adopt and develop addictive behavior. It is a well-known fact that drug abuse among children and young people has increased in recent years. Illegal drugs are abused - marijuana, hashish, LSD, amphetamines, ecstasy, heroin, cocaine, but also legal alcohol and tobacco, as well as household substances - glue, gasoline, gas and home pharmacies such as sedatives. The combination of all these substances is not uncommon. Young people start taking drugs very early, most often in high school, sometimes already in primary school, and the transition to high school is especially risky. Children and young people start taking drugs for a variety of reasons: out of a desire to feel like an adult, a desire to fit in and belong to a group, a desire to relax and feel good, a desire to rebel and take risks, out of curiosity. Many experiment with drugs, or take them just to taste, some become occasional or regular users, and some develop addictions. When it comes to traditional drugs such as alcohol and tobacco, many young people will start taking them believing that it is also a socially acceptable way of behaving even if they are aware of the possible harmful effects on health, they believe that, since this is done by a large number of adults, the consequences are not inevitable. Most young people, however, only experiment with various drugs that can be addictive, and during adolescence the habit stops or becomes established as moderate. In a number of cases, abuse develops to the point that it begins to interfere with schooling, family relationships, social life, and productivity in general. Then we talk about addiction.

Keywords : Substances, Disorders, Addiction, Health

Introduction

The use, misuse, and abuse of mind-altering substances undoubtedly predates our recorded history (McKenzie et al., 2018). Early civilizations may have used drugs as a vehicle to communicate with spirits. Even today, drugs are used for this purpose in some cultures.

For many Americans, drug-taking is experimental or social, a temporary departure from a natural, nondrugged physical and mental state. For many others, it is a misguided attempt to self-medicate or to cope with personal problems such as depression, loneliness, guilt, or low self-esteem. For a small but significant segment of the population, drug-taking ceases to be a matter of conscious choice; these people have become chronic drug abusers or drug dependent. In most cultures, chronic alcohol or other drug abuse or dependence is regarded as destructive behavior, both to oneself and to the surrounding community. Community members whose lives center around drug acquisition and use usually provide little benefit to their communities and often detract from their communities.

Substance misuse is an emotive subject, which invariably everyone has an opinion on (Dugmore, 2009). It is also an unspoken topic to a certain extent. When broached the majority of individuals will know someone who uses drugs or openly talks about their own drug use. Within the healthcare field it is still a subject that professionals find difficult to address. Dual diagnosis is a complex condition for which many are judgemental. It is essential in today's healthcare system to be able to clearly engage clients regarding substance misuse and be able to help them deal with the issues. In recent years the plight of pop stars and celebrities has raised the issue of substance abuse, but have drugs become more acceptable to use or does this situation act as a warning? As the availability of drugs becomes easier and street prices continue to fall the impact on mental health is becoming clearer.

In spite of the high rates of dual diagnosis, substance misuse still goes undetected within acute mental health and forensic settings. This is partly owing to the lack of training healthcare professionals receive to identify the issues and also to the lack of detection during assessment. Additionally it is because of staff concerns about how to deal with it if it is identified as an issue. Moreover, healthcare professionals often find it difficult to ask clients for consent for screening, as part of assessment. However, in some settings, such as forensic, screening can be part of the treatment order and therefore easier to carry out.

Although screening is not the only answer it does provide a useful indicator for healthcare professionals about the individuals' substance use patterns.

Within dual diagnosis there are a number of factors associated with presentation, and these include level of violence within this client group and lifestyle, which is regarded as a major contributing factor alongside drug use. Another contributing factor is that a large number of drug users will use more than one drug and this multidrug use will often coexist with alcohol use, which can complicate the individuals' presentation to mental health services. To put this into context it is essential to identify those individuals receiving treatment from drug agencies, as the issues are not isolated within mental health.

The ICD-10 classifies substance misuse disorders according to the type of substance and the type of disorder (Azam et al., 2016). Substance dependence describes a syndrome including behavioural, physiological and psychological elements. Patients are physiologically dependent if they show tolerance or withdrawal. ≥3 of the following manifestations must have occurred over 1 month:

1. Strong Desire (compulsion) to consume substance;
2. Preoccupation with substance use;
3. Withdrawal state when substance ingestion is reduced or stopped;
4. Impaired ability to Control substance-taking behaviour (e.g. onset, termination or level of use);
5. Tolerance to substance, requiring more consumption for desired effect;
6. Persisting with use, despite clear evidence to the Harmful effects.

