

Adolescent Violence and Substance Abuse: A Risk to Society

Igoche, Ene Margaret* and Bassey, Immaculata Etim

Department of Nursing Science, College of Health Sciences, Igbinedion University, Okada, Edo State, Nigeria.
Corresponding author email: igoche.margaret@iuokada.edu.ng

Received 2 May 2024; Accepted 22 May 2024; Published 6 June 2024

ABSTRACT: Excessive substance usage that is harmful to oneself and society is referred to as substance abuse. This review focus on adolescent violence and substance abuse: A threat to society is its main goal. This review aims to assess the causes of adolescent substance addiction, the connection between substance abuse disorders and aggression, and the detrimental impacts of substance abuse on society. Many academics have defined substance abuse in the literature review, and these definitions are consistent with the definition utilized in this seminar work. The work of Julia Kobulsky et al. (2017), who investigated the prenatal connection between substance abuse and the incidence of violence in adolescents, was examined by the Empirical Framework. Additionally, Nisha Beharie et al. (2020) study examined the connection between prior exposure to substance use and severe violence in adolescents and young adults. One of the health-related issues affecting Nigerian youth is substance usage, which has alarmed national stakeholders. It is a significant issue; a global and international concern, particularly in developing nations such as Nigeria; a major public health, social, and individual problem; it is viewed as a contributing cause to economic difficulties, resulting in Nigeria's poverty. Programmes that teach against discrimination against substance addicts must be implemented. Workplaces, university institutions, and secondary schools must focus on a balance of work and healthy play in order to avoid the perception of a docile youth population.

Keywords: Adolescent, Substance Abuse, Society

Citation: Igoche, E. M. and Bassey, I. (2024). Adolescent Violence and Substance Abuse: A Risk to Society. Direct Res. J. Public Health and Environ. Technol. Vol. 9(2), Pp. 127-143, <https://doi.org/10.26765/DRJPHE0367830135>. This article is published under the terms of the Creative Commons Attribution License 4.0.

INTRODUCTION

According to the World Health Organization, substance abuse is the harmful use of psychoactive substances such as alcohol and illegal narcotics (Idowu et al., 2018). The current prevalence of substance abuse has troubled society, causing members to lose self-consciousness and resulting in mental diseases, death, addiction, and other difficulties (Fagbe, 2019).

Substance abuse is thought to be on the rise around the world. As of 2017, substance users constituted around 0.9% of the global population (Ritchie and Roser, 2018). Alcohol abuse is responsible for 3.3 million deaths per year, and substance usage affects 31 million individuals. Every year, more than 2.6 million people aged 10 to 24 die from substance abuse (World Health Organization, 2019).

In 2016, the global percentage of people aged 15 to 64 who abused substances at least once in their lives was around 5.6%. Substance abuse has become increasingly prevalent among adolescents and young adults over the previous decade, particularly among men aged 15 to 30.

According to the 2013 Global Burden of Disease Study, the majority of these substances were used by people aged 18 to 25, with the peak age of initiation falling between 16 and 18, and using these substances causes 14% of health problems among young men (Nawi et al, 2021). Alcohol has been linked to violent crimes and domestic violence in numerous countries. A variety of etiological factors have been related to chronic alcohol consumption and violence, including perpetrators' psychiatric comorbidities such as personality disorders, mood disorders, and intermittent explosive disorders. Aggression is a precursor to violence, and people who exhibit aggressive behaviours are more likely to commit impulsive violent crimes, particularly while under the influence of alcohol. Brain studies show that long-term alcohol intake causes morphological alterations in brain regions involved in self-control, decision-making, and emotional processing. In keeping with this, aggressive individuals' innate dopaminergic and serotonergic

anomalies make them more likely to commit violent crimes when alcohol is present in their system. Substance addiction is a severe problem that affects many different communities around the world; it does not discriminate based on gender, age, colour, or religious affiliation, implying that substance abuse is linked to human nature in general.

Violence associated with substance use has been extensively reported and examined, specifically the potential for violent outcomes amongst different substances of use (Duke et al., 2018). Studies from several nations have reported alcohol-related crimes and domestic violence (Mayshak et al., 2020), particularly during the current global coronavirus disease 2019 (COVID-19) pandemic (Finlay and Gilmore, 2020).

Adolescent substance use was affected differently by the COVID-19 pandemic. While rates of initiation decreased during the stay-at-home periods, rates of heavy use increased because some adolescents used substance use as a coping mechanism for stress. Since all substance use, especially inhalational substance use, increases the risk of infection and severe disease, interventions aimed at reducing substance use are crucial components of a COVID-19 mitigation strategy.

Different contexts—environmental, social, situational, and cultural—have different implications for substance use and how it affects people (Latkin et al., 2017). Substance use differences by ethnicity and their consequences have long been known, but it is still unclear how much of this is due to societal and genetic factors. It is possible to mistakenly attribute racial healthcare disparities to genetic variations, even if social and historical factors ultimately account for them. Substance use disorders are hereditary illnesses influenced by a complicated interplay between environmental and genetic factors.

Adolescents who use substances or alcohol may do so occasionally or may have serious substance use issues. The substance, the situation, and the frequency of usage all affect the acute and long-term repercussions, which can range from negligible to minor to fatal. Adolescents who take substances, even infrequently, run a higher chance of serious side effects, such as overdosing, car accidents, aggressive conduct, and STDs from intercourse (such as pregnancy and STD infections). Adolescent brain development is also negatively impacted by substance use in a dose-dependent manner. Frequent use of nicotine, alcohol, cannabis (marijuana), or other substances throughout adolescence is linked to increased risk of addiction, worse functioning in adulthood, and greater prevalence of mental health issues.

Substance abusers may face psychological, physical, social, educational, and functional impairments, as well as a reduced quality of life overall compared to a healthy non-abuser.

Furthermore, compared to abusers who take a single substance, any health condition could become twice as severe when abusers use two or more psychoactive substances.

These people will also be subjected to a significantly increased risk of harm, low educational attainment, aggression, depressed symptoms, reckless driving, and suicidal thoughts and attempts. Polysubstance abuse can have various negative implications that could damage a person's future in specific age groups, such as adolescent and young adulthood. This is because these age groups are seen to be transitional from adolescence to maturity. Substance abuse may have an impact on a person's ability to grow in school, form new relationships, and develop their personality (Steinhoff et al., 2021).

Furthermore, even though new pharmaceutical treatments are constantly being discovered, Alcohol Use Disorder (AUD) remains one of the main contributors to the worldwide burden of disease and damage (WHO) (Pakri Mohamed et al., 2018). Alcohol affects people's mental states, including their ability to process emotions and think rationally. As a result, users become unpredictable and dangerous, especially if they are young (Australian Government, 2017) or have pre-existing mental health conditions (Brem et al., 2018; Puhalla et al., 2020).

Furthermore, substance use raises the risk of HIV infection due to potentially dangerous behaviour, such as sharing needles, while substance use itself may exacerbate existing HIV/AIDS-related health issues. In light of the aforementioned, the purpose of this review is to pinpoint, go over, and evaluate the risk factors that may lead to substance abuse among young adults.

LITERATURE REVIEW

The Concept of Substance Abuse

What is Substance Abuse?

Substance abuse, as used in this context, is defined as the excessive use of substances in a way that is harmful to oneself, to society, or to both. The harmful or dangerous use of psychoactive substances, such as alcohol and illegal narcotics, is referred to as substance abuse, according to the World Health Organization (WHO). Since it outlines the main characteristics of substance abuse, the WHO definition is thus appropriate. According to Encyclopaedia Britannica (2024), substance abuse refers to the excessive, maladaptive, or addicted use of substances for non-medical purposes despite the potential social, psychological, and bodily consequences of such use. Another widely accepted definition of substance abuse is the use of illegal substances, prescription or over-the-counter pharmaceuticals, or

alcohol for purposes other than those indicated, or in large quantities. They can create physical, emotional, social, and occupational issues (Wikipedia, 2021). According to the definitions mentioned above, substance abuse or substance abuse is the mishandling and abuse of substances by individuals in order to derive pleasure from intoxication.

It is important to stress here that substances or substances are not inherently harmful. They are created with good intentions for good reasons. When you consume medical substances, for example, the goal is to achieve medical treatment. The difficulty is that some people utilize them as stimulants, depressants, opioids, and intoxicants. The bulk of these abusers do not have any medical conditions. They took delight in being drunk by such medications or chemicals.

Finally, it may have an impact on their mental condition, resulting in odd behaviour and misbehaviour, which may escalate into violence. It is critical to clarify that the terms "substance abuse" or "substance abuse" should not be confused with "substance addiction or dependence on substances". Substance addiction or dependency is defined as an unintended attraction or connection to the usage of a specific substance, as opposed to intentional abuse or illegal use. Often, addicts dislike the act and struggle to use it.

