

1: Introduction to substance abuse

The family environment is also important: Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood an adolescent will use drugs.

Speak with an addiction treatment specialist anytime. Please call us now at ! Introduction of Drug Addiction? Drug addiction is a chronic disease affecting the brain, and just about everyone is different. Drugs affect different people in different ways. One person can take and abuse drugs, yet never become addicted, while another merely has one experience and is immediately hooked. Introduction of Drug Addiction explains and is characterized by a person having to use the drug s repeatedly, regardless of the damage it does to: People can be addicted to many things, such as food, gambling, shopping, or most anything that gets in the way of a healthy lifestyle. When things get out of hand, and people behave compulsively, regardless of the consequences. When the person is no longer in charge of their life, regardless of the triggering mechanism, they are addicted. Is there a cure? There is currently no pill you can take to remove your cocaine addiction. In order to get a more complete understanding of why there is no cure, you first have to take a deeper look at addiction to learn how to live with it. The next question generally ask is how can I tell drug abuse from drug addiction. Click here to learn the differences between drug abuse and drug addiction. We are body, mind and spirit, and because of that, drug addiction is as much a disease of the spirit as it is of the body and mind. Types of Drug Addiction When giving an Introduction of Drug Addiction causes and factors, it is necessary to take a moment and look at the various types of drugs. As we mentioned before, these all have their characteristics. The most common drug in this category is marijuana, which produces a high for the user. Amphetamines come to mind quickly, but a more common stimulant is nicotine. Ecstasy is popular with the rave set. Heroin and cocaine lead the list here. Glue sniffing or the improper use of other common, store-bought chemicals for the purpose of getting high is an everyday occurrence. There are several factors and causes to consider with addiction. First there is a genetic component, that is, what is passed on to you through your family. Take it to an extreme. There is normal brain chemistry activity, but when that activity is affected by the drug, the internal communication is altered, creating an otherwise abnormal affect. If you were to abuse the pain medication by going way over the prescribed limit and frequency, because you need that drug, you are becoming addicted. Addiction is a chronic condition, making the chances for relapse great. The drug takes over and the person loses control and will do anything to get the drug, regardless of the consequences. What might have started as a decision to use the drug for a proper, medical purpose now becomes a spiraling, out-of-control experience for the user. Otherwise intelligent, rational people lose their ability to make good decisions. The drug has taken over. Treatment centers around the country have found that a combination of medications, along with behavioral therapy is the most effective way of helping the patient manage the disease. Treatment centers will tailor-made a program to meet the needs of patients seeking help. We are body, mind and spirit. Medicine can effectively treat the body and the mind, but medicine alone does not treat the spirit. Relapse is common Are there going to be setbacks? People who relapse need to be reinstated to the program, to get back to sanity and allow therapists to make necessary adjustments to their meds, or seek help in making modifications to their lifestyle. Perhaps an alternative treatment is called for. Again, everyone is different, and so treatment programs must meet the needs of the individual. The more you understand your Introduction of Drug Addiction the more you realize why it is so difficult to treat. Are Drug Addiction and Abuse the Same? Understand that Addiction and Abuse are not the same, because not all people who take drugs become addicted. The most commonly used drug is alcohol, any Introduction of Drug Addiction, like alcoholism, progresses in stages, as a person descends into drug or alcohol dependence, hits bottom, then ascends back up to good health. Not everybody that uses drugs is on the path to becoming an addict. Some people can abuse drugs, but not become addicted, while others try drugs or alcohol once and are immediately hooked. In either case, they want to feel good, and the drugs make them feel good. But it gets out of hand. What are the signs of drug abuse or drug addiction? Drug addiction does not discriminate. It affects men and women of all ages; seniors, career-aged, young adults, teenagers and even children. The affects of drug and alcohol impact all of society. Have a

INTRODUCTION OF DRUG ABUSE pdf

question or story about drug addiction that you are will to share? Please ask your question or tell your story about drug addiction. Questions and stories about drug addiction? Please ask question or tell story about drug addiction. Your story will appear on a Web page exactly the way you enter it here. Since most people scan Web pages, include your best thoughts in your first paragraph. Upload Pictures or Graphics optional [? Click the button and find the first one on your computer. Select it and click on the button to choose it. Then click on the link if you want to upload up to 3 more images.

2: INTRODUCTION TO DRUG MISUSE - Drug Misuse - NCBI Bookshelf

Prescription drug abuse and dependence In the United States, easy access to prescription drugs such as sedatives and pain medications is posing a major threat, especially drug abuse and dependence. The nonmedical use of prescription-type drugs (NMUPD), which is the same as using drugs without a prescription, and it is very common among young.

