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A review on substance use disorder

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Abstract
Substance use is one the major problem that is mainly affecting the youth. It involves uncontrolled use of a substance despite its harmful consequences. Some of the commonly used substances are tobacco, alcohol and opioids. These substances have strong impact on the health of the individuals causing serious complications and even lead to death. These can be treated using various cognitive behavioral therapies and medicines. Homoeopathy is a reliable system of medicine that used in the treatment of the symptoms caused by these noxious agents and to control the withdrawal symptoms. It is however possible only when the patient desires to reform and quit the addiction.

Keywords: Substance use, nicotine, alcohol, addictions, behavioral therapy

Introduction
Substance is the word used to refer to the materials which can produce a dependence in the body and mind of an individual who is using it repeatedly. They are alcohol, tobacco and the drugs. A person is said to be addicted to a substance when he has repeatedly self-administered it, resulting in tolerance, withdrawal and compulsive behaviour. According to DSM-5, a substance use disorder involves patterns of harmful symptoms caused by using a substance that an individual uncontrollably continues taking despite its negative effects [1].

Etiology of substance addiction
Substance addiction can be influenced by various factors such as genetic factors as verified through twin studies and the frequency of alcoholism in the sons of alcoholic fathers, socioeconomic status, gender (predominantly men), social and cultural environment, parents and peer influence, psychological stress etc. People who are experiencing lot of negative life events, chronic stressors, and little social support are more likely to become problem drinkers. Alienation from work, low job autonomy, lack of participation in decision making, financial strain, general sense of powerlessness are all leading to substance use and abuse [2].

Effects of substance addiction
Substance addiction can includephysical dependence, the state that occurs when the body has adjusted to the substance and incorporates the use of that substance into the normal functioning of the body's tissues, requiring larger and larger doses of it to obtain the same effects eventually reaching a plateau. Craving is a strong desire to engage in a behaviour or consume a substance. It seems to result from physical dependence and from a conditioning process. As the substance is paired with many environmental cues, the presence of those cues triggers an intense desire for the substance. Withdrawal refers to the unpleasant symptoms, both physical and psychological that people experience when they stop using a substance on which they have become dependent. Although the symptoms vary, they include anxiety, irritability, intense cravings for the substance, nausea, headaches, shaking and hallucinations. Psychological Dependence is a state in which the individuals feel a compulsion to use a substance for the pleasant effect it produces, without necessarily being physically dependent on it. They rely heavily on it often to help them adjust to life and feel good and they centre many activities around obtaining and using it [3].

Effects of tobacco
Cigarette smoking is the most usual way of smoking, accounting for 65-85% of global tobacco consumption. It is estimated that one in three people worldwide smokes.

According to World Health Organization (WHO) estimates there are around 1.1 billion smokers worldwide, 80% of whom live in low-and middle-income countries [4]. In India, about 28.6% of the population consume tobacco [5]. More than 4,000 compounds are produced in smoke, mainly carbon monoxide, nicotine, diverse irritants as well as more than 40 carcinogens. These chemicals act not only locally but also at a distance as they are absorbed into the blood and thus disseminated throughout the body [6]. Tobacco can also be chewed or snuffed. Tobacco usage can lead to damaging of the structure and function of the respiratory airways including central and peripheral bronchi, alveoli and capillaries. The results are loss of cilia, mucus gland hypertrophy, increased number of globlet cells and macrophages, increased permeability, parenchymal destruction [7]. The second impact of cigarette smoke is the damaging of the local immune system, as suggested for instance by an increased number of peripheral blood mononuclear phagocytes which appear to be functionally compromised, and higher levels of circulating immunoglobulin (Ig)E [8]. As to the cardiovascular hazards of tobacco use, these are mainly related to both carbon monoxide and nicotine. Carbon monoxide is responsible for a reduction in systemic transport by way of an increase in the carboxyhemoglobin concentration [9]. Carbon monoxide and nicotine cause deleterious effects on the structure and function of blood vessels, platelets and inflammatory leukocytes, leading to increased vascular spasm and atherosclerosis [10]. Cigarette smoking is also a risk factor for cerebral thrombosis and stroke [11]. Cigarette smoking is linked to or causes at least twelve different types of cancer [12]. In the majority of high-income nations where data are available, lung cancer continues to be the primary cause of cancer-related deaths. Alcohol and tobacco may work together to cause pharyngeal and oral cancer [13]. The main causes of casuality are from cancers of the mouth, esophagus, pharynx, larynx, lung, pancreas and bladder; from COPD and other respiratory diseases; from cardiovascular diseases and from peptic ulcer. When a pregnant woman smokes, she not only puts herself at risk for all the dangers associated with smoking, but she also puts her pregnancy and fetus at risk. There will be an increased perinatal mortality by 25-56% and an increased risk of sudden infant death syndrome [14], as well as an increased perinatal morbidity in terms of deficit in lung function[15], an increased risk of respiratory infection as well as an increased risk of wheezing respiratory illness.[16] Passive smoking could be nearly as harmful as active smoking, depending upon risk factors such as number of smokers, rate of smoking, room size, ventilation and duration of exposure [34]. Passive smoking is harmful for any category of exposed people. But children are the most vulnerable, particularly during the first years of life.