Types of substance being abused by adolescents

The following substances are prohibited: alcohol, tobacco, cannabis (marijuana), cocaine, hallucinogens, inhalants (shisha), prescription stimulants, opioid-related painkillers, methamphetamine (Crystal Methamphetamine-Ice), and Colorado (Colos). Adolescents primarily use alcohol, cannabis, and nicotine (found in tobacco and vaping products).

Causes of substance abuse

Among the reasons are the enjoyment of highs, boredom, the need to fit in, curiosity and experimentation, rebellion, control, and performance enhancement.

Effects of substance abuse in adolescents

The consequences of substance abuse Substance abuse can cause disease and health problems by harming the abuser's internal organs. They can cause diseases such as cancer, hepatitis C, HIV/AIDS, breathing issues, and stroke. The majority of these cases in Nigeria have been linked to substance abuse. Mental diseases are the most common side effects of substance addiction in Nigeria. Substances such as marijuana and opioids can cause catastrophic brain damage. In Nigeria, a significant proportion of young people who go insane or suffer from

mental illnesses consume marijuana or inhalants. Young males lose their minds after overdosing on narcotics and other unlawful substances. Addiction can develop as a result of continued use of a chemical, whether for medication or abuse. When a person is addicted, it is quite difficult to respond to treatment immediately.

In certain situations, it could last till death. Substance addiction can also cause drowsiness. People who abused narcotics such as cigarettes and marijuana felt weak and fatigued, especially under high relative humidity. It also causes patients to feel hot and unpleasant within their bodily systems. Substance addiction tarnishes the country's image, promotes corruption, and causes political turmoil (Kawugana and Faruna, 2018). The current high rate of crime and insurgency in Nigeria may be linked to substance abuse, either indirectly or directly. Addicts require a source of cash to support their substance use.

Substances do not come cheap. Some substance users are either too impoverished, lack financial capabilities, or have lost their source of income to support their substance usage. As a result, they resort to crimes like as kidnapping, armed robbery, and banditry to survive. Above all, there are economic expenses associated with substance abuse. Able-bodied young men and women will become medical concerns for society, incurring high treatment and maintenance costs. There is also a loss in productive capacity.

In 2017, substance users accounted for around 0.9% of the global population (Ritchie and Roser, 2018). Alcohol abuse is responsible for 3.3 million deaths every year, and substance usage affects 31 million individuals. Substance abuse kill more than 2.6 million persons between the ages of 10 and 24 each year (World Health Organization, 2019). Substance abuse is widespread throughout Nigeria's six geopolitical zones.

According to a 2018 report by the United Nations Office on Substance and Crime, the South-West, which includes Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo states, has the highest prevalence of substance use (22.4% or 4,382,000 users), particularly in Lagos and Oyo state, followed by the South-South (16.6%), South-East (13.8%), North-East (13.6%), North-West (12%), and North-Central (10%).

Julia Kobulsky et al. (2017) conducted research on violence exposure and early substance use in high-risk adolescents in Midwestern City, USA, which serves a low-income community. A longitudinal research on the developmental consequences of prenatal cocaine/poly-substance exposure included 297 adolescent-caregiver dyads who were assessed at the 10, 11, and 12th years. The research sample was collected from September 1994 to August 1996, beginning with delivery in the hospital. Violence Exposure was significantly associated with tobacco/illegal substance usage in both genders, as well as an indirect association with alcohol use in females.

The link between violence exposure and tobacco/illegal substance usage in boys and girls is consistent with previous research on adolescent violence and substance abuse.

The current study's findings are relevant to clinical practice. Most significantly, this study emphasizes the significance of early assessment and treatment for adolescents with violence exposure, trauma symptoms, and substance use. This study suggests that when assessing substance use and risk in a therapeutic environment, a trauma-informed strategy that takes into account both violence exposure and trauma symptoms is suitable. It also emphasizes the need of violence prevention in preventing the emergence of substance use issues in prenatally substance-exposed populations. Populations at high risk for violence exposure require specialized gender-sensitive therapy to address and prevent potential trauma symptoms and substance use.

Nisha Beharie et al, 2020 researched on the topic - Associations of Adolescent Exposure to Severe Violence from Substance Use from Adolescence into Adulthood: Direct and Indirect Exposure at USA. A sample size of 12,288 adolescents using the National Longitudinal Study of Adolescent to Adult Health (N=12,288), they examined being shot or stabbed ("experienced"), being threatened with a knife or gun ("threatened"), and seeing someone either shot or stabbed ("witnessed") during adolescence (Wave I) as correlates of substance use in adolescence and adulthood (Wave IV) via logistic regression.

Adolescent substance use was significantly correlated with exposure to violence, and several of these correlations held true in adulthood. For every substance use outcome in adolescence, seeing violence had the highest point estimates in the adjusted models (e.g., Cocaine-Adjusted Odds Ratios [AOR]=2.59, 95% confidence interval [CI]=1.21, 5.54). However, in three of the four substance outcomes in adulthood (e.g., Threatened with violence: Binge drinking-AOR=1.41, 95% CI=1.08, 1.83), the point estimates for having experienced violence were highest. While experiencing and being threatened with violence during youth had a greater impact on substance use in adulthood, watching violence as an adolescent had a bigger influence on substance use during adolescence.

Adolescent violence prevention efforts have the potential to reduce substance use throughout the life course, and clinicians and policy makers should be aware of the downstream effects of violence experienced in adolescence. Formerly, nurses were not heavily involved in the care of patients who were substance abusers; instead, clients with substance use disorders were primarily managed by psychologists and psychiatrists. Currently, the implications of adolescent substance abuse on nursing care are that nurses should treat young people with respect and without prejudice or moralistic beliefs.

Official Publication of Direct Research Journal of Public Health and Environmental Technology: Vol. 9, 2024, ISSN 2734-2182

Professionals must understand that substance use, legal or illegal, is not an abnormality or anomaly, but rather a human cultural condition influenced by a variety of factors, and that the subject being cared for has a variety of reasons based on both past experiences and future goals. Understanding the subjects' ideas, values, and beliefs is critical for understanding the meanings that guide their behaviours in the real world.

In order to establish person-centered care strategies rather than ones that focus on substance addiction, nurses must understand the causes and motivations behind adolescent substance use. The nurse is not in a position to dictate to others what behaviour is appropriate or to demand that they abstain. Clinical nursing care in the future should concentrate on mental health promotion, prevention, and therapeutic interventions that support the conditions required for adolescents to fully comprehend their motivations and decisions and create the conditions necessary to support their autonomy and take positive actions in life. These decisions should not be made at random or only based on the nurse's skill set; rather, they should be supported by the best available national and international scientific data as well as national mental health policies that prioritize harm reduction and subject autonomy. Clinical nursing care should prioritize actions that offer the best conditions possible within the given environment and context when it comes to promoting mental health in order to help adolescents grow their mental health to the point where they want to change their lifestyle to one that involves healthier habits. Interpersonal interactions, the health promotion model, transitions, and the adaption model are among the nursing theories that underpin this clinical care (Bittencourt et al., 2018). These nursing theories must be incorporated into the nursing care provided to the impacted patients.

THE PREVALENCE OF SUBSTANCE ABUSE IN NIGERIA

Nigeria currently faces a serious challenge as its citizens indulge in substances and substances despite a 1990 National Substance Policy adopted to guard against inadequacies in substance availability, supply and distribution (Olanrewaju et al., 2021). Substance abuse are prevalent across Nigeria's six geopolitical zones. However, the South-West, a zone of serious concern that comprises Ekiti, Lagos, Ogun, Ondo, Osun and the Oyo States, is reported to have the highest prevalence of substance use (22.4% or 4,382,000 users)—especially in Lagos and Oyo state—according to a 2018 report by the United Nations Office on Substance and Crime, followed by the South-South (16.6%), South-East (13.8%), North-East (13.6%), North-West (12%) and North-Central (10%) (UNODC, 2017). The continuous intake of cannabis and psychotropic substances such as benzodiazepines and

amphetamine-type stimulants were approximately 11%, with heroin (1.6%) and cocaine (1.4%) being the least consumed in both urban and rural areas (UNODC, 2017). According to a 2018 report by the United Nations Office on Substances and Crime in Nigeria, 14.4% (14.3 million) of people aged 15 to 64 consume substances. A statistical analysis of the findings of a 2015 nationwide survey of 10,609 respondents revealed that alcohol has the highest prevalence rate, while cannabis is the most abused illicit substance (Adamson et al., 2015).

The considerable increase in substance abuse engendered the war against substances, which was marked by the creation of two federal agencies in Nigeria: The National Substance Law Enforcement Agency in 1990 and the National Agency for Food and Substance Administration and Control in 1993 (National Agency for Food and Substance Administration and Control-NAFDAC, 2020). The lifetime consumption of cannabis as well as psychotropic substances like benzodiazepines and amphetamine-type stimulants, was about 11%, while heroin (1.6%), and cocaine (1.4%) were reported the least consumed in both urban and rural areas (UNODC, 2017). That same year, substance abuse appeared to be more common among males (25.2%) than females (approximately 8%), and the age range of first use was 10 to 29 years.