See commentary " DNA vaccines: This article has been cited by other articles in PMC. The abuse of alcohol and illicit and prescription drugs continues to be a major health problem internationally. It is estimated that alcohol abuse results in 2. In addition to causing death, substance abuse is also responsible for significant morbidity and the treatment of drug addiction creates a tremendous burden on society. Existing studies have found a high correlation between adolescent abuse and becoming a problem drug user in adulthood 2 ; therefore, it can be inferred that many problem drug users start abusing drugs at an early age. Additionally, accidental and intentional fatalities that are associated with drug and alcohol use represent one of the leading preventable causes of death for the 15 to year-old population. Alcohol and other drug use in the adolescent population carries a high risk for school underachievement, delinquency, teenage pregnancy, and depression 2. Preventative science postulates that negative health outcomes, including those resulting from substance abuse, can be prevented by reducing risk factors and enhancing protective factors 3. The general framework used in this article is based on research presented by the National Institute of Drug Abuse NIDA and emphasizes the strategy of targeting modifiable risk factors and enhancing protective factors through family, school and community prevention programmes. Identify risk factors Prevention of substance abuse among adolescents requires awareness of characteristics that place youth at risk and targeting risk factors that are modifiable. Many studies have attempted to identify risk factors associated with adolescent drug and alcohol usage. A retrospective study by Dube et al 5 measured correlations between the number of adverse childhood experiences ACEs and future substance abuse behaviour. Adverse childhood events included abuse physical, emotional or sexual , neglect physical or emotional ; growing up with household substance abuse, criminality of household members, mental illness among household members, and parental discord and illicit drug use. The study specifically compared the number of ACEs resulting in a greater likelihood of drug use initiation under 14 yr of age and also compared the number of ACEs associated with increased risk of developing addiction. The study demonstrated that each additional ACE increased the likelihood for drug use under 14 yr of age by two to fourfold and raised the risk of later addiction by five times. People with five or more ACEs were seven to ten times more likely to report illicit drug use than those with none 5. Hawkins et al 3 also reviewed many studies that attempted to identify risk factors for adolescent drug abuse. Of the societal risk factors, the following were identified: Interestingly, socio-economic status did not seem to correlate with increased risk of drug abuse among adolescents; it was only in cases of extreme poverty in conjunction with childhood behavioural problems where increased risk was observed. Being aware of these risk factors can assist families, health professionals, schools and other community workers with identifying at risk youth and aid in reducing or eliminating risk factors through prevention and treatment programmes. Prevention programmes Botvin et al 6 cited several key factors required in prevention programmes to make them effective. These factors include a need to address multiple risk and protective factors, provide developmentally appropriate information relative to the target age group, include material to help young people recognize and resist pressures to engage in drug use, include comprehensive personal and social skills training to build resistance, deliver information through interactive methods and cultural sensitivity that includes relevant language and audiovisual content familiar to the target audience 6. Successful prevention programmes should incorporate all of these characteristics and can then be provided through the family, school, community or healthcare community. The NIDA Report 4 emphasizes both the role of family and community prevention programmes as vital to deterring child and adolescent substance abuse. Their findings are summarized below: The NIDA Report emphasizes strengthening protective factors through the family, including increasing family bonding and using appropriate discipline. The following family characteristics place children at a higher risk

for substance abuse: Once these risk factors are identified, families may benefit from formal prevention programmes that can focus on enhancing family bonding, parenting skills including communication, rule-setting, appropriate disciplinary actions and changing parental behaviours that may place a child at risk for later abuse 4. This is a comprehensive family-based outpatient or partial hospitalization day treatment programme for substance-abusing adolescents and those at high risk for continued substance abuse and other problem behaviours. MDFT focuses on helping youth develop more effective coping and problem-solving skills for better decision-making and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Liddle et al 7 compared multi-dimensional family therapy with individual cognitive behavioural therapy CBT and found that although both treatments were promising, MDFT was more efficacious in treating substance use problem severity, in addition to creating more long lasting effects than standard CBT. Community and school prevention programmes: In addition to family programmes, NIDA emphasizes school and community programmes as being beneficial in substance abuse prevention. One of the many examples of school prevention programmes cited in the NIDA Report 4 is Reconnecting Youth RY ; a school-based prevention programme for high school students with poor school achievement and a potential for not completing their education. Participants may also show signs of multiple problem behaviours, such as substance abuse, depression, aggression, or suicidal behaviours. Students are screened for eligibility and then invited to participate in the programme. The programme goals are to increase school performance, reduce drug use, and learn skills to manage mood and emotions. RY blends small group work students per class to foster positive peer bonding, with social skills training in a daily, semester-long class. Role of healthcare providers in prevention: It is believed that less than 30 per cent of primary care providers perform any screening for substance abuse and as many as 69 per cent do not offer any type of counselling Hallfors et al 11 cited the following barriers affecting the screening and prevention services in primary care: Efforts from paediatricians and primary care providers to overcome these barriers can assist in identifying substance abusers and eventually lead to their treatment. Conclusion The abuse of alcohol and drugs has resulted in significant morbidity and mortality among adolescents worldwide. Many of these youth will lose their lives to drugs and alcohol and a significant number are likely to grow up to become problem drug users. Although, the substance abuse problem is complex and large in magnitude, there is a substantial amount of evidence-based research available to physicians, community leaders and schools to implement interventions that can decrease adolescent substance abuse rates. Because this issue is not peculiar to any one community or culture, we recognize that individual interventions may not be universally effective. Therefore, we emphasize the NIDA strategy of targeting modifiable risk factors and enhancing protective factors through family, school and community prevention programmes, as a generalized framework for healthcare and community activists to use when researching programmes and strategies best suited for their own community. Substance abuse in children: Arch Pediatr Adolesc Med. Promoting science-based prevention in communities. Preventing drug use among children and adolescents. Childhood abuse, neglect and household dysfunction and the risk of illicit drug use: Bovin G, Griffin KW. School based programmes to prevent alcohol, tobacco and other drug use. Theory development in a family-based therapy for adolescent drug abuse. J Clin Child Psychol. Enhancing outcomes in an indicated drug prevention program for high-risk youth. Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. Suicide Life Threat Behav. Adolescents and access to health care. Bull NY Acad Med. Strengthening the role of two key institutions in the prevention of adolescent substance abuse.

3: Introduction and Background - New Treatments for Addiction - NCBI Bookshelf

Introduction of Drug Addiction is a discussion of addiction and abuse including why it is so common and yet so harmful to all involved.

