Substance abuse and dependence pdf

Substance abuse and dependence refer to any ongoing pathological use of medication, non-drug (called drug abuse) or toxin. They usually differ as follows. Substance abuse is any pattern of substance use that leads to repeated negative social consequences associated with drug use, such as interpersonal conflicts, non-performance of official, family or school duties or legal problems. Substance dependence, commonly known as addiction, is characterized by physiological and behavioral symptoms associated with substance use. These symptoms include the need to increase the amount of the substance to maintain the desired effect, withdrawal if the drug is discontinued, and a lot of time spent on activities associated with the use of psychoactive substances. Substance abuse is likely to be diagnosed among those who have just started taking drugs and are often an early symptom of substance dependence. However, dependence on psychoactive substances can appear without substance abuse, and substance abuse can persist for long periods of time without transitioning to dependence on psychoactive substances. Substance abuse and dependence are disorders that affect all populations, although specific patterns of abuse and dependence vary according to age, gender, culture and socio-economic status. According to the National Longitudinal Alcohol Epidemiological Survey, 13.3% of Americans surveyed showed symptoms of alcohol dependence during their lifetime, and 4.4% showed symptoms of alcohol dependence in the last 12 months. According to the 1997 National Household Survey on Drug Abuse, 6.4 per cent of those surveyed used illicit drugs last month. Although dependence on psychoactive substances can begin at any age, people between the ages of 18 and 24 have relatively high rates of substance use, and addiction often occurs somewhere between the ages of 20 and 49. Gender proportions vary by class of drugs, but substance use disorders are generally more common in men. A 2004 report stated that in the 2002 national survey, more than 2.6 million young people between the ages of 12 and 17 had used inhalers on more than one occasion. In addition to being an individual health disorder, substance abuse and addiction can public health as a public health problem with broad, economic and adverse social consequences. Substance-related disorders are associated with teenage pregnancy and the transmission of sexually transmitted diseases (STDs), as well as school failure, unemployment, domestic violence, homelessness and crimes such as rape and sexual assault, aggravated assault, robbery, burglary and theft. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the estimated cost of alcohol-related disorders alone (including health care costs, loss of productivity and premature death) was $166.5 billion in 1995.The term substance when discussed in the context of the substance and addiction, refers to medications, drug abuse, and toxins. These substances have an intoxicating effect desired by the user, which can have either stimulating (acceleration) or depressive/seding (slowing) effects on the body. Dependence on psychoactive substances and/or abuse may include any of the following 10 classes of substances: alcohol amphetamines (including crystal methamphetamine, some medications used in the treatment of attention deficit disorder (ADD) and amphetamine, as substances found in appetite suppressants) cannibis (including marijuana and hashish) cocaine (including cracks) hallucinogens (including LSD, mescaline inhalers and MDMA Ecstasy) (including compounds found in gasoline, glue and paint thinnings) nicotine (only dependence on psychoactive substances) methadone, oxycodone Oxycontin (TM)) phencyclidine (including PCP, angel dust, ketamine) sedative, hypnotic, and anxiolytic (anti-anxiety) substances (including benzodiazepines such as valium, barbiturates, prescription sleeping pills, and most prescription anti-anxiety drugs) have been identified as a substance , but there is still insufficient evidence to establish whether caffeine-related symptoms fall under substance abuse. Thus, substances that cause abuse may be illegal drugs, readily available substances such as alcohol or glue, over-the-counter medicines or prescription drugs. In many cases, prescription drugs that becomes substance abuse may have been legal from a medically related prescription to the user, but the pattern of use is different from the use prescribed by the doctor. Frequency of substance abuse based on sex and age of men between 18 and 29 17 to 24 percent Ages 30 to 44 11 to 14 percent Age 45 to 64 6 to 8 percent ages 18 to 2 9 4 to 10 percent Age 30 to 44 2 to 4 percent Age 45 to 64 1 to 2 percent Over the age of 65 less than 1 percent The reasons for substance dependence are not well known, but three factors, it is believed that contribute to the substance Related Disorders: Genetic Factors, Psychopathology, and Social Learning. In genetic epidemiological studies of alcoholism, the probability that both identical twins exhibit alcohol dependence was significantly higher