

1: Why Is Methamphetamine So Addictive? - www.enganchecubano.com

Cocaine and Methamphetamine Dependence helps general medical and mental health professionals as well as addiction specialists to understand these drugs, their pharmacological and clinical effects, and treatment strategies for people who become dependent upon them. The authors of this wonderful book have done a masterful job summarizing the most.

View The 3-Step Process What does insurance cover in addiction treatment? Insurance coverage for addiction can vary dramatically. Some companies cover all costs associated with recovery, while others ask members to pick up some of the cost of care. Some require people to use a specific set of providers, while others have no such restrictions. Some limit the care people can get, depending on their prior attempts at sobriety. More and more insurance companies are jumping in line to offer substance abuse treatment coverage to the Depending on the insurance company and individual policies, specific treatment options may be covered or partially covered, or the entire stint in rehab could come at little cost to the individual in need of care. Treatment coverage often varies depending on the type of addiction being treated as well as other variables, such as prior attempts at rehabilitation. The deadly drug has been responsible for many fatalities; CNN notes 8, deaths related to the drug in The standard form of treatment for heroin detox is a long-term plan that involves slowly weaning the individual off the drug. Oftentimes, replacement medications, like buprenorphine or methadone, are used as part of this slow weaning process; however, each individual should be assessed on a case-by-case basis to determine the best form of detox. Almost all insurance companies now offer coverage for this type of treatment. When the Affordable Care Act was signed into effect in , change came with it. Insurance companies offering policies under the government healthcare reform structure are required to cover substance abuse treatment options. Brief interventions and long-term are covered, as well as clinical evaluations, medications to deter cravings, counseling, drug and alcohol screening tests, and medications used to treat addictions directly. Likewise, no insurance plans currently cover this type of treatment. AETNA Insurance confirms the lack of coverage for rapid detox under their plans since it is not proven to be effective. Cocaine Addiction Treatment Cocaine is still popular with many people who abuse illicit drugs. The Substance Abuse and Mental Health Services Administration notes 7 percent of people admitted for treatment in cited cocaine as their primary drug of abuse. The treatment process for cocaine addiction involves a combination of detox and continued care. There is no medication designed specifically to treat cocaine withdrawal. Discomfort associated with the detox process can be alleviated through other medications, however, such as modafinil and vigabatrin. In a trial using tiagabine to reduce levels of cocaine abuse, there was a 33 percent increase in the number of individuals with cocaine-free urine samples at follow-up, while there was a 14 percent decrease among those in the control group, per a study in the journal Psychiatry. Disulfiram has shown the most promise in treating cocaine dependency, NIDA reports. Again, any medications used during detox are determined on a case-by-case basis. Oftentimes, inpatient care is only covered if it is deemed medically necessary; this is most often the case if the individual has had prior outpatient rehab care that was not successful. Most often, insurance companies will require that the annual deductible on the policy be met before paying out on any covered services. Treatment coverage is generally more widespread for individuals who opt for treatment at in-network provider facilities. If an out-of-network facility is chosen, some of the rehab costs may be covered, but the individual will generally be responsible for a greater portion of the total cost of treatment. Determining coverage for medical detox and treatment for an addiction to cocaine can be tricky, but most treatment centers have professionals that help clients navigate the insurance coverage process, U. Coverage for Methamphetamine Addiction Treatment In , around 7 percent of people who sought treatment for an addiction did so for methamphetamines or amphetamines, and of that group, 93 percent sought treatment for methamphetamines specifically, SAMHSA reports. Treating an addiction to methamphetamines, like speed and crystal meth, begins in the same way as treatment for most other substances does.. Again, detox is just the first step, and it is approached through methods of managing symptoms rather than controlling the withdrawal process entirely. There is a protracted phase involved in detoxing from methamphetamines that