The initial decision to take drugs is mostly voluntary. Brain imaging studies from drug-addicted individuals show physical changes in areas of the brain that are critical to judgment, decisionmaking, learning and memory, and behavior control. Scientists believe that these changes alter the way the brain works, and may help explain the compulsive and destructive behaviors of addiction. No single factor determines whether a person will become addicted to drugs. Back to Drug Abuse and Addiction Page Why do some people become addicted to drugs, while others do not? As with any other disease, vulnerability to addiction differs from person to person. In general, the more risk factors an individual has, the greater the chance that taking drugs will lead to abuse and addiction. The overall risk for addiction is impacted by the biological makeup of the individual - it can even be influenced by gender or ethnicity, his or her developmental stage, and the surrounding social environment e. Adolescents and individuals with mental disorders are at greater risk of drug abuse and addiction than the general population. The influence of the home environment is usually most important in childhood. Friends and acquaintances have the greatest influence during adolescence. Drug-abusing peers can sway even those without risk factors to try drugs for the first time. Academic failure or poor social skills can put a child further at risk for drug abuse. Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious abuse. This may reflect the harmful effect that drugs can have on the developing brain; it also may result from a constellation of early biological and social vulnerability factors, including genetic susceptibility, mental illness, unstable family relationships, and exposure to physical or sexual abuse. Still, the fact remains that early use is a strong indicator of problems ahead, among them, substance abuse and addiction. Smoking a drug or injecting it into a vein increases its addictive potential. Both smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense "high" can fade within a few minutes, taking the abuser down to lower, more normal levels. It is a starkly felt contrast, and scientists believe that this low feeling drives individuals to repeated drug abuse in an attempt to recapture the high pleasurable state. The information provided above is courtesy of www.

4: Adolescent drug abuse - Awareness & prevention

Robert Cain Cocaine, Marijuana, Meat, Crack Cocaine, Heroin, and Prescription Pills are all illegal drugs. All of these types of drugs can be found on any corner of America these days.

Lack of hygiene and grooming. Withdrawal from friends and family. Loss of interest in normal social activities and hobbies. Changes in sleeping patterns. Bloodshot or glassy eyes. Constant sniffles or runny nose. Each drug will have its own set of specific symptoms, but these are usually found in most drug abusers. People who abuse methamphetamines may seem high strung or wired. Cocaine abusers usually exhibit a loss of appetite. Those who abuse tranquilizers or barbiturates may be lethargic and disoriented. If you think you recognize any drug abuse symptoms in a friend or loved one, however, it may be time to intervene. Treatment does not have to be voluntary to be effective. Our treatment counselors can give you the information you need to get started. Contact us today at Who Answers? Those abusing stimulants like cocaine or amphetamines may experience fatigue, depression, and lethargy as they come down from their highs. Individuals who abuse opiate drugs, such as heroin or prescription painkillers, may experience intestinal issues, muscle aches, and nervousness, per WebMD. Perhaps the most serious risk of drug abuse is the potential to overdose. The majority of the visits were due to the nonmedical use of prescription and over-the-counter drugs, including stimulants, opiates, and dietary supplements. Of illegal drugs that led to emergency room visits, cocaine was the most commonly abused, followed by heroin and stimulants. Prompt medical attention can often save a life and limit the serious damage done; however, the best way to prevent an overdose is to get help. Learn more at our article, Taking Action: How to Intervene During an Overdose. Treatment Program Options There is no magic wand when it comes to treating drug abuse and addiction. This complex disease requires a multifaceted approach to treatment for it to be effective. Most treatment programs include: A thorough mental and physical assessment. Participation in support groups. A comprehensive aftercare program. The best treatment program is one that is tailored to your specific needs. You and your counselors will need to determine the right type and length of treatment program is best for your situation, how much and what type of therapy you will need and what components should be included in your aftercare program. Our treatment support specialists can give you all of the information you need to start making these decisions. Contact them today at Who Answers? Types of Treatment Programs The first decision you will have to make is whether you want to participate in a residential or outpatient treatment program. If your drug abuse has turned into an acute drug addiction, your best bet might be to enter a program on an inpatient basis, where you can get intensive therapy and counseling. You will still receive all of the therapy and counseling that you need during the day, but you will be able to stay in your own home at night. Length of Treatment Experts agree that the minimum length of any drug treatment program should be roughly one month, as it will take a few weeks just to get the drugs out of your system. Depending on your individual situation and the degree of your abuse or addiction, you may want to consider a program that runs for 60 or 90 days. Faces of Prescription Drug Abuse: KY Office of the Attorney General Aftercare All reputable treatment programs put together a comprehensive aftercare program for you to follow when your treatment program is complete. A good aftercare program will include: Participation in one or more support groups. Follow-up medical care, if necessary. It will also address any professional, financial or legal issues that may have arisen due to the drug abuse. The Time is Now If you are abusing or addicted to drugs or know someone who is, today is the day to start on the road to recovery. Contact our compassionate treatment advisors today at Who Answers?

5: Drug Abuse: MedlinePlus

Introduction. Substance abuse is the use of a drug or other substance for a non-medical use, with the aim of producing some type of 'mind-altering' effect in the.

