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Psychosocial Dimensions of Substance Use Disorders in Apulia: Insights from the project BioSUD

Raffaella Maria Ribatti, Danilo Cozzoli**, Maria Rita Quaranta***, Vincenza Ariano****, Francesco Montinaro*****, Mario Ventura°*

Summary

■ ***Substance Use Disorders (SUDs) represent a major global public health concern, shaped by a complex interplay of neurobiological, psychological, and sociocultural determinants. This study, conducted within the framework of the BioSUD initiative in Apulia, Southern Italy, investigates the psychosocial profiles and substance use patterns of 1,806 participants, comprising 298 individuals with a clinical diagnosis of SUDs and 1,508 non-clinical controls.***

Group differences emerged in educational attainment, employment status, exposure to adverse life events, family history of substance use, psychiatric self-reported symptoms, and the quality of interpersonal relationships. Individuals with SUDs reported markedly higher consumption of nicotine, alcohol, cannabis, cocaine, heroin, and other substances, with polydrug use, particularly involving cocaine and heroin. Craving intensity was significantly elevated among clinical participants across all dimensions: reward craving (seeking pleasurable effects), relief craving (alleviating negative emotional states or withdrawal), and obsessive craving (persistent, intrusive thoughts related to substance use).

These findings highlight the need for integrated interventions that address not only substance use but also the psychosocial vulnerabilities contributing to addiction. Early screening, especially in adolescents and young adults, paired with efforts to strengthen protective factors such as supportive relationships, school engagement, and coping skills, is key to prevention. As part of the broader BioSUD initiative, combining psychosocial data with genetic profiling may further improve early risk detection and guide personalized prevention and treatment strategies. ■

Keywords: ***Substance Use Disorders, Psychosocial risk factors, Addiction, Craving, BioSUD initiative.***
Parole chiave: ***Disturbi da uso di sostanze, Fattori di rischio psicosociali, Dipendenza, Craving, Iniziativa BioSUD.***

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Introduction

Substance Use Disorders (SUDs) represent a significant global public health challenge, contributing to mortality and socio-economic costs (WHO, 2024). Clinically characterized by compulsive substance use despite adverse consequences, SUDs are marked by high relapse rates and significant functional impairment (APA, 2022). Emerging evidence underscores addiction as a chronic, relapsing neurobiological condition arising from complex interactions among genetic, psychological, sociocultural, and neurodevelopmental factors (Deak & Johnson, 2021; Volkow & Morales, 2015).

Neurobehavioral models suggest that while initial substance use is often driven by positive reinforcement, progression to compulsive use involves neuroadaptations in reward and motivation circuits, leading to automatic, cue-driven behaviors that override volitional control (Everitt & Robbins, 2016; Wise & Koob, 2014). Chronic substance use disrupts prefrontal cortex (PFC) function, impairing executive processes critical for self-regulation, including inhibitory control, working memory, and

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decision-making (Goldstein & Volkow, 2011; Miyake & Friedman, 2012). These deficits extend beyond reward dysregulation, reflecting broader cognitive dysfunction (Verdejo-García *et al.*, 2007). Adolescents are particularly vulnerable, as their heightened reward sensitivity and immature cognitive control systems increase the risk of disrupted neurodevelopment and subsequent SUDs (Torregrossa *et al.*, 2011).

Executive dysfunction in SUDs frequently co-occurs with emotional dysregulation, exacerbating maladaptive coping and craving (Gross, 2015; Kober, 2014). This neurocognitive vulnerability is further compounded by psychiatric comorbidities, such as ADHD, anxiety, and mood disorders, which share underlying dopaminergic dysregulation and may prompt self-medication (Ducci & Goldman, 2012). Psychosocial adversities, including trauma, peer influence, and socioeconomic disadvantage, interact with these biological factors to amplify risk. Adverse childhood experiences, for instance, correlate with earlier and more severe SUD trajectories (Bryant *et al.*, 2020), while peer norms and social marginalization can perpetuate substance use and hinder treatment access (Kirkbride *et al.*, 2023). Despite advances, the causal pathways, whether mediated by neurotoxicity, pre-existing vulnerabilities, or their interplay, remain incompletely understood (Brockett *et al.*, 2018).