can last several months after the initial detox period. Many individuals require additional medication and therapy during this time to cope with the symptoms. Without that care, they may be more prone to relapse. Sedatives like Valium may be used to calm anxiety and paranoia during withdrawal. Likewise, antipsychotic drugs might be helpful to those clients who are struggling with psychosis. Some individuals who go through withdrawal from meth need some form of antidepressant to cope with the depression and sadness that set in. This symptom occurs as a result of neurotransmitters and dopamine receptors being depleted and failing to function correctly after a period of stimulant abuse. Medical professionals determine the use of medications on an individual basis. All these medications are generally covered by most insurance plans, but some may require copayments. Other Considerations Addictions to heroin, cocaine, and meth warrant continued care following medical detox. In fact, a quality facility will begin other interventions, like therapy and support group participation, while detox is in process. There is no need to wait for the detox period to be completed to start treating the psychological and emotional issues that have been contributing to the development of the addiction. The risk of relapse is significantly lower for individuals who seek treatment within a month of detoxing. The Partnership for Drug-Free Kids notes that in those cases, people who relapse will take 40 percent longer to do so. This demonstrates that detox, in and of itself, does not constitute rehab. On top of treating individuals for abuse of cocaine, meth, and heroin, mental health issues may warrant care, too. Around 29 percent of people living with a mental health disorder also struggle with drug or alcohol abuse, Psych Central states. Treatment for mental illness is included in the latter as an essential health benefit for which all insurance companies that offer plans under the government program must provide coverage. As such, medications for treatment of mental health disorders, and therapy used to treat both mental illness and substance abuse, are covered, too. Last updated on October 12, T

2: Crystal Meth vs Cocaine: How Do These Drugs Compare?

The methamphetamine molecule is structurally similar to amphetamine and to the neurotransmitter dopamine, a brain chemical that plays an important role in the regulation of reward, but it is quite different from cocaine.

More Law-enforcement officials say methamphetamine use across the Big Country is as bad as it has ever been, and they also are seeing a resurgence of meth. More A Missouri resident was arrested last week in connection with a large amount of crystal methamphetamine being seized in Quincy and Palmyra, More How is Meth Different from Cocaine? Methamphetamine and cocaine are both in the category of drugs known as stimulants. Cocaine on the other hand is naturally occurring and is harvested from the leaves of the cocoa plant. While they are two entirely different drugs, both meth and cocaine have risks associated with their use, and have very high rates of dependence, abuse, and addiction. However, there are very distinct differences between cocaine and meth, in terms of how these drugs affect the individual both physically and psychologically. Both drugs are stimulants so they stimulate the individual and create an euphoric high, as a result of the way both drugs elevate the dopamine levels in the brain. Stimulants such as cocaine and meth cause the user to be more active, talkative, alert, less tired, exhilarated, etc. One of the very distinct differences between meth and cocaine however, is that cocaine is metabolized more rapidly and removed more rapidly from the body. It takes the body much longer to metabolize meth, so it remains in the body much longer and therefore produces its effects for many more hours than if someone had used cocaine. On the flip side, because meth is in the body much longer, it has more time to create damage to the brain and vital organs. This is especially true when one takes into consideration the ingredients contained in meth which are completely toxic, most of which should not be consumed by humans. The high one would experience after having used methamphetamine may last anywhere from 8 to 24 hours, depending on how much the individual has taken. When someone uses cocaine however, half of the dose is gone from the body within the first hour, with its primary effects only lasting about half a hour. Many regular cocaine users fail to achieve the same degree of "high" with regular cocaine use as they did from their first time using the drug. As a result, it is common for a cocaine user to increase the amount of cocaine they are taking to make their high more intense and prolonged. The effects of cocaine are typical of stimulant drugs, and can include constricted blood vessels, dilated pupils, high body temperature, increased heart rate, and increased blood pressure. These are the short term effects, but there are more serious long term effects associated with cocaine use such as sudden death as a result of disrupted heart rhythms. Cocaine binges, where large amounts of cocaine are taken to make the high more satisfying, can lead to potentially violent behavior. Heavy cocaine users may also experience paranoia, muscle twitching, tremors, and even vertigo. This type of heavy cocaine use can cause the individual to feel anxious and restless, and may even lead to a type of mental breakdown where they may experience hallucinations. Depending on how someone administers cocaine, regular cocaine use can cause some serious health consequences. If a cocaine user ingests the drug orally, they may experience bowel issues as a result of reduced blood flow. Meth use typically progresses starting with ingestion, then snorting it, then smoking it, and then finally using a needle to inject the drug intravenously. The effects of meth are similar to that of cocaine, and causes increased heart rate, body temperature, high blood pressure, a feeling of anxiety and irritability, restlessness and a loss of appetite. Again, these effects are much longer lasting than if someone were using cocaine, and can last up to a day. Having an increase in blood pressure, heart rate etc. Another side effect which is produced by meth use is a reduction in the amount of saliva that is produced in the mouth. Meth users also tend to load up on energy drinks and soda which contains a lot of sugar. Meth users also have a tendency to clench their jaws and grind their teeth. A combination of these factors is what leads to what is commonly known as "meth mouth", which is basically severe tooth and gum decay. Meth users also experience hallucinations where they think there are bug crawling either on or just below the surface of their skin, which can cause them to pick or scratch at these imaginary creatures. These are known as "crank bugs" and many meth users have open sores and scars all over their bodies, especially the face and arms, as a result which can become infected. Crystal meth is a form of meth which comes with particularly high rates of abuse

