



A REVIEW ON DRUG ABUSE-CAUSES, TREATMENT, PREVENTION

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ABSTRACT

The first chapter introduces the subject of drug abuse, attempts to estimate the extent of the problem, and elaborates on the connection between drugs and crime. Subsequent chapters are concerned with the history of drug abuse, physiological aspects of drug abuse, and the psychology and sociology of drug abuse.

The major drug-treatment modalities-methadone maintenance, therapeutic communities, outpatient drug-free programs, and some criminal justice system-based treatments such as civil commitment-have all been shown to be successful by most outcome criteria. Programs with flexible policies, goals, and philosophies produce better results than inflexible programs, especially when they adopt combinations of treatment components that are suited to individual clients' problems and needs. Patients' lengths of time in treatment are highly correlated with positive outcomes, but dropout rates are high for most modalities. Clients entering treatment under legal coercion do as well by most outcome criteria as volunteer clients and may stay in treatment longer.

Keyword: drug abuse, prescription, alcohol, prevention, treatment

1. INTRODUCTION

The use of illegal drugs or the use of prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in excessive amounts. Drug abuse may lead to social, physical, emotional, and job-related problems.

Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain. There are over 190 million drug users around the world and the problem has been increasing at alarming rates, especially among young adults under the age of 30.

12 percent of the roughly 750,000 inmates in American jails admit to habitually using opioids, 8 percent did so in the month before their offence, and 4 percent did so at the time of their offence. The effectiveness of drugs in treating opiate use disorder (OUD) in the community is well supported by data

WHAT IS DRUG ADDICTION?

Your brain and behaviour are both impacted by the condition of addiction. Substance addiction makes it unable to resist the impulse to use the drug, regardless of how harmful it may be. The sooner you receive treatment for drug addiction, the better your chances are of avoiding some of the disease's more serious side effects. Not just heroin, cocaine, or other illegal narcotics are involved in drug addiction. Alcohol, nicotine, sleep aids, anti-anxiety drugs, and other legal substances can all cause addiction. The narcotic painkillers known as opioids, whether taken legitimately or illegally, can also cause addiction. In the US, this issue is at epidemic proportions. Opioids were involved in two-thirds of all drug overdose deaths in 2018.

At first, you may choose to take a drug because you like the way it makes you feel. You may think you can control how much and how often you use it. But over time, drugs change how your brain works. These physical changes can last a long time. They make you lose control and can lead to damaging behaviors.

Drug abuse is the use of drugs, whether they are legal or not, improperly. You might exceed the recommended dosage or utilise a prescription written for someone else. You might misuse drugs to feel better, reduce stress, or escape from reality. However, you may generally stop using altogether or adjust your bad habits. Addiction is the inability to stop. Not if it endangers your health. Not if it results in issues for you or your loved ones in terms of finances, emotions, or other factors. Even if you wish to stop, the desire to obtain and use drugs can grow stronger every minute. Additionally, tolerance or physical reliance are not the same as addiction. When you abruptly cease using a substance in cases of physical dependence, withdrawal symptoms take place. When a dose of a substance loses its effectiveness over time, tolerance occurs. For instance, if you use opioids for pain for a long time, you might become physically dependent and/or acquire tolerance. This does not indicate addiction.

In general, only a small fraction of persons develop addiction when using drugs under competent medical supervision.

2. PRESCRIPTION DRUG ABUSE

In the United States, prescription medication misuse has reached epidemic proportions. Beginning in the late 1990s, the frequency of prescription drug addiction increased quickly, necessitating a considerable increase in study to better understand the nature and management of this issue.

Since then, a research literature has started to emerge, including crucial details on the similarities and differences between the abuse of prescription drugs and other drugs.

An overview of the state of the research literature on prescription drug addiction is given in this introduction to a special issue of the Journal of Substance Abuse Treatment.

A selection of the most recent studies on the epidemiology, clinical correlates, treatment, and public policy aspects of prescription drug addiction are presented in the papers in this special issue.

Even though research on prescription drug usage has advanced significantly in recent years, it is still in its early phases, especially in terms of knowing how to best treat this population.

Studies on the interactions between prescription drugs and other legal and illegal substances, the effects of prescription drug abuse across the lifespan, the best ways to treat prescription drug abuse and cooccurring conditions, and successful public policy initiatives to stop prescription drug abuse are among the future research priorities.