Critically, risk and resilience factors for substance use are context-dependent and can vary widely across regions and cultures.

This study draws on data from the BioSUD project, a biobank initiative investigating the genetic and environmental factors influencing SUDs in Southern Italy (XX). While BioSUD primarily focuses on genetic contributions and treatment outcomes, our research emphasizes the psychosocial determinants of substance use within the Apulia region.

Recognizing that risk and resilience factors vary significantly across regions and cultures, we examine locally relevant protective and risk factors to identify context-specific patterns shaping substance use behaviors. Our goal is to generate evidence that supports tailored prevention and treatment strategies, and to deepen our understanding of how social and environmental contexts influence the development and progression of addiction.

Methods

Participants

The BioSUD initiative aims to build a genomic resource for studying SUDs by enrolling 3,000 individuals, including 1,500 cases. As of May 1, 2025, the cohort included 1,806 participants: 1,508 controls (1,046 males, 462 females) recruited at the Blood Donation Center of XXX (March-October 2021) and 298 cases (278 males, 20 females) recruited from private rehabilitation centers and public addiction services (SerD) across Apulia. The mean age of the total sample was 40.69 years (*SD* = 12.31; range, 18-72). Overall, most participants held a high school education (46.1%), followed by a university degree (25.2%), middle school education (16.0%), postgraduate studies (10.0%), and primary school education (1.9%).

Cases met ICD-11 (WHO, 2021) or DSM-5 (APA, 2022) criteria for SUDs and were enrolled from two private centers – Comunità Emmanuel Onlus (Lecce) and Fratello Sole (Gioia del Colle) – and 22 public Ser.Ds and the Brindisi prison Ser.D.

Procedure

Participants completed a paper-and-pencil questionnaire comprising three sections: Sociodemographic information, psychosocial variables, and detailed substance use measures.

The sociodemographic section collected information on gender, age, education, marital status, number of children, residence, birthplace, income, employment status, health, and family background.

The psychosocial section explored life events (e.g., parental separation, divorce, relocation), adverse experiences (grief, illness, crime, abuse) grouped by age classes (< 14, 14-18, 18-25, > 25), substance exposure within family and peers, accessibility, and neighborhood safety. Relationship quality with parents, siblings, and peers was self-rated on a 5-point scale, summed, and categorized from "Very Poor" to "Very Good."

The substance use section assessed the frequency, quantity, and patterns of nicotine, alcohol, cannabis, cocaine, heroin, and other substances, with items partly aligned with DSM-5-TR criteria (APA, 2022). It also examined family and peer substance exposure, craving (measured with a Visual Analogue Scale from 0 to 10), and craving behavior in terms of reward, relief-seeking, and obsessive. Reward craving refers to the use of substances for the pleasure they provide. Relief craving involves using it to reduce negative emotions or discomfort. Obsessive craving occurs when persistent thoughts or urges about substance use take over the mind and interfere with daily life.

Results

Sociodemographic characteristics

Educational attainment differed markedly between groups. Overall, the controls exhibited higher academic levels, with nearly half (49.9%) having completed high school and 30.4% holding a university degree; only 5.4% had attained a middle school education. In contrast, individuals with SUDs showed substantially lower rates of high school (31.4%) and university completion (3.4%) and a higher prevalence of middle school as their highest level of education (55.6%). These disparities highlight the well-documented association between lower educational attainment and increased vulnerability to substance use disorders.

In terms of employment, long-term unemployment (more than 12 months) was more common among cases (37.7%) than among controls (12.4%), while full-time employment was lower in cases (34.8%) compared to controls (58.8%).