than in fraternal twins, indicating a genetic component of alcoholism. It is not clear, however, whether the genetic factor is directly related to alcoholism, or whether it is related to other mental disorders that, known to be associated with substance abuse. For example, there is evidence that male alcoholics from families with depressive disorders tend to have heavier courses of substance dependence than alcoholics from families without such a family history. These and other findings suggest that substance use may be a way to alleviate the symptoms of psychological In this model, if not to treat the underlying pathology, attempts to permanently stop the dependence on psychoactive substances are ineffective. Psychopathologies that are associated with substance addiction include antisocial personality disorder, bipolar disorder, depression, anxiety disorder, and schizophrenia. The third factor associated with substance dependence is the social environment. In this model, drug use is, in fact, a socially studied pattern of behaviour. Local social norms determine the likelihood that a person is exposed to the substance and whether further use is increased. For example, people may, by observing family or peer role models, learn that substance use is a normal way to relieve daily stress. External sanctions, such as legal or social sanctions, can reduce the likelihood of substance use. At the level of neuroscience it is believed that substance abuses act through similar pathways in the brain. Chemical changes caused by stimulation of these pathways through the initial use of the substance lead to the desire to continue the use of psychoactive substances and possible dependence on psychoactive substances. DSM-IV-TR defines seven criteria (symptoms), at least three of which must be met during this 12-month period, to diagnose substance dependence: Tolerance as defined either the need to increase the amount of substance to obtain the desired effect or experience less effect with prolonged use of the same amount of substance. Withdrawals like being named either experience unpleasant mental, physiological and emotional changes when taking the drug stops or using the substance as a way to alleviate or prevent withdrawal symptoms. Longer duration of substance intake or use in larger quantities than originally anticipated. Constant desire or repeated unsuccessful attempts to stop or reduce the use of psychoactive substances. A relatively large amount of time spent on the provision and use of the substance, or in recovery from exposure to the substance. Important work and social activities have been reduced due to substance use. Continued use of psychoactive substances despite the negative physical and psychological effects of use. Although not directly listed in the criteria of DSM-IV-TR, thirst, or overwhelming desire to use the substance, regardless of anti-bullying forces, is a universally reported symptom of substance dependence. Symptoms of substance abuse, as indicated in DSM-IV-TR, include one or more of the following occurring during this 12-month period: Use substances as a result of repeated non-performance of work, school or domestic duties (lack of work, drug-related school suspensions, neglect of children). Use of psychoactive substances in physically dangerous situations such as driving a car or operating equipment. The use of psychoactive substances leads to legal problems, such as drug-related arrests. Continued use of psychoactive substances despite negative social and relationship effects of use. In addition to the addition Common Symptoms, There are other physical signs and symptoms of substance abuse that are associated with specific drug classes: Signs and symptoms of alcohol intoxication include physical signs such as slurred speech, lack of coordination, lack of coordination, lack of coronary st impaired memory, and stupor, as well as behavioral changes shortly after drinking alcohol, including inappropriate aggressive behavior, mood volatility, and impaired functioning. Amphetamine users may exhibit rapid heartbeat, elevated or depressed blood pressure, enlarged (increased) pupils, weight loss, as well as excessively high energy, inability to sleep, confusion and sometimes paranoid psychotic behavior. Cannibis users can exercise red eyes with dilated pupils, increased appetite, dry mouth and fast pulse; they can also be sluggish and slow to react. Cocaine users may exhibit heart rate, elevated or depressed blood pressure, enlarged pupils, weight loss, in addition to wide fluctuations in their energy levels, severe mood disorders, psychosis and paranoia. Users of hallucinogens may exhibit anxiety or depression, paranoia, and unusual behavior in response to hallucinations (imaginary views, voices, sounds, or smells that seem real). Signs include enlarged pupils, heart rate, tremor, lack of coordination and sweating. Flashbacks, or re-experiencing hallucinations long after stopping the use of psychoactive substances, are also a symptom of the use of hallucinogen. Users of inhalers experience dizziness, spastic eye movements, lack of