Substance abuse is ubiquitous in Nigeria at all educational levels, including secondary school (Idowu A et al, 2018). Notably, Nigeria's South-West region boasts one of the highest number of universities in the country, with 45 authorized by the National University Commission. The South-South, South-East, North-Central, North-East, and North-West zones include 24, 20, 19, 14, and 14 universities, respectively (Ibiyemi, 2020).

These universities are higher education institutions that offer teaching and research facilities, as well as degrees in a variety of fields. Typically, a university has an undergraduate division that awards bachelor's degrees and a graduate school division that awards advanced diplomas (master's and doctorate degrees) (Allan, 2020.) Undergraduates are more likely than postgraduate students to be launched into dangerous behaviours such as substance addiction (Osman et al., 2016). Substance and other substance abuse, as well as associated crime, have contributed significantly to the recent increase in the number of young people imprisoned. Low self-esteem, peer pressure, a need for extra energy for daily activities, bad socioeconomic conditions at home, and experimental curiosity are all factors that contribute to starting.

SUBSTANCES AND SUBSTANCES ABUSED BY ADOLESCENTS

Alcohol
Tobacco

Official Publication of Direct Research Journal of Public Health and Environmental Technology: Vol. 9, 2024, ISSN 2734-2182

Cannabis
Cocaine
Hallucinogens
Inhalants (Shisha)
Prescription opioids
Prescription stimulants
Methamphetamine (Crystal Methamphetamine- Ice)
Tobacco or Nicotine

The substances that are used most by adolescents are Alcohol, Nicotine (in tobacco or vaping products), and Cannabis.

Alcohol

Alcohol is the most commonly used substance among adolescents. According to the Monitoring the Future Survey on Substance Use, by 12th grade in 2021, 54% of adolescents have tried alcohol, and roughly 26% are current drinkers, having consumed alcohol within the previous month. Adolescents who drink heavily may have considerable alcohol poisoning.

Nearly 90% of all alcohol ingested by teens occurs during a binge, placing them at risk for accidents, injuries, unwanted sexual behaviour, and other negative consequences. A binge is a pattern of alcohol intake that results in a blood alcohol level of 80 mg/dL (17.37 mmol/L). The number of beverages required for a binge varies by age and gender, but younger adolescents can consume as few as three drinks within two hours.

Tobacco

The majority of adult smokers began in youth. Adolescents who do not use cigarettes before the age of 19 are far less likely to become smokers as adults. Children as young as 10 may experiment with cigarettes (Johnston et al., 2022). According to the Monitoring the Future Survey, only 4.1% of 12th graders reported current cigarette usage (smoked within the last 30 days) in 2021, down from 28.3% in 1991 and 5.7% in 2019; just over 2% reported smoking every day (Johnston et al, 2022).

Adolescents may also use tobacco products in other forms. About 2% of high school students are current users of smokeless tobacco (Johnston et al, 2022). Smokeless tobacco can be chewed (chewing tobacco), placed between the lower lip and gum (dipping tobacco), or inhaled into the nose (snuff). The strongest risk factors for adolescent smoking are having parents who smoke (the single most predictive factor) or having peers and role models (eg, celebrities) who smoke.

Electronic Cigarette Products (Vaping Products).

Heat is used by electronic cigarettes, also known as e-cigarettes, e-cigs, and vapes, to volatilize a liquid that

contains the active ingredient, usually tetrahydrocannabinol (THC) or nicotine. Adolescents did not utilize many of the early versions of electronic cigarettes, which were first introduced to the market as alternatives to smoking for adult smokers. Since then, they have changed to become "vapes," which are quite alluring to adolescents and have grown in popularity over the past several years, particularly among those from middle-class and upper-class backgrounds. The percentage of 12th graders who now use e-cigarettes (that is, vaping only for nicotine, without including other substances) rose significantly from 11% in 2017 to 25.5% in 2019 (Johnstone et al., 2022).

Electronic cigarettes have distinct side effects than smoking. Other compounds included in vaping products can induce lung harm, which can be acute, fulminant, or chronic and, in the most severe cases, fatal. Furthermore, these products can deliver extremely high levels of nicotine and THC. THC and nicotine are extremely addictive, and toxicity is probable. E-cigarettes are becoming the primary route of nicotine exposure for adolescents, although its impact on adult smoking rates is unknown (Underwood et al., 2020).

Cannabis (Marijuana)

Cannabis is popularly known as marijuana, heroine or Igbo.

Its derivatives include Colorado (colours), Canadian Loud, Black Mamba, Green Snake, Arizona, Skunk Cannabis (SK), Molly, and Skunk. Marijuana refers to the dried leaves, flowers, stems, and seeds of the Cannabis sativa, Cannabis indica, or Cannabis ruderalis plant. The plant contains the mind-altering substance THC, as well as cannabinoids and other related compounds.

Cannabis is by far the most commonly grown, trafficked, and abused illicit narcotic. Cannabis accounts for half of all substance seizures worldwide. The geographical spread of those seizures is also global, affecting nearly every country in the world. Cannabis is consumed by around 147 million individuals, or 2.5% of the global population (annual prevalence), while cocaine and opiates are consumed by 0.2% and 0.2%, respectively. Cannabis abuse has increased at a faster rate than cocaine and opiate abuse over the last decade. Cannabis usage has increased at the fastest rate since the 1960s in industrialized countries such as North America, Western Europe, and Australia. Cannabis has grown more associated with youth culture, and the age of initiation is typically lower than for other substances (World Health Organization, 2016).

Marijuana is the most commonly used federally illegal substance in the United States; 48.2 million people, or nearly 18% of Americans, used it at least once in 2019 (National Survey on substance Use and Health, 2019).

Official Publication of Direct Research Journal of Public Health and Environmental Technology: Vol. 9, 2024, ISSN 2734-2182

According to recent studies, around three out of every ten people who use marijuana have marijuana use disorder; those who start using marijuana before the age of 18 are at an even higher risk of acquiring marijuana use disorder.

Marijuana usage has a direct effect on the brain, particularly the areas involved for memory, learning, attention, decision-making, coordination, emotion, and reaction time. Infants, children, and adolescents (whose brains are still developing) are most vulnerable to the negative effects of marijuana. Long-term or frequent marijuana use has been associated to increased risk of psychosis or schizophrenia in some users (D.Forti et al, 2015). Using marijuana while pregnant may raise the chance of pregnancy problems. People who are pregnant or breastfeeding should avoid marijuana (National Academics of Sciences, Engineering, and Medicine, 2017).

SOURCES OF ILLICIT SUBSTANCES

Pharmacies/patent medicine stores, the open substance market, substance hawkers, hawkers of traditional herbal medicines, other substance users, underground agents, family members, friends, teachers, physicians, and other healthcare practitioners are some of the places where substance addicts get their narcotics.

THE CONCEPT OF SUBSTANCE ABUSE

The concept of substance abuse refers to the idea, thought, causes, and reasons that adolescents take substances. Here are some of the most prevalent causes of substance abuse, as well as why adolescents use substances.

Enjoyment of getting high

Many people attempt substances as an experiment and end up experiencing euphoric effects from them. The chemical reactions between the medication and the brain produce dopamine, which many people find enjoyable. When this happens, people will continue to seek the same exhilaration and release because they enjoy how it makes them feel. It could make people feel more comfortable, self-assured, in control, or any number of other things.

Boredom

Teens and young adults typically encounter feelings of boredom or monotony, as many of them don't yet have adult obligations such as work, bills, higher education, families, and more. Substance use may appear to be a simple or fun method to spend the time. While this may not always lead to a full addiction, it can often become a

go-to means of reducing boredom instead of choosing other good activities.

Wanting to fit in

Humans are social creatures, therefore it's crucial for us to feel like we fit in. This can affect people of all ages, but it is most prevalent throughout the adolescent and early adult years. If they see others doing substances, they may feel excluded or as if they don't belong. As a result, they put pressure on themselves to do substances as well.

Curiosity and experimentation

For those who are around substances, but haven't yet used them, they may hear positive feedback about certain substances. They may become intrigued or interested in their friends' experiences, and so they try certain substances as well. This isn't necessarily the result of the pressure of fear of not fitting in, but rather genuine curiosity and a desire to try something new.

Rebellion

Certain personalities are more likely to revolt or go against the grain. This happens in adolescents and even adults. Because substance usage is illegal or socially unacceptable, some people feel compelled to use it in order to rebel, stand out, or be different. For some people, this is only a period of rebellion and experimentation, but it can progress to addiction.