Self-reported psychiatric symptoms

A high prevalence of self-reported psychiatric symptoms was observed within the cohort. Specifically, general psychiatric symptoms were reported by 8.4% of cases (vs. 0.3% of controls), anxiety symptoms by 24.5% of cases (vs. 2.7% of controls), and depressive symptoms by 16.1% of cases (vs. 1.4%

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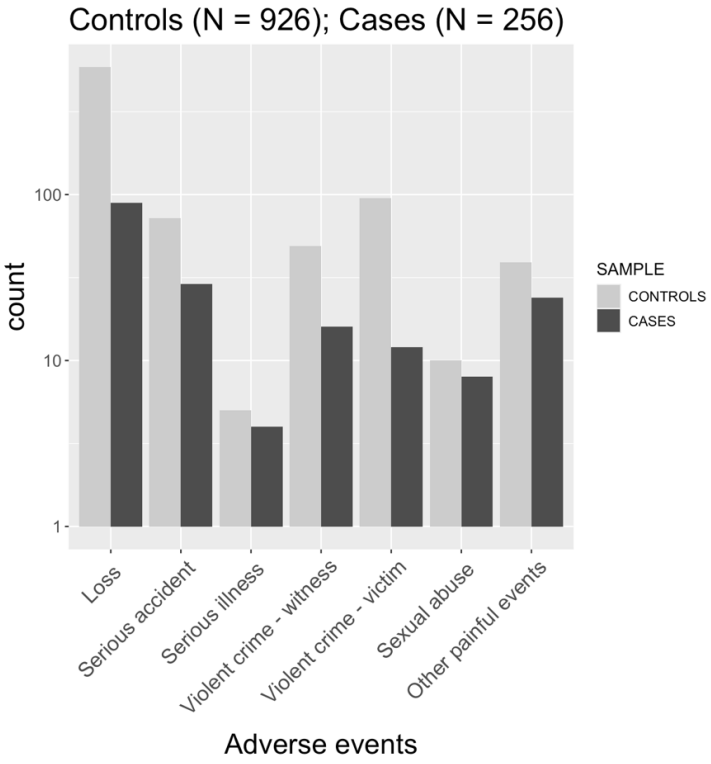
of controls). These findings highlight the significant burden of mental health symptoms within the SUD population, underscoring the complex and often bidirectional relationship between substance use and psychological distress.

Adverse events

Controls more often reported bereavement (68.3% vs. 51.2%) and violent crime victimization (11.3% vs. 7.3%, see Fig. 1). In contrast, individuals with SUDs reported higher rates of serious accidents (15.9% vs. 8.7%), severe illness (2.4% vs. 0.5%), witnessing violence (8.2% vs. 5.9%), and sexual abuse (4.8% vs. 1.1%, see Fig. 1). These results suggest that while controls experienced more bereavement and direct violence, cases faced more trauma related to accidents, health issues, witnessing violence, and sexual abuse – factors potentially linked to substance use disorders.

