

What do people Think they know about Substance Dependence



myths and facts for policy makers responsible for substance dependence prevention, treatment and support programs



World Health Organization 2001

Myth 8.

All that is needed to cure dependence is treatment centers - once you are in, you are cured



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T There is no magic solution in treating substance dependence. It is a long process, with varying services, not always adequately available or provided. This is a chronic recurring illness, needing repeated treatments until abstinence is achieved. Aftercare is essential to successful recovery, as well as compliance and responsibility of the patients themselves.

Myth 7.

Substance users do not receive sufficient punishment



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T People with health problems should receive and benefit from health services and not punishment. The possible short and long term consequences of substance use include: mortality, morbidity, comorbidity, social isolation and stigma. People with substance dependence are among the most marginalized in societies and are in need of treatment and care. To incarcerate offenders for drug use and dependence is not an effective prevention or treatment strategy.

Myth 6.

There is already enough research for policy making on drug and alcohol related problems, there is no need for more



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T Drug and alcohol using behaviors are dynamic, with emergent patterns changing depending on factors such as: availability of drugs, introduction of new drugs, new modes of administration and rapid social changes. More research is necessary to develop new treatments and preventive strategies, support services and to understand the associations between substance dependence and other risky behaviors. The new challenges of HIV related to injecting drug use pose a new focus for further research.

Myth 5.

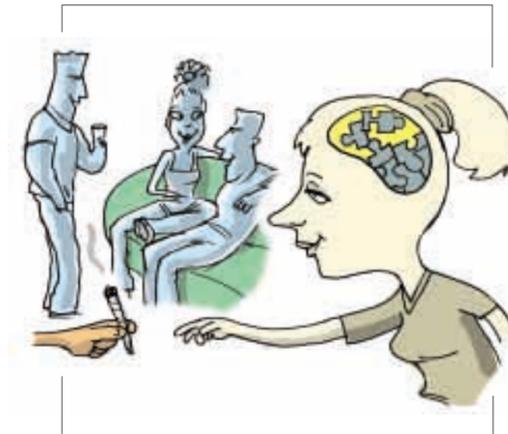
Drug and alcohol related problems only affect individuals in developed countries



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T There is strong evidence showing an increase in drug-related problems in developing countries with a significant impact on mortality, disease and injury. These problems affect more the poor, and are more prevalent among the poor in developed countries too.

Myth 1.

Drug dependence is simply a failure of will or of strength of character



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Dependence is a brain disorder and people with drug dependence have altered brain structure and function. It is true that dependence is expressed in the form of compulsive behavior, but this behavior is strongly related to brain changes occurring over time, with repeated use of drugs. In recent years genetics was found to be associated with the predisposition of individuals to be more or less susceptible to develop drug dependence.

Myth 2.

People who have drug dependence can easily move back to occasional use

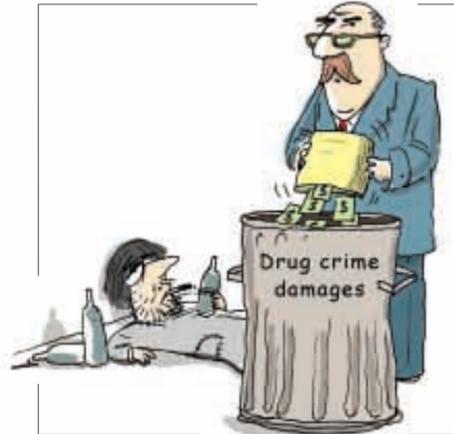


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Drug dependence is difficult to control due to compulsive drug use and craving, leading to drug seeking and repetitive use, even in the face of negative health and social consequences. Once dependent, the individual often fails in his or her attempts to quit.

Myth 3.

It's not worthwhile to invest in treatment for individuals who have drug dependence - it is a waste of public funds



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Investing in evidence-based treatment for substance dependence decreases negative health consequences and social effects (e.g. crime, economic burden and HIV infection). For every dollar spent on treatment 7 dollars are returned in cost-savings. Treatment is proven to be cost-effective in both developed and developing countries. It costs less than imprisonment.

Myth 4.

People in my country do not have drug-related problems



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No country is immune to substance related problems. Substance users are found worldwide among men, women and youth. Incidence of substance dependence are on the rise, and in many countries substance use is the driving force for other epidemics. Currently, 114 countries have reported HIV infections related to injection drug use.

MSB is the Management of Substance Dependence team in WHO's Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health Cluster. Our team is concerned with the management of problems related to the use of all psychoactive substances; regardless of their legal status. It is concerned with the epidemiology of alcohol and drug use, neuroscience of addiction, brief interventions for alcohol and drug problems, drug use and HIV/AIDS (including injecting drug use), responses to the problems related to amphetamine-type stimulants, evaluation of treatment and other interventions for drug/alcohol users and capacity building in the area of research and treatment. It seeks an integrated approach to all substance use problems within the health care system, in particular primary care.

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Some of the areas we are currently working on include:
Neuroscience of addictive behaviors
Alcohol and Injuries
Amphetamine type stimulants
WHO Drug Injecting Study
People living with HIV/AIDS who are substance dependent
Early interventions for drug and alcohol problems
Agonist pharmacotherapies for opiate dependence

Stop exclusion - Dare to care



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