Trying drugs may fulfill all of these normal developmental drives, but in an unhealthy way that can have very serious long-term consequences. The family environment is also important: Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood an adolescent will use drugs. Mature brain regions at each developmental stage are indicated in blue. The prefrontal cortex red circles, which governs judgment and self-control, is the last part of the brain to mature. The teenage years are a critical window of vulnerability to substance use disorders, because the brain is still developing and malleable a property known as neuroplasticity, and some brain areas are less mature than others. The parts of the brain that process feelings of reward and pain are crucial drivers of drug use are the first to mature during childhood. What remains incompletely developed during the teen years are the prefrontal cortex and its connections to other brain regions. The prefrontal cortex is responsible for assessing situations, making sound decisions, and controlling our emotions and impulses; typically this circuitry is not mature until a person is in his or her mid-20s see figure. The adolescent brain is often likened to a car with a fully functioning gas pedal the reward system but weak brakes the prefrontal cortex. Teenagers are highly motivated to pursue pleasurable rewards and avoid pain, but their judgment and decision-making skills are still limited. This affects their ability to weigh risks accurately and make sound decisions, including decisions about using drugs. For these reasons, adolescents are a major target for prevention messages promoting healthy, drug-free behavior and giving young people encouragement and skills to avoid the temptations of experimenting with drugs. Drug use can be part of a pattern of risky behavior including unsafe sex, driving while intoxicated, or other hazardous, unsupervised activities. And in cases when a teen does develop a pattern of repeated use, it can pose serious social and health risks, including: Different drugs affect the brain differently, but a common factor is that they all raise the level of the chemical dopamine in brain circuits that control reward and pleasure. The brain is wired to encourage life-sustaining and healthy activities through the release of dopamine. Everyday rewards during adolescence such as hanging out with friends, listening to music, playing sports, and all the other highly motivating experiences for teenagers cause the release of this chemical in moderate amounts. This reinforces behaviors that contribute to learning, health, well-being, and the strengthening of social bonds. Despite popular belief, willpower alone is often insufficient to overcome an addiction. This creates an especially strong drive to repeat the experience. The immature brain, already struggling with balancing impulse and self-control, is more likely to take drugs again without adequately considering the consequences. The development of addiction is like a vicious cycle: This is why, despite popular belief, willpower alone is often insufficient to overcome an addiction. Not all young people are equally at risk for developing an addiction. Various factors including inherited genetic predispositions and adverse experiences in early life make trying drugs and developing a substance use disorder more likely. Exposure to stress such as emotional or physical abuse in childhood primes the brain to be sensitive to stress and seek relief from it throughout life; this greatly increases the likelihood of subsequent drug abuse and of starting drug use early. Drug use at an early age is an important predictor of development of a substance use disorder later. The majority of those who have a substance use disorder started using before age 18 and developed their disorder by age 25. Data collected in 2002 found that nearly 13 percent of those with a substance use disorder began using marijuana by the time they were 18. These potentially lifelong consequences make addressing adolescent drug use an urgent matter. Chronic marijuana use in adolescence, for example, has been shown to lead to a loss of IQ that is not recovered even if the individual quits using in adulthood. The serious health risks of drugs compound the need to get an adolescent who is abusing drugs into treatment as quickly as possible. Also, adolescents who are abusing drugs are likely to have other issues such as mental health problems accompanying and possibly contributing to their substance use, and these also need to be addressed. Adolescents in treatment report abusing different substances than adult patients do. For example, many more people aged 12-17 received treatment for

marijuana use than for alcohol use in . When adolescents do drink alcohol, they are more likely than adults to binge drink defined as five or more drinks in a row on a single occasion. Adolescents also may be less likely than adults to feel they need help or to seek treatment on their own. Given their shorter histories of using drugs as well as parental protection , adolescents may have experienced relatively few adverse consequences from their drug use; their incentive to change or engage in treatment may correspond to the number of such consequences they have experienced. Only 10 percent of to year-olds needing substance abuse treatment actually receive any services. By far, the largest proportion of adolescents who receive treatment are referred by the juvenile justice system see figure. Given that adolescents with substance use problems often feel they do not need help, engaging young patients in treatment often requires special skills and patience. Many treatment approaches are available to address the unique needs of adolescents. Whether delivered in residential or inpatient settings or offered on an outpatient basis, effective treatments for adolescents primarily consist of some form of behavioral therapy. Addiction medications, while effective and widely prescribed for adults, are not generally approved by the U. Such issues should be addressed at the same time as the substance use treatment. Enlisting and engaging the adolescent in treatment is only part of a sometimes long and complex recovery process. When an adolescent requires substance abuse treatment, follow-up care and recovery support e. When substance use disorders are identified and treated in adolescenceâ€”especially if they are mild or moderateâ€”they frequently give way to abstinence from drugs with no further problems. Relapse is a possibility, however, as it is with other chronic diseases like diabetes or asthma. Relapse should not be seen as a sign that treatment failed but as an occasion to engage in additional or different treatment. Averting and detecting relapse involves monitoring by the adolescent, parents, and teachers, as well as follow-up by treatment providers. Although recovery support programs are not a substitute for formal evidence-based treatment, they may help some adolescents maintain a positive and productive drug-free lifestyle that promotes meaningful and beneficial relationships and connections to family, peers, and the community both during treatment and after treatment ends. For purposes of this guide, adolescents are considered to be people between the ages of 12 and . For purposes of this guide, the term addiction refers to compulsive drug seeking and use that persists even in the face of devastating consequences; it may be regarded as equivalent to a severe substance use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition DSM-5, . The spectrum of substance use disorders in the DSM-5 includes the criteria for the DSM-4 diagnostic categories of abuse and dependence. This page was last updated January Contents.

6: Introduction of Drug Addiction

Introduction to Alcohol and Substance Abuse Mark Dombeck, Ph.D. image by Anton Fomkin (lic) Since the beginning of human history and before, people have found ways to alter their bodies and their consciousness by taking substances such as herbs, alcohol, and drugs.