Being in control

Many people lose control of their lives when they experience stressful events such as relationships, job loss, health issues, or other calamities. Substance use gives many people a false sense of control over their health, emotions, or behaviours, which appeals to them. They may believe that when everything else around them falls apart, they can rely on their substance usage to keep them stable.

Enhance performance

Certain medicines may temporarily improve cognitive function, memory, and focus. They may also help reduce weariness and lethargy. These are typically stimulants and other prescription medications. For students or busy professionals, these medications may appear to be a reasonable alternative. Other medications, such as anabolic steroids, human growth hormones, or stimulants, are used to increase athletic performance or in persons who engage in excessive physical activity. People frequently use these medicines to compete or to

achieve a specific appearance.

Prescription medications

Prescription substance abuse is becoming an increasingly serious problem that affects many people. Patients who are recovering from surgery and dealing with injuries or other medical issues may be prescribed opioid medicines by their doctors.

Some people are prone to misusing prescribed opioid medications either because of acute or chronic pains or an underlying medical condition and if such patients are not properly monitored, they may become unknowingly addicted to because of the "high" and euphoric sensation they get after taking an opioid medication. Such patients seek out ways to get these opioid pain killers over the counter either in a chemist or patent medicine stores where a drug prescription is not compulsory before a drug can be purchased.

Isolation

Despite being more connected than ever, many people experience feelings of loneliness. If they believe they cannot relate to others or are not understood by their peers, they may feel out of place. These feelings can eventually lead to low self-esteem or despair. This only exacerbates the sense of isolation. To alleviate their loneliness or emptiness, individuals utilize substances to feel alive and forget about being lonely. Using substances may also provide individuals with a sense of accomplishment and purpose.

Instant gratification

Many people have personalities that seek rapid gratification. This means they seek immediate satisfaction rather than delayed gratification. This may be especially true for young people, who are now conditioned to expect things to happen on demand. Substance usage provides immediate fulfilment in terms of physical, psychological, and emotional stimuli. It is also frequently a social act, which increases emotions of enjoyment.

Availability of Substances

People can now purchase substances more easily thanks to the convenience of the internet and modern technology. Specifically, prescribed pharmaceuticals are now being distributed as street narcotics. They are also easily obtained from acquaintances, family members, and coworkers who have their own prescriptions. Prescription medicines are also quite easy to obtain with a doctor's prescription, as long as there are no obvious indicators of abuse or dependence.

Recreation

Many people use substances or alcohol socially with friends or to “unwind” after a long day. They often see substances as a way to relax or clear their minds. Recreational substance users are still at risk to become addicted if their use becomes more frequent or they use highly addictive substances.

Grieving

People are emotionally devastated when they lose a loved one, such as a close friend or family member, or even a mentor who had a great influence on them. Different people deal with grief in different ways. Some people can seek counselling or deal through sorrow on their own in healthy ways. Other others struggle with emotional or physical loss; therefore, they utilize medications to cope with sadness in the short term. However, for some people, this short-term coping method might lead to long-term reliance.

End of a relationship

The breakup of a relationship is one of the most emotionally traumatic events in a person's life. When a relationship ends in a divorce or breakup, it can have a detrimental influence on self-esteem. This has an impact on other aspects of life, such as profession, friendships, families, and even one's capacity to discover a sense of purpose. If the individual does not have access to sufficient emotional support, they may turn to substances to cope with the loss of their relationship.

Mental Illness

Mental illness is a complex risk factor for substance abuse. There are various types of mental illnesses that present in different ways. Some people who are struggling with mental illness may turn to medicines to help them rationalize or make sense of their situation. Others who suffer from depression or anxiety disorders may use medicines to help them overcome their bad mental states.

Environmental influences

A person's environmental exposure can influence and induce substance use. Growing up in poverty or in a household with substance addiction, abuse, criminality, or other negative characteristics can put people at risk for substance abuse. They may see substance usage as normal or acceptable. Alternatively, they may assume this is a pattern they can fall into.

Relaxation

The average adult faces typical life obligations such as bills, family, and work. Because of this, many people look for outlets to help relax and find a balance between responsibilities and having fun. Unfortunately, some people may use substances as an outlet to help relax and unwind on evenings and weekends. If left unaddressed, this pattern can develop into a dependence or addiction.

Self-Medication

When people are experiencing physical or mental suffering, they may turn to medicines for relief. This means they take substances that were not recommended to them by a doctor. Instead, they utilize medicines to relieve their own agony. Certain painkillers are extremely addictive, which frequently leads to addiction.

Financial stress

For many people, the weight of financial worry can be unbearable. People who are under financial strain may feel helpless, frantic, and uncontrollable. These emotions give rise to psychological and emotional states that incite substance abuse. Substances frequently make it easier for users to ignore or completely forget about their financial obligations.

Career pressures

In today's world, it's normal to associate your identity with your line of work. Many people feel under constant pressure to do well in their careers, and this pressure frequently manifests in how they view their own value. Stress on the mental and emotional levels might result from this kind of pressure. Substances can be used to cope, forget setbacks, or improve performance, as well as to reduce work-related stress and improve performance.

School pressures

School pressure is another common reason why people abuse substances, just like career pressure. A lot of people deal with heavy workloads from classes and homework, financial strain from student loans, juggling career and family obligations while attending school, and pressure to do well academically. Certain individuals may find it easier to turn to substance usage as a coping mechanism as a result of these stressful situations. Professional educational programmes, like law or medicine school, also have higher financial requirements and even higher academic demands. In graduate programmes, stimulants and other medications are frequently used by students to improve their cognitive

performance.

Family demands

Financial responsibilities to family members and juggling employment and childrearing are typical family pressures. But it can be challenging to handle when those demands become too much. This might be particularly relevant for recent mothers, who sometimes experience worry, loneliness, and isolation. Substance use, particularly the use of prescription medications, can become a convenient way for parents to assist in meeting the needs of the home.

Peer and social pressure

External peer pressure is one of the most well-known ways that people, particularly teens and young adults, begin using substances. Peer pressure is the term used to describe how people start using substances as a result of peer pressure. They feel compelled to keep doing substances even though they are aware of the serious implications since it becomes something, they all have in common. Additionally, social media, television, and other celebrity influences may put younger individuals under social pressure to consume substances. It's probable that people feel under pressure to use substances when they witness substance usage being praised in the media.

Trauma and abuse

Traumas, past or present, including abuse, mishaps, crises, and other incidents, can have a detrimental psychological effect on a person. Traumatic experiences can leave an impact on memory, making it challenging to get over them. Even childhood traumas might return when adulthood brings up fresh ideas and thoughts. People who take substances to help them forget these memories may not be getting professional support to manage trauma in a healthy way. Living in an abusive home or experiencing other current traumas can also lead to substance abuse as a coping mechanism for the suffering. Substance use can easily develop into an addiction in this situation because abuse is frequently experienced on a frequent or even daily basis.

THE RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND VIOLENCE

Alcohol, aggression, and violence: A conundrum

Numerous reports from several nations have linked alcohol use to violent crimes and domestic violence. It is commonly known that substance abuse and violent behaviour are related. greater levels of aggression were linked to the consumption of alcoholic beverages with a

greater alcohol content at doses of 0.75 g/kg and above (Hockin et al., 2018; Kuypers et al., 2020). According to one study, over 26 percent of participants who admitted to using cocaine, marijuana, and alcohol over the previous 12 months also said they had committed a violent crime during that time. Compared to other substances, alcohol intake is more strongly linked to violent behaviour (Arzteblatt et al, 2013). As a matter of fact, almost half of all violent crimes and sexual assaults involve some degree of extreme alcohol intoxication on the part of the offender, victim, or both (Arzteblatt et al, 2013).

The literature reviewed for this article as well as earlier research indicate that a number of contextual and individual factors influence the possibility that a drunk person may commit a violent or aggressive conduct. One of the causes of intoxicated aggression is emotional dysregulation and impulsivity, which can be combined with pre-existing psychiatric comorbidities like personality disorders and intermittent explosive disorder, as well as genetic predisposition and environmental stressors like the most frequently linked childhood adversity.