Mental Disorder

Mental disorders are defined in diagnostic and statistical manuals such as The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and The International Statistical Classification of Diseases and Related Health Problems (ICD-10), and include a broad range of syndromes, which are generally characterized by some combination of abnormal thoughts, emotions, behaviour, and/or cognitive impairments that have an effect on a person's ability to function and may also affect his or her relationships with others (Holland et al., 2019). The term 'mental disorder' is often used to refer to:

1. The major mental illnesses (e.g. schizophrenia, bipolar affective disorders, depression, generalized anxiety disorder, phobias, obsessive-compulsive disorders, eating disorders, dementias, and delirium).
2. Conditions of developmental origin (e.g. intellectual/ learning disabilities, autism spectrum conditions, and personality disorders).
3. Substance dependency (e.g. alcohol or other mind-altering substances).
4. Symptoms associated with physical illnesses (e.g. affective disorders in Parkinson's and Huntington's diseases).

This broad range of mental disorders is common in primary care, with prevalence rates reported in the range of 30–50%. Many of these very varied disorders can be successfully treated or managed in a way that reduces and minimizes their impact on a person's life. Mental disorders that are serious enough potentially to complicate the management of physical health problems are also common. Accident and emergency (A&E) departments frequently see patients who have self-harmed or have suffered injuries owing to substance abuse. A person dependent on alcohol who is admitted for surgery may develop withdrawal symptoms and delirium tremens some days after admission to hospital because of forced abstinence from alcohol. Other examples are anxiety and depression, both of which may arise on a general medical ward in the context of a diagnosis of a life-limiting physical illness. People may also present with symptoms that are not readily explained in which anxiety and depression may be a significant factor.

SUD

To consider substance use patterns a little further, all practitioners should hold clearly in their mind that heavy use, even a regular or daily use pattern, does not directly equate to a SUD (substance use disorder) (Oberleitner, 2017). Substance use or misuse in the absence of a SUD can have devastating effects that should be fully addressed in a medical context. Substance use or misuse can lead to serious physical consequences up to and including accidental death, and it can directly contribute to mental and physical impairments during periods of intoxication or withdrawal that contribute to possible harm (including criminal) to others. In fact, the Surgeon General's report directly defines substance misuse as "use (of) substances in a manner that causes harm to the user or those around them." In considering that definition, it is clear that substance misuse, in the absence of a SUD, can lead to legal consequences. It is important that we work toward a standard in the field of summarizing substance use patterns that may be hazardous or risky in our patients, especially when consulting on a legal case. At a minimum, description should include the current use pattern (frequency of use: # times a day, # times a week/month; quantity: how much is used in each episode, how much is used in a day, potency of the drug (if applicable), and whether or not the drug is combined with other drugs when used; deleterious effects: arrests, violence, psychological effects, work performance, etc.).

Addiction

Some consider the most developed example of this trend to be the use of the term "addiction" to explain patterns of behavior deemed problematic or troublesome (Lee, 2003). In the terms laid out by the addiction model of human behavior, people do things they know they should not, and behave in ways they later come to regret, as a result of the presence of a medical, specifically psychological, disorder. The explanation of behavior in these terms now stretches beyond the long-established examples of alcoholism and cigarette smoking to include gambling, shopping, and sexual behavior. Indeed, although alcoholism and substance abuse remain at the core of the concept of addiction, "sex addiction" has become the fastest growth area for groups advocating psychological treatment

in the United States through the twelve-step program (the program first established as a treatment for alcohol addiction).

It has also been argued that the widespread use of the term "syndrome," characteristic of the medical idiom, to account for people's feelings and behavior, shows how contemporary society has come to understand and problematize human experience in medicalized terms.

As the addictive behavior becomes a predominant presence and an overriding value in the life of the individual, other areas of life are undervalued, problems in those areas seem less significant, and effective problem solving is compromised (DiClemente, 2018). Problems in the context of change increase the probability that the addictive behavior will have greater general coping value and interfere with the feedback system. As the problems in these various areas multiply, the relief provided by the addictive behavior becomes a potent negative reinforcer.

