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Theoretical Framework on Theories and Effectiveness of Substance Abuse

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ABSTRACT

Usage by alcohol remains a global big problem for public health. It has impaired many fields of existence, including family, work, psychology, law, society and the physical. These individuals are commonly regarded as fragile. This thesis aims at investigating the psychosocial hypothesis of substance dependence. Addiction influences a number of brain pathways, including incentive and inspiration, learning and memory, and behavioural regulation. Therefore, dependency is a brain disorder. Depending on the relationship of hereditary composition, age of substance exposure, and other environmental factors, people are more prone to addiction than others. While an individual initially chooses the drug, in the course of time the impact of long exposure on the working of the brain impairs the capacity to select, search for and consume the medicine. A broad range of methods have been established in which children and youth collaborate with relatives, educators and families to build skills and approaches to avoid drug usage and to treat those with issues with drug use. This study analyses objectively the literature on diverse aspects of peer impacts and then recommends prevention methods that take into account the relevant empirical results on drug addiction theories.

Keywords: *Alcohol, Abuse, Memory, Learning, Skills, Theories*

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1. Introduction

Alcohol and substance reduction programmes. Alcohol and drug prevention services concentrate on stopping young people from consuming drugs while drug and alcohol treatment/therapy programmes focus on professionally identified young people with a drug addiction. Prevention services target the broader community of young people to encourage drug abstinence. Alternatively, the drug services target demographic is smaller and targets young people with existing substances or alcohol use problems in particular. There have been different approaches to support communities, colleges and neighbourhood organisations build skills and approaches to discourage opioid usage, and to cope with individuals having issues with the use of drugs.

Clinical and animal models vary from increasing alcohol use and the development of a chronically alcohol dependent condition on sporadic but restricted usage of alcohol with the capacity for misuse or dependency. The thesis presented in the current synthesis is that alcoholism, like opioid addictions, is a deficiency condition, and the "emergence of a negative mental state." Alcoholics often include major neuroadaptations, which continue following acute abstinence and trigger retrogression and cognitive performance deficiencies, which may often fuel forced consumption. The point is, however, that the core deficit which makes alcohol relapse vulnerable and likely even cognitive deficits is actually lowering reward functions. A holistic understanding of alcoholism with the following arguments is proposed to support this theory. An adverse mental state is a typical occurrence of abstinence among most alcoholics. In alcoholism, compulsiveness has a significant negative strengthening element that perpetuates an alcoholism. Such harmful emotional conditions get sensitised over time and create a state of allostatic dependency. Negative mental factors generate a high retrogression motivation. Finally, the neurobiological substrates behind the motivations of looking for alcohol are evaluated, with an argument that the depressive emotional condition as central to alcoholism mediates the lack of the reward and benefit of brain stress control.

Alcohol disorders are a global epidemic and have created much scholarly attention in the later part of the twentieth century. Any of the study focused on young people's substance consumption and violence. This work is in this area, which emphasises the

family environment from recent findings of problem drinking in the research of teenage drinking behaviour. The goal of this research was therefore to improve the perception of early drinking by examining perceived family socialising influences correlated with self-reported usage and abuse of teenage alcohol.

Youth are rooted in many behavioural myths on their consumption of alcohol and medications. These hypotheses affect prevention and therapy by concentrating on potential causes leading to the usage of substances. Social learning theory and social management theory are two prevailing ideologies. The philosophy of social learning gives a scientific view as to whether young people consume (or not) substances. Social learning can in this situation be a concern or a safety factor for the usage of substances based on the nature of the learning process. Youth will, for example, learn how to resist alcohol and narcotics by emulation of responsible adult models of their life and their prosocial behaviour. Conversely, the actions of antisocial pairs may pressure young people in experimenting with substances.