Alcohol use and domestic violence

Domestic violence can take many different forms, such as threats, property destruction, harm to pets, coerced sexual acts, and physical acts (such as slapping, kicking, pulling hair, and more) directed towards intimate partners, spouses, parents, stepparents, children, siblings, and other family members. According to research, 25% to 50% of males who commit acts of domestic abuse also experience sexually transmitted diseases. Substance and alcohol abuse is a factor in 80% of child abuse instances. Domestic violence victims are more likely to be women who abuse alcohol and other substances (Substance Abuse and Mental Health Service Administration, 2015). There is a lot of research that connects alcohol use to domestic violence or abuse. A study carried out in the Melbourne metropolitan area of Australia discovered a substantial long-term correlation between the density of alcohol outlets and the rates of domestic violence (Gadd et al, 2029). Domestic violence using alcohol is twice more likely to result in physical harm, including potentially fatal injuries, in Australia (Mayshak et al., 2020). According to a UK police report audit, "under the influence of alcohol" is a factor in about two thirds of domestic incidents that are reported to the police (Alcohol Research UK, 2021). The same study also found that people who consumed alcohol exhibited increased levels of hostility and believed that alcohol directly influenced their behaviour. Research from across the globe shows a similar trend: women are more likely to experience abuse from living partners who are heavy drinkers, and men tend to perpetrate worse attacks after drinking. It is not possible to deduce these behavioural

patterns from women. In India, people who knew or were close to heavy drinkers reported experiencing physical, sexual, psychological, financial, and social harm at the hands of these individuals. A cross-sectional study conducted in Kerala, India, with spouses of male alcohol addicts enrolled in de-addiction programmes, found a strong relationship between the number of stressful events in the previous year and the length of marriage and the incidence of domestic violence (Indu et al., 2018). In the United States, alcohol was a factor in 40% of domestic violence cases that were reported at the time of the offence. Additionally, it has been discovered that when an offender is drunk as opposed to not, the aggression is more intense. According to the literature currently in publication, alcohol use is worsened by increased intake and is more closely associated with the intensity of domestic violence than its incidence (Galbicsek, 2020). (Ferrari et al., 2016).

In forty percent of domestic violence instances in the United States that were reported at the time of the incident, alcohol was a contributing element. Furthermore, it has been found that an offender exhibits more severe hostility when intoxicated compared to sober. The literature now under publication indicates that alcohol use is more closely connected with the degree of domestic violence than its incidence, and that higher intake exacerbates the problem (Galbicsek, 2020). Ferrari and associates (2016). New data from a number of nations reveal an upsurge in calls to domestic violence hotlines since the start of the COVID-19 outbreak. The United Nations Secretary-General has referred to the increase in domestic abuse during the COVID-19 epidemic as a "shadow pandemic" (UN Women, 2020). The number of domestic violence cases worldwide has been startlingly rising in a number of countries. In Brazil, for example, cases have increased by 50%; in Spain, helpline calls have increased by 20%; in Cyprus, domestic violence cases have increased by 30%; in the UK, there has been a 25% increase in helpline calls and a 150% increase on the Refuge website; and in Hubei, China, domestic violence cases have nearly doubled (Anju, 2019). Domestic violence increased globally as a result of the COVID-19 pandemic, regardless of the nations' economic standing (Finlay and Gilmore, 2020). Accordingly, during the lockdown in the UK in March 2020, alcohol sales rose by 67% (Finlay and Gilmore, 2020).

Alcohol, aggression, and crime

According to research, alcohol addiction and dependence were discovered in 18% to 30% of male prisoners and 10% to 24% of female prisoners. Similarly, substance abuse and dependency were observed in 10% to 48% of men and 30% to 60% of women (Hakansson et al, 2018). Studies show that violent offenders are more likely to

abuse sedatives and alcohol (Hakansson et al., 2018). According to estimates, alcohol is involved in almost half of all sexual assaults on college campuses, either by the perpetrator, the victim, or both. However, alcohol does not induce sexual assault; rather, it contributes to sexual violence. According to one study, men who have reported binge or heavy alcohol consumption are more likely than other men to report sexual assault. As previously said, drinking affects perceptions and reduces inhibitions. One research asked sober males to read a tale about a man pressuring his date to have sex. Participants admitted that when they were intoxicated, they were more inclined to behave like the man in the story. Aside from alcohol, other substances enhance the likelihood of sexual assault. In a survey of adolescent opioid users, 41% of females and 11% of males reported being compelled to have sex while using substances (Jessell et al, 2017). Aggression is the foundation of violent behaviour. Violence as aggression has the objective of causing severe injury, including death. In this milieu, violence and criminal behaviour are frequently linked to substance abuse. Alcohol is a major contributor to violent occurrences (i.e., murder) because of its disinhibiting effects and loss of emotional control, which increases vulnerability to physical attacks and, eventually, murder.

According to Pinel and Barnes (2018), alcohol causes more than 2 million deaths worldwide each year (due to illness, accidents, and violence). A modest amount of alcohol in the blood causes cognitive, perceptual, linguistic, and motor deficits, as well as a loss of control, which can lead to undesirable social behaviour, including violence (Pinel and Barnes, 2018). Alcohol plays a crucial role in violent interactions that lead to homicide, according to criminology. Substance abuse, particularly alcohol consumption, is widely recognized as a significant risk factor for criminal behaviour and violent crimes, including those involving mental disorders. The strong link between alcohol use and violence has been widely documented, as alcohol use is a significant predictor of violence.

Substance use, suicide rate and homicide

Suicidal behaviour can be influenced by a variety of circumstances, but substance abuse, particularly alcohol abuse, has been connected to a high rate of suicides and attempted suicides. Suicide is classified by the World Health Organization as a type of "self-directed violence." Sixty-three thousand adults who reported using alcohol within the previous month made an attempt at suicide, according to a 2019 poll. Of those surveyed, about 24,000 acknowledged using a lot of alcohol within the previous month. The same study also revealed that 54,000 people who attempted suicide in the previous year also used alcohol and illicit substances, while 80,000 people who had attempted suicide in 2019 had

used either or both of these substances (Substance Abuse and Mental Health Service Administration, 2020). Furthermore, between thirty and forty percent of suicide attempts involve extreme drunkenness.

Studies reveal that alcoholism is linked to a suicide risk that is ten times higher than the overall population's suicide risk, and injectable substance abusers have a suicide risk that is fourteen times higher than the overall population (Substance Abuse and Mental Health Service Administration, 2016). Additional information revealed that in 2016, 22% of suicides involved alcohol consumed over the legal limit, 20% involved heroin and other prescription painkillers, 10.2% involved cannabis, and roughly 8% involved cocaine or amphetamines (Substance Abuse and Mental Health Service Administration, 2016).

In countries including Finland, Netherlands, and Sweden, alcohol consumption led to lethal violent crimes reported from 2003 to 2006. In Finland alone, 491 persons were killed within 4 years period and ~82% of the perpetrators were intoxicated with alcohol, where 39% of them were alcoholics and 45% of the reported murders were committed with knives. In Singapore, out of 253 homicide offenders, 141 individuals (56%) were suffering from AUD and 121 offenders (48%) drank alcohol within 24 hours preceding their criminal offense (Yeo et al., 2019). Although many studies from various countries strongly concluded that alcohol is a risk factor for murderous acts, the majority of these studies correlated the level of alcohol consumption rather than the pattern of hazardous intake or types of beverages consumed, which is more likely to cause severe disinhibition and thus more damage. In keeping with this, Weiss et al. (2018) found no association between alcohol consumption level and homicide rates in a sample of 85 nations; nevertheless, they discovered a positive association between hazardous drinking pattern and homicide rate. In contrast, a cross-sectional analysis of data from 83 countries that adjusted for numerous possible confounders found that nations with riskier drinking patterns had no higher homicide rates than countries with less risky drinking patterns. However, the same researchers found that the relationship between homicide rates and alcohol was beverage specific, with beer and spirit use favourably connected and wine inversely correlated (Hockin et al., 2018). As previously said, intoxication does not cause violence; nonetheless, it may enhance the chance of violent behaviour in some individuals.

RISK FACTORS OF SUBSTANCE USE DISORDER

Parental substance abuse

Parental substance abuse has a significant impact on the well-being of children. According to Lipari and Van Horn

(2017), one out of every eight children in the United States (8.7 million) has at least one parent who consumes alcohol. Parents who struggle with substance abuse are less likely to operate effectively as parents. This is due to the constant physical and mental impairment caused by alcohol and substances, the difficulties with emotion regulation and controlling anger and impulsivity, the lack of household resources as a result of habitual substance and alcohol use, and the amount of time spent away from children while incarcerated or seeking out or using alcohol and substances. As a result, parental substance abuse is recognized as a risk factor for a variety of types of child abuse, including child neglect, physical, sexual, and emotional abuse. Children of substance-abusing parents are more likely to be abused or neglected, and this abuse will have a long-term negative influence on their life. These youngsters are more likely to be traumatized, have difficulty concentrating and learning, control their physical and emotional reactions to stress, and build trusting connections.

