

## Drug Use in Mexico during the Pandemic and Non-Face-to-Face Treatment Proposals

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**Received:** July 26, 2021; **Published:** September 29, 2021

### Abstract

In this work, a comparison is presented in the increase in drug use, specifically alcohol, tobacco and marijuana, which are the most consumed in Mexico and which under the conditions of the pandemic, are among those that can have preliminary measures both regular consumers, such as those just starting out.

It is mentioned that a series of individual and social health problems are occurring and will occur as a result of the pandemic. One of them, drug use must be tackled through short treatments based on evidence and relevant to the social reality in which they will be applied.

Previously, a series of clinical procedures based on the directed Self-Change Model have been empirically validated in Mexico, which have shown their cost-effectiveness.

To the extent that attending a treatment personally at a health clinic is inappropriate due to the risk of contagion, a totally safe and effective form of online treatment is proposed, as long as there is no personal contact between user and therapist.

**Keywords:** *Pandemic; Drug Use; Cognitive Behavioral Therapy; Directed Self-Change Model; Drug Treatment Models*

### Introduction

The harmful effects of COVID 19 have not only caused physical and mental illnesses, as well as deaths, especially in vulnerable populations and individuals, but also the same measures employed in its prevention, particularly confinement, have led to the occurrence and/or increase in other problems, such as the beginning or increase in drug use, due to anxiety, depression and the death of loved ones, guardians or caregivers (as it is known, Mexico is the country with the highest number of orphans in the world due to paternal deaths and guardians due to COVID, followed by India, Brazil and USA [1]).

It is important to analyze what the impact of COVID has been in terms of the increase in drug use, as it will leave a sequel to public health problems that must be tried to effectively confront with procedures based on evidence and validated in its culture of application. The level prior to the pandemic can be compared with the level during the pandemic (even with preliminary data), especially in three types of drugs: alcohol, tobacco and marijuana, as they are the most accessible and preferred measurement of consumption by consumers in Mexico.

The effects of COVID on the consumption of the aforementioned drugs are presented below and it is compared with the average consumption of these in Mexico. Finally, an evidence-based treatment proposal is made available to virtually any socioeconomic level of the population.

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**Citation:** César Augusto Carrasco Venegas. "Drug Use in Mexico during the Pandemic and Non-Face-to-Face Treatment Proposals". *EC Psychology and Psychiatry* 10.10 (2021): 23-28.

### Alcohol

According to the National Survey on the Consumption of Drugs, Alcohol and Tobacco [2], alcohol consumption, sometime in life, in the general population between 12 and 65 years old, reaches 70.1%. The prevalence, in the last year, is 49%, while in the last month it is 35.9%. Excessive consumption is equivalent to 19.8%, while the starting age is around 17 years (41.3%).

According to the survey "Alcohol consumption during the COVID-19 health emergency", [3] prepared by the "Institute for the Attention and Prevention of Addictions of Mexico City", 60% of those surveyed stated that they had recently consumed alcohol, and of them, 35% indicated that their consumption increased during the health contingency. People with alcohol use disorder are more likely to suffer from depression, which, in turn, leads to the use of alcohol and/or other substances.

Another investigation [4] in Mexico, showed that 75% used drugs out of boredom and 55% because of anxiety caused by the pandemic. Other indicators indicate problems sleeping (8%), relaxing (15%), 12% did so to avoid being easily irritated, 12% were very afraid, and 10% to maintain control.

Although without saying in what percentage the increase in alcohol consumption occurred in its member countries (because the conditions of each one are different), an OECD study [5] reports that one in three adults in the member countries, got drunk once a month. According to this study, 54% of all alcohol consumed is taken by people who consume excessively (more than 20 or 40 grams of pure alcohol per day) in contrast to "moderate and light drinkers, who are below that average).

However, the OECD reports that during the pandemic people's consumption habits changed. Due to the health crisis, an increase of between 3 and 5% was detected in alcohol sales, in certain countries, as well as in the forms of commercialization (through companies that deliver packages to home, fast food delivery, etc.).

### Tobacco

In Mexico, tobacco consumption is higher in urban areas, with an estimated prevalence of 20.4% in people aged 12 to 65 (29.9% in men and 11.8% in women). Unlike consumption in adults, which remains relatively stable, in adolescents the trend is increasing, with values per region varying between 13% and 28% [2].

The starting age of smokers in Mexico is getting lower and lower. The Global Youth Tobacco Survey [6] determined that between 8% and 15% of urban high school students in Mexico have ever smoked tobacco before the age of 13. Tobacco is the main culprit for preventable disease and death. Currently, 14.8 million adults and 1.3 million adolescents smoke cigarettes in Mexico. Of the former, 4.1 million are women and 10.6 are men [2].

Smoking is itself an epidemic, like the various with which we live daily (alcoholism, diabetes, hypertension, obesity, etc.) and against which little is done. In the case of smoking, the problem is aggravated by its legal and widely promoted use. When a person infected with Covid 19 also consumes tobacco, they have a negative and often fatal prognosis.

The Veracruzana University (UV), through the Institute of Health Sciences (ICS), carried out a national investigation: "Mood and drug use during the quarantine by Covid-19 in Mexico", whose preliminary data indicate that during confinement there was an increase in the consumption of alcohol, tobacco and marijuana. The method followed consists of consumer surveys and is qualitative in nature [7]. However, a quantitative investigation yields similar data: the increase in the consumption of alcohol, tobacco and marijuana during confinement [8].

### Marijuana

Regarding illicit drugs, marijuana<sup>1</sup>. It is consumed by 8.6% of the population. Although in relation to other countries drug use in Mexico is low, according to OECD data, it is also a serious health problem. Legal drugs (alcohol and tobacco) are consumed much more and have a more severe impact on health.