2. Literature Review

Theodoros Giovazolias (2014) Adolescents and young adults, particularly students, continue to suffer from violence and substance abuse as a severe public health concern, sometimes linked to major academic, psychological, and health issues. Social interaction theoretical models stress the significance of peer behaviour as a modelling or legislative power. The frameworks developed from the social learning framework, including socio-environmental (eg. social modelling, perceived rules) and coping strategies, and cognitive variables, have defined how social control factors lead to drug abuse behaviour. This growing body of literature, however, also shows inconsistent results about the accurate process mechanisms that affect the abuse of substances by social and cognitive factors in the young population. This analysis discusses objectively the literature on diverse aspects of peer control and therefore proposes approaches that take into account the relevant empirical results on social learning systems.

George F. Koob (2013) A drug-searching addiction, lack of influence of consumption, and a detrimental mental disorder can be characterised by alcohol while access to narcotics is avoided. Alcoholism has an effect on various motivational processes and can be conceptualised as a condition that moves from impulsiveness to compulsiveness (negative reinforcement). Multiple neuro-adaptations can contribute to the compulsive opioid quest correlated with alcoholism, however the study concluded that the building of negative reinforcing is a key component. Negative strengthening is characterised as substance use that relieve negative emotional conditions. The unpleasant emotional syndrome contributing to such negative strengthenings is suspected as a consequence of dysregulation in the basal forebrain structures with ventral striatum and comprehensive amygdala with particular neurochemical elements involved in incentives and stress. In these structures, special neurochemical elements not only involve a reduction in reward neurotransmission such as reduced dopamine and μ-aminobutyryric acid activity in the ventral striatum, but also a mobilisation of brain stress functions in enlarged amygdala, such as corticotropin-releasing (CRF). Acute persistent alcohol removal, necessary for dependency, raises incentive rates, anxiety-like reactions, reduces the activity of the dopamine mechanism, and increases CRF extracells in the amygdala central nucleus. Antagonists of the CRF receptor also inhibit the inappropriate intake of dependency medications. A brain tension reaction mechanism is supposed to be triggered by a strong inappropriate consumption of drugs, sensitised to long-range abstinence and contributed to alcoholic compulsion during repetitive withdrawals. Other components of extended amygdala brain stress systems which interact with CRF and which contribute to negative withdrawal motivation include norepinephrine, dynorphine and neuropeptide Y. The combination of lack of incentive control and recruitment of brain stress mechanisms offers a strong neurochemical groundwork for a negative emotional situation that drives alcohol compulsivity, at least partly.

Prem Prakash (2020) Usage by alcohol remains a global big problem for public health. It has impaired many fields of existence, including family, work, psychology, law, society and the physical. These individuals are commonly regarded as fragile. This thesis aims at investigating the psychosocial hypothesis of substance dependence. Both the electronic sources, PubMed and manual searching for this, were scanned for literature. This paper reviews the many alcohol myths. Psychosocial substance addiction models should be used to define, contextualise developments in important approaches to the care of individuals with alcohol abuse and to offer further empirical guidance for those areas.

Mario R. De La Rosa (2008) Recently in the United States, Latinos have been a major minority. The sustained strong rate of growth suggests high fertility and rising immigration rates. There is cause for alarm over alcohol and illegal substance usage in this population. Latino and native Americans lead the country in alcohol and illegal medicines from early puberty. They are highly needed in comparison to Whites and African-Americans for alcohol and illegal substance care. Study into ethnic variations shall be investigated such that habits and trajectories of usage of substances in the Latin Culture may be understood. Latino-specific

prevention and care approaches are identified and literature differences are noted. Finally, the impact on social workers and proposals for further studies on recent research outcomes are addressed.