and dependence due to how powerful it is. Crystal meth looks can either look like large crystal chunks, small glass particles or shiny blueish-white rocks. This form of meth typically smoked in a glass pipe much similar to the way crack cocaine is smoked, but can also be dissolved and injected intravenously. Crystal meth causes a significantly more intense and longer lasting high than meth in its powder form, making the risks also much greater. As a result, long-term use of crystal meth can cause brain damage and damage to vital organs as well as the central nervous system.

3: Arizona Drug Rehab | Meth Treatment | Cocaine Rehab

A practical guide to understanding and overcoming addiction to cocaine and meth. Two experienced addiction treatment professionals present a practice-oriented approach to understanding and overcoming addiction to cocaine, with the addition of a treatment protocol for working with clients addicted to methamphetamines.

A Comparison of Addiction to Cocaine and Methamphetamine Cocaine and Methamphetamine are two drugs that are often linked together because they produce similar effects and because they belong to the same class of drugs called psychostimulants. In addition, they both have the potential for causing dependence and abuse which further strengthens the bond associate between them. Though there are many similarities, a fair number of differences do also exist, which will be discussed here. Where Do They Come From? Methamphetamine is man-made, while cocaine is derived from the coca plant. Both can be smoked, injected intravenously or snorted. The difference being that methamphetamine can be taken in pill form. In addition, cocaine can be used medically as an anesthetic and as an appetite stimulant while methamphetamine has no proven medical use. Out of the two drugs, Methamphetamine has a much more defined area of use as well as stereotype of user. Statistics show that use of methamphetamine is highest in western areas of California, Honolulu, Hawaii, and western areas of the continental United States. Urban areas of California, Oregon, Arizona, Colorado and Washington, show increased use of methamphetamines. In recent years however, use of methamphetamine has increased in rural and urban areas of the South and Midwest. Cocaine use varies so there is no geographic pattern that clearly delineates where the drugs are used. Cocaine use however, is usually significantly higher in large cities and metropolitan areas as opposed to non-metropolitan areas. A possible reason for the difference between cocaine and methamphetamine addiction by area is that in rural areas, cocaine is not as easily accessible. Methamphetamine however, can be made in a garage or basement with household products, making it quite easy for individuals to make their own high. Perhaps the reason why cocaine and methamphetamines are confused is because both produce a very well received rush almost immediately. This is followed by feelings of extreme happiness or euphoria which is referred to as a rush. Both cocaine and methamphetamine, when injected intravenously or smoked, can cause an almost immediate rush which is followed by a high. When ingested nasally, which is referred to as snorting, neither methamphetamine nor cocaine cause a rush or a high. A similar effect is produced when methamphetamine is ingested orally. Are the Physiological Effects Similar? Both methamphetamine and cocaine can cause immediate effects of irritability, anxiety, increased heart rate, blood pressure, body temperature and possible death. Chronic use of cocaine or methamphetamine can cause dependence and possibly stroke. In either case, cocaine or methamphetamine can lead to psychotic behavior. These behaviors are characterized by hallucinations, paranoia, violence, and mood disturbance. Some data suggests that violence is more common among methamphetamine users than among cocaine users. Drug craving, paranoia, and depression can occur in addicted individuals who try to stop using either methamphetamine or cocaine. Is there a difference in Neurotoxicity? Neurotoxicity refers to the toxic damage these drugs can incur on the brain, specifically on neuron transmission. Neurons are responsible for the processing and transferring of information. Methamphetamine can be neurotoxic in animal species ranging from mice to monkeys. Methamphetamine specifically damages neurons that produce serotonin and dopamine. Since the usual doses taken by humans are comparable to the doses causing neurotoxicity in animals, it is reasonable to believe that this also causes the same effect in humans. On the other hand, cocaine does not cause neurotoxic damage to dopamine and serotonin neurons. Synapse 39, Table V. Cocaine use and cardiovascular complications.