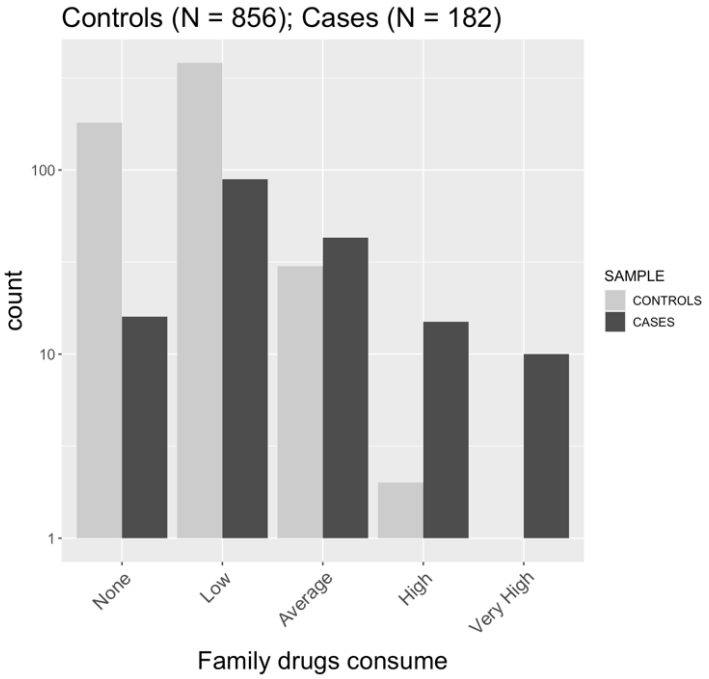
Fig. 1 - Frequencies of adverse events



Family drugs consume

Most controls reported low or no family substance use, with 23.9% having no history and 56.4% having low use (see Fig. 2). Moderate to very high use was reported in fewer than 20%, indicating low familial exposure that may protect against substance use disorders (SUDs). In contrast, cases rarely reported no family use (6.8%), with nearly 40% reporting low use and 27.5% reporting high or very high use rates, which is significantly higher than those of the controls. This supports the idea that a family environment with prevalent substance use may elevate risk, either through genetic predispositions, modeling behaviors, or environmental stressors associated with familial substance use.

Fig. 2 - Frequencies of Family drug consume



Quality of relationships

Significant differences emerged between cases and controls in relationship quality. Controls mainly reported positive relationships (89.5% good to very good). In comparison, cases showed fewer positive ratings (38.0%) and higher negative ratings (27.4% poor/very poor) compared to controls (3.6% poor/very poor, see Fig. 3). Specifically, 71.7% of controls rated family relationships as good or very good, reflecting a generally protective family environment, compared to only 47.4% of