3. TEENAGE DRUG ABUSE

It is a straightforward process for 18-year-old San Francisco resident Eric to obtain Vicodin (hydrocodone-acetaminophen). He said, "I can receive prescription medications from several sources and never have to see a doctor. "We 'borrow' from my pals' drug-dependent parents, who are also friends of mine. Sometimes my pals who suffer from illnesses buy a lot of medicines and then sell them for a low price. Prescription medications are more safer than illegal substances as long as they are taken properly. Eric's behaviour reveals a new trend in juvenile drug use: illegal street drugs like "ecstasy" (3,4-methylenedioxymethamphetamine).

Domestic violence is a serious public health issue since it is linked to high mortality and morbidity, particularly among women (Chalk and King, 1998; Tjaden and Quinlivan and Evans (2001) and Thoennes (2000). Two big Reviews by the US government have proven the lasting legacy of domestic violence among women over the course of their lives, into any children they may have's lifetimes (Chalk and King, (Tjaden and Thoennes, 2000; 1998). Physical and mental illness are prevalent in both the woman and her descendants. The price of domestic travel in the United States is The annual cost of violence is estimated to be US \$67 billion. (Thoennes and Tjaden, 2000)

It is frequent for intimate partner violence.

The prevalence of intimate partner violence against women over the course of a lifetime varies according to statistics, but assessments place it between 25% and 30 percent, with an annual incidence of 2 to 12 percent. (McLennon, 1996; Thoennes, 2000; Tjaden; Wathen, 2003; and MacMillan). There is proof that domestic violence Pregnancy is when violence is more prevalent and has a huge many morbidity effects on both mother and child (Tjaden and Thoennes, 2000; Chalk and King, 1998; McKie, 2003).

According to data from the Australian Bureau of Statistics, domestic violence affects up to 20% of women.

4. ALCOHOL DRUG ABUSE

Due to psychological factors like drinking habits, stress, and the cultural significance of bars, homosexual men and women may be at risk for abusing alcohol and other drugs. We may gain a better understanding of psychosocial factors in general by studying how they function in homosexual culture. The results of a sizable (n=3400) survey of the homosexual community are discussed in this publication. The main hypothesis was that stress and other psychosocial factors primarily affect those who are predisposed to substance addiction due to personal expectations and/or cultural norms. Alcohol and drug misuse were significantly impacted by tension reduction expectations of alcohol effects as well as the usage of bars as a social resource, a vulnerability factor particularly unique to metropolitan homosexual culture.

Furthermore, the stress-vulnerability perspective is supported by the findings that stress only had an impact on alcohol-drug problems in those who were "vulnerable" in terms of their expectations and values, and that both high-risk substance use patterns and simple consumption levels had much stronger effects on issues among these respondents. Alcohol and drug problems were associated to individual disparities in social role status, which may account for variations between the homosexual and general populations.

A sample of 424 college students between the ages of 16 and 19 were examined to determine the prevalence of major depressive disorder (MDD), alcohol abuse, and other drug use using the Diagnostic Interview Schedule. According to DSM III criteria, the prevalence of MDD was 6.8%, alcohol abuse was 8.2%, and drug abuse was 9.4%. The consumption of alcohol was linked to MDD but not to other mental conditions. Both MDD and other psychiatric disorders and substance misuse were linked. Since alcohol or drug usage almost always developed before MDD, it is possible that self-medication played a role in the emergence of these problems.

The high incidence of drug and alcohol abuse as well as mental illness places a heavy financial strain on those who are affected as well as on society as a whole. Based on up-to-date and trustworthy information from recent national surveys and the use of new costing methodology, the authors give estimates of the economic expenses resulting from these causes for the years 1985 and 1988. \$273.3 billion is the estimated total cost to the economy of alcohol, drug, and mental disease abuse in 1988.

The estimate accounts for \$129.3 billion for mental illness, \$85.8 billion for alcohol misuse, and \$58.3 billion for drug abuse. \$218.1 billion is the estimated total cost for 1985. This amount is made up of \$51.4 billion for direct treatment and support costs, \$80.8 billion for morbidity costs (the value of reduced or lost productivity), \$35.8 billion for mortality costs (the value of foregone future productivity for the 140,593 premature deaths associated with these disorders), and \$47.5 billion in other related costs, including housekeeping services

The projected cost of foetal alcohol syndrome is \$1.6 billion, whereas the cost of acquired immunodeficiency syndrome linked to drug misuse is predicted to be \$1 billion. The estimates could be viewed as lower bounds of what alcohol and drug misuse as well as mental disorders really cost society in the US.