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Cocaine and Methamphetamine Addiction Next to alcohol addiction, cocaine and methamphetamine addiction were for many years the most serious and widespread drug addictions in America. That may be changing in this decade, with opioid addictions on the increase.

Cocaine is found in the leaves of a coca plant. What makes cocaine so addictive is its effect on the central nervous system. Cocaine temporarily enhances alertness, and actually can increase endurance in athletic activities. However, anxiety, paranoia and restlessness are some of the many side effects that cocaine addiction has. Cocaine Used Chronically The chronic use of cocaine can cause feeling receptors to virtually become non-existent. That is caused by brain cells adaptation to strong imbalances of transmitter levels. A tolerance develops requiring higher doses to achieve the same effects. Cocaine causes aches, insomnia and lethargy, and in most cases- runny noses. The depression felt after being high, and lack of sleep can often lead to suicidal tendencies by the drug user when they consume vast quantities. Since cocaine damages dopamine neurons, larger amounts of cocaine must be consumed in order to receive the previous high that was easily achievable with a much smaller amount. Withdrawing from cocaine is not physically dangerous, however psychologically can cause nightmares, insomnia, increased appetite and agitation. Some physical side effects from smoking cocaine are hemotysis, broncospasm, pruritus, fever, chest pains, lung trauma, sore throat, asthma, hoarse voice, and fatigue. This tooth decay can lead to gingivitis. Cocaine can destroy the human body and leave the user wanting more. Snorting cocaine is the most common method of consumption for the recreational use of the powdered cocaine. The drug is absorbed through the mucous membranes lining the sinuses. This foreign substance being placed in the nasal cavity causes irritation and damage to the mucus membranes. Crack Cocaine Inhalation of cocaine is achieved by heating the drug to the point at which it vaporizes; free basing is common technique. Once cocaine reaches this state, it becomes known as crack. Crack is the street name given to cocaine that has been processed from cocaine hydrochloride to free base for smoking. That then requiring the more volatile method of processing cocaine using ether, crack cocaine is processed with ammonia or baking soda. The water is heated to remove the hydrochloride, thus producing the form of cocaine that can be smoked. Crack has lower purity than cocaine since it is produced by neutralization of cocaine hydrochloride. By-products used to create crack are solutions of baking soda and water. Other materials such sodium carbonate, and entrapped water are also some of the impurities found in crack cocaine. Smoking crack can produce an immediate high that occurs as soon as vapors hit the lungs, one of the several forms cocaine can be ingested. Inhalation, swallowing, injection, and insufflations snorting through the nasal cavity are the four ways cocaine can be consumed into the and by the body. Injection of Cocaine Cocaine can cause addiction and even death the very first time it is injected. Injection is the quickest way for cocaine to take effect on the body. In 3 minutes or less a person can start to feel the high from cocaine. Cocaine is injected by being dissolved in water and inserted into the bloodstream directly the use of a needle. Many drug users do not have the proper sterilization equipment to keep themselves risk-free of diseases. Injection brings in the risk of blood-borne infections. When an individual has injected cocaine, they may talk very quickly, and have dilated pupils. The buildup of chemicals is what causes the high effect, which usually wears off quickly. Hepatitis affecting the liver can lead to long term health problems. Cocaine and Other Drugs Nicotine increases the levels of dopamine in the brain; when cocaine addicts use tobacco products at the same time, they found it enhanced the effects of cocaine. Chain smoking becomes very common, a completely new double faced addiction that can be developed between the two stimulants; cocaine and tobacco. The cardiovascular system can become restricted. When people mix cocaine and alcohol consumption, they are compounding the danger each drug poses and unknowingly performing a complex chemical experiment within their bodies. The sources trafficking this drug have long been sought after by law enforcement officers. For more information on Narconon cocaine rehab centers call

5: Cocaine and Methamphetamine Addiction | in Chapter Frontiers of Psychology

A Comparison of Addiction to Cocaine and Methamphetamine Cocaine and Methamphetamine are two drugs that are often linked together because they produce similar effects and because they belong to the same class of drugs called psychostimulants.