individuals with SUDs reporting positive family ties. Specifically, 71.7% of controls rated their family relationships as good or very good, reflecting a generally protective family environment, compared to only 47.4% of individuals with SUDs who reported positive family ties. In comparison, negative ratings increased to 21.3%. This substantial increase in perceived family dysfunction or conflict suggests that problematic family dynamics – such as lack of support, conflict, or neglect – may be significant risk factors or consequences associated with substance use disorders. Low-income family relationships could also exacerbate stress or reduce coping resources, increasing vulnerability to substance use.

In controls, 76% reported good or very good peer relationships, while only 1.7% rated them as poor or very poor, suggesting stronger social support that may help protect against substance use. Among individuals with SUDs, positive peer relationships dropped to 51.2%. In comparison, negative ratings rose to 10.1%, reflecting possible social isolation, association with deviant peers, or social difficulties linked to higher substance use risk.

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Fig. 3 - Frequencies of Quality of relationships (Family and Peers)

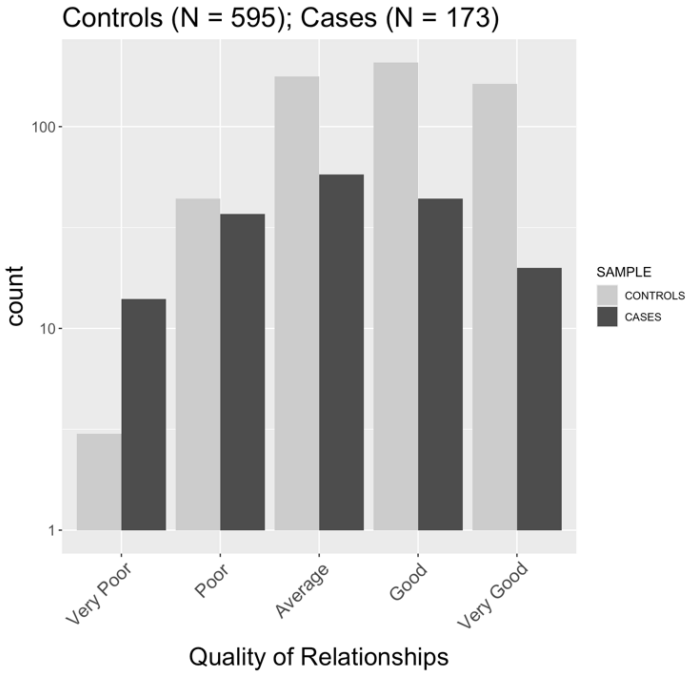
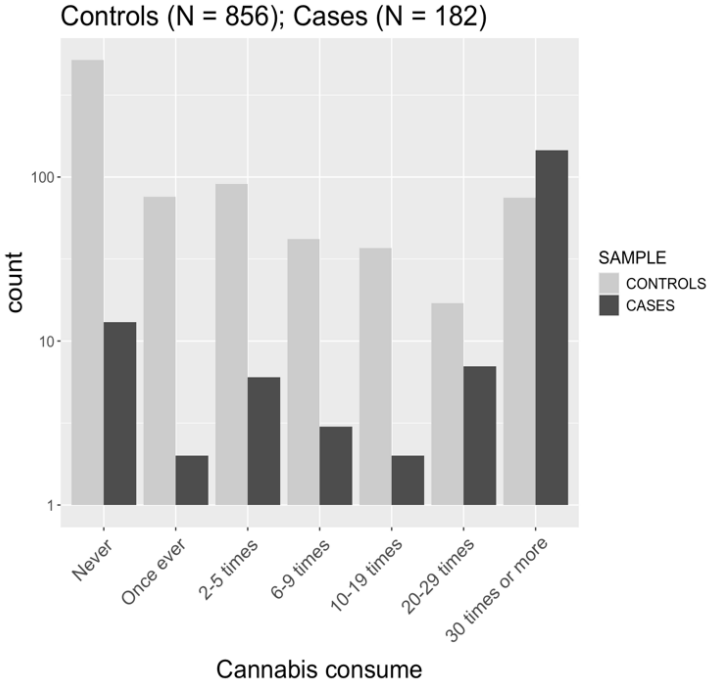


