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MENTAL STATES AND SOCIAL CONTEXTS IN ADDICTION REMISSION**Humay Xəzər qızı Eminzadə***Xəzər Universitetinin magistrantı***E-mail:** humayeminzada@gmail.com

Key words: *psychoactive substance use disorder, addiction, remission, social environment, psychopathology.*

Açar sözlər: *psixoaktiv maddə istifadəsi pozğunluğu, asılılıq, remissiya, sosial mühit, psixopatologiya.*

Ключевые слова: *расстройство, связанное с употреблением психоактивных веществ, зависимость, ремиссия, социальное окружение, психопатология.*

Addiction is a chronic disorder that severely disrupts a person's life, causing permanent physical and psychological consequences. Addiction, which causes serious changes in the human brain, negatively affects cognitive functions in addition to mood. Although it has been studied by experts for many years, it is characterized by the interaction of strong will and the social environment as a starting point.

This article examines the consequences of addiction in human life and the importance of family support as a starting point from addiction. Motivation has always been a stimulus for human life to start a new path. According to recent studies, change is associated with a high level of motivation and readiness. Internal motivation, which is formed in the inner world of a person and is based on their own values and goals, organizes a faster recovery process than external motivation such as social pressure (1).

As a result of any negative event they experience, a person turns to psychoactive substance use to escape problems, but this is the most unsuccessful way for a person to cope with the negative emotions they experience. According to studies, mindfulness-based interventions are considered one of the factors that reduce the risk of relapse (2).

As the use of psychoactive substances continues, the rate of cognitive impairment increases. However, partial recovery begins during this period of remission. Addicted individuals can participate in psychotherapy programs parallel to drug treatment during remission, preventing the loss of some of the cognitive skills they have lost from leading to fewer complications in the future (3).

When looking at economic and social factors, factors such as poverty and unemployment are considered risk factors for addiction. When talking to people who have been addicted to psychoactive substances in the past, most of them say that they took this path because they thought that life was meaningless. At first, individuals do not fully accept that they are addicted and give various excuses as the reason. It would be good if such cases were overcome in a timely manner. Otherwise, in addition to mental problems because of the damage caused to the brain, the individual may end up with suicide attempts (4).

SUD is a complicated condition that is impacted by many different things, including social

circumstances. The onset and maintenance of SUD are significantly influenced by social variables. The circumstances in which people are born, develop, live, work, and age are known as social determinants of health (SDoH). The allocation of assets, power, and financial resources at the local, national, and international levels affects these conditions (5).

Understanding how an addiction might enter their lives we must first look at the person's upbringing, beginning with early infancy, to comprehend. Both the individual's growth and the emergence of addiction are significantly influenced by the parenting style used to raise the kid and the ensuing family dynamics. Furthermore, childhood traumas (physical or emotional abuse, neglect), even if they only happen once, have negative physiological effects and bad health outcomes. For instance, elevated cortisol levels raise the likelihood of drug use (6).

Adolescence is a critical time for biological, psychological, and social development, as is well recognized, but it is also a delicate time when people are more vulnerable to substance use, its harmful effects, and addictions that follow. Early substance use raises the chance of addiction if it begins before the age of 18, but it also increases the possibility of subsequent issues (physical, behavioral, social, and health) (7).

The DSM-5 classifies drug use disorder as a single condition that ranges from moderate to severe, combining the DSM-IV classifications of substance abuse and substance dependence. Apart from caffeine, which cannot be classified as a drug use disorder, each substance is treated as a distinct substance use disorder (such as stimulant use disorder, alcohol use disorder, etc.), yet almost all drugs are diagnosed using the same general criteria. The criteria for this general disease have not only been merged but also reinforced (American Psychiatric Association 2013) (8).

As discussed later in this article, the most recent revisions of the two systems have taken somewhat different approaches when handling the topic of "addictions." The DSM-5 seeks to provide a common research and clinical language for mental health problems, while the ICD-11 focuses specifically on issues of clinical utility in a wide range of settings, aiming for global applicability (Grant & Chamberlain, 2016). Both the WHO and the American Psychiatric Association believe that the differences between the two classifications should be minimized and maintained only if conceptually justified (10).

Neurocognitive Impulsivity in Opiate Users at Various Lengths of Abstinence, both groups demonstrated higher delay discounting, and former opiate users in early remission demonstrated noticeably worse decision-making skills under risk and ambiguity than controls. Furthermore, both groups of ex-opiate users showed decreased automatic response inhibition, especially under challenging circumstances, but they were still able to cancel initiated responses (12).

Substance abuse and substance use disorders (SUDs) have long been linked to stress. Research aimed at comprehending the fundamental mechanisms underlying this association has increased dramatically over the last 20 years. The multilevel "adaptive stress response" framework presented in this review includes an acute reaction, a stress baseline, and a recovery phase with return to homeostasis that takes place across domains of analysis and at different response times. It also covers data demonstrating how this adaptive stress response is disrupted in the context of trauma, chronic and recurring stressors, unfavourable social and drug-related environments, acute and chronic drug abuse, and the aftereffects of drug withdrawal and

abstinence. The adaptive stress response phases' subjective, cognitive, peripheral, and neurobiological disruptions are also discussed, along with how they relate to rigid, maladaptive coping, elevated craving, relapse risk, and drug maintenance. The implications of addressing this "stress pathophysiology of addiction" for prevention and treatment are finally covered, along with elements that could be focused on when developing an intervention to reverse stress-related changes in drug motivation and enhance the results of SUD treatment (16).

Relevance of the article. This article is highly relevant as it addresses the prevalent issue of substance use disorders, which are common across all ages and can severely disrupt daily life.

Scientific novelty of the article. This article in its contribution to the understanding of the mental state characteristics of individuals in remission from psychoactive substance addiction.

Practical significance and application of the article. This scientific novelty of this article lies in its comprehensive examination of the mental states and social contexts in addiction remission, which has been underexplored in clinical psychology. Practically, the findings from this article can greatly assist clinicians in optimizing treatment plans for phobia patients.

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H.X. Eminzadə

**Asılılığın remissiya dövründə zehni vəziyyətlər və sosial kontekstlər
Xülasə**

Bu məqalə remissiyada asılılığın müalicəsini, psixi vəziyyətləri və sosial kontekstləri araşdırır. O, Koqnitiv Davranış Terapiyası (CBT), Zehinlilik Terapiyası kimi müxtəlif terapevtik üsulları, həmçinin farmakoloji variantları nəzərdən keçirir. Nəticə olaraq, məqalənin təhlili təsdiq edir ki, bu müalicə yanaşmaları psixoaktiv narkotik asılılığının əlamətlərini səmərəli şəkildə idarə edir və bu maddənin istifadəsi pozğunluqlarının yaratdığı məhdudiyyətləri aradan qaldıra bilər.

X.X. Эминзаде

**Психические состояния и социальные контексты во время ремиссии
зависимости
Резюме**

В этой статье рассматривается лечение зависимости, психических состояний и социальных контекстов в период ремиссии. В ней рассматриваются различные терапевтические методы, такие как когнитивно-поведенческая терапия (КПТ), терапия осознанности, а также фармакологические варианты. В заключение, анализ статьи подтверждает, что эти подходы к лечению эффективно контролируют симптомы зависимости от психоактивных препаратов и могут преодолеть ограничения, налагаемые этими расстройствами, связанными с употреблением веществ.

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