Next page Cocaine and Methamphetamine Addiction Next to alcohol addiction, cocaine and methamphetamine addiction were for many years the most serious and widespread drug addictions in America. That may be changing in this decade, with opioid addictions on the increase. The reason cocaine and meth are so addicting is simple: The response of people to these drugs is much like the response of lab animals to direct stimulation of the pleasure centers. Why are cocaine and meth so popular? What adaptation occurs in regular users? As with opioids, users adapt to the foreign substance constantly in their bodies. As is the case with heroin addicts, soon the drug is needed to feel normal. Heroin addicts who do not get the drug feel a lack of opiates in their bodies, so they feel pain. Cocaine addicts who do not get the drug feel a lack of excitement and pleasure in their lives, so they feel bored and depressed. Without their drug, life seems gray and unexciting. What is the "insidious" effect of cocaine on the brain? To make matters worse, high levels of stimulants lead to changes in brain tissue overexpression of the transcription factor CREB in the nucleus accumbens that has an insidious effect. It "decreases the rewarding effects In other words, after a person uses high levels of cocaine or meth, low levels are not satisfying; they are actually unpleasant. This drives users to use higher and higher dosages. It may explain why many cocaine and meth abusers often follow a bingeing pattern. One student wrote about her experience with serious cocaine addiction: We worked with rock groups nationwide. I was introduced to cocaine as we socialized with the entertainers. I had sampled many drugs, but I disliked them all. I never smoked cigarettes, had no problem with alcohol and after trying numerous drugs recreationally out of insanity or boredom I felt quite sure I was not the "type" who would ever get hooked in a drug scene. I liked it very muchâ€”too muchâ€”and looked forward to different groups that always had it available and even routed them through Atlanta at my convenience to get the drug again. For approximately six months, it was purely recreational. Then a terrible crisis occurred in my life. My husband committed suicide. After his death, I had a great deal of money and was not at all willing to accept the reality of his suicide. Cocaine made that easier for a while. Within six months, I was extremely addicted. I was using between four and six grams of cocaine each day intravenously. I learned to use the needle from my entertainer friends. I could not stop. After all, when I did stop, I was going to have to accept reality. After a while, the reality was that I, too, was committing suicide. My behavior pattern was this: I would shoot coke for four days without eating or sleeping, then I would pass out and sleep between two or three days, wake up, eat like I had been starving I had been and start over again with the cocaine. It became a ritual and a nightmare. Unfortunately, when I was almost dead physically and ready for help, there was little knowledge about cocaine addiction. As a matter of fact, people kept telling me it was not addictive. But I could not stop doing it. I did a lot of things worse than pressing a bar. I had a lot of guilt, shame, and remorse to add to the other realities I needed to confront when I stopped using it. But I did stop. I came to a hospital here two years ago and did everything they asked me to do. They asked me to stay in [this small town] for maybe five years. It was strongly suggested that I not go back to Atlanta or ever try to work in the music business again. I feel as if I have been granted a new lease on life. In this case I have an answer. The student who wrote this essay was somewhat older than a typical college student, because she had come back to college after her treatment for cocaine addiction. About 15 years later, her son took introductory psychology from me. I would not have known, except he identified himself and told me that his mother said Hello and that she was the one who wrote the essay about cocaine addiction. The good news is that she stayed clean and was a "good Mom" according to her son. What never ceases to be a threat with ex-cocaine addicts? Staying clean is not always easy. Just as with other addictions such as alcoholism, recidivism backsliding never ceases to be a threat for ex-cocaine addicts. After being elected Rookie of the Year, he was suspended, then given a second chance. In the end, he was given six consecutive "last chances" to clean up his act, but he could not seem to leave the

COCAINE AND METHAMPHETAMINE ADDICTION pdf

drug alone. As one doctor put it, "Chemical dependency is a chronic relapsing disorder. Steve Howe died in at the age of 48 after rolling over his truck in the median of a highway. Dewey at psywww gmail. Psych Web has over 1, pages, so it may be elsewhere on the site. Do a site-specific Google search using the box below.

6: Cocaine vs. Meth: Comparing Their Effects and Long-Term Damages

Understanding how cocaine and meth work, as well as the dangers and long-term effects of both substances, can help prevent overdose deaths, maybe even be able to stop an addiction before it starts. A Tale of Two Stimulants.