The current discussion of dual-diagnosis problems offers an interesting example of these interactions. Many individuals who suffer from serious mental disorders also have significant problems with substance abuse and other addictive behaviors. Although alcohol and drugs can be particularly disruptive for these individuals, they also can serve as a coping mechanism, a distraction, or a way of joining with other individuals on the fringes of society. Symptoms of schizophrenia, depression, or bipolar disorder can precede, coincide with, or follow engagement in the addiction. However, as the addiction becomes well established in the lifestyle of an individual with mental illness, patterns of interaction emerge. Discontinuing antipsychotic medication produces symptoms that can be masked by alcohol and cocaine use. Drug use triggers loss of housing and produces homelessness. Lack of a structured environment increases engagement in the addiction and exacerbates the mental illness. Behaviors associated with either the addiction or mental illness bring the individual to the attention of the police and create legal problems. Family members, who can tolerate the mental illness, become fearful and disgusted with the addiction and refuse to allow the individual to return home. Drugs and alcohol become more important as ways to cope with being homeless.

Regular or heavy use of substances alone does not define addiction (Burgess, 2017). There are people who have substance misuse problems that are not of an addictive nature. People may, for example, drink unsafe amounts of alcohol or take illegal drugs without developing an addiction. Physical dependency—when the body adapts to the constant presence of a substance, causing withdrawal symptoms when it is discontinued—does not necessarily signify addiction either. Binge drinkers partying hard at the weekend might experience withdrawal shakes upon stopping without experiencing the compulsive feelings that accompany addiction.

Both addicts and non-addicts may misuse substances temporarily to have fun, to mask pain, to deal with stress, grief, boredom, or because of peer pressure. There are usually other clues that show a person is not (yet) an addict, such as a steady pattern of substance misuse that doesn't escalate. If someone can end a "session" after a desired amount of a substance without the maddening urge for more, they aren't addicted.

Because addiction involves a certain neurological state in the body, it needs to be treated differently from nonaddicted substance use, however heavy. Unfortunately, professionals dealing with substance misuse problems often fail to differentiate between the two issues, leading to serious complications for the client. If inappropriate or misleading advice is given, because neurological conditions have not been taken into account, the client may have unrealistic expectations and stumble down a false path. By giving clients advice tailored to their specific problem, and which takes into account how their brain works, they will be able to make informed choices for recovery.

Attitudes

An attitude is the way we feel, think or behave towards an individual or thing (Rassool, 2010). For example, nurses can have a positive or negative attitude towards working with alcohol and drug misusers. That is, they may be reluctant to work with substance misusers because they perceive alcohol and drug misusers as unpleasant and over - demanding. Attitudes are influenced by a variety of factors, including past experiences (positive and negative), knowledge, education, context of the situation, and cultural and religious factors. Changing an attitude is a complex problem as an individual's attitudes may be closely tied to their personal values, belief system or important aspects of their self - identity. Attitudes towards substance misusers represent one factor within this wider set that may impact on health professionals' responses. In this context, attitudes towards alcohol and drug misusers can be broadly categorised as professional or personal views. Professional attitudes refer to beliefs concerning professional practice such as role legitimacy, confidence and perceived efficacy of available treatments and interventions. Personal attitudes refer to feelings and beliefs that stem from the stigmatised nature of drug use, for example blame and anger.

Attitudes of health care professionals towards substance misusers exert a significant influence on their readiness to intervene and the quality of such interventions. Negative attitudes have been associated with the reluctance of substance misusers to utilise the health services, reduced likelihood to pursue referrals and the reluctance of health care professionals to engage in management and treatment with substance abusers.

Informed Consent

Requirements for informed consent are now an integral part of standards governing clinical medicine, public health and research involving human subjects (Hasman, 2007). On one conception, informed consent is defined as an autonomous decision by which the individual authorizes a health care professional or scientist to perform a procedure, intervention or

course of treatment. In order to qualify as an informed consent, the decision must be made intentionally, with understanding, and without controlling influences from others.

