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COMMUNITY-BASED INTERVENTIONS FOR REDUCING SUBSTANCE ABUSE IN PUBLIC HEALTH SETTINGS

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ABSTRACT

As the world's population ages quickly, reducing substance use (RSU) in later life is becoming an increasingly important global issue. There are few prevention and intervention programs created especially for the elderly, and programs created for mixed-age groups may not adequately address the special and occasionally complicated needs of aging populations. We present the results of a comprehensive analysis of the empirical data from research that formally assessed treatments employed with senior citizens and documented their results. Thirteen of the 19 included studies were exclusively concerned with alcohol-related issues. Eight programs used various forms of education, brief counselling, and screening. The others relied on behavioural, narrative, and integrated or multidisciplinary approaches that sought to address the needs of the elderly population in a comprehensive manner. Reviewing evaluation practices was aided by the quality assessment of the study design. The results suggest that well-thought-out and sustained intervention methods for PSU in later life should be implemented in settings where older people typically seek or receive assistance. These efforts should also intentionally connect with other aspects of health and well-being. The viewpoints of older adults regarding their needs and help-seeking behaviours can be further explored. To determine the worth of funding focused services for this underprivileged demographic, an economic assessment of the interventions' results would also be helpful.

Keywords: *ageing, older people, problematic substance use, interventions, evaluation, care services, public health.*

INTRODUCTION

Given the growing number of individuals impacted, age-related factors associated with problematic substance use represent a significant public health concern. The words used to describe aging are not widely agreed upon in the literature [1]. In their examination of age classification, the World Health Organization

found significant diversity over time and between nations [9]. They proposed that women's shift to being "older" happens between the ages of 45 and 55, whereas men's transition happens between the ages of 55 and 75 [10]. To cover the entire age range when talking about problematic substance use (PSU) and aging, we included studies in this research with age cohorts beginning at 45 years old [11]. In order to include dependent, recreational, and/or prescribed drug and/or alcohol use that has a detrimental effect on the user's life on a social, financial, psychological, physical, or legal level, we also used the general term "problematic use" [2].

Globally, there are currently 962 million people (13%) who are 60 years of age or older; by 2030, that number is expected to increase to 1.4 billion, and by 2100, it will reach 3.1 billion [12]. These patterns demonstrate how urgent it is to address problematic substance usage [3]. Other trends that determine how problematic drug use influences and affects aging include the impact of medical advancements on prolonging our lifetime, the evolving nature and usage of various substances on the market, and the particular support services that older public health needs [4,18]

Statement of the problem

This study aims to investigate the functions of de-addiction centers in adolescent rehabilitation and detoxification from substance misuse. Adolescent substance usage varies from experimenting to serious substance use disorders. Adolescents who use drugs, especially experimental ones, run the danger of experiencing short-term issues like overdose, conflicts, accidents, and unwanted sex. Additionally, substance abuse disrupts the development of the teenage brain. Adolescents who regularly use alcohol, marijuana, nicotine, or other drugs during adolescence are susceptible to the negative effects of substance use and are more likely to experience long-term repercussions, including mental health disorders, public health issues, poor academic performance, substance use disorders, and higher rates of addiction [5].

Research question

On the basis of above discussion researcher has develop certain Research question, these are as follows:

1. What is the primary socioeconomic background of adolescents that abuse substances?
2. What are the many causes of substance abuse?
3. What part do rehabilitation facilities play in helping substance abusers change for the better?
4. To what extent do substance abusers and prisoners feel happy with the services offered at centres?
5. Do the agencies' resources and approaches meet the requirements of the abusers and prisoners?

Scope of the study:

- Adolescent's substance abuser inmate in the rehabilitation centres of India in public health.
- All the rehabilitation centres of India, who offered the detoxification and rehabilitation to the substance abusers.

Review of literature

One of the main effects of drug abuse, according to Oshikoya and Alli's (2006) research on how Nigerian undergraduates perceive drug abuse, is dependence and addiction, which is typified by compulsive drug craving seeking behaviour and use that continues despite negative outcomes [13,17]. Adolescents (11-25) frequently experiment with drugs for a variety of reasons, but one of the most distinctive is to feel or appear more mature [6]. According to Vasters and Pillon (2011), substance misuse has been rising most among adolescents when taking into account all age groups [12]. Teenagers are thought to be particularly vulnerable to substance misuse and the dangerous behaviours that go along with it [14]. Additionally, the primary cause of teenagers' higher prevalence of early substance use is their exploratory nature [15].