3. Effectiveness of drug addiction treatment

The aim of counselling is to restore individuals to meaningful work in the home, at work and in the society in addition to avoiding substance addiction. The majority of people who are treated and stay in care, according to studies which tracks people over long periods, avoid taking medications, lower their crime activities and increase their work, social and psychological functioning. Methadone medication, for example, has shown to improve the involvement of behavioural rehabilitation and both substance usage and crime. Specific care results, though, will rely on the scope and essence of the treatment needs of a case, the adequacy of therapy and associated resources to resolve the issues, and the effectiveness of the patient-supplier relationship. Addiction may be efficiently treated, as most chronic illnesses. Otherapy helps persons to counteract the potent destructive impact of addiction on brain and actions and recover ownership. The chronic nature of the disease means that drug abuse is not only feasible but also likely, with recurring symptoms similar to those of other well-known chronic illnesses diabetes, hypertension, and asthma that also have a physiological and behavioural composition. Regrettably, many feel a loss that reciprocity happens. This doesn't happen: Successful alcohol therapy usually involves continued assessment and alteration when necessary, equivalent to the most chronic conditions solution. For example, therapy is considered effective when a patient receives aggressive treatment for hypertension and reduced symptoms, even though symptoms recurr when treatment is terminated. Depths of substance addiction are not an indicator of weakness for the dependent person, but rather suggests a desire to regain or modify medication or substitute treatment.

4. Principles of Effective Treatment

Dependence is a complicated but therapeutic disorder which affects the function and behaviour. Misuse medications affect the shape and function of the brain, which contributes to modifications that occur well after the use of the medication. This may understand why even after lengthy abstinence and in view of possibly disastrous effects substance addicts may be at risk of rebound.

With everyone, no one therapy is suitable. The therapy differs according to the form of medicine and patient characteristics. Combining processing environments, therapies and programmes to human issues and desires is essential for his eventual progress in returning to meaningful employment in families, jobs and societies.

Therapy must be accessible quickly. Because opioid addicts may be confused as to the care they need, the moment people are eligible for treatment they need to take advantage of existing resources. If care is not easily available or readily available, potentially patients can be lost. As most chronic conditions, the more likely good effects are given the early care in the disease phase.

Successful counselling tackles a person's various needs, not necessarily his substance addiction. Care must resolve the individual's substance addiction and all physical, psychological, educational, occupational and legal challenges included in order to be successful. It is also essential to treat the age, gender, ethnicity and culture of the person.

It is important to remain in care for a sufficient duration. The optimal length for a person depends on the nature and extent of difficulties and needs of the patient. Research shows that most people who are toxic are treated for at least 3 months to limit or discourage their usage of drugs significantly, and that the greatest results are obtained over extended recovery periods. Amphetamine rehabilitation is a long-term procedure and also requires several recovery episodes. Recidives of opioid addiction may arise as for most persistent diseases, which may signify a desire to reintroduce or change the prescription. Because people frequently exit care early, plans may provide plans for involvement and recovery of participants.

Medicine’s use should be controlled constantly during counselling as deficiencies arise during therapy. The tracking of their opioid usage may be a strong motivation for patients to avoid drug use. Monitoring often early indicates a return to medicine, indicating that a person will need to change his/her recovery strategy to help suit his or her needs and requirements.

Often opioid addicts have other psychiatric illnesses as well. As substance dependence and mental disease frequently co-exist with other mental conditions, people with one diagnosis may be examined for the other (s). And therapy should fix any (or all) anytime these issues arise, with the usage of medicines if possible.

5. Psychodynamic Processes

Psychological powers, mechanisms, and roles as they evolve and alter with time are emphasised in a psychodynamic approach for human behaviour comprehension. The interactions and disagreements of children and their influences in later life are of particular concern. Unconscious inspiration, feelings, self-esteem, self-regulation and interpersonal interactions are central to

psychodynamic viewpoints on drug use issue areas. The works of Sigmund Freud and his disciples and revisionists can be traced to psychodynamic ideas. Just as many variations as psychodynamic theorists exist with a psychodynamic approach to drug usage. Initially Freud argued that 'alcoholics' were 'orally set' and therefore unwilling to fulfil the conditions of adult life. So alcohol was seen as a "escape from fact" (a Freudian concept). Freud later said that 'alcoholism' reflects the undermining of homosexuality. He claimed that male gays were turned to alcohol because their relationship with women was disappointing and that drinking was an excuse for being with other guys. Some psychodynamic theorists also indicated that alcoholism represents unsolved conflicts of dependence, an effort at power or a type of self-destruction. "Flexibilities" were often suggested as alcohol interpretations at Freud's anal and phallic level. Psychodynamic hypothesis has been extended not prominently to include new literature on biological causes in the mainstream of contemporary drug use research. Psychodynamic formulations of human behaviour have not resulted in testable conclusions and have no strong scientific evidence in general. Purely psychodynamic therapies to improve the insight of the individual did not prove successful and were usually discontinued. However, different kinds of non-psychodynamic, customer-centered psychotherapy are also used along with other types of counselling in specialist recovery programmes. The links between hypotheses and psychodynamic theories are controversial. While both drug theories stress the importance of memory, the usage of the idea of "repressed" memories or desires is usually questioned by learning theorists. However, several psychodynamic overviews appear to be very consistent with social learning theory.

