

Drug addiction and treatment compliance- Shirley Taniguchi - University of São Paulo

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Introduction

Drug addiction, also called substance use disorder, may be a disease that affects an individual's brain and behavior and results in an inability to regulate the utilization of a legal or illegal drug or medication. Substances like alcohol, marijuana and nicotine are also considered drugs. When you're addicted, you'll continue using the drug despite the harm it causes.

Drug addiction can start with experimental use of a narcotic in social situations, and, for a few people, the drug use becomes more frequent. For others, particularly with opioids, white plague begins with exposure to prescribed medications, or receiving medications from a lover or relative who has been prescribed the medication.

The risk of addiction and the way fast you become addicted varies by drug. Some drugs, like opioid painkillers, have a better risk and cause addiction more quickly than others.

As time passes, you'll need larger doses of the drug to urge high. Soon you'll need the drug just to feel good. As your drug use increases, you'll find that it's increasingly difficult to travel without the drug. Attempts to prevent drug use may cause intense cravings and cause you to feel physically ill (withdrawal symptoms). You may need help from your doctor, family, friends, support groups or an organized treatment program to beat your white plague and stay drug-free. Drug addiction isn't about just heroin, cocaine, or other illegal drugs. You can get hooked in to alcohol, nicotine, opioid painkillers, and other legal substances. At first, you'll prefer to take a drug because you wish the way it causes you to 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 self-control and may lead you to damaging behaviors.

Principles of Effective Treatment :

1. Addiction is a complex but treatable disease that affects brain function and behaviour. Drugs of abuse alter the brain's structure and function, leading to changes that persist long after drug use has ceased. This may explain why drug abusers are in danger for relapse even after long periods of abstinence and despite the potentially devastating consequences.

2. No single treatment is appropriate

for everyone. Treatment varies depending on the type of drug and therefore the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

3. Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the instant people are ready for treatment is critical. Potential patients are often lost if treatment isn't immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.

4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients

presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the utilization of medications as appropriate.

Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment. Behavioral therapies vary in their focus and should involve addressing a patient's motivation to change, providing incentives for abstinence building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.

Drug addiction is a complex illness.

It is characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences. This update of the National Institute on Drug Abuse's Principles of Drug Addiction Treatment is intended to deal with addiction to a good sort of drugs, including nicotine, alcohol, and illicit and prescription drugs. It's designed to function as a resource for healthcare providers, family members, and other stakeholders trying to address the myriad problems faced by patients in need of treatment for drug abuse or addiction. Addiction affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior. That is why addiction is a brain disease. Some individuals are more vulnerable than others to becoming addicted depending on the interplay between genetic makeup, age. While an individual initially chooses to require drugs, over time the effects of prolonged exposure on brain functioning compromise that ability to choose, and seeking and consuming the drug become compulsive, often eluding a person's self-control or willpower. But

addiction is quite just compulsive drug taking it can also produce far-reaching health and social consequences. For example, drug abuse and addiction increase a person's risk for a spread of other mental and physical illnesses associated with a drug-abusing lifestyle or the toxic effects of the drugs themselves. Additionally, the dysfunctional behaviors that result from drug abuse can interfere with a person's normal functioning in the family, the workplace, and the broader community. Because drug abuse and addiction have so many dimensions and disrupt so many aspects of an individual's life, treatment is not simple. Effective treatment programs

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Behavioral Therapies Primarily for Adolescents typically incorporate many components, each directed to a specific aspect of the illness and its consequences. Addiction treatment must help the individual stop using drugs, maintain a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society. Because addiction is a disease, most people cannot simply stop using drugs for a couple of days and be cured. Patients typically require long-term or repeated episodes of care to realize the last word

goal of sustained research and clinical practice demonstrate the value of continuing care in treating

addiction, with a spread of approaches having been tested and integrated in residential and community settings. As we look toward the future, we will harness new research gene function and i.e., epigenetics), which are heralding the development of personalized .

Abstract

Statement of the problem:

Neuroleptic-induced extrapyramidal symptoms may hinder adherence to drug rehabilitation treatment.

Methodology and Theoretical Orientations:

This study included 32 patients (mean age of 33.61 ± 1.90) admitted to a public mental health service in São Paulo (Brazil) due to psychotic symptoms associated with illicit drug use.

Findings:

A total of 81.25% of patients were addicted to alcohol alone or alcohol plus cocaine or crack, while 18.75% were addicted to cocaine or crack cocaine.

Psychosis (73.08%), aggressive behavior (7.69%), and withdrawal syndrome (11.10%), while no effects were registered in the remaining 7.69%.

Among cocaine abusers, we observed hallucinations and delirium (50%), cardiovascular effects (25.00%), and psychomotor agitation (12.50%), while no effects were observed in the remaining 12.50%.

Among crack users, we observed hallucinations and delirium (57.14%), and cardiovascular effects (28.57%), while no effects were observed among the remaining 14.28% of patients.

Hallucinations, delirium, psychomotor agitation and psychosis were treated with typical or atypical neuroleptics (96.88%) or anticonvulsants (3.12%).

A total of 80.64% of patients receiving neuroleptics had extrapyramidal symptoms (acute dystonia akathisia, pharmacological parkinsonism), which were treated with a centrally acting anticholinergic drug-biperiden (60%) or anticonvulsants/anti histaminics (40%).

Conclusions and significance:

Professionals should reconsider the use of typical neuroleptics to treat drug-induced hallucinations, delirium and psychosis.

Their side effects make it difficult for patients to adhere to treatment

Thus, any neuroleptic-induced side effects should always be carefully monitored.