When applying the DSM-IV criteria to adolescents, there are two issues [21]. First, adolescents are more likely than adults to experience a substance-abuse issue in the near future because of the fast developmental changes they are going through [16]. Second, some studies have validated the validity of dependency as a construct using the DSM-IV criteria; nevertheless, when applied to teenagers, tolerance, withdrawal, and medical issues manifest differently than in adults (Martin, Kaczynski, Bukstein & Moss, 1995) [7].

According to Hawkins, Catalano, and Miller (1992), teenagers who regularly use drugs will experience issues and dysfunctions during their adolescence. The majority of academics concur that a teenager may exhibit signs of substance addiction when their use has detrimental effects on them, others, or their property [19]. Regardless of whether physical dependence is present, substance use has escalated to abuse when the results have negative health effects, damage relationships, include accidents, blacking out, fights, or lead to an arrest [20].

According to Thiede et al., the repertoire of concurrent polydrug use is a helpful typology for policymakers and a key indication for drug-related issues. In addition to being linked to risk-taking behavior, overdose, and a variety of health and social issues, polydrug usage has been utilized as a crucial indicator for acute issues. According to (Bishwalata & Raleng, 2014), inhalant abusers use these volatile chemicals because they can provide a brief, generally enjoyable sensory experience that swiftly fades and leaves little to no "hangover" symptoms. Inhalant abuse has been connected to school dropout and has been documented in a small number of studies including street children. Inhalant abuse has been connected to school dropout and has been documented in a small number of studies including street children. It has been shown that children's use of inhalants either precedes or predicts their use of substances as adults.

In their 1999 study, Paglia and Room rigorously examine every evaluation of programs and other interventions aimed at preventing teenage substance addiction issues. It focuses on the trends and patterns of drug abuse among young people as well as data on the kinds of harms. It suggested that the programs be developed using an evaluation of the aspects of drug-related harm and a tracking of its evolution. In order to educate young people about the necessity of harm reduction efforts, it also focuses on public health drug education programs, "natural experiments," and other quasi-experimental designs that are economical [8].

Methodology

Adolescents have stated that drug education has motivated them to abstain from substance use. In an effort to encourage young adults and adolescents to think critically and make educated decisions about drug use, the National Institute on Drug Abuse advises educating them on the most recent scientific findings about drug use, health, and the ways that substances of abuse damage the developing brain. For example, teaching young adults about the potency of drugs of abuse and how they change the brain to produce dependency and addiction is part of knowing how substance misuse operates. They should also be informed about the harmless ways that substance misuse begins, such as recreational use of addictive substances, prescription drug abuse, and drug usage for the purpose of being intoxicated or "high." However, while talking about the negative effects of drug usage on mental and physical health, it's crucial to steer clear of scare tactics. Young adults are more receptive to descriptions of how drug usage impacts athletic performance or looks.

Therefore, it is crucial that people avoid family members and peers who consume drugs or put pressure on them to use them, as well as seek out and cultivate healthy relations with drug-free individuals. Teens should be taught by adults how to avoid peer pressure to attempt drugs, according to the American Academy of Paediatrics. Using techniques like role-playing, they can learn how to say "No thanks!" in a forceful but polite manner. They can also learn how to recognize dangerous circumstances and/or areas where drug or alcohol use is common, such bars, so they stay away from them. Bringing a sober friend to events where peer pressure to consume drugs is likely to occur is another tactic.