6. Psychodynamic Perspective

Addiction was explained as a"oral obsession" in Classical Freudian Psychoanalysis. Under this definition, people with stressful events at the oral stage of development appear at this stage to acquire a pathologic fixation. According to Hooper (1995), an unconscious must entertain, grow, and at the same time, take responsibility for different types of homosexual or perverted desires is the major cause of addiction syndrome. It is hypothesised that specific medications facilitate particular delusions and substance use was thought to be a displacement of gay or immoral fantasies, and often a concomitant desire to masturbate. The addiction condition is often assumed to be linked with life trajectories that have arisen during trauma cycles, including social, cultural and political causes, encapsulation, trauma and self-relief. It was deemed a"oral perversion" by Chafetz (1959). Later research found that alcoholism was not caused orally by behaviour in children in adulthood but rather (Ramos ,2004). Psychological conditions linked to mouth are expected to arise as oral fixations occur. For eg, oral fixation may trigger smoking, alcohol dependency or overeating. In the other side, Rado (1933) said that he is damaged by the way the human adapts. Sufficiency is a means to behave aggressively. The 1970s saw the emergence of ego psychologists. They concluded that ego dependence is a failure. This defect is believed to be caused by unresolved tensions or parental roles in childhood. Freud was the first psychoanalyst to investigate in his works the origins of dependency. He explained the relations between peace, enjoyment, the principle of truth and faith in his paper "From Civilization and its Discontents" (1929). In the meanwhile, he also listed addiction as a means to bring pleasure and at the same time to escape failure. As a human is free from the outside environment, he/she enjoys instantaneous gratification. For Freud, although the individual enters an absolute happy state apart from external negative processes like culture and interpersonal relations, the state takes too much of the resources of the person to better himself for other ends. In the other side, Freud himself was a dealer of antiques and felt that collecting was like obsession in terms of constantly and passionately seeking out and taking everything for themselves to be fuller. In addition, anything that has an underlying profile or tradition as alcohol culture may be the focus of concern.

7. Behavioral Perspective

Psychological behavioural models are focused on the open and measured actions. Skinner was one of the first behavioral-psychology theorists to see addiction as the social default, because culture cannot show its people the right ways to act and since there is a shortage of strengthening individuals may not develop alternate functional behaviour. There are two kinds of learning conditions. The first is classical conditioning (Respondent/Pavlovian). The reflexive respondent comportement in this form of conditioning is modified by combining an unconditional stimulus with an optional stimulus. The setting, for example, may be a learned cue for beneficial alcohol outcomes, for example, introversion inhibition. The dependent party feels that only in the position where he or she drinks can he/she socialise or euphorically experience. The person forgets how to socialise without alcohol, or when nobody drinks alcohol. Social capabilities are also undermined. The second form of conditioning is Skinner's working conditioning principle. The action is not reflexive, nor voluntary under operational conditions. The behaviour is learned by the resulting reward or discipline. Intensifications are all incidents that follow the behaviour, which raises the rate of behaviour. In comparison to enhancement, penalty reduces behavioural rates.