Teens are increasingly engaging in prescription drug abuse. It leads to significant problems that use of substance can cause for the sufferer, either socially or in terms of their work or school performance. If the drug is suddenly stopped, the addict suffer from painful and uncontrollable convulsions, paroxysm, vomiting, depression and various other maladies. The only power to overcome their dependence from drugs and let their life change, continue, develop or whatever you say. Any substance whose ingestion can result in high feeling can be abused. The following are many drugs and types of drugs that are commonly abused or result in dependence: Alcohol though legal yet is dangerous if taken during pregnancy. Amphetamines comes in many forms, overdose of any of these substances can result in seizure and death. Anabolic steroids, abused by bodybuilders and other athletes. Cocaine tends to stimulate the nervous system. It is smoked and as well as injected. Its just as addictive as heroin. Phencyclidine is a drug which can cause that user to feel extremely powerful, become quite aggressive and have unusual amount of physical strength. This can be quite dangerous to others. Like the majority of other mental-health problems, drug abuse and addiction have no single cause. The frequency to which substance abuse occur within some families seems to be higher than could be explained by an addictive environment of the family. Some professionals recognize a genetic aspect to the risk of drug addiction. One of the most harmful risks is that of engaging in risky sexual activities. The effects of using drug and covering up for the abuse can lead to behavior that causes difficulties at home and in society. Psychological association with addiction include mood disorders like depression, anxiety or bipolar disorder as well as personality disorders like antisocial personality disorder. Social risk factor for drug abuse and addiction include male gender, being between 18 and 44 years of age. Men are more at risk for developing a chemical dependency like alcoholism women seems to be more vulnerable to becoming addicted to alcohol at much lower amounts of alcohol consumption. In order to be diagnosed with drug abuse, an individual must exhibit a destructive pattern of drug abuse that leads to significant problems or stress but not enough to qualify as being addicted to a drug. This pattern is manifested by at least one of the following signs or symptoms in some one year period: Repeated drug use that result in a lack of meeting important obligation at work, school or home. Repeated drug use in situations that can be dangerous. Repeated legal problems as a result of drug use. Continued drug use affect social or individual relationships. Tolerance is either a markedly decreased effect of the substance or a need to significantly increase that amount of the substance used in order to achieve the same height or other desired effects. Significant amounts of time spent getting, using, or recovering from the effects of the substance. The user continues to use the substance despite being aware that he or she suffers from ongoing or recurring physical or psychological problems that are worsened by the use of the drug. The primary goals of drug-abuse or addiction treatment also called recovering are abstinence relapse prevention, and rehabilitation. During the initial stage of abstinence, an individual who suffers from chemical dependency may need help avoiding or lessening the effects of withdrawal. That aspect of treatment is usually performed in a hospital or other inpatient setting, where medication is used to lesson withdrawal, symptoms and frequent medical monitoring can be provided. Psychological addiction may be able to be managed in an outpatient treatment program. Such patients can benefit form living in a sober living community that is a group-home setting where counselors provide continued sobriety support and structure of daily basis. Drug addiction substantially reduces sober time available to a person. Further, that time will be spent in heroine and establishing the necessary contacts. The family is destroyed, personality is stunted, and emotions become intense and distorted. Fertility is reduced and children may be born with serious illness. In order to help and take drug abusers out of this habit government must take concrete steps to stop the smuggling and illegal entrance of drugs in the country. Debates and programs must be arranged and telecast on T. V to familiarize the people with the danger of drugs. Further, a campaign must be initiated to curb control and catch the drug

traffickers.

7: Drug Abuse: An Introduction - Howard Abadinsky - Google Books

Substance Abuse: An Introduction No matter how hopeless the situation seems, it is never too late to turn things around. From prescription drugs and over-the-counter medications to street drugs and alcohol, virtually any drug can be abused.

This includes both the use of illegally produced substances, and the abuse of legal drugs, in a use for which the substance was not intended. Often this involves use of the substance in excessive quantities. Addiction is a state of physical or psychological dependence on a substance. Physical addiction includes the development of tolerance needing more and more of the drug to achieve the same effect and withdrawal symptoms that appear when the user stops taking the drug, and disappear when more of the drug is taken. Many different types of drugs can be abused: Even medicines that can be bought off the supermarket shelf can be abused such as cough mixtures or herbal remedies and the abuse of alcohol is a major area of concern. Some of the risks associated with drug abuse include: Risk to personal safety danger of death or injury by overdose, accident or aggression Damage to health including brain damage, liver failure, mental problems etc. Legal consequences risk of imprisonment, fines and criminal record. Destructive behavior harm to self, family and friends. Drug dependency is also a common cause of financial problems and difficulties at work or school. People may lie or steal in order to continue using the drug, as a result, and may lose the trust of their friends and family. They may feel shame and guilt, due to repeated failures in trying to control their drug intake. Despite all these difficulties, people who are dependent on drugs will often deny that they have a problem. A person may deny a problem even though they realize they do and get upset by the effect that their drug abuse is causing to themselves, their family and friends. Despite these negative effects, they are compelled to keep using the drug, and so their response is to deny that they have a drug problem, or to deny that it is harmful to themselves or to others. Alternatively, they may actually believe that they do not have a problem; this subconscious denial is one of the effects of dependency drug. What causes drug abuse and addiction will depend on the nature of the drug being abused, the person taking the drug and the circumstances under which it is taken. Certain medications such as sleeping pills or painkillers are physically addictive. This means that they bring about changes in the body, which mean that the person eventually needs to continue taking the drug to function normally tolerance. If the drug is not taken, unpleasant withdrawal symptoms will occur, and the only way to avoid this is to take more drugs. People often need to take increasing amounts of the drug simply to avoid these unpleasant symptoms. Other drugs may lead to psychological addiction if people have a craving for the desired effect of the drug. The person comes to rely on the drug to supply good feelings, such as relaxation, self-confidence, self esteem, freedom from anxiety etc. The need for the drug is then not just a casual desire, but rather is a powerful compulsion. Some evidence that certain people may be at more risk of drug abuse and addiction than others - they may inherit a predisposition to addiction from their parents. However, social pressures and other external factors stress, poverty, other illnesses are also extremely important. Peer pressure, emotional distress and low self-esteem can all lead individuals to abuse drugs. Ease of access to drugs is another important influence. If a person abuses a drug to feel better or to cope with their problems, then it is possible that they will come to consistently rely on drink or drugs as a way of avoiding difficult feelings or situations. They may lose, or never learn, the skills that are necessary for them to cope with life. People who abuse drugs or alcohol occasionally never intend to become dependent on them, but for some people, casual drug abuse can develop into drug dependence. They may first take the drug for a number of reasons e. They may find the effect of the drug helpful or enjoyable. It may make them feel self confident, relaxed, or powerful. Having had a good experience, they take the drug again, to try to repeat the effect, and may continue to take the drug more and more often. At some stage they become either physically or psychologically dependent on the drug. This means that they are unable to stop or reduce their drug taking by themselves. They have no choice but to keep taking the drug to feel normal. However, it is very common for their efforts to end in total failure. The realisation that they are unable to reduce their drinking or drug use can often be very confusing and distressing for the person concerned. Many different people are affected by drug dependence, in many different ways. The problem is not simply one that affects destitute heroin addicts or