Fig. 4 - Frequencies of cannabis consume



Nicotine use

To assess nicotine use, participants reported their smoking habits, defined as using at least one tobacco or nicotine-containing product daily. Among the controls, 54.7% were non-smokers, 20.1% were former smokers (who had quit more than six months before the survey), 3.2% had quit within the last six months, and 22.0% were current smokers. In contrast, 91.3% of the case group were current smokers. This highlights a strong association between nicotine use and substance use disorder status in the cases.

Alcohol use

Although fewer cases reported drinking alcohol compared to controls (70.5% vs. 81.3%), drinking four or more times per week was more common among cases (25.7% vs. 6.8%). This suggests that while alcohol use may be less common in cases due to supervised environments, problematic drinking is more prevalent.

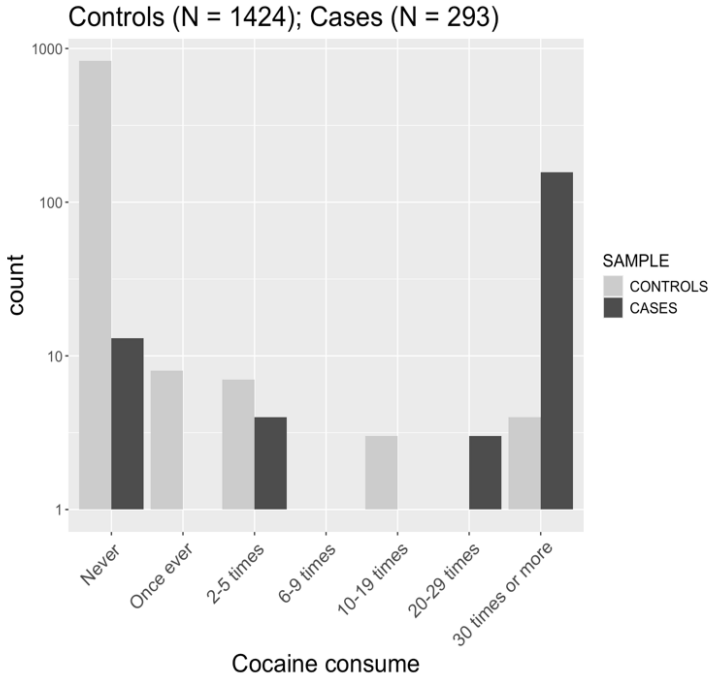
Cannabis consume

Cannabis use was low among controls, with 8.6% reporting 30 or more uses, 29.6% using less frequently (<30 times), and 61.7% abstaining entirely (see Fig. 4). In contrast, cannabis use was much higher in cases: 78.6% reported 30 or more uses, 11.7% used less frequently, and only 9.7% abstained. This sharp difference highlights cannabis as a key substance within the case group. Consistently, most controls (88.6%) did not meet criteria for cannabis use disorder (CaUD). In comparison, nearly half of the cases (48.7%) met the CaUD criteria, with a substantial proportion showing moderate to severe symptoms, confirming cannabis as a significant substance of abuse in this clinical population.

Cocaine consume

Cocaine use was rare among controls, with 0.3% reporting 30 or more uses, 2.6% less frequent use, and 97.2% never using it. The case group showed a stark contrast: 84.0% reported 30 or more uses, 4.5% reported less frequent use, and 9.7% abstained (see Fig. 5). Cocaine Use Disorder (CUD) was almost absent in controls but highly prevalent in cases, with nearly 60% of cases classified as severe.

Fig. 5 - Frequencies of cocaine consume



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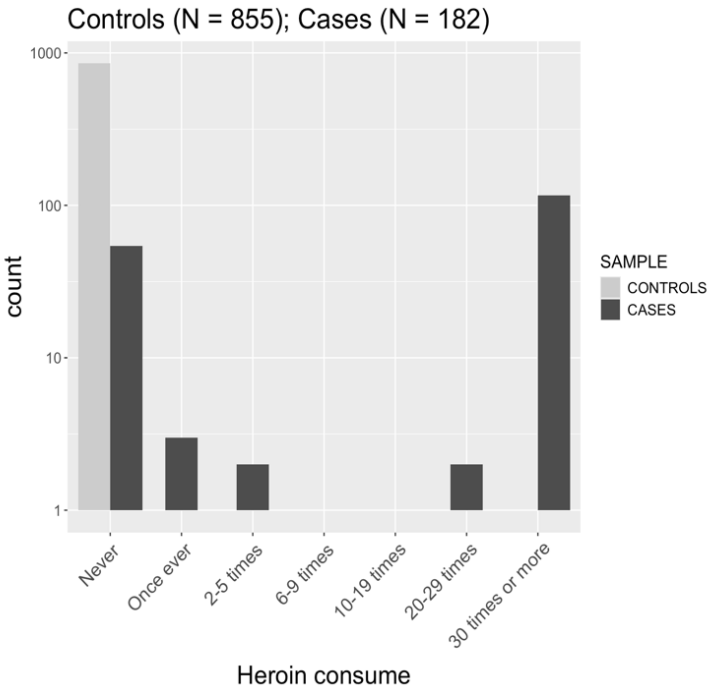
Heroin consume

Heroin use showed an even more substantial difference. Nearly all controls (99.9%) reported no heroin use, while only 29.1% of cases abstained. Among the cases, 66.0% reported 30 or more uses, and 4.9% reported less frequent use (see Fig. 6). More than 60% of cases showed severe heroin use disorder, underscoring heroin's critical role in the severity of SUDs in this sample.