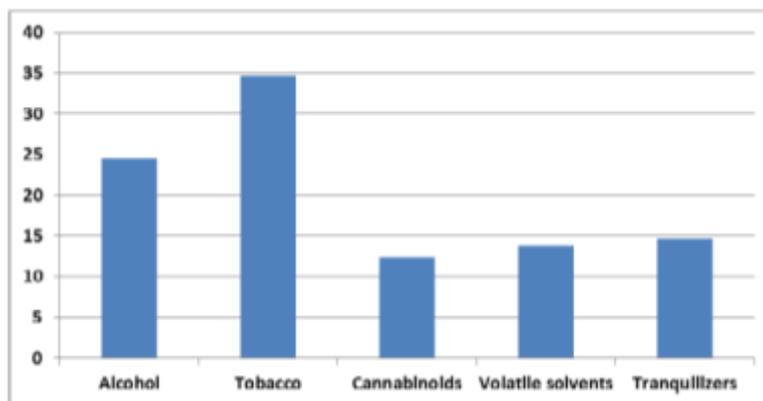


Figure 1: Frequency and percentage of substance abuse

According to a National Institutes of Health document titled "Substance Use and Co-Occurring Mental Disorders," which was last evaluated in March 2024, people who suffer from mental illnesses like anxiety, depression, or post-traumatic stress disorder sometimes turn to drugs as a kind of self-medication. Additionally, people with psychiatric problems often have brain alterations that intensify the pleasurable effects of substances of abuse, making it difficult for them to stop using them. Therefore, it is essential that these people get professional assistance for their mental health issues. They will be able to handle life's upheavals and their strong negative emotions without being overwhelmed and feeling the need to turn to drugs if they learn and practice good coping mechanisms.

Statistical Measures

Drug use risk factors are those detrimental biological, familial, psychological, social, and cultural traits that precede and are associated with drug use initiation and maintenance, according to the Substance Abuse and Public Health Services Administration's publication "Risk and Protective Factors."

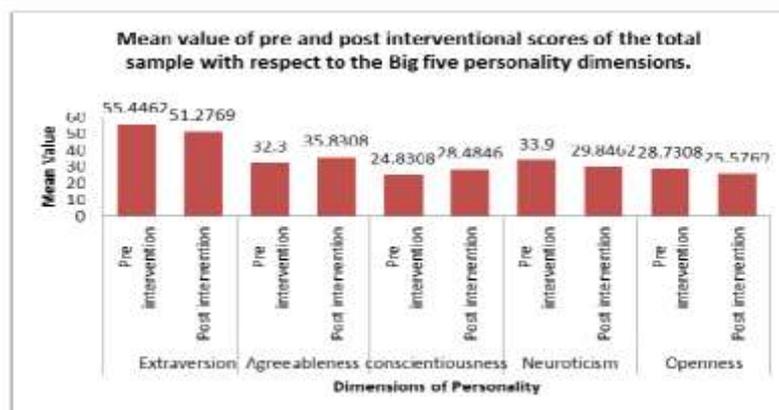


Figure 2: Mean value of pre and post interventional scores of the total sample with respect to the Big five personality dimensions.

Genetic makeup that tends to change the way the brain's reward system works, mental health conditions, a family history of substance abuse and/or psychiatric disorders, early exposure to psychoactive substances, negative childhood experiences, inadequate parental supervision, dysfunctional relationships, poverty, peer

pressure, drug accessibility, and a lack of school connection are some of the risk factors. To create safety nets and avoidance tactics to keep oneself away from drugs, one must be aware of their risk elements.

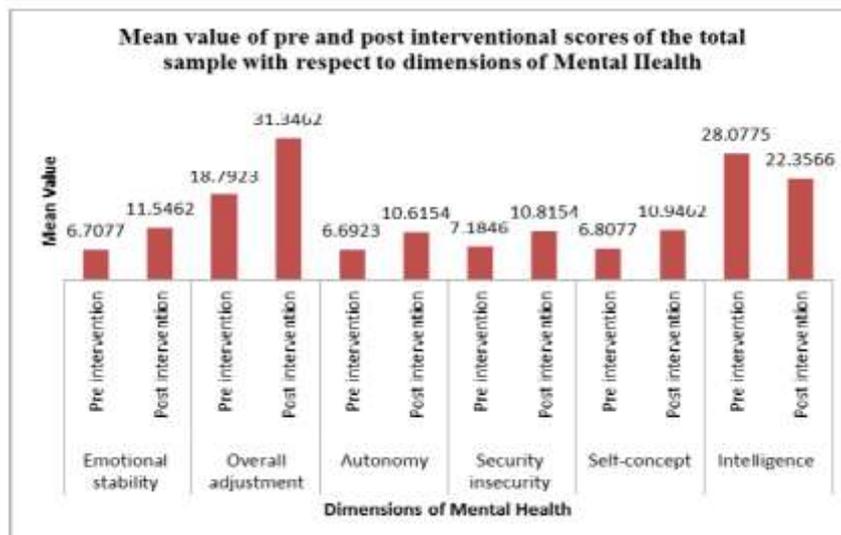


Figure 3: the graphical representation of the mean value of pre and post interventional scores of the total sample with respect to dimensions of Mental Health

Many facets of a healthy lifestyle can help people become more resilient when faced with obstacles in life and keep them from turning to drugs as a coping method.