coordination, slurred speech and slowing reflexes. Related behaviour may include militancy, propensity for violence, apathy, and impaired judgment. Opioid drug users exhibit slurred speech, drowsiness, memory impairment and narrowed (small) pupils. They may seem slow in their physical movements. Phencyclidine users exhibit spastic eye movement, rapid heartbeat, decreased sensitivity to pain, and lack of muscle coordination. They can be belligerent, prone to violence, impulsiveness and arousal. Users of sedative, hypnotic or anxiolytic drugs exhibit slurred speech, unstable gait, inattention and memory impairment. They may display inappropriate behavior, mood volatility, and disruption. Other traits are related to the form in which the substance is used. For example, heroin, some other opioid drugs and some types of cocaine may be administered. A person using an injectable substance may have traces (externally visible signs of the injection site, with possible redness the vein in which the substance was injected). In addition, poor judgment caused by the use of psychoactive substances can lead to injections made in dangerously unhygienic conditions. These unsanitary conditions and the use of common needles are risk factors for major heart infections as well as HIV infections (that causes AIDS), some forms of hepatitis (liver infection) and tuberculosis. Cocaine is often taken as a powdery substance that is snorted through the nose. This can lead to frequent nosebleeds, nasal ulcers, and even erosion (eating) of the nasal septum (the structure that separates the two nostrils). An overdose of the substance is a frequent complication of substance abuse. Drug overdoses can be targeted (with suicide as a target), or due to negligence, the unpredictable strength of substances acquired from street vendors, mixing more than one type of substance, or resulting in an increased dose that a person must take to experience intoxicating effects. An overdose of the substance can be a life-threatening emergency, with specific symptoms depending on the type of substance used. Substances with depressive effects can dangerously slow down breathing and heart rate, drop body temperature and lead to general irresponsibility. Substances with stimulant effects can dangerously increase heart rate and blood pressure, produce abnormal heart rhythms, increase body temperature, cause seizures, and cause erratic behavior. Tools used to diagnose substance dependence include screening questionnaires and patient histories, physical examinations and laboratory tests. A simple and popular screening tool is the CAGE questionnaire. CAGE refers to the first letters of each word, which forms the basis of each of the four questions of the screening exam: Substance abuse often causes various medical abnormalities and conditions throughout the body, as shown in the illustration above. (Illustration by a group of electronic illustrators.) Have you ever tried to reduce your use of psychoactive substances? Have you ever been annoyed by people trying to talk to you about your use of psychoactive substances? Have you ever felt guilty about substance use? Do you ever need an eye opener (using the substance first thing in the morning) in order to start your day? The answer to yes to two or more of these questions suggests that a person should be sent to work more closely on whether or not to be addicted to or abused substances. In addition to CAGE, there are other screening questionnaires. Some are intended for specific populations, such as pregnant women, while others are designed to better assess the severity of dependence on psychoactive substances. These questionnaires, known by their acronyms, include AUDIT, HSS, HS, PRIME-MD, ACE, TWEAK, s-MAST and SADD. There is some variability among the questionnaires in terms of how accurately and comprehensively they can identify individuals as dependent on a creature. a patient taken through a direct interview is essential for identifying physical symptoms and psychiatric factors associated with substance use. A family history of alcohol or other dependence on psychoactive substances is also useful for diagnosis. Physical can detect signs of substance abuse. These traits are specific to the substances used, as well as needle marks, tracks, or nasal erosion. With a person's permission, the use of psychoactive substances can be detected by laboratory testing of his or her blood, urine or hair. Laboratory testing, however, may be limited by the sensitivity and specificity of the testing method, as well as the time that has passed since the last use of the drug. One of the most difficult aspects of diagnosis involves overcoming patient denial. Denial is a psychological state in which a person cannot recognize (usually negative) circumstances of the situation. In this case, denial leads a person to underestimate the extent of substance use and problems associated with the use of psychoactive substances. According to the American Psychiatric Association, there are three goals for treating people with substance use disorders: (1) the patient refrains from