alcoholics on the street. For example, some people may need a drink or drug to feel confident in meeting people socially. They may have to take a drink or drug every day to avoid withdrawal symptoms. Some use drink or drugs to forget personal problems, others to cope with the stress of day-to-day living. Even though they may not recognise their problem, anyone who feels an absolute need to keep using a substance in order to feel better is actually dependent on that substance. Substance abuse by teenagers and young adults

The abuse of drugs and alcohol by young people is very common, and can have serious consequences. A large proportion of deaths from accidents, homicides, suicides in people aged between 15 and 24 involve alcohol or drug abuse. Use of drugs and alcohol also contributes to violent criminal acts, such as assault or rape. Repeated and regular recreational drug use can lead to other problems, like anxiety and depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression, or a lack of positive social skills. The use of tobacco and alcohol by teenagers can sometimes be a first step towards the use of other drugs, such as marijuana, cocaine, hallucinogens, inhalants, and heroin. A combination of curiosity, risk taking behavior, and social pressure can sometimes make it very difficult for a teenager young person to say no. A teenager with a family history of alcohol or drug abuse, and a lack of social skills can move rapidly from experimentation to patterns of serious abuse or dependency, although those with no family history are also at risk. Teenagers with a family history of alcohol or drug abuse should be particularly advised to abstain and not experiment. No one can predict for sure who will abuse or become dependent on drugs, except that the non-user never will. Warning signs of teenage drug or alcohol abuse may include: There may also be physical signs, such as red eyes, a persistent cough, and change in eating and sleeping habits. Alcohol or drug dependency may include blackouts, withdrawal symptoms, and more severe problems at home, school, or work. Treatment of abuse and addiction

The first step in treatment is recognition by the individual that they have a problem. The family physician will be able to advise on treatment for drug addiction. He or she may suggest that the person should visit a doctor with special training in addiction problems. People who have become physically or psychologically dependent to some degree on a drug often realize that they are drinking or using more than they used to. They may then try to reduce their drug intake. Sometimes attempts to cut down may involve a life change moving home, changing jobs. However, it is very common for such efforts to end in total failure, to the astonishment and dismay of the individual. They then have to face the fact that their drug abuse is beyond their control, and that they now need help to deal this problem. Treatment should be suited to the needs of the individual, and there is no one treatment that is used in all cases. The choice of treatment will also depend on which drug is being abused. Treatments include psychological therapies, such as behavior therapy, and medication to help the individual with withdrawal symptoms. Specific areas that may be given attention during treatment include:

8: Essay On Drug Abuse | sanjran

drug use as a part of a pattern of criminal behaviors not driven by or the result of drug use Alex Stevens discredits the tripartite model, fails to account for users who are drawn to drug subculture by the status and excitement it can offer, through drugs they can be somebody.

All of these types of drugs can be found on any corner of America these days. It seems that a lot of Americans are doing them. Learning about the facts of these drugs can help you see the potential risk of chasing the excitement and escape. No one knows exactly why so many Americans are using drugs. Some use drugs as a way to escape reality and some may use them just to fit in. While others use them to be rebellious and get attention. Many people use drugs because they feel It will help them cope with whatever feelings they are trying to mask. The sad truth is after using the drugs many of the users have a feeling of regret and feel worse than they did to begin with. That is why it is very important to spread the word of how damaging drugs can be. In conclusion with drug use in America. No matter what type of drug you try you are that much closer to becoming addicted to it. All it takes is one time try it and like it. Drugs can ruin everything you have worked so hard for. Help me spread the word on how not to become a drug user. COW use drugs as a way to escape reality and some may use them Just to fit in. While they feel it will help them cope with whatever feelings they are trying to mask. The sad truth is after using the drugs many of the users have a feeling of regret and feel is why it is very important to spread the word of how damaging drugs can be. He € Drug Abuse in America Pages: Literatue Review 3 Section 1: Introduction One of the major problem in modern society is the abuse of drugs. Many of us know people that take prescribed medication € Prescription Drug Abuse Pages:

9: Drug Abuse and Addiction Introduction

Why study drug use and addiction? Use and misuse of alcohol, nicotine, and illicit drugs, and misuse of prescription drugs cost Americans more than \$ billion a year in increased health care costs, crime, and lost productivity.^{1,2,3} Every year, illicit and prescription drugs and alcohol contribute to the death of more than 90,000 Americans, while tobacco is linked to an estimated ,