8. Attachment Theory

More than eight million children under the age of 18 are projected to live with at least one parent having an SUD of more than one in ten children. Any of them was less than 5 years of age (U.S. Department of Health and Human Services [USDHHS], 2010). Studies of SUD families indicate trends that affect child growth dramatically and the probability of a baby developing issues of mental, behavioural or usage of substances. Parental SUDs have detrimental effects on the family such as attached disturbance, rituals, tasks, schedules, contact, social life and finance. Families with parental SUDs have a secrecy, loss, war, violent or abusive climate, emotional confusion, reverse of the position and terror. Relationships act as information pipelines connecting the families. The attachment theory offers a way to explain the evolution and quality of family ties. Via the clinical research of mammalian species and humans. John Bowlby (1988) developed attachment theory. He postulates the primary attachment to the mother, though not always, as the template for all future interactions during the development cycle at the time of the birth of the child. It forms a subsystem of the wider family structure. This relationship allows children to interact and connect to the world at pre-language stage. They sob, coo, core, and cling. They do this. The consistency of the attachment is measured by how the primary caretaker reacts to these indicators. Generally, a stable relationship is formed if the infant views the primary caregiver as receptive and nourishing. In the case of an infant with a primary caregiver, an unsafe attachment may develop and may lead to a number of issues, among which fear, depression and inability to prosper.

9. Family Systems Theory

The theory of family systems grew from the theory of general systems on a biological basis. The philosophy of general structures depends around how the systems communicate. An independent cell is an example of a system in general systems theory and the family is basically an own system in family systems theory. Feedback, homeostasis and limits described and operationalized in this section are central principles in both theories. In the late 1960s and early 1970s, family system theory was established. The campaign has been particularly prominent in its application to psychological care and Nathan Ackerman, Jay Haley, Murray Bowen, SalvadoreMinukin, Virginia Satir, and Carl Witaker, among other areas. This hypothesis has led to many types of family therapy, including, though not restricted to, the Multi-systemic Family Systematic Therapy (MFT) model. All family therapy models include the fundamental concept of familial systemology: without first knowing how each person operates in the family method, it cannot be completely understood or effectively handled. People present in our healthcare environments can be considered as "symptomatic," and their pathology is treated as an effort to adjust themselves to their family system in order to sustain homeostasis.

10. Compulsivity in Alcoholism

Alcohol compulsiveness may be extracted from a broad variety of factors, including increased reward salience, habits and management deficiency. However, one of these sources is focused on a harmful mental condition that can have a great effect on compulsiveness. The emergence of the negative emotional condition driving the addiction-reinforcement was described as the "dark side of addiction" and is hypothesised as the b phase of the hedonic dynamics recognised as the adversary's process in the context of a euphoric process. The poor emotional status that involves the withdrawal / negative impact stage is defined by the main motivating elements such as persistent irritability, emotional suffering, malaise, dysphoria, alexithymias and lack of desire for natural rewards. In order to shape the neurobiological foundation for the b-process, two procedures are hypothesised: loss of control in reward mechanisms. Anti-reward is a building focused around the belief that brain mechanisms are in position to minimise reward. Brain stress mechanisms, including CRF, norepinephrine and dynorphene are recruited to produce aversive or stress-like conditions as dependency and abdication grow. Around the same moment, the incentive role declines inside the motivating circuits of the ventrally stretched amygdala. The combination of reductions in the role of a reward neurotransmitter and recruitment of anti-reward mechanisms offers a potent source of negative strengthening that leads to compulsive substance use and dependence. An overarching conceptual topic is that opioid dependence reflects a split from homeostatic brain control processes that govern the animal's emotional condition. Dysregulation of the emotion starts with binge and subsequent acute removal but leaves a residually neuro-adaptive residue which also months and years after detoxification and abstinence enables rapid re-addiction. So the emotional dys control of alcohol abuse reflects a complex break from homeostasis of this mechanism, called allostasis, rather than merely a homeostatic dysregulation of hedonic activity.