Effects of alcohol

National Family Health Survey 2015-2016 with n > 700 000 respondents; estimated the national 12-month prevalence of current drinking at 14.6% (ages 10-75 years) [17]. Alcohol is an organic solvent, which in small doses, it has a beneficial effect, at least for some outcomes and, at higher doses, it harmful to health. Cohort and case-control studies have repeatedly demonstrated that light to moderate drinkers have a lower risk of cardiovascular disease and death than non-drinkers [18]. The main protective effect of alcohol intake on coronary heart disease is obtained by increasing the HDL cholesterol in the blood [19], antithrombotic mechanisms, short-term lowering of blood pressure [20], decreased insulin resistance and thereby lowers the risk of diabetes [21], reducing stress [22] a low blood alcohol concentration (up to 0.1%) will cause euphoria. A higher (0.25-0.30%) will cause sleepiness and confusion and more than that will cause coma and death. A prolonged excessive alcohol intake increases the risk of developing dementia due to poor nutritional status such as vitamin deficiencies. With an increasing alcohol intake, there is a strongly increased risk of alcoholic cirrhosis due to high level of acetaldehyde [23]. It is well documented that women have a higher risk of developing cirrhosis than men, most likely due to their smaller size and different distribution of body fat and water [24]. Cancers caused by excessive alcohol consumption include those in direct contact with the alcohol; those of the oropharynx and oesophagus and those related to cirrhosis and liver cancer. There is a significant dose-dependent increase in risk of upper digestive tract cancer with increasing alcohol intake. Women who drink heavily are twice as likely to develop breast cancer as those who do not drink [25].

Treatment of substance addiction

Substance addiction can be successfully treated through cognitive-behavioural modification programs but the drop out is 60%. Addicts from high SES and who have high socially stable environments do very well in treatment programs but alcoholics from low SES with low social stability often have success rates of 18% or less. No treatment program will be highly successful unless it takes the account of addict's environment.

Treatment Programs

Treatment programs for substance addiction typically use broad-spectrum cognitive behavioural therapy to treat the biological and environmental factors involved in addiction simultaneously. The goals of this approach are to decrease the reinforcing properties of stimulants, to teach people new behaviour inconsistent with substance abuse and to modify the environment to include reinforcements for activities that donot involve addiction. These approaches also attempt to instil coping techniques for dealing with stress and relapse prevention methods to enhance long term maintenance.

Cognitive behavioural treatments

A variety of behaviour modification techniques have been incorporated into DE addiction treatment programs. Many programs include a self-monitoring phase in which the addict begins to understand the situations that give rise to and maintain his addiction. Contingency contracting is frequently employed in which the person agrees to a psychologically or financially costly outcome in the event of a failure. Motivational enhancement procedures also been included in many cognitive-behavioural interventions. In this, working to provide feedback about the patient' addiction and the effectiveness of his efforts can get him motivated.

Many successful treatment programs have attempted to provide addicts with stress management techniques which can substitute for addiction. For example, relaxation training, assertiveness training and training in social skills help the addict deal with problem situations without resorting to the stimulants. In some cases, family therapy and group counselling are also offered.

Relapse is a major problem. Therefore, relapse prevention skills are trained practicing coping skills or social skills in high-risk-for-relapse situations, substance refusal skills and the substitution of non-alcoholic beverages and non-nicotine alternatives in high risk social situations and awareness creation that any given lapses does not signify failure or lack of self-control are such trainings offered to such addicts.

Evaluation of treatment programs

Surveys of treatment programs suggest several factors that are consistently associated with success. (1) Identifying factors in the environment that control and modify these factors or instilling coping skills to manage them (2) a moderate length of participation (about 6 to 8 weeks) (3) outpatients after care and (4) active involvement of relatives and employers in the treatment process.

It was found that severally deteriorated or socially unstable alcoholics show benefits from inpatient treatment but the people with jobs, stable relationships are successful in out patient programs. Health psychologists suggested that social engineering represents the best attack on the problem. Banning advertising the intoxicants, raising the legal age and strictly enforcing the penalties for drunk driving, increasing taxes, cracking down on misleading health claims may be the best approaches for reaching this untreated majority [26].