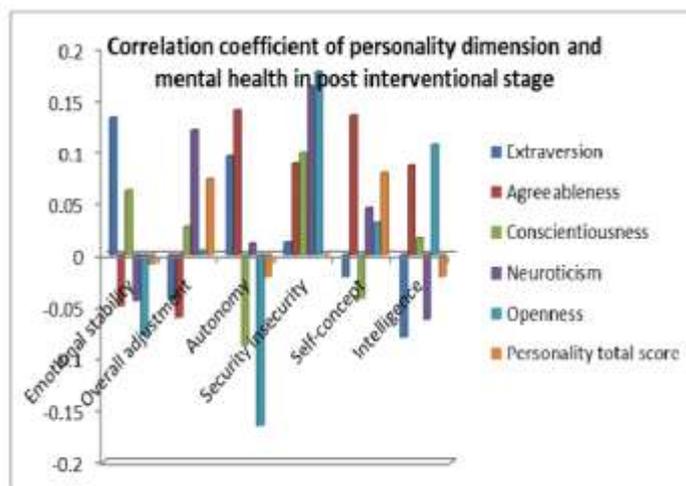


Figure 4: Correlation coefficient of personality dimension and mental health in post interventional stage

Living a balanced lifestyle means doing certain things that improve one's physical and mental health.

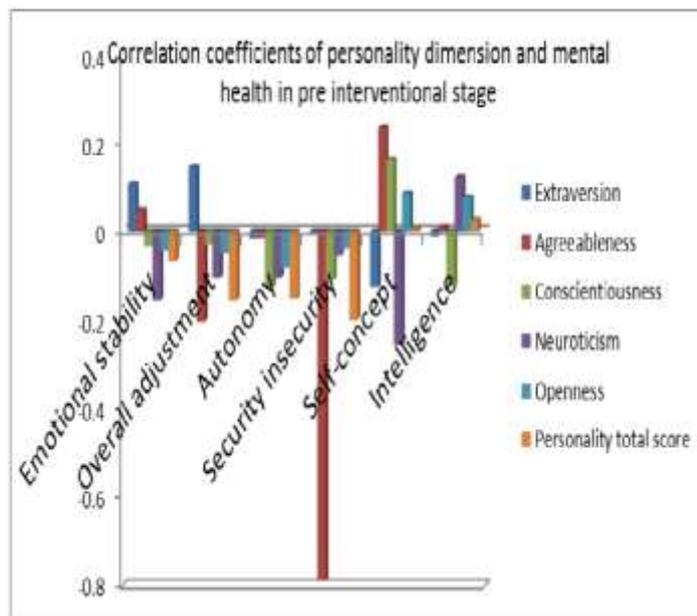


Figure 5: Correlation coefficients of personality dimension and mental health in pre interventional stage

These include maintaining good health, practicing stress-reduction techniques, developing positive interpersonal interactions, creating strong social networks, and participating in extracurricular and academic activities. Finding meaning and purpose in life, as well as establishing and achieving goals, also helps divert attention from the pursuit of drug rewards and pleasure.

Conclusions

Evidence-based treatments for older adults with substance use disorders are needed, as is easier access to mainstream treatment programs. The entire range of problematic substance use, including prevention, must be addressed by interventions. The number of older people who require treatment for problematic substance use will rise significantly over the next ten years due to the aging of the baby-boomer generation, which is defined as those born between 1946 and 1964 and who are starting to account for a sizable portion of the global population, particularly in developed countries. A group of people who have a more liberal lived experience with alcohol and other drug use may have expectations and generational experiences that shed light on this need and challenge social conventions about what aging is meant to be about. When creating treatment programs for the elderly, ethnicity, gender, and culture must be taken into account because older adults and members of minority groups may be more afraid of the stigma associated with mental health and drug use treatment than other groups, which may prevent them from seeking public health services for their substance use disorders. It is challenging to draw significant conclusions that support and guide practice and raise issues for additional research, as well as to generalize beyond local treatments. Relatively short-term therapies have been the subject of numerous studies, and little is known about long-term maintenance. In several cases, there was also evidence of a decrease in substance use, though sustainability has proven challenging to prove. Perhaps more consistent, long-term financing for research has a role.

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