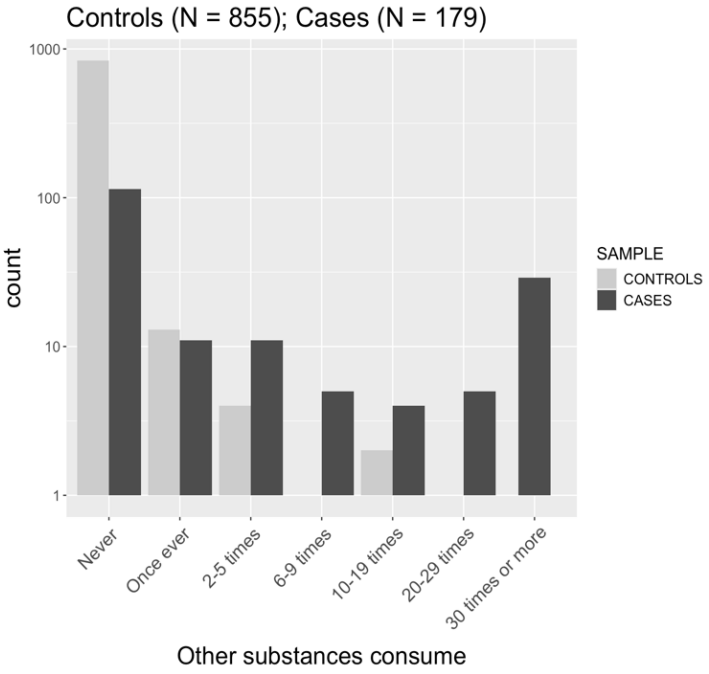
Fig. 6 - Frequencies of heroin consume



Other substances consume

A similar pattern was observed for other substances: 97.5% of controls reported no use, compared to 65.1% of cases. Among the cases, 15.5% reported 30 or more uses, and 19.4% reported less frequent use (see Fig. 7). Though less common than cannabis, cocaine, or heroin, other substance use disorders were significantly more frequent among cases. Mild to moderate other substance use disorder (OSUD) was seen predominantly in the clinical group (5.7%), with 3.0% of cases meeting severe OSUD. In the control group, only 0.1% met the criteria for mild OSUD, and none met the criteria for moderate or severe OSUD.

Fig. 7 - Frequencies of other substances consume



Polydrug use

Polydrug use was frequently observed in individuals with severe substance use disorders, with the most common combination being cocaine and heroin, reported in 86 cases (28.9%). Other patterns included the use of cannabis, cocaine, and heroin in 24 cases (8.1%), cannabis, cocaine, and other substances in 5 cases (1.7%), and heroin combined with different substances in another 5 cases (1.7%). In contrast, among individuals with mild or moderate substance use severity, polydrug use was much less common. In mild cases, the most frequent polydrug combination was cannabis and cocaine, reported in 3 cases (1.0%). In moderate cases, the same combination was observed in 2 cases (0.7%). Among controls, polydrug use was virtually absent, with fewer than 0.1% reporting any mild experimentation, highlighting the limited exposure to multiple substances in the non-clinical population.

Craving behavior

Cases exhibited high craving levels, with mean scores of 5.87 (*SD* = 1.61) for reward, 5.59 (*SD* = 1.82) for relief, and 4.76 (*SD* = 2.05) for obsessive. Medians were near the top of the scale (7 for reward and relief, 5 for obsession), reflecting intense and persistent craving experiences. The greater variability in craving behavior, especially for relief and obsession, suggests more heterogeneous and severe craving patterns.

Discussion and conclusions

The findings of this study highlight the complex and multifaceted nature of SUDs, showing significant differences between the clinical population and controls across sociodemographic, psychosocial, and substance use domains. Lower educational attainment and higher unemployment rates observed among

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individuals with SUDs reflect well-established social vulnerabilities that may both predispose to and result from substance misuse (Treur *et al.*, 2021). Additionally, the increased prevalence of adverse experiences – such as serious accidents, severe illness, exposure to violence, and sexual abuse – within the SUD group highlights the potential pivotal role of trauma and chronic stress in the onset and maintenance of addiction (Bergen-Cico *et al.*, 2016).

Familial and social environments emerge as critical factors: elevated rates of familial substance use and poorer quality relationships with family and peers among individuals with SUDs suggest that genetic predispositions, alongside dysfunctional social dynamics, jointly amplify vulnerability (Kendler *et al.*, 2012; Squeglia *et al.*, 2009). In contrast, positive family and peer support observed in the control group likely serves as a protective buffer against substance misuse (Hawkins *et al.*, 1992).

Moreover, the heightened prevalence of psychiatric self-reported symptoms in the SUD population may reflect the impact of substance use itself, pre-existing vulnerabilities, or other co-occurring conditions (Tranberg *et al.*, 2024). Elevated rates of anxiety and depression emphasize the substantial emotional burden associated with SUDs and reinforce the clinical reality of dual diagnosis, wherein substance abuse and psychiatric conditions coexist and mutually exacerbate one another (Horsfall *et al.*, 2009).

