

CHAPTER 9: SUBSTANCE USE DISORDERS RESEARCH QUESTIONS

- There is a high level of comorbidity between substance use disorders and other psychiatric disorders. Is this because substance use is a risk factor for subsequent mental health problems, or because individuals with prior psychiatric disorders turn to drugs as a form of self-medication?
- Why do around half of those diagnosed with alcohol abuse go on to develop dependency, while the other half do not?
- There are important gender differences in the course of alcohol use disorders. What factors are important in determining these differences?
- A number of risk factors have been identified for alcohol use disorders. Are any of these factors direct causes of alcohol use disorders?
- Do cigarette smokers smoke in order to reverse aversive nicotine withdrawal effects and bring their mood levels up to those of non-smokers?
- Why do smokers continue to smoke, even though they are aware of the negative health implications of smoking?
- Nicotine is a CNS stimulant – so why do smokers report feeling more relaxed after smoking?
- Can a single exposure to some highly addictive drugs (such as cocaine) induce long-term changes in dopamine neurons?
- Are the cognitive deficits found in cocaine users permanent?
- Does regular use of amphetamines cause long-term CNS damage?
- Why is it that some people can use heroin as a periodic recreational drug without disruption to occupational and social functioning, while others fall into a cycle of abuse and dependency?
- What is the evidence that regular cannabis use has permanent effects on cognitive functioning?
- Is there a direct causal link between regular cannabis use and the development of psychotic symptoms typical of schizophrenia?
- There is a link between regular cannabis use and mental health problems, but are both these factors caused by a third variable such as low socioeconomic status, childhood behavioural problems, or parental neglect?
- Regular, heavy cannabis users are more likely to have lower educational achievement and lower income than nonusers. Is this because those who take up cannabis are more likely to exhibit apathy and lack of ambition?
- Do regular drinkers maintain their alcohol dependency by choosing to mix in social groups with similar drinking patterns?

- Does alcohol have a simple arousal-dampening effect, or is its effects caused by attentional-narrowing?
- Is there a single brain reward pathway that is affected by most drugs?
- If individuals who use drugs for self-medication purposes are aware of the long-term negative effects of the drug – why do they continue to use them?
- How do genetic factors put some people more at risk for substance use disorders than others?
- Is long-term drug dependency caused by drug-induced changes in mood, motivation and cognitive functioning which provide the user with fewer resources to fight dependence?
- Do drug-prevention schemes simply delay the onset of drug use in young people?
- Why are narcotic antagonists such as naloxone, naltrexone and buprenorphine effective over a range of substances, each of which have their psychoactive effects by influencing different brain neurotransmitter pathways?