Childhood adversity

Stress during early life, also known as childhood adversity or childhood maltreatment, is associated with the development of personality disorders (Porter et al., 2020), affective disorders (Hoppen and Chalder, 2018), and alcohol use disorder (Evans et al., 2017). Among these, physical, emotional abuse, and maternal rejection are associated with the shaping of personality (Schouw et al., 2020) and maladaptive schemes in adulthood (Pilkington et al., 2021). For an instance, physical abuse and neglect lead to antisocial traits (Schorr et al., 2020). Factors such as family dysfunction, as violence in the family, show a strong correlation with adulthood aggression (Khodabandeh et al., 2018; Labella and Masten, 2018) through emotion-related impulsivity and behavioral response inhibition (Madole et al., 2020). In line with this, it has been reported that a high level of childhood adversity increases one's likelihood to substance use through reduced functioning of the anterior cingulate cortex in inhibitory control, indicating a higher impulsive response (Fava et al., 2019)

Individual risk factors

Individual risk factors for substance abuse can be categorized based on age. Children and adolescents under the age of 18 try substances for a variety of reasons, including seeking a new experience or adventure, dealing with interpersonal trauma, ethnicity, gender, and socioeconomic status. Academic stress is a major contributor to substance abuse in young adults aged 18 to 25, as well as the long-term use of prescription medications following minor surgery or a

poor relationship with parents.

Peer risk factors

Individuals who join their peers in using illegal substances do not do so by chance; many factors draw these individuals towards friends or peers who abuse substances, such as family issues or behaviours and attitudes that they have in common with these groups. Often, people seek the safety that these groups or gangs provide. However, peer factors are not only about

Environmental risk factors in childhood and adolescence

According to a 2015 study, a person's environment increases their likelihood of addiction greatly (Ogunsola et al., 2016). A total of 600 respondents, both urban and rural, were interviewed. It was discovered that several risk factors, including being male, having friends who are a "bad influence," the parental norm, fathers' and mothers' educational levels, and parental connectedness, were associated with poor outcomes in adults' lives (Connection between Substance Use Disorders and Mental Illness, 2022).

Co-occurring disorders

A dual diagnosis is a condition that includes both serious mental illness and substance abuse issues. Anxiety disorders, depression, bipolar disorder, attention deficit hyperactive disorder, psychotic illnesses, borderline personality disorders, schizophrenia, antisocial personality disorder, emotional disorders, and other psychotic mental illnesses can all lead to serious mental illness and, ultimately, substance abuse disorders. People with mental illnesses are more likely to develop substance use disorders than those without mental illnesses. According to SAMHSA's 2021 National Survey on Substance Use and Health, roughly 9.2 million adults in the United States suffer from a co-occurring disorder. In 2020, 17 million adults (6.7%) had a substance use disorder (SUD) as well as a mental health condition. The association between SUDs and mental disorders is bidirectional, which means that a mental health issue may lead to the development or worsening of a SUD, and vice versa. The inclusion of both SUDs and mental health disorders leads to greater functional impairment, poorer treatment outcomes, higher morbidity and mortality, higher treatment costs, and a higher likelihood of homelessness, incarceration, and suicide. Though there are three potential theories, it is unclear why substance use disorders and mental health illnesses frequently coexist. The temporary masking of mental health issues (such as depression or anxiety) by some substances could be one reason for this.

The possibility that some substances cause mental health disorders that otherwise would not have arisen is a possible second explanation.

For instance, studies reveal that drinking alcohol may change the brain's capacity to heal from stressful events, which raises the risk of post-traumatic stress disorder (PTSD). According to the Substance Abuse and Mental Health Services Administration (2016), a third explanation is that certain genes, neurobiology, or exposure to traumatic or stressful life events can all contribute to the development of both substance use disorders and mental health disorders. The symptoms of substance use disorders and mental health illnesses overlap, which makes treatment planning and diagnosis difficult. For instance, prolonged methamphetamine use can cause delusions, hallucinations, and paranoia that might be confused with schizophrenia symptoms (Substance Abuse and Mental Health Services Administration, 2016).

Genetic polymorphism

Finding out how genetic factors affect the aetiology of addiction may improve patient responsiveness to treatment and help avoid illness. The fundamental significance of the genetic component of substance addiction has been explored using genome-wide techniques and candidate gene investigations, which uncover the genes required for neuroadaptation (Al-Eitan, 2021). Numerous researches substantiate the connection between substance abuse and genetic polymorphism. The rs1799971 allele and genotype of the OPRM1 gene were discovered to be linked to substance addiction. In addition, genetic variations in the OPRM1, OPRD1, and OPRK1 genes, as well as the age of addicted persons, their smoking habits, and their marital status, may be linked to the likelihood of developing a substance addiction (Al-Eitan, 2021). According to research on genetic polymorphism, environmental stresses are more important than high-risk genes in explaining violent behaviour (Schwab-Reese et al., 2020). On the other hand, others have observed that epigenetic mechanisms, which modify the genes of various systems, including the immunological, neurological, and neuroendocrine, mediate the interplay between genetic and environmental factors (Chistiakov and Chekhonin, 2017).

Abuse of prescription or over the counter medicine (OTC)

Recently, there have been increasing reports of the abuse of prescription and OTC substances. OTC substances are medications available without supervision, meaning that people can easily procure them. They are typically safe if used in recommended and prescribed doses. However, these substances can also be harmful, as overdose can lead to addiction and

dependency. Moreover, they also pose a significant risk of organ damage (Sansgiry et al, 2017).

Substance abuse in the past has a significant influence on the development of addiction in the future. Numerous studies support this, showing that using substances and alcohol before puberty increases the likelihood of developing a substance abuse disorder in the future. Furthermore, it has been discovered that alcohol consumption at different initiation ages is linked to the likelihood of addiction and abuse. According to one study, alcohol consumption before the age of 11 typically results in alcohol abuse in adulthood (Morales et al., 2020). Furthermore, a high risk of future cannabis and alcohol dependence has been associated with early life tobacco use and continued tobacco use during adolescence (Mills et al., 2017).

Age

According to data from 2016, 5.6% of people worldwide between the ages of 15 and 64 had used substances at least once in their lifetime. Substance misuse has become a more widespread problem among adolescents and young adults during the past ten years, particularly among men in their 15–30s. According to the 2013 Global Burden of Disease Study, the age group between 18 and 25 years old was the one that used these substances the most, with the peak age of initiation occurring between 16 and 18. Moreover, using these substances was linked to 14% of health issues among young men (Nawi et al., 2021).

Gender

Although it was previously believed that women were less prone than males to participate in binge drinking behaviours, research from the United States in recent years has shown that the rate of binge drinking among adult women (aged 21–49) has been increasing (Hasin et al., 2019; Sarah and Keyes, 2020). There appears to be some evidence of convergence between the binge drinking patterns of men and women. From 2000 to 2010, it was discovered that the prevalence of binge drinking in the month prior was higher in women than in men. Conversely, the considerable reduction in men's binge drinking frequency compared to women is thought to be the cause of the convergence of frequency in both genders' binge drinking behaviours. Furthermore, data indicates that, compared to all other age groups, the convergence of men and women has typically been stronger in the early adult age group (Wilsnack et al., 2018). According to data from 2006 to 2018, both men and women are becoming more and more binge drinkers; among women, the biggest increase was observed in the 30- to 44-year-old age group without children (Sarah and Keyes, 2019).

The Negative effects and consequences of substance use disorder

Substance use disorder can lead to short- and long-term negative health effects. These can be physical and mental, ranging from moderate to severe. They will depend on the substance a person had been using. When chronic substance use occurs over a long period, these short-term physical effects may cause long-term changes to a person's brain and body.

Physical (Medical) effects of substance use disorder

The specific physical effects of substance use may vary among individuals and depend on the substance, dosage, delivery method, and length of use.

Substance use can sometimes lead to serious health consequences, including Trusted Source overdose and death.

Short-term physical effects

Using any substance can cause short-term physical effects. The following are examples of common substances, their short-term physical effects, and potential health risks due to SUD.

Alcohol

Deficits in coordination, a quickened heartbeat, reddening of the skin or face, dizziness, nausea and vomiting, potential hypothermia, potential coma.

Methamphetamines

Increased wakefulness and physical activity, decreased appetite, increased breathing, increased or irregular heart rate, increased blood pressure, increased temperature.

Cocaine

Narrowed blood vessels, enlarged pupils, increased body temperature, heart rate, and blood pressure, headache, abdominal pain and nausea, erratic and violent behaviour, heart attack, stroke, seizure, coma,

Benzodiazepines

Slurred speech, dizziness, problems with movement, slowed breathing, lowered blood pressure.

Heroin and other opioids

Dry mouth, itching, nausea, vomiting, slowed breathing and heart rate.

Tobacco and Nicotine

Increased blood pressure, increased breathing, increased heart rate,

Tobacco or Nicotine

Greatly increased risk of cancer — lung cancer due to smoking, oral cancer due to chewing, chronic bronchitis, emphysema, heart disease, leukemia, cataract, pneumonia.

Long-term physical effects

Using substances for an extended time may have long-term health consequences. These lasting effects depend on multiple factors, including the substance, the amount, and how long a person has used it. Examples of commonly used substances and potential long-term physical effects of SUD include:

Alcohol

Heart disease, stroke, liver disease and inflammation (alcoholic liver disease), pancreatitis, digestive problems, cancer of breast, mouth, throat, esophagus, voice box, liver, colon, and rectum, weakened Trusted Source immune system, alcohol use disorder or alcohol dependence

Methamphetamines

Severe dental problems, weight loss, intense itching leading to skin sores, risk of HIV, hepatitis, and other diseases from shared needles.

