

Substance Use Disorders and Remission Rates

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Respected Editor,

This is a viewpoint on an original article published in your esteemed journal.

"Remission rates of select mental illness and substance use disorders in India" by Dr Anusa AM *SBV Journal of Basic, Clinical and Applied Health Science—Volume 2|Issue 1|January–March 2019.*

As a young physician, I was always fascinated by the complexity and various implications of substance use disorders in the global community. However, Indian perspective on the issue was little ambiguous to me. After reading this article, I feel I have learnt a lot of valuable points. In the introductory part of the article, clear description of the gravity of the issue and its demographic distribution is enlightening. It stresses on the point that there are volumes of literature on the existence of these disorders but very few that capture the effects of treatment and remission rates in the Indian community. This study aims to fill that lacunae and pave a way for future clinicians to see the existing treatment modalities in a new light of evidence-based approach. This observational study focuses on select mental health disorders and specific substance use disorders like alcohol, cannabis, opioid, and cocaine (Table 1).^{1–6} It takes in to account seven major surveys and one mixed estimation study for analysis of data.

The discussion part of the article has a few important points like how remission is difficult to find in general population and mathematical conversion of few observational cross-sectional data that can be used as a prospective data on remission rates. The complex paradigm of these disorders and their multifaceted core

Table 1: Important aspects of substance use disorders

Substance use disorders	Peak age of occurrence of disorder (years)	Overall incidence of disorder (per lakh)	Remission (years)
(1) Alcohol	30–34	940 in males 270 in females	Peaks by 40
(2) Cannabis	20–24	49 in males 17 in females	Peaks by 20 then unsteady pattern
(3) Opioid	30–34 in males 25–29 in females	31 in males 28 in females	Peaks by 40
(4) Cocaine	30–40	3.3 in males 1.8 in females	Peaks by 20 then a slow decline

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is a real challenge to any clinician to treat. Few limitations of the study are it is only taking data from the year 2016 and any innate flaws from those studies might have been carried on to the current results. For future implications, one can do a few number of cross-sectional studies in a year at a given location that can be compiled to analyze the trend at the place of research.

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