Role of homoeopathy in substance use disorders

Hahnemann clearly stated that the diseases that arise from the intake of avoidable noxious agents such as injurious liquors and addicted to dissipation of different types, such diseases disappear spontaneously by improved mode of living and Hahnemann classified them under pseudochronic diseases. This is also confirmed by Dake's postulates which states that the law of similia has no relation to affections of health that cease after the removal of physical, chemical or hygienic measures. It should be noted that the use of these intoxicating substances can act as maintaining causes for other diseases also. Hence it is of utmost importance to avoid these. It is only after a considerable time, if the symptoms still persist, the patient needs a suitable Homoeopathic medicine. Homoeopathic remedies also help to control the withdrawal symptoms that arise from the abstinence of these intoxicating substances.

Here are some of the Homoeopathic medicines that can be used for treating substance use disorders:

- ***Asclepias Tuberosa*:** Excessive dejection. Weakness of memory. Difficulty in thinking collectedly. Feeling of drunkenness with weakness of sight, after smoking a small amount [27].
- ***Arsenicum album*:** Ailments from: chewing tabacco; alcoholism. Attacks of anxiety at night driving out of bed, < after midnight. Burning pains; parts affected burn like fire. Gastric derangements following the intake of cold fruits, ice cream, ice water, sour beer, bad sausage, alcoholic drinks and strong cheese [28].
- ***Avena sativa*:** Bad effects of Morphine habit. Insomnia. It enhances the nutrition of brain and nervous system. It is thus useful in cases of nervous exhaustion, sexual debility; debility after exhausting diseases. Nervous tremors of the aged, chorea, paralysis agitans and epilepsy [29].
- **Caladium:** Forgetfulness in people who are mentally and physically exhausted from sexual excesses or from tobacco poisoning. It is indicated in old debauches who are unable to carry out marital act. Tobacco heart. The nervous symptoms of tobacco are similar to those of Caladium, and Caladium is beneficial in all sorts of nervous conditions, the effect of tobacco and cigarette smoking. It has a number of time turned the patient entirely away from his cigar, and eliminated the overwhelming craving that prevents smokers from quitting their habit [30].
- **Ignatia:** Headache < when smoking tobacco or taking pinch of snuff, or from being where another is smoking. Throbbing pain in the occiput, worse from pressing at stool, smoking or the smell of smoke [31].
- **Lobelia inflata:** Narcotic. It acts similarly to tobacco, but with a faster and more diffuse action. Its sensible effects are similar to those of tobacco, but its medicinal action is faster, diffusible, and shorter in duration [32].
- **Lycopodium:** Dry, wheezing cough, as with brandy drinkers. Heartburn lasting three hours after a meal, aggravated by smoking tobacco. An aversion to drinking coffee and smoking tobacco. Insensibility to external impressions. Indifferent to external impressions, with irritable mood. As if insane, she seeks for quarrels, makes ungrounded reproaches, abuses most violently and beats the person whom she abuses [33].
- ***Nuv vomica*:** Nux is a self-indulgent sensualist. His appetite for alcohol, food, excitement and sex are almost as insatiable as his lust for power. Many Nux people are addicted to stimulation. He may eventually burn out from years of late nights, dietary overindulgence, excessive alcohol and nicotine consumption, and nightly sexual gymnastics. When this happens, he feels tense and exhausted, much like an alcoholic in withdrawal [34].
- **Plantago major:** Tobacco habit. Plantago has a relation to tobacco. It makes chewers disgusted by it and cures tobacco related neuralgia [35].
- **Quercus e glandibus:** Antidotes effects of Alcohol. Vertigo; deafness, with noises in head. Takes away the cravings for alcohol; administer dose in tincture for several months, five drops, three times daily, produces disgust for liquor [36].
- **Strophanthus hispidus:** Twitchings. Heart; sense of lively action; aching; anguish at; weak. Palpitation; chronic, especially nervous. Cardiac dyspnœa. Worse: Exertion, Alcohol, Tobacco, Tea [37].
- **Staphysagria:** Tobacco, remedies to produce disgust for. The need for control can be seen in the struggle to quit smoking [38].

Conclusion

In India, the prevalence of substance use disorders among young people is rising. There are several strategies for managing these addictions. Numerous clinical cases have demonstrated the effectiveness of Homoeopathy in treating these issues. As Kent correctly stated, these patients can only be cured if they desire to reform, and if you can motivate them to lead a better life. Without this, you cannot save them, and people who take delight in such things are unworthy of saving, and medicine will not take hold of them. The patient must use his will to support the remedy in order to heal.

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Not available

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