Results also confirm that individuals in the present clinical group engage in heavier, more frequent use of nicotine, alcohol, cannabis, cocaine, heroin, and other substances, often in combination. This polydrug use exacerbates clinical severity and complicates treatment (Leri *et al.*, 2003), underscoring the need for comprehensive, integrated approaches (Darke *et al.*, 2007).

Craving profiles reveal markedly elevated and persistent urges across reward-driven, relief-seeking, and obsessive dimensions, consistent with neurobehavioral models of addiction implicating dysregulated motivational processes and impaired executive control (Koob & Volkow, 2010; Tiffany & Wray, 2012).

Collectively, these results highlight the imperative to address multiple interconnected factors, including trauma history, social environment, emotional dysregulation, and craving intensity, when designing culturally sensitive prevention and intervention strategies tailored to the unique social context of Apulia. The data further support the routine implementation of psychiatric screening in SUD treatment settings, as effective management of comorbid mental health conditions has the potential to reduce relapse rates and improve long-term outcomes.

Importantly, complementing traditional psychological assessments with a comprehensive panel of genetic tests to identify vulnerability markers could yield valuable insights. This integrative approach would enhance predictive accuracy and risk stratification, facilitating early identification of high-risk individuals who may benefit most from targeted prevention efforts. Understanding the complex interplay between genetic predispositions and environmental factors is essential to developing more personalized and effective strategies for both prevention and treatment.

The BioSUD biobank project is an ongoing initiative aimed at establishing a comprehensive, integrative model that combines genetic, environmental, and psychosocial factors to deepen our understanding of addiction risk and to inform the development of tailored interventions for substance use disorders. Continued recruitment of additional patients will strengthen the statistical power to perform genetic studies, including the definition of polygenic risk scores for vulnerability to SUD, and to explore how these genetic risks interact with environmental and psychosocial factors.

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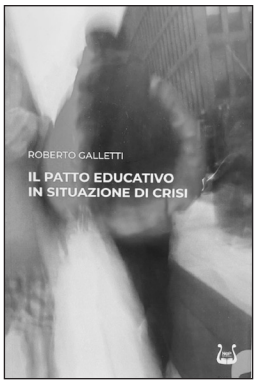

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Come operatore in una Comunità di pronta accoglienza per persone affette da dipendenze, a Cremona, durante l'emergenza Covid-19, l'autore ripercorre quei mesi "angoscianti" e "bellissimi", e analizza quanto appreso da un punto di vista professionale e umano.
Cremona è stata, insieme a Bergamo e Brescia, la più colpita dal virus e dai suoi effetti sulla salute. Vivere in Comunità in questa circostanza ha significato decostruire i meccanismi di funzionamento della struttura: ridistribuire incarichi, rivedere le modalità di gestione, le relazioni e i significati.
Gli operatori, ridotti al minimo, si sono completamente re-inventati e hanno dovuto rispondere alla situazione attraverso una quotidiana sperimentazione di pratiche inedite e nuove forme di condivisione.
Gli ospiti, come proiettati in una nuova dimensione, si sono ritrovati ad essere protagonisti di un nuovo contesto comunitario in cui era necessario dare il proprio contributo al di là della propria patologia e al di là delle richieste originariamente poste e manifestate al momento dell'ingresso. Educatori e ospiti si sono trovati protagonisti involontari della gestione di una comunità, in assoluta parità e con ruoli dai contorni sempre più sfumati e tra loro intrecciati, sperimentando una nuova "democrazia", in cui tutte le situazioni dovevano essere condivise e ragionate sempre insieme.
L'autore ricorre al metodo etnografico, attingendo dalle osservazioni sul "campo" contenute nel suo "diario della crisi", questo testo che ha l'obiettivo di rielaborare in modo ragionato e analitico questa esperienza di crescita collettiva.

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