Regarding illicit drugs, marijuana is consumed by 8.6% of the population. It is the illegal drug with the highest consumption: 80% among the population that uses illegal drugs. The consumption of the male population between 18 and 34 years old reached 13% in 2011. The group of women of the same age reached 3%. The consumption of adolescents of both sexes was 12.2% in 2012. In students aged 10 to 18 it reached 17.2% total, of which 15.9% are women. Consumption in elementary, 5<sup>th</sup> and 6<sup>th</sup> grade students, 11 years old, reached 2.3%. the average age of onset is 13.6 years [2].

Collecting data on its consumption during the pandemic is difficult. It is not sold in stores, so the research cannot be guided by the increase or decrease in sales to assume changes in its consumption, as in the OECD study on alcohol and tobacco. There is the previously cited research on the increase in drug use in general; However, indirect data, such as the fact that the media and networks have reported and announced the increase in the delivery of illegal drugs through home services, it can be assumed that this increase in traffic is due to an increase in the consumption.

### Clinical treatments for drug users

Currently attending in person to treatments for various health problems, including the consumption of psychoactive substances, implies a risk of contagion, especially in public places; however, there are evidence-based methods that have been used to treat them effectively. A brief intervention that can be applied in a non-face-to-face way is described below, keeping all the security protocols to prevent the spread of Covid 19.

Cognitive behavioral procedures have been used in a non-face-to-face way (synchronously or asynchronously) currently and always seeking to reduce or eliminate substance use, promoting the user's coping skills and not the prescription of drugs.

### Early detection and brief intervention of drug users

Beginning in the last decades of the 20<sup>th</sup> century, multiple cognitive behavioral interventions have been formulated and evaluated to treat alcohol dependence (Miller, *et al.* 1995). This type of brief interventions are based on the social principles of the theory of A. Bandura's Theory [9], and its application to the treatment of alcohol [10,11]. These principles attribute a central role to cognitive and behavioral coping in coping with a stressful lifestyle in general, as well as external and internal signs of alcohol consumption in particular [12].

One of the most cost-effective and long-lasting formulations in reducing substance use has been the Directed Self-change Model. Within cognitive behavioral therapy, the Directed Self-Change model [13], initially developed for the care of problem drinkers and later as a treatment for drug users in general [14] has been empirically validated in Mexico [15] and has led to the formulation of effective treatments for consumers of different substances, such as the Application Guide for the Brief Treatment for Cocaine Users [16], the Therapist's Manual for the Application of Brief Intervention for marijuana users [17], Brief Intervention Program for Adolescents who initiate the Consumption of Alcohol and Other Drugs [18], and the Therapist's Manual for the application of the Intervention Brief Motivational for Smokers [19], and The Manual of Early Detection and Brief Intervention Manual for Problems Drinkers [20].

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<sup>1</sup>In Mexico the consumption of the substance is not illegal, but its cultivation, transfer and sale are. In Mexico, marijuana actually lives in a legal limbo, since there is no clarity about its legal status.

The theoretical and methodological bases of the Targeted Self-change model, which has also been called “Early Detection and Brief Intervention of Drug Users”, can be synthesized some of its components as follows: a) The Social Cognitive Learning Theory [9], which states that what we learn we always do in a social context and mediated by cognitive processes. b) The Motivational Interview [21], during which the interaction between the user and the therapist is empathetic, listening is reflective, helping the user to go through the different stages of the c) Model of the Stages of Change [22], for the solution of your problem.

The theory of operant and responding learning are fundamental in this treatment process because they allow, through functional analysis, to identify the internal and external conditions in which consumption takes place, as well as their positive and negative consequences, in the short and long term. and in a complementary way, the Decisional Balance, which is a technique derived from social psychology that fosters a cognitive conflict, which leads the person to make the decision to change.

At present, in Mexico, this model, and its variants of treatment of other substances, have been adopted in the clinics dependent on the Ministry of Health. In 2010, the Federal Government, through the National Council against Addictions (CONADIC), applied a national strategy for their prevention and treatment, creating the Units of Medical Specialties in Addictions called Centers for Primary Attention to Addictions (UNEME-CAPA).

However, since confinement prevents face-to-face therapy, treatment can be provided online synchronously (if the application takes place simultaneously between the user and the therapist) or asynchronously (if the communication between the user and the therapist is performed at different times). Another feature of the online application is that the therapy can be guided by a therapist or it can be self-administered [23].

This treatment, which is a form of Brief Intervention based on scientific evidence, is extremely economical (enough to reach as many low-income people as possible with these problems) and effective (due to the permanence of the change in the long term).

### Conclusion

Covid-19 caused an increase in the consumption of all types of drugs in two types of groups, regular users and new users, these groups can include men or women of different ages and of different social status. The strong impact of the Covid 19 pandemic on society has been drastically transforming life, especially among children and adolescents, These circumstances and the aforementioned effects on mental health can lead to the acquisition of habits such as substance abuse and dependence. The increase in the consumption of psychoactive substances shows the lack of skills and effective coping strategies in a conflict resolution, particularly during the pandemic.

From the perspective of cognitive behavioral therapy, especially from the Directed Self-Change Model, the use of psychoactive substances constitutes an effective strategy immediately to face a problem (such as anxiety, depression, anguish, etc.) and give it a apparent solution. This way of solving problems, sooner rather than later, highlights the need to learn skills and adequate and socially functional cognitive and behavioral coping strategies to account for a problematic circumstance in an efficient and healthy way.

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**Volume 10 Issue 10 October 2021**

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