or reduces the use and exposure of the substance; (2) The patient reduces the frequency and severity of relapses; and (3) the patient develops the psychological and emotional skills necessary to restore and maintain personal, professional and social functioning. As a rule, before treatment, many treatment centers require that the patient undergo detoxification. Detoxification is the process of laundering a patient from regular use of psychoactive substances. Detoxification can be achieved by cold turkey, by completely and immediately stopping all substance use, or slowly reducing the (constriction) doses that a person takes to minimize the side effects of withdrawal. Some substances need to be conical because cold turkey detox methods are potentially life-threatening. In some cases, medications can be used to combat unpleasant and threatening physical and psychological withdrawal symptoms. For example, methadone is used to help patients adjust to the constriction of heroin use. The treatment itself consists of three parts: (1) assessment; (2) drawing up a treatment plan; (3) psychiatric treatment. The first step in treatment is a comprehensive medical and psychiatric examination of the patient. This assessment includes: the history of the patient's past and current substance use, and his cognitive, psychological, physiological and behavioral effects of medical and psychiatric history and examination of the history of psychiatric treatment and the results of family and social history of blood, respiratory or urine screening for substances of other laboratory tests to determine the presence of other conditions commonly occurring with substance use disorders After evaluation, developed a treatment plan. Treatment plans vary from the needs of a particular patient and may change for the same patient as he or she undergoes different phases of the disorder. Plans typically include the following elements: items: Patient's mental health strategy (2) a strategy to reduce exposure or use of substances or abstinence; (3) efforts to ensure compliance with the treatment program and prevent relapse; (4) treatment of other diseases related to the use of psychoactive substances. Initial therapy and treatment (hospital, boarding school treatment, partial hospitalization, outpatient) decisions are made as part of the treatment plan, but since substance use disorders are considered to be a chronic disease requiring long-term care, these plans can and do change during treatment. The third step, the psychiatric treatment of the patient, is the implementation of the treatment plan. Psychiatric management of the patient includes establishing a trusting relationship between doctor and patient; Monitoring a patient's progress Management of relapses and patient withdrawal; Diagnosis and treatment of related mental disorders; and helping the patient stick to a treatment plan through therapy and developing skills and social interactions that strengthen a drug-free lifestyle. As part of the treatment process, patients usually undergo psychosocial therapy and, in some cases, pharmacological treatment. Psychosocial therapeutic conditions include cognitive behavioural therapy, behavioral therapy, individual psychodynamic or interpersonal therapy, group therapy, family therapy and self-help groups. Pharmacological treatment may include medications that relieve withdrawal symptoms, reduce cravings, negatively interact with substance abuse to discourage drug use, or treat related mental disorders. The effectiveness of alternative treatments for substance use disorders remains largely ambiguous. One treatment that has recently been shown to be variable success is the use of acupuncture in treating substance dependence. In 2000, a randomized controlled study of the effects of acupuncture on cocaine dependence reported that acupuncture significantly reduced cocaine use by study participants. However, a 1999 meta-analysis (a brief analysis of studies) showed that acupuncture had no statistically significant effect on smoking cessation. There has been a movement to study some touted treatments in stricter clinical trials. Specifically, there was some interest in Pueraria lobata, or kudzu, a herb that is believed to have been used in Chinese medicine to treat alcoholism. Preclinical trials of herbal formula with kudzu have shown that increased consumption of herbal formula is associated with a decrease in alcohol consumption. Toxicity studies show several negative effects and human trials are being conducted to better assess the effectiveness of this treatment. The effectiveness of electroacupuncture (the practice of acupuncture is accompanied by the application of low levels current at acupuncture points) in alleviating the symptoms of opiate withdrawal is also being studied. Preclintic tests show that electroacupuncture treatment given before the introduction of naxolone seems to alleviate the effects of naxolone withdrawal. Recovery from substance use is notoriously difficult, even with exceptional treatment resources. Although the recurrence rate is difficult to accurately