11. Scope of the Problem

According to the National Substance Use and Health Survey (NSDUH), 8.8 per cent of young people between 12 and 17 years are actively drinking illegal substances, and 11.6 per cent of young people regularly drink beer. However, a pattern seems to suggest that the consumption of alcohol and medicine by young people is diminishing. An annual study conducted in 8th, 10th and 12th graders in 2014, Monitoring the future of opioid users found that 41% of the students reported alcohol in the preceding 12 months perceptions and habits linked to drug use were questioned. In previous polls it was a substantial statistically decrease of 43%. There have also been lower numbers of young people who are using illegal substances. The biggest decrease in normal use has been seen, from 11% in 2011 to 6% in 2014. synthetic weed. Students have declined their use of any of the other medications used in the MTF survey. There was also a reduction in youth conviction rates for substance-law offences in response to a drop in drinking and drug use. While arrests of young people were significantly increased between 1997 and 2012 in connection with infringements of drug legislation, the arrest rate for adolescents aged between 15 and 17 decreased by 40% relative to 17% for adults aged 18-20 and 16% for adults aged 21-24 year. There was a parallel trend in the amount of lawsuits heard by the youth courts. The number of juvenile prosecutions processed by the substance law framework increased in 111% between 1985 and 2010, the most recent year for which statistics was provided. However, there was a 15 percent decrease in reports of infringement of substance regulation between 2001 and 2010. In 2010, only 12% of all juvenile court trials have infringed on substance legislation.

Tendency is greater for the youth participating with the justice sector than the youth in total for their use, dependence and unsatisfactory care rates. One survey has found that 77% of adolescents from a transient youth detention facility (mostly marijuana) have documented drugs used in the past 6 months. Moreover, about half the youth tested meet the psychiatric requirements for drug addiction, of which about one-fifth reported more than one diagnosable drug-related illness. Despite strong treatment rates, many of these young person's obtain insufficient care within delinquent community. Often community court establishments do not test youth for conditions of drug usage, leaving unexplained medical requirements. However, issues are also present even as research takes place; there is also a shortage of consistency and efficiency of care programmes inside facilities. Moreover, after they move to the society, often delinquents are not assigned to community care. For example, care after release from a juvenile justice institution refers to about 31% of youth with drug use disorders. Despite the poor referral rates, youth engaged with the justice industry account for over half of youth referrals to recovery services.

12. Programs for School-Aged Youth

Problems like alcohol or opioid usage frequently starting in the years of education. Many experts therefore conclude that the implementation of preventive strategies in a school environment raises the chance of preventing alcohol, cigarettes and other drug-related issues. Much of the scholastic prevention schemes are universal and tailored for vast crowds, but immersive curricula have shown to yield meaningful, sustainable outcomes for smaller classes of youngsters. Drug reduction initiatives focused strongly on classroom curricula, which are primarily for primary and secondary children. The National Substance Abuse Institute (NIDA 2011) reports that programmes for prevention can concentrate on important transitional stages during puberty, particularly as adolescents are at high risk of dealing with alcohol and drugs, from high school to high school. Classroom curricula offer students instruments for recognition of internal stresses and external pressures that may have an impact on their choices for the usage of alcohol, cigarettes, etc.

In schools around the world, many preventive initiatives have been established and tested. One explanation is the LifeSkills Training (LST), which is an opioid awareness classroom curriculum for high-school and high-school students. The programme of LST focuses on developing personal ability, social competencies and expertise in the field of drug resistance. Trudeau and colleagues (2003) observed that, in contrast with the test groups, the LST intervention greatly decreased the rise in the start of substance in the care population. Not all in a school has had the desired impact on their pupils. D.A.R.E has become one curriculum of no effect on students (Drug Abuse Resistance Education). There are 17 courses in the core curriculum of the A.R.E., one daily. Police officers teach the lectures, including issues such as substance usage and abuse, resistance tactics, and alternate drug use. Although it is common in schools and still introduced nation-wide, in a variety of studies D.A.R.E. has been shown to have little substantial impact on the usage of pupils, in the short and long term.