Informed consent to treatment for substance misuse and addiction is a traditionally contentious issue, and this is especially the case where illicit substances are concerned. In most countries drug treatment under legal coercion is an established judicial arrangement in which treatment is offered as an option to persons who have been convicted of an offence to which their drug dependence is thought to have contributed. The option is typically provided as an alternative to imprisonment and under the threat of subsequent imprisonment if the person refuses or fails to comply with the requirements of treatment. Such a threat is clearly a controlling influence (it is intended as such), and the offender will not give an informed consent. The main justification for legal coercion is that the offender's risk of reoffending will be reduced if their drug misuse is treated. What makes this justification seems somewhat problematic, however, is that what is deemed unacceptable substance misuse often depends as much on cultural values as on crime statistics. For example, alcohol is probably the most abused substance in the western world, with excessive drinking causing widespread social problems and violent crime, yet alcohol is banned nowhere outside the Islamic world. It should also be a concern that, unlike some current treatment options, drug vaccines would affect only the neurobiological effect of drug addiction and leave untouched any underlying behavioural pathology and dependence that are often seen as the actual cause of criminal behaviour.

Assessment

It is well established that a number of factors associated with offending are also associated with SM (substance misuse) (Shostak & Harper, 2015). Some factors known to be associated with both are: life difficulties and events; disliking and being excluded from school; lack of positive coping mechanisms; and expecting to get into trouble again. Ultimately, when assessing SM, it is most useful to conceptualise it as a behaviour which, like offending in general, is influenced and maintained by a complex set of determinates. Assessment therefore becomes fundamental to ensuring effective interventions via the process of individualised formulation. As with the understanding of any complex multidetermined behaviour, the more information you can gather in assessment, the more accurate your formulation can be, and, as a result, the more appropriately targeted the intervention.

It is important that a comprehensive assessment is conducted, to be clear about symptoms and diagnosis, and to assess for co-morbidity, including personality disorder and traits, anxiety disorders and substance misuse (Curtis et al., 2016). A holistic approach is necessary, which would include meeting physical, psycho-social, cultural and spiritual needs. Clinicians should identify those pharmacological and psychotherapeutic interventions that have worked historically, establishing timely evidencebased treatments to bring quick symptom resolution. Psychotherapeutically, it is advantageous to make a dynamic formulation of the patient and any subsequent conflict behaviours, coupled with appropriate behavioural treatment strategies to extinguish these.

Outside hospital, patient stressors are likely to have practical solutions that may involve simple supportive liaison with housing or benefit agencies, for example. Relationship stressors may be more sensitive and complex to address.

An important first step is for staff to acknowledge the patient's problems. A 'problem list' can be drawn up, jointly owned by the patient and staff, to engender a collaborative relationship. Domains may be helpful (e.g. finances, housing, family, etc.) to enable structured thinking and to be as inclusive as possible. These can be addressed through good 'social work' by any members of the MDT and do not necessarily need a qualified social worker.

Clinical experience demonstrates particular benefit from a supportive carer, who can use their positive influence on the patient. Although it is impossible for the carer to be present at all times when situations may occur needing coercive interventions, there is wisdom in encouraging their involvement by acting as a bridge between the patient and the clinical team. This is especially useful where there have been recent or historical conflictual incidents. Unfortunately, some patients do not have such supportive figures, but where they exist, they should be at the forefront in care planning decisions. The Care Programme Approach (CPA) provides a framework for many of the outside stressors to be identified and an action plan to be prepared collaboratively with the patient. The CPA is a UK national system used to organise and record a patient's care and includes a full assessment of their mental and physical health and social care needs to develop a comprehensive programme of care to address these needs including a patient's safety and risk.

Conclusion

Drug misuse is the use of chemical substances in a way that harms physical and/or mental health. As drugs and alcohol are abused in addition to drugs, the name substance misuse is also used. Drug misuse involves the consumption of illicit drugs such as marijuana, ecstasy, heroin or other drugs that can only be obtained illegally, and the misuse of legal drugs that can be obtained in pharmacies with a prescription or without a prescription. Some people start misusing drugs to overcome stress and emotional problems, while others want to achieve a state of intoxication. Later, when addiction develops, people continue to misuse drugs to be able to function and to avoid the unpleasant symptoms of an abstinence crisis.

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