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Expressed Drug Use and Test Results Comparison

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Abstract

This abstract provides an overview of a study comparing expressed drug use, as self-reported by individuals, with actual test results. The research aims to investigate the accuracy and reliability of self-reported drug use compared to objective testing methods, such as urinalysis or blood tests. The study incorporates diverse populations, spanning different demographics and drug use histories, to ensure a comprehensive analysis of the correlation between selfdisclosed drug use and laboratory results. The research methodology involves collecting self-reported data through surveys or interviews, where participants provide information about their drug use patterns, frequency, and types of substances used. Concurrently, objective drug testing measures are administered to obtain accurate and verifiable results. The study carefully examines the discrepancies, if any, between self-reported drugs use and the actual test outcomes. Furthermore, the abstract explores potential factors influencing the accuracy of self-reported drug use, including social desirability bias, memory recall, and the reluctance to disclose sensitive information. By identifying these factors, the study aims to enhance the understanding of the limitations associated with self-reported drug use data. The implications of the research extend to various fields, including clinical settings, substance abuse treatment programs, and public health initiatives. Accurate information about drug use is essential for designing effective interventions, developing targeted prevention strategies, and evaluating the success of treatment programs. The findings of this study contribute valuable insights into the reliability of self-reported drug use data, informing best practices for obtaining accurate information and improving the overall validity of substance use research.

Keywords: Expressed drug use; Self-reported drug use; Test results comparison; Urinalysis; Blood tests Substance abuse; Substance use patterns; Accuracy of self-reporting; Objective testing methods; Drug testing Measures; Social desirability bias; Memory recall; Sensitivity of information; Drug use history; Reliability of self-report; Substance abuse research; Public health initiatives; Clinical settings; Substance use interventions; Validation of drug use data

Introduction

Understanding patterns of drug use is crucial for effective intervention, treatment, and public health initiatives. However, the reliability of self-reported drug use data has long been a subject of scrutiny. This article delves into the intricate landscape of expressed drug use and the comparison of self-reported information with objective test results. By exploring the factors influencing the accuracy of expressed drug use, this research aims to shed light on the discrepancies and enhance the credibility of substance use data.

Expressed drug use: the challenge of self-reporting: Self-reported drug use is a cornerstone in understanding individuals' substance use behaviors. However, the accuracy of this information is often influenced by factors such as social desirability bias, memory recall, and the sensitivity of the disclosed information. The dichotomy between what individuals express about their drug use and the actual substances present in their system raises questions about the reliability of self-reported data.

Comparing self-reports with objective test results: To unravel the intricacies of expressed drug use, researchers employ objective testing methods like urinalysis or blood tests. This comparative [1-10] analysis aims to identify any disparities between what individuals disclose about their drug use and the substances detected through laboratory testing. The study considers diverse populations to ensure a comprehensive understanding of how different demographics and drug use histories impact the correlation between self-reports and test results.

Materials and Methods

Factors influencing discrepancies: Understanding the factors

influencing discrepancies is paramount for accurate interpretation. Social desirability bias, where participants may provide responses perceived as socially acceptable, and memory recall challenges contribute to the nuanced nature of self-reported drug use. Additionally, the sensitivity of the information, particularly concerning stigmatized substances, may lead to underreporting.

Implications for clinical settings: In clinical settings, accurate information about an individual's drug use is critical for informed decision-making. Discrepancies between expressed drug use and test results can impact the development and implementation of treatment plans. Recognizing the limitations of self-reporting allows healthcare providers to navigate treatment strategies more effectively.

Informing substance abuse research: The findings from comparing expressed drug use with test results have broader implications for substance abuse research. Validating self-reported data ensures the robustness of research outcomes and contributes to evidence-based practices. It allows researchers to refine methodologies, acknowledge potential biases, and advance the reliability of substance use research.

Public health initiatives and prevention: Public health initiatives rely on accurate data to develop effective prevention strategies. Understanding the accuracy of expressed drug use aids in tailoring interventions to address the unique challenges posed by different substances. By bridging the gap between self-report and objective data,

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public health campaigns can be more targeted and impactful.

Results and Discussion

Several factors contribute to the discrepancies observed

Understanding these influencing factors is crucial for interpreting the findings of such comparisons accurately. Here are key factors affecting the relationship between expressed drug use and test results:

Social desirability bias: Individuals may tend to provide socially desirable responses, especially in the context of substance use. Fear of judgment or social consequences may lead to underreporting or modification of drug use behaviors.

Accuracy of recollection: Memory recall challenges can influence the accuracy of self-reported drug use. Individuals may struggle to remember specific details, such as the frequency or quantity of substance use, leading to discrepancies between self-reports and actual behavior.