Opioid misuse occurs on a smaller scale but is associated with much greater rates of harm than either cocaine or cannabis. Illicit use of opioids generally involves injecting, or inhaling the fumes produced by heating the drug. Stimulants refer broadly to any substance that activates, enhances or increases neural activity WHO, Illicit stimulants include cocaine, crack cocaine and amphetamines. It is extracted from the leaf of the coca plant and generally sniffed in powder form. Crack cocaine is usually smoked but sometimes injected. Amphetamines are a group of synthetic substances with different chemical structures but broadly similar stimulant properties to cocaine, and include dexamphetamine sulphate a prescription drug licensed for the treatment of narcolepsy and attention-deficit hyperactivity disorder but which has misuse potential and methamphetamine. Cannabis is a generic term denoting the various preparations of the cannabis sativa plant, including cannabis leaves the most common form, which is smoked , hashish resin and the rarely used cannabis oil. Tetrahydrocannabinol is the key constituent of cannabis that produces the psychoactive effect sought by most users, and the different forms of cannabis vary in their tetrahydrocannabinol content WHO, Definitions Drug misuse is defined as the use of a substance for a purpose not consistent with legal or medical guidelines WHO, It has a negative impact on health or functioning and may take the form of drug dependence , or be part of a wider spectrum of problematic or harmful behaviour DH, b. In this guideline, dependence is defined as a strong desire or sense of compulsion to take a substance, a difficulty in controlling its use, the presence of a physiological withdrawal state, tolerance of the use of the drug, neglect of alternative pleasures and interests and persistent use of the drug, despite harm to oneself and others WHO, The diagnosis of dependence is clearest with opioids. The WHO states that: Opioid dependence is not just a heavy use of the drug but a complex health connotation that has social, psychological and biological determinants and consequences, including changes in the brain. It is not a weakness of character or will. Repeated use of a drug can lead to the development of tolerance in which increased doses of the drug are required to produce the same effect. Tolerance develops to opioids, stimulants and cannabis. Cessation of use leads to reduced tolerance and this may present significant risks for individuals who return to drug doses at a level to which they had previously developed tolerance. This can result in accidental overdoses and, in the case of opioid misuse, could lead to respiratory depression and death. Withdrawal syndromes have clearly been identified after cessation or reduction of opioid and stimulant use. DSM -IV criteria for a withdrawal disorder include the development of a substance-specific syndrome due to cessation or reduction in use; the syndrome causing clinically significant distress; and symptoms not due to a general medical condition or better explained by another mental disorder APA, While withdrawal effects have been associated with cessation of heavy cannabis use, their clinical significance is uncertain at present Budney et al. Opioids, stimulants and cannabis also produce intoxication, that is, disturbances in psychophysiological functions and responses, including consciousness, cognition and behaviour, following administration WHO, These are described in greater detail in Section 3. People who misuse drugs may present with a range of health and social problems other than dependence , which may include particularly with opioid users: Many people who misuse drugs use a range of substances concurrently and regularly known as polydrug misuse. People who misuse opioids in particular may often take a cocktail of substances, including alcohol, cannabis and prescribed drugs such as benzodiazepines, which can have especially dangerous effects in comparison with one of the drugs taken individually. For example, more than 17,000 offences were reported by an NTORS cohort of participants in a day period before entering treatment Gossop et al. Illicit drug use is also much more common among known offenders in the UK than among cohorts of comparable age drawn from the general population. In addition, there is a high prevalence of drug misuse among the incarcerated population: The association between drug

misuse and crime also applies in the younger population. In addition, young offenders who had taken a Class A drug in the past year were more likely to be frequent offenders than those who reported using other types of drugs. Drug treatment can lead to significant reductions in offending levels Gossop et al. These figures are much lower for opioid use, with 0. However, estimates based on data that also take into account other indicators such as current service usage provide an illicit drug-use figure of 9. Similar figures have emerged from Frischer and colleagues, who estimated 0. The epidemiology of drug misuse among young people differs considerably from that of the general population. Drug misuse is more common in certain vulnerable groups. For example, Ward and colleagues found that among care leavers aged between 14 and 24 years, drug misuse is much higher than in the general population, with three quarters of the sample having at some time misused a drug and over half having misused a drug in the previous month. There is also no question that numerous socioeconomic and psychological factors all play an important part in the aetiology of drug misuse. These conceptualisations are not mutually exclusive; rather they are facets of the multifactorial aetiology of drug misuse. The most robust evidence highlights peer drug use, availability of drugs and also elements of family interaction, including parental discipline and family cohesion, as significant risk factors for drug misuse Frischer et al. Recent studies of twins, families and people who have been adopted suggest that vulnerability to drug misuse may also have a genetic component Prescott et al. Risk factors for heavy, dependent drug use are much more significant when they occur together rather than individually. The effects of many illicit drugs are mediated via various brain circuits, in particular the mesolimbic systems, which have evolved to respond to basic rewards such as food and sex to ensure survival. This has been well demonstrated in human brain-imaging studies Volkow et al. Euphoria resulting from use then potentiates further use, particularly for those with a genetic vulnerability see below. Chronic drug use may produce long-lasting changes in the reward circuits, including reductions in dopamine receptor levels Volkow et al. In addition, other types of neurotransmitter systems for example, opioids, glutamates and cannabinoids are implicated in the misuse of specific drugs. Although initiation into drug use does not lead inevitably to regular and problematic use for many people Anthony et al. Once dependence is established, particularly with opioids, there may be repeated cycles of cessation and relapse extending over decades National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction, Vulnerability to use is highest among young people, with most problem drug users initiating by the age of 20 typically earlier for cannabis. Individuals dependent on drugs often become so in their early twenties and may remain intermittently dependent for many years. With cannabis and cocaine, recreational use is more common and it is likely that there are different patterns of use, with those taking cocaine being divided between those who take the drug on an episodic basis and those who take it daily; in contrast, usually only a small number of people taking cannabis move to repeated daily increasingly heavy use, with many taking the drug intermittently. A general US population survey of 8, individuals Anthony et al. The neurobiological account of fundamental reward systems implicated in drug misuse may parallel the sociocultural "behavioural" cognitive model presented by Orford All involve activities that form strong attachment, and were once rewarding, but with excessive consumption result in compulsion and negative consequences. Secondary factors such as internal conflict knowing that the behaviour is harmful yet being unable to disengage from it potentiate these emotions and thus excessive use, but an alternative result is that the individual alters behaviour in order to resolve such conflict. This crucially suggests that recovery is not impossible, but also that successful treatment attempts are likely to operate against a background of powerful natural processes Orford, Earlier initiation of drug use increases the likelihood of daily use, which in turn results in a greater likelihood of dependence Kandel et al. Among people who misuse opioids, who form the predominant in-treatment population in the UK, most individuals develop dependence in their late teens or early twenties, several years after first using heroin, and continue using over the next 10-30 years. Longitudinal data from the US also showed that the average time from first to last opioid use was 9. Although it is the case that problem drug users can cease drug use without any formal treatment Biernacki, particularly for individuals with primary cocaine or cannabis misuse, for many it is treatment that alters the course of opioid dependence. Most initiation of cocaine use occurs around the age of 20, with the risk of cocaine dependence occurring early and explosively after first use, and