Cocaine and Heroin

When a person snorts them, these substances may cause: Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing.

Other effects include

Infection and death of bowel tissue from decreased blood flow. Inadequate nutrition and weight loss, collapsed veins, abscesses, infection of the lining and valves of the heart, constipation and stomach cramps, liver or kidney disease, pneumonia, fatal overdose.

Tobacco or Nicotine

Greatly increased risk of cancer — lung cancer due to smoking Trusted Source or oral cancer due to chewing, chronic bronchitis, emphysema, heart disease, leukemia, cataracts, pneumonia,

Official Publication of Direct Research Journal of Public Health and Environmental Technology: Vol. 9, 2024, ISSN 2734-2182

Mental effects of substance abuse

Substances, such as alcohol, cannabis, stimulants, and opioids, are psychoactive substances that may change an individual's brain function and structure after chronic use. This can result in cognitive and behavioral changes and deficits that may remain even after someone stops using. The exact mental or cognitive effects of SUD may vary depending on the type of substance and the duration of use. SUD may also exacerbate symptoms of other mental disorders, and early substance use is a strong risk factor for the later development of substance use disorders. It may also be a risk factor for developing other mental illnesses. For example, frequent cannabis use in adolescents can increase the risk of psychosis in adulthood in individuals who carry a particular gene variant.

Short-term mental effects

Examples of common substances and their short-term mental effects include:

Alcohol

Feelings of euphoria, reduced anxiety, easing of social interactions, irritability and anxiety upon withdrawal.

Cannabis

Enhanced sensory perception, feelings of euphoria and relaxation, anxiety, irritability upon withdrawal

Benzodiazepines

Drowsiness, concentration issues, dizziness, reduced anxiety, problems with memory.

Heroin

Feelings of euphoria, restlessness upon withdrawal.

Prescription opioids

Pain relief, drowsiness and feelings of euphoria

Methamphetamine

Increased wakefulness, anxiety upon withdrawal.

Long-Term Mental Effects

Examples of common substances and mental effects associated with long-term SUD include:

Alcohol: Depression, anxiety, learning and memory

problems, social problems

Prescription opioids

Increased risk of overdose

Methamphetamines

Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions

Heroin

Risk of overdose

Tobacco and Nicotine

In teens, they can affect the development of brain circuits that control attention and learning, irritability, attention and sleep problems, and depression upon withdrawal.

Cannabis

Mental health problems, irritability, trouble sleeping, anxiety upon withdrawal.

Infection

Increased risk of infection with blood-borne viruses (HIV, hepatitis B and hepatitis C).

Poor judgment

A short-term effect of substance use, teens under the influence will display poor judgment. This is due to the effects that substances have in the brain. Poor judgement may carry through to personal choices and social interactions.

Declines in academic performance

Substance use in youth often leads to poor academic performance. Those who use substances often skip school, struggle with concentration, or are not able to retain information as quickly or easily. Additionally, studies show that teens who use substances experience reduced motivation, which can play a role in their overall performance at school.

Economic burden

Substances do not come cheap. Some substance users are either too poor or lack the financial capability or might have lost their source of livelihood to sustain their quest for substances. They therefore turn to crimes (kidnaping, armed robbery, banditry, etc.) to sustain themselves.

Above all there is the economic costs to pay for substance abuse. Able bodied young men and women will become medical problems to society and the cost of treatment and maintenance will be heavy. There is also the loss of their productive capacity.

Addiction/dependence on substances

Research shows that youth who use substances at an early age-specifically before their brains are developed-will develop an increased risk for substance dependency. This is because adolescents' and young adults' brains are not fully developed. When substances are introduced at an early age, they interfere with the brain's progress. They change the chemical makeup, and commonly will create a sense of dependency on substances to function or feel good. Teens who use substances regularly are likely to develop a substance addiction later in life.

Legal effects of substances

Criminal records that cannot be expunged
Car accidents due to impaired driving
Driving under the influence charges (DUI) charges
Assault charges

Social effects of substances

Damaged relationships with friends and family due to substance and alcohol use
Withdrawal from family, friends, and once-loved activities
Sexually transmitted diseases, due to unprotected sex
Unplanned pregnancies, also due to unprotected sex
Increased risk of violent behaviors and fights

Effects of substances on professional life

Negative attitude towards work, school, or other obligations
Wasted academic opportunities
Delayed or deferred career opportunities
Skipping out on work and school obligations
Dropping out of school and other discipline problems
Financial loss and distress, for those who become addicted to substances

Lost dreams

Lost dreams are possibly the most tragic and often overlooked of the 10 effects of substance abuse. If you are around people who use substances, you know all about it. How many of those people talk about their big dreams and ambitions? About what they are going to do "one day"? How many of them ever do any of it? Substance abuse steals our dreams and stifles our

potential. It snuffs out your candlelight. That may sound like a sentimental cliché, but anyone who has spent any time in addiction will know it rings true if they are capable of being honest with themselves. You don't have to let substances steal any more from you, though. All it takes is enough willingness to ask for help.

Death

Finally, there is the grim reality of death. Whether we like it or not, substance abuse increases our chances of dying, whether it's the risk of a fatal overdose, a car accident, or being shot and killed trying to score, using increases your risk of imminent death. Period. There is no sense in trying to sugarcoat it. Buying and using substances nearly always means taking unnecessary risks. It also means being around other people who take risks. No matter how safe and sensible you think you are in your substance use, you can't control what others do around you. You may just get caught in the crossfire, figuratively or literally.

CONCLUSION AND RECOMMENDATIONS

Abuse of substances can have a detrimental impact on one's finances, relationships, and health. These side effects have the potential to exacerbate substance dependence and cause a variety of additional issues. Millions of Nigerians are also directly impacted by it every year through vehicle accidents, crime, injuries, bad health, mental diseases, and a decreased level of living. Substance use is one of the health-related problems that young people in Nigeria are facing, which has concerned national stakeholders. Although it's a dreadful issue that affects the entire planet, emerging countries like Nigeria are particularly hard hit. Because of this significant social, public health, and personal concern—which is also believed to worsen economic problems—Nigeria is regarded as being destitute.

While adolescents and youth are expected to be the primary agents of change and growth, some have been negatively impacted by substance usage (making them unproductive). This scourge has a severe impact on undergraduate education at universities across the country and around the world. The user's overall health suffers, and substance-related behaviours predispose the abuser to criminality and infectious diseases such as HIV/AIDS.

Prevention strategies and programmes founded on solid evidence-based principles have been shown to dramatically reduce substance misuse and related consequences. Incorporating prevention, treatment, and recovery services into Nigeria's healthcare delivery system can significantly improve the outcomes of substance users nationally.

The prevalence of substance addiction in the country as well as the biological, psychological, and social factors that contribute to substance usage have been the subject of numerous researches. In order to influence policymaking, future research should concentrate on public health interventions. Preventive initiatives, education, and building personal resilience are also essential, particularly for those who are susceptible to substance abuse.

Furthermore, families and communities have important responsibilities in offering assistance, demonstrating care, and establishing a positive example for young people. This cannot be overstated because they assist establish rules and punishments, track prescription medicines, and monitor young people's activities. Help for mental illness (coming from substance usage) must be easily available and accessible to individuals affected.

A major difficulty in substance misuse and addiction is that many individuals discriminate against sufferers, forcing them underground rather than encouraging them to seek medical care. Programmes that teach against discrimination against substance addicts must be implemented. Workplaces, university institutions, and secondary schools must focus on a balance of work and healthy play in order to avoid the perception of a docile youth population. Exercise and sports help to release natural "feel good" hormones called endorphins, which make the body feel good. They also motivate young people to learn new exciting talents like painting, gardening, music, or a new language.