13. Conclusion

No single group of variables may justify drug usage and in particular sustained use through harmful consequences. Instead, opioid usage is focused on a variety of variables working in a complicated manner. These nuances need to be recognised by

physicians who advise patients with opioid use disorders, while providing realistic guidance and support. However, the usage of substances and recurrences may be avoided or decreased in terms of its overall difficulty if clients gain suitable information and knowledge. Alcohol misuse is essentially a conduct and most people's action is a literary conduct. It has allowed us to consider how people learn to indulge in unhealthy conduct and how people can unlearn a behaviour. This often applies to the fact that part of addiction comes through emotions and values. The developmental sophistication of a child is another psychological cause for addiction. A type of accelerated growth may be used as psychotherapy. It will also support those who want to rebound from alcohol or other addictions. The scientific implications have often helped clinicians and academics consider that an addictive habit, such as alcoholism, is too impossible to stop. People can find it challenging to recover since they lack adequate problem-solving skills and encouragement. Alcoholism may often arise in order to cope with discomfort or tension. Psychotherapy can help empower individuals to enhance their capacity to fix challenges, relieve depression and cope. Finally, these psychosocial substance addiction hypotheses may be used to define and contextualise developments in critical approaches to helping people with alcohol abuse and to include potential future guidance for study in this particular field.

References

1. Mario R. De La Rosa PhD, Lori K. Holleran PhD and ACSW, Douglas Rugh PhD and MSW & Samuel A. MacMaster PhD (2005) Substance Abuse Among U.S. Latinos: A Review of the Literature, Journal of Social Work Practice in the Addictions, 5:1-2, 1-20, DOI: 10.1300/J160v5n01_01
2. Marc Schuckit, DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale, Am J Psychiatry 170:8, August 2013
3. Prakash, Prem & Kumar, Pradeep & Singh, Amool. (2020). Psychosocial theories of alcohol abuse: an understanding and its relevance. The International Journal of Indian Psychology. 8. 801-810. 10.25215/0802.096.
4. Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: from theory to practice. *Social work in public health*, *28*(3-4), 194–205. https://doi.org/10.1080/19371918.2013.759005
5. Koob G. F. (2013). Theoretical frameworks and mechanistic aspects of alcohol addiction: alcohol addiction as a reward deficit disorder. *Current topics in behavioral neurosciences*, *13*, 3–30. https://doi.org/10.1007/7854_2011_129
6. Zimmerman, P.R. A Theoretical Analysis of Alcohol Regulation and Drinking-Related Economic Crime. *European Journal of Law and Economics* **18,** 169–190 (2004).
7. Alfonso, J., & Dunn, M. E. (2007). Differences in the marijuana expectancies of adolescents in relation to marijuana use. Substance Use & Misuse, 42, 1009-1025. doi:10.1080/10826080701212386
8. Clapp, J. D., Lange, J. E., Russell, C., Shillington, A., &Voas, R. B. (2003). A failed norm social marketing campaign. Journal of Studies on Alcohol, 64(3), 409-414.
9. Duhig, A. M., Cavallo, D. A., McKee, S. A., George, T. P., & Krishnan-Sarin, S. (2005). Daily patterns of alcohol, cigarette, and marijuana use in adolescent smokers and nonsmokers. Addictive Behaviors, 30, 271-283. doi:10.1016/j.addbeh.2004.05.016
10. Botvin, Gilbert J., and E.M. Botvin. 1992. "Adolescent Tobacco, Alcohol, and Drug Abuse: Prevention Strategies, Empirical Findings, and Assessment Issues." Journal of BehavioralPediatrics 13:290– 301.
11. Cleveland, Michael J., Mark Feinberg, and Damon Jones. 2012. "Predicting Alcohol Use Across Adolescence: Relative Strength of Individual, Family, Peer, and Contextual Risk and Protective Factors." Psychology of Addictive Behavior 26(4):703–13.
12. Special issue: diagnostic issues in substance use disorders: refining the research agenda. Addiction 2006; 101(suppl 1): 1–173
13. Edwards G, Gross MM: Alcohol dependence: provisional description of a clinical syndrome. BMJ 1976; 1:1058–1061
14. Compton WM, Thomas YF, Stinson FS, Grant BF: Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Arch Gen Psychiatry 2007; 64:566–576
15. Proudfoot H, Baillie AJ, Teesson M: The structure of alcohol dependence in the community. Drug Alcohol Depend 2006; 81:21–26