persisting for an average of 10 years Anthony et al. Cannabis use typically begins in early adolescence with heaviest use in the 15–24 age group Harkin et al. Most use tends to decline steadily from the mid 20s to the early 30s Bachman et al. Although drug misuse can affect all socioeconomic groups, deprivation and social exclusion are likely to make a significant contribution to the maintenance of drug misuse ACMD, Factors that influence the cessation of drug use in adulthood are similar to those associated with lack of drug use in adolescence. Peer pressure is a major influence on experimental use and is also likely to affect a move towards regular use. The level of drug use is again a clear predictor of continued use. Once an individual is dependent, drug use is generally a chronic condition, interspersed with periods of relapse and remission Marsden et al. Repeated interaction with the criminal justice system, long-term unemployment and increasing social isolation serve to further entrench drug use. Drugs such as heroin and methadone are agonists, which stimulate the receptor. Buprenorphine is a partial agonist ; that is, it occupies the receptor in the same way but only partially activates it. Soon after injection or inhalation , heroin metabolises into morphine and binds to opioid receptors. This is subjectively experienced as a euphoric rush, normally accompanied by a warm flush, dry mouth, and sometimes nausea, vomiting and severe itching. As the rush wears off, drowsiness, and slowing of cardiac function and breathing sometimes to the point of death in an overdose , persist for several hours National Institute on Drug Abuse [NIDA], a. The effects of methadone are similar but more drawn out and therefore less intense lasting up to 24 hours when taken orally as prescribed ; however, this may be circumvented by illicit users who inject the drug. The most obvious consequence of long-term opioid use is the development of opioid dependence itself, and the associated harms. Repeated injection will also have medical consequences, such as scarring, infection of blood vessels, abscesses, and compromised functioning of the kidney, liver and lungs with increased vulnerability to infections. Stimulants As central nervous system stimulants, cocaine and amphetamine affect a number of neurotransmitter systems in the brain but exert their effects primarily via dopamine, which mediates reward. Cocaine blocks the presynaptic reuptake of dopamine, such that it is not removed from the intracellular space and leads to extended firing of postsynaptic neurons, resulting in physiological arousal. Amphetamines also increase the availability of dopamine but are thought to do so by triggering a presynaptic leakage. The acute subjective effects of cocaine are euphoria, increased energy, heightened alertness, sexual arousal, increased sociability and talkativeness. Physiologically there can be acute adverse effects on breathing, and the cardiovascular and central nervous systems: All these effects have near-immediate onset but also diminish quickly after roughly 15–30 minutes if the drug is snorted and 5–10 minutes if smoked , as cocaine is metabolised rapidly by the body NIDA, This can lead to the user bingeing on cocaine in an attempt to displace these negative effects. Chronic misuse of cocaine may lead to increased paranoia, inability to concentrate, sexual dysfunction and cognitive deficits. For amphetamines, the acute effects are broadly similar except that they are long lasting normally 4–8 hours , due to slower metabolism. Overdoses may lead to dangerously elevated body temperature, convulsions or even death. Cannabis Cannabis affects almost every body system, via cannabinoid receptors in the brain, which regulate a range of cognitive and motor functions NIDA, b. Within minutes of smoking cannabis, the heart rate increases and the bronchial passages relax. Often the individual experiences intoxication, mild euphoria and increased sociability. However, anxiety or paranoia may sometimes occur, particularly among first-time or psychologically vulnerable users Johns, Distorted perceptions are common, for example colours may appear more intense and time may seem to slow down. The euphoria reaches a plateau lasting 2 hours or more, depending on the dose, after which the individual may feel sleepy or depressed. Cannabis use also impairs memory, attention and motor coordination, with especially dangerous consequences on driving performance. Such effects may last for many hours after administration of the drug; the numerous metabolites of a single moderate dose of cannabis may require up to 4 weeks to be completely eliminated from the body Maykut,

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