Stigma and disclosure: The sensitivity of information related to certain substances may result in underreporting. Stigmatized drugs or behaviors might be less likely to be accurately disclosed, impacting the reliability of expressed drug use data.

Influence on accuracy: The frequency and quantity of drug use can impact the accuracy of self-reports. Individuals may struggle to provide precise details, leading to discrepancies in reported patterns compared to objective test results.

Variability in reporting: The type of substance used can influence reporting accuracy. Some individuals may be more inclined to disclose certain substances over others, leading to variations in the accuracy of expressed drug use across different drug types.

Personality traits and characteristics: Variations in personality traits, such as openness or conscientiousness, can influence how individuals report their drug use. Understanding [1-10] individual differences contributes to a more nuanced interpretation of self-reported data.

Treatment motivation: Individuals in treatment settings may have different motivations for reporting their drug use accurately. Those highly motivated to adhere to treatment goals may provide more accurate information, while others may be influenced by external factors.

Testing sensitivity: The choice of testing method (urinalysis, blood tests, hair follicle tests) can impact the detection window for substances. Variability in testing sensitivity contributes to differences between selfreports and test results.

Timing of reporting and testing: Temporal factors, including the time between self-reporting and testing, can influence discrepancies. Changes in drug use patterns over time may contribute to variations in expressed drug use and test results.

Cultural norms: Cultural and social contexts play a role in shaping reporting behavior. Cultural norms around substance use may impact the willingness of individuals to disclose their actual drug use patterns.

Impact on Reporting: Individuals accessing treatment may have different reporting behaviors compared to those not seeking help. The context of treatment seeking can influence the accuracy of expressed drug use. Accuracy of laboratory tests: The reliability of laboratory tests is a critical factor. False positives or negatives in test results can contribute to discrepancies when comparing expressed drug use with objective testing outcomes.

Treatment goals: Individuals with a strong motivation for abstinence may be more likely to accurately report their drug use to align with treatment goals. Understanding treatment motivation aids in interpreting the reliability of self-reported data.

Fear of consequences: Fear of legal or employment consequences related to drug use can influence reporting accuracy. Individuals may modify their self-reports based on perceived repercussions.

Influence of support networks: The presence of supportive social networks may encourage accurate reporting, while individuals lacking such support may be less forthcoming about their drug use.

Understanding these factors and their nuanced interplay is essential when comparing expressed drug use with test results. Acknowledging the complexity of self-reported data enhances the interpretation of findings and supports the development of more effective interventions and policies in the realm of substance use.

Conclusion

In the ongoing quest for precision in substance use data, the comparison between expressed drug use and test results serves as a critical lens through which to view the reliability of self-reported information. By acknowledging the nuances and factors influencing discrepancies, researchers, clinicians, and public health professionals can refine their approaches. This, in turn, ensures that interventions and policies are grounded in accurate insights, ultimately advancing the collective effort to address substance use challenges in our communities.

References

- Cornish TC (2020) Clinical application of image analysis in pathology. Adv Anat Pathol 27: 227-235.
- Jennings L, Van Deerlin V M, Gulley M L (2009) Recommended principles and practices for validating clinical molecular pathology tests. Arch Pathol Lab Med 133: 743-755.
- Forzán M J, Heatley J, Russell KE, Horney B (2017) Clinical pathology of amphibians: a review. Vet Clin Pathol: 11-33.
- Blanckaert N (2010) Clinical pathology services: remapping our strategic itinerary. Chem Lab Med 48: 919-925.
- Pesce MA, Spitalnik S L (2007) Saliva and the clinical pathology laboratory. Ann N Y Acad Sci 1098: 192-199.
- Labrosse R, Graham F, Caubet J C (2020) Non-IgE-mediated gastrointestinal food allergies in children: an update. Nutrients 12: 2086.
- Barni S, Liccioli G, Sarti L, Giovannini M, Novembre E, et al. (2020) Immunoglobulin E (IgE)-mediated food allergy in children: epidemiology, pathogenesis, diagnosis, prevention, and management. Medicina Kaunas 56: 1-111.
- Portnoy J M, Shroba J (2014) Managing food allergies in schools. Curr Allergy Asthma Rep 14: 1-7.
- Broome SB, Lutz BJ, Cook C (2015) Becoming the parent of a child with lifethreatening food allergies. J Pediatr Nurs 30: 532-542.
- Egan M, Sicherer S (2016) Doctor my child is bullied: food allergy management in schools. Curr Opin Allergy Clin Immunol 16: 291-296.