obtain, NIAAA cites evidence that 90% of alcohol-dependent users experience at least one relapse within 4 years of treatment. Relapse rates in heroin and nicotine users are believed to be similar. However, it has been shown that some pharmacological treatments reduce the rate of relapse. Relapses are most likely to occur within the first 12 months after the end of substance use. Triggers for relapses can include any amount of life stress (problems at work or in marriage, loss of relationships, death of a loved one, financial stresses), in addition to seemingly mundane effects on a place or familiarity associated with previous substance use. The development of adaptive life skills and the constant social support without drugs are considered two important factors to avoid relapse. The effect of the Alcoholics Anonymous support group has been intensely studied, and a 1996 meta-analysis noted that long-term sobriety appears to be positively associated with alcoholics anonymous attendance and participation. Support for family members in addition to supporting individuals in recovery is also important. Since dependence on psychoactive substances has a serious impact on the functioning of the family, and because family members may inadvertently support behaviour that initially led to substance dependence, ongoing therapy and support for family members should not be neglected. Prevention is best intended for adolescents and young people aged 18-24 years who are at very high risk for experimenting with substances. Preventive programmes should include an educational component that outlines the risks and consequences of substance use, as well as a training component that advises on how to counter peer pressure on drug use. In addition, prevention programmes should work to identify and target children who are at a relatively higher risk of substance abuse. This group includes victims of physical or sexual violence, children of parents who have historically abused psychoactive substances, and children with poor school performance and/or attention deficit disorder. These children may need more intensive intervention. Addiction is a state of physical and depending on the substance. Addiction is a condition in which a person requires constant concentration of a particular substance to avoid withdrawal symptoms. Detoxification is the process by which an addict is removed from the substance. Intoxication is a desired mental, physical or emotional state, a drug, a substance purchased from a drug dealer; may be a legal substance sold illegally (without a prescription, not for medical use), or it may be a substance that is illegal to possess. Tolerance is a phenomenon in which the addict physically gets used to a certain dose of the substance and requires an increase in doses to get the same effects. Conclusion - Those side effects faced by a person who became physically dependent on the substance, while lowering the dose of the substance or stopping its use. American Psychiatric Association. Diagnostic and statistical manual on mental disorders. 4th, revised. Washington, D.C.: American Psychiatric Association, 2000. Inhalation abuse is becoming the focus of SAMHSA's leadership, effhortation prevention. Alcoholism and Addiction Weekly March 22, 2004: 1-4.Schneider, Robert C., James L. Levenson, and Sidney H. Schnoll. Update in Addiction Medicine. Annals of Internal Medicine 134 (March 6, 2001): 387-395.Gale Encyclopedia of Medicine. Copyright 2008 Gail Group, Inc. All rights reserved. Want to thank TFD for its existence? Tell a friend about us, add a link to this page, or visit the Webmasters page for free fun content. Link to this page: Despite the prevalence of substance abuse and addiction, only 2.3 million users received treatment in the hospital, emergency room, drug or alcohol rehabilitation center or psychiatric hospital or through a self-help group in the past 12 months (SAMHSA, 2009). Thus, while there is no definitive explanation for the link between bulimia and substance abuse and addiction, it seems that disorders can occur together on the basis of similar risk factors, such as addictive personality type, family history of drug abuse, parental characteristics, common developmental problems, and biological vulnerability, as evidenced by atypical endogenous peptides (Baker et al., 2007; Bulik and Sullivan, 1993; Grilo et al., 2002; Holderness et al., 1994). Common mental states in U.S.-born individuals included severe depression, phobias and other anxiety disorders, as well as substance abuse and addiction. It follows that personality variables of sensations of search, impulsiveness, behavior problems can precede the initiation and development of substance abuse and dependence, respectively. Accordingly. substance abuse and dependence is more common in. substance abuse and dependence in prisoners a systematic review. substance abuse and dependence pdf. substance abuse and dependence dsm 5. substance abuse and dependence difference. substance abuse and dependence definition. substance abuse and dependence ppt. difference between substance abuse and dependence