Take the first step of the rest of your healthy life Fill out and submit the form below to get started: Both drugs are stimulants, both are illegal, and both can be very addictive. Both meth and cocaine affect the central nervous system as well as the sympathetic nervous system. Both are addictive drugs, and both present a very real danger of overdose. Despite these similarities, cocaine and methamphetamine are very different drugs. What is cocaine Cocaine may go by a number of names. Coke, snow, flake and blow are a few of the commoner street names for the white powder. It may also be diluted with water and injected into a vein. Crack, sometimes called rock cocaine, is most often smoked in a glass pipe. Cocaine is derived from a plant that is native to South America. The effects of one dose typically last for one to two hours. A drug screen can detect cocaine up to a week after its use. Health problems associated with cocaine use are heart irregularities, headache, stroke and seizure. Persons who abuse cocaine for an extended period of time may suffer damage to nasal tissue. Users who inject cocaine are at risk of HIV infection and hepatitis. Continued use may lead to feelings of paranoia What is meth Methamphetamine, sometimes referred to as crystal, ice, crank or meth, is a man-made chemical substance. It can be made from household ingredients, including certain kinds of cold medicine and nasal decongestants. When sniffed or injected, meth causes increased heart rate, elevated blood pressure and a sense of hyper alertness. Continued use may lead to feelings of paranoia. Health problems associated with crystal meth use include severe insomnia, racing heartbeat and rotting teeth. Users who inject meth are at risk of HIV infection and hepatitis. Help is available One thing that cocaine and meth have in common is that persons who abuse them can be treated and cured of their addiction. If you or someone you care about has a problem with cocaine or methamphetamine, we can help. If the person abusing either drug cannot or will not seek help on their own, a family intervention may be effective. Contact us for additional information.

7: What's the Difference Between Cocaine and Meth | His House

A big difference between meth and coke is the fact that cocaine is metabolized by the body of the user much more quickly than meth. Meth tends to last longer, and it stays in the body for longer, as well as the brain.

8: How is Meth Different from Cocaine

Cocaine Addiction Treatment Cocaine is still popular with many people who abuse illicit drugs. The Substance Abuse and Mental Health Services Administration. notes 7 percent of people admitted for treatment in cited cocaine as their primary drug of abuse.

9: Meth and Coke | Difference Between Meth and Coke

Cocaine. Cocaine is a naturally occurring alkaloid in the leaves of the coca plant, Erythroxylon coca, which is indigenous to the Andean region of South www.enganchecubano.com area of coca under cultivation in Colombia, Peru and Bolivia peaked in at , hectares, subsequently declining to , hectares in

Standard bank student loan application The Maryland colony Limestone Co AL Marriages 1821-1862 Main idea and supporting details worksheet middle school Later social networks and gentry values : Thomas II and William Fisheries and sustainability Programming ISAPI with Visual Basic 5 The Homeric convergences and divergences of Seamus Heaney and Michael Longley Oliver Taplin Queer men and sexual assault : what being raped says about being a man Rus Ervin Funk Creating your action plan. Mattawa River heritage map The Resemblance Regress The Miracle of the 14/45 Winning the Us Presidency Statistical mechanics theory and molecular simulation Econometric analysis greene 6th edition 2019 world cup schedule V. 1. Petrology and geochemistry of continental rifts. Write More! An Intermediate Writing Text Things in the classroom worksheet The saga of Lincoln Life Clyde J. Cover Kenneth hagin ebooks Ministry of Musicians Hunting the Dinosaurs and Other Prehistoric Animals (The New Dinosaur Library) One teens struggle to overcome anxiety Good Morning America. Carolina cooking recipes from the regions best chefs Oscillatory discharge 82 Conclusions consequences for democratic accountability. Evangelism in the 1900s Authority of Scripture West side story america vibes sheet music The culture of cyberspace and everyday life Five nights at freddys the silver eyes The Art of the Magic Striptease The World Bank Atlas 1995 Edna OBriens Girl with green eyes A dictionary of synonyms and antonyms, with 5000 words most often mispronounced Risk crisis and disaster management South Asias Christian Outcastes A discourse, delivered on Saturday, the 10th of August, 1769.