5. DRUG ABUSE PREVENTION

For the years 1989–1994 there was an evaluation of school-based drug misuse prevention initiatives. A panel of 15 top experts in preventative studies were interviewed in addition to a thorough literature analysis. Promising preventative curricula's essential components were found. The development of good theoretical or scientific underpinnings for preventative strategies has been demonstrated to be essential. They included instruction in social resistance skills, normative education, and knowledge about drugs that was developmentally appropriate. More comprehensive personal and social skill development appears to improve programme outcomes. Programs that were effective included engaging teaching methods, offered adequate coverage, and had enough follow-up.

It was discovered that the success of the programme depends on cultural sensitivity to the target group. It was anticipated that additional programme elements would improve the efficacy of the curriculum. Finally, experts concurred that it was crucial to conduct a thorough evaluation of preventative courses. The most promising preventative curricula are sadly not widely used, despite knowledge of the kinds of curricula that are successful. There are suggestions for improving the issue after exploring the causes of underutilization.

Results from peer-led, school-based psychosocial smoking prevention programmes indicate that this strategy is successful in lowering smoking initiation rates. The employment of peer leaders as a key technique in school-based drug misuse prevention programmes is theoretically justified in this work, which also evaluates the literature evaluating the effectiveness of peer leadership in such initiatives. Additionally, some of the practical concerns related to choosing and preparing peer leaders and teachers are highlighted, and data on the process evaluation from studies carried out at the University of Minnesota are provided.

The authors draw the conclusion that peer leadership can be a useful tool for preventing teen drug usage. To define the circumstances in which the impact of peer leaders is increased, more research is required.

Data on the onset and prevention of smoking, drinking, and drug usage among 526 students from two junior-high schools in California were collected as part of a longitudinal pilot research



6. DRUG ABUSE YOUTHS

According to the Arrestee Drug Misuse Monitoring (ADAM) of the National Drug Law Enforcement Agency (NDLEA; 2010), Lafia Metropolis has a significant drug abuse issue. meds that have both stimulants and depressants. The style and The 2016 trend report on drug abuse in the city shows a rise in the number of young people detained as a result of using drugs. Tramadol, opiates, cannabis, amphetamines, barbiturates, benzodiazepines (Valium), and bromazepam are some of the drugs that were often abused (Lexotan). According to statistics provided by the NDLEA office in Lafia, 63 suspected drug dealers and traffickers were detained between July 2017 and June 2018, and 3,683 kg of suspected drugs were seized in total.

Among the hard drugs were 804.22 kg of cannabis and 2,873.8 5.3 g of cocaine, kilogramme of tramadol (225 mg), and 57.2 L codeine syrup The year-end report for 2017 showed a rise. Over 2016 in the quantity of arrests and seizures specifically with regard to psychotropic drugs (Ethan, 2017).

In the Metropolis, drug use is distributed differently. Depending on the substance in question, smoking, drinking, and injecting drugs are all widespread (Ibrahim, 2016), although the West African Commission on Drugs (WACD; 2014) reported that many users combine alcohol and cannabis in their doses. (Also called as merged in ingroup lingo). Some people sip a tramadol and codeine together (known in ingroup language as Reliefine). Various other well-liked combos Lacasera and paint inhalation are common practises among street boys, as well as lizard faeces and toilet mixtures. One of the parents is a heavy drug user. Maltreatment of the kids

7. CONCLUSION

Drug use and addiction cause a lot of disease and disability in the world. Recent advances in neuroscience may help improve policies to reduce the harm that the use of tobacco, alcohol, and other psychoactive drugs impose on society. Public health response to drug use should be proportional to

the health-related harm it causes. Use of psychoactive substances is to be expected because of their pleasurable effects as well as social influences. The greater the frequency and amount of drug used, the higher the risk of becoming dependent.

Since the effects of drugs on health vary greatly depending on the type of drug and on the way it is used, the Effective public health policies and programmes that address not only drug dependence but also other forms of harmful drug use could lead to a significant reduction in the overall health burden of drug use

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