REFERENCES

- Al-Eitan LN, Rababa'h DM, Alghamdi MA. BMC Psychiatry .(2021).Genetic susceptibility of opioid receptor genes polymorphism to substance addiction: a candidate-gene association study. 21:5.
- Allan C, (2018). What is the purpose of a university? Retrieved from <https://www.pearson.com/uk/educators/higher-education-educators/course-development-blog>
- Australian Government (2017). What are substances? Department of Health. Available onlineat: <https://www.health.gov.au/health-topics/substances/about-substances/what-are-substances>
- Bittencourt MN, Marques MID, Barroso TMMDA, (2018). Contributions of nursing theories in the practice of the mental health promotion. *Referência*.4(18):125-32. DOI: <https://doi.org/10.12707/RIV18015>.
- Brem, M. J., Florimbio, A. R., Elmquist, J., Shorey, R. C., and Stuart, G. L. (2018). Antisocial traits, distress tolerance, and alcohol problems as predictors of intimate partner violence in men arrested for domestic violence. *Psychol. Viol.* 8:132. doi: 10.1037/vio0000088
- Chistiakov, D. A., and Chekhonin, V. P. (2017). Early-life adversity-induced long-term epigenetic programming associated with early onset of chronic physical aggression: studies in humans and animals. *World J. Biol. Psychiatry.* 20, 258–277. doi: 10.1080/15622975.2017.1322714.
- Common Comorbidities with Substance Use Disorders Research Report Part 1: The Connection Between Substance Use Disorders and Mental Illness, (2022). <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>
- Evans, E. A., Grella, C. E., and Upchurch, D. M. (2017). Gender differences in the effects of childhood adversity on alcohol, substance,

- and polysubstance-related disorders. *Soc. Psychiatry Psychiatr. Epidemiol.* 52, 901–912. doi: 10.1007/s00127-017-1355-3
- Fagbe AO, (2019). Information behaviour and substance use among Undergraduates in Babcock University, Ogun State, Nigeria. *European Journal of Psychological Research* 6: 2057–4794.
- Fava, N. M., Trucco, E. M., Martz, M. E., Cope, L. M., Jester, J. M., Zucker, R. A., et al. (2019). Childhood adversity, externalizing behavior, and substance use in adolescence: Mediating effects of anterior cingulate cortex activation during inhibitory errors. *Dev. Psychopathol.* 31, 1439–1450. doi: 10.1017/S0954579418001025
- Finlay, I., and Gilmore, I. (2020). Covid-19 and alcohol—a dangerous cocktail. *BMJ* 369:m1987 doi: 10.1136/bmj.m1987.
- Håkansson, Anders and Jesionowska, Virginia. (2018). Associations between substance use and type of crime in prisoners with substance use problems—a focus on violence and fatal violence. *Substance Abuse and Rehabilitation*, 9, 1-9.
- Iidowu A, Aremu AO, Olumide A. (2018). Substance abuse among students in selected secondary schools of an urban community of Oyo-state, South West Nigeria: implication for policy action. 18: 776–785.
- Ibiyemi TS (2020). On admission subscription enhancement model for Nigerian private university. Retrieved from <https://awau.org/media/files/5e4d4dead5a36.pdf> 19th April, 2020.
- Johnston LD, Miech RA, O'Malley PM, et al:(2022). Monitoring the Future National Survey Results on Substance Use 1975-2021: 2021 Overview, Key Findings on Adolescent Substance Use. Ann Arbor, Institute for Social Research, University of Michigan, 2022.
- Kuypers, K. P. C., Verkes, R. J., Van den Brink, W., Van Amsterdam, J. G. C., and Ramaekers, J. G. (2020). Intoxicated aggression: do alcohol and stimulants cause dose-related aggression? A review. *Eur. Neuropsychopharmacol.* 30, 114–147. doi: 10.1016/j.euroneuro.2018.06.001
- Labella, M. H., and Masten, A. S. (2018). Family influences on the development of aggression and violence. *Curr. Opin. Psychol.* 19, 11–16. doi: 10.1016/j.copsyc.2017.03.028
- Latkin, C. A., Edwards, C., Davey-Rothwell, M. A., and Tobin, K. E. (2017). The relationship between social desirability bias and self-reports of health, substance use, and social network factors among urban substance users in Baltimore, Maryland. *Addict. Behav.* 73, 133–136. doi: 10.1016/j.addbeh.2017.05.005
- Lipari, R.N., Van Horn, S.L. (2017). Children living with parents who have a substance use disorder. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- Mills R, Kisely S, Alati R, Strathearn L, Najman JM, (2017). Child maltreatment and cannabis use in young adulthood: a birth cohort study. 112:494–501.
- Morales AM, Jones SA, Kliamovich D, Harman G, Nagel BJ, (2020). Identifying early risk factors for addiction later in life: a review of prospective longitudinal studies. *Curr Addict Rep.*
- National Academies of Sciences Engineering and Medicine, (2017). "The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research," Washington, DC.
- National Institute on Substance Abuse. (2016). *Sexual Assault and Alcohol: What the Research Evidence Tells Us.*
- Nawi AM, Ismail R, Ibrahim F. (2021). Risk and protective factors of substance abuse among adolescents: a systematic review, *BMC Public Health.*
- Olanrewaju, J. A., Hamzat, E. O., Enya, J. I., Udekwu, M. O., Osuoya, Q., Bamidele, R., Johnson, O. F., Johnson, B. S., Olanrewaju, I., Owolabi, J. O. (2022). An assessment of substance and substance abuse prevalence: a cross-sectional study among undergraduates in selected southwestern universities in Nigeria doi: 10.1177/03000605221130039.
- Ogunsola OO, Fatusi AO. (2016). Risk and protective factors for adolescent substance use: a comparative study of secondary school students in rural and urban areas of Osun State, Nigeria. 29:20150096. *Int J. Adolesc Med Health.*
- Osman T, Victor C, Abdulmoneim A, (2016). Epidemiology of substance use among university students in Sudan. 2476164. doi: 10.1155/2016/2476164.
- Pinel J. P. J., Barnes S. J. (2018). *Biopsychology*, 10th Edn. England: Pearson Education Limited.
- Pilkington, P. D., Bishop, A., and Younan, R. (2021). Adverse childhood experiences and early maladaptive schemas in adulthood: a systematic review and meta-analysis. *Clin. Psychol. Psychother.* 28, 569–565 doi: 10.1002/cpp.2533.
- Ritchie, H, Roser, M. (2018). Opioids, cocaine, cannabis and illicit substances. Our World in Data. Published online at Our World In Data.org. Retrieved from: '<https://ourworldindata.org/illicit-substance-use>'.
- Sansgiry SS, Bhansali AH, Bapat SS, Xu Q. (2017). Abuse of over-the-counter medicines: a pharmacist's perspective. *Integr Pharm Res Pract.*
- Schorr, M. T., Tietbohl-Santos, B., de Oliveira, L. M., Terra, L., de Borba Telles, L. E., and Hauck, S. (2020). Association between different types of childhood trauma and parental bonding with antisocial traits in adulthood: a systematic review. *Child Abuse Neglect* 107:104621. doi: 10.1016/j.chiabu.2020.104621
- Schouw, J. E., Verkes, R. J., Schene, A. H., and Schellekens, A. F. (2020). The relationship between childhood adversity and adult personality revealed by network analysis. *Child Abuse Neglect* 99:104254. doi: 10.1016/j.chiabu.2019.104254
- Steinhoff A, Bechtiger L, Ribeaud D, Eisner MP, Quednow BB, Shanahan L. *Front Behav Neurosci*, (2021). Polysubstance use in early adulthood: patterns and developmental precursors in an urban cohort. 15:797473.
- Substance Abuse and Mental Health Services Administration & Office of the Surgeon General. (2016). *Facing addiction in America: The surgeon general's report on alcohol, substances, and health.* United States Department of Health and Human Services <https://www.ncbi.nlm.nih.gov/books/NBK424857/>
- Substance Abuse and Mental Health Services Administration, "Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Substance Use and Health," Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD, 2020.
- Substance Abuse and Mental Health Services Administration. (2016). *Substance Use and Suicide: A Nexus Requiring a Public Health Approach.*
- Substance Abuse and Mental Health Services Administration. (2020). *National Survey on Substance Use and Health.*
- The National Agency for Food and Substance Administration and Control (2020). *Activities and Interventions In Control of Fake Substances.* Retrieved from <https://www.pharmapproach.com/nafdac-activities-and-interventions-control-fake-substances/>
- Underwood JM, Brener N, Thornton J, et al: (2019). Youth Risk Behavior Surveillance—United States. *MMWR Suppl* 69(1):1–83, 2020. doi: 10.15585/mmwr.su6901a1
- United Nations Office on Substances and Crime (NDOC), 2018. *Substance use in Nigeria.*
- United Nations Office on Substances and Crime, (2019). *Substance Use Survey Nigeria 2019 BOOK* Vienna. Available at <https://www.unodc.org/documents/dataandanalysis/statistics/>
- Weiss, D. B., Testa, A., and Rennó Santos, M. (2018). Hazardous alcohol drinking and cross-national homicide rates: the role of demographic, political, and cultural context. *J. Substance Issues* 48, 246–268. doi: 10.1177/0022042617750579.
- World Health Organization (2019). *Management of substance abuse: Facts and Figures.* Retrieved from https://www.who.int/substance_abuse/facts/en/
- World Health Organization. (2018). *Global Status Report on Alcohol and Health 2018.* Esang, M., & Ahmed, S. (2018). A Closer Look at Substance Use and Suicide. *American Journal of Psychiatry Residents' Journal*, 13(6), 6–8.
- Yeo D. C. K., Singham T., Poremski D. (2019). The presence of alcohol consumption prior to homicide in Singapore. *Asian J. Psychiatry* 44, 80