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Medicine addiction

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Abstract:

Looking at drug users, we tend to attribute their problems to drugs. More often, drug users have comorbid mental health disorders, which we often fail to recognize. A treatment is effective when provided in accordance with the evidence-based practice and planned and managed individually. Today's depressing, improperly structured world is not a good environment for the young generation. Studies carried out recently warn us that the number of children and young people experimenting with various kinds of drugs in our country is constantly growing. These findings provoke questions why children and young people turn to drugs which are the triggering or risk factors leading to a risky behaviour, what can we do to join forces to find an effective solution.

Keywords: Hypnotics, drugs, addiction, abstinence, intoxication.

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I. I INTRODUCTION

Drug addiction is not only one of diseases, but above all it's a deep crisis of human values, resulting in the disintegration of personality. It is therefore important to address the problem of drugs in public, in media, in health facilities, in the family, in schools, but also in military bodies.

A moderate consumption, but also abuse of alcohol was always characteristic for our social and cultural environment. However, alcohol and cigarettes were very quickly joined also by the use of illegal drugs often referred to as hard drugs. So far, generally these drugs as well as drug addictions posing a direct threat to the health and human life are met predominantly by a rejection of the value and attitude orientation of the public. This world has an excessive tendency to reject those who reflect the problem of our time in the most painful way either as irresponsible people, or as people who have only to blame themselves for their problems. But the fact is that in recent years we see a sharp increase in the number of people who are addicted to drugs. Not only drug consumption is growing, but also the number of distributors who are getting high profits on this business and destroy the lives of mostly young people between school age and adolescence.

II. ADDICTION TO MEDICINES WITH CENTRALLY DEPRESSANT EFFECT

These officially pharmaceutically manufactured and distributed substances with centrally depressant effect can be divided to:

hypnotics: barbiturates - Barbital, Amobarbital, Somnyl and others.

non-barbiturates with the possibility of addiction - Rohypnol and others.

anxiolytics: Meprobamate

benzodiazepines: Diazepan and others.

Analgetics: antipyretics: Alnagon, Aspirin and others.

This whole pharmacologically heterogenous group of synthetic compounds in its pure form is usually a fine white powder, odourless, of slightly bitter or sour taste, most often converted into pills. The preparations are relatively well soluble in water and the solubility is increased by heating the solution. They are usually administered orally (by mouth). The danger of these substances intensifies in the combination with alcohol for a cumulation of the central depressant effect that often results in a death. Alnagon is usually used as crumbs, which after filtering can easily be separated by a simple sedimentation. The deposit consists of acetylsalicylic acid and phenobarbital, the extract is a mixture of caffeine and codeine. Thus, a clarified solution can be injected intravenously. The danger of Alnagon abuse lies in the biotransformation of codeine to a highly dangerous and addictive morphine.

Acute intoxication:

The mood of the person quickly changes with a loss of self-control. The person often reacts aggressively towards the surroundings with a considerable destructive charge. The behaviour is unpredictable with the possibility of an instant burst of aggression. Barbiturates are characterized by a barbiturate coma. At the beginning headaches, facial flushing and hyperventilation occur. Drowsiness follows, at first with vomiting, red dotted skin, the muscles are tense, reflexes uncontrollable. Pupils become miotic. With benzodiazepine preparations disorders of consciousness and motor skills are in the foreground.

Chronic intoxication:

Gradual physical deterioration and degradation of personality are noticeable. A chronic effect on the central nervous system is obvious. Attenuation is usually alternated with an emotional instability, irritability, inability of concentration and overall decline in performance. Significant changes occur in the speech. Frequently there is also memory impairment. It is accompanied by strong stomach problems, impaired renal function and haematopoiesis disorders.

III. DRUG ADDICTION OF CANNABIS TYPE

The basic natural source of drugs of the cannabis variety is the **Cannabis sativa** plant that grows from temperate to tropical geographical zones. It is a plant reaching up to 2 meters.

Drug variants:

- hashish extract from male flowers in the form of an oil resin with a strong pungent odour.
- **marijuana** is prepared from dried young leaves and flowers of cannabis. It is usually in the form of green fragments of dried leaves of the plant.

Drug use:

The most common form of the drug use is smoking. Marijuana is often consumed as a cigarette. Sometimes an aqueous solution is made from marijuana for oral use. Hashish and marijuana smoke have a distinctive, slightly sour smell.

Acute intoxication:

The basic active substance is a mild hallucinogen. The drug user feels total relaxation, euphoria, light drowsiness. The orientation in time and space changes, sensitivity to acoustic and visual stimuli increase, often double vision occurs. Higher doses cause impaired stability, light tremors of hands. Anxiety, hopelessness, inner emptiness and severe panic, aggression towards others and to oneself are rather usual. Physically it manifests as a dry mouth and throat, slightly decreasing blood pressure and body temperature.

Chronic intoxication:

With long-term consumers it initially results in relatively discreet psychological changes in terms of an introvert orientation, communication disorders, loss of efficiency and decrease of libido. Gradually delusions of persecution develop, possible aggression increases. It is also accompanied by organic problems such as bronchitis, asthmatic diseases. There is also a significant risk of cancer of the respiratory system.

Withdrawal symptoms:

Severe anxiety reaction occurs, with the possibility of a suicide. Somatic dependence is manifested in an overall irritability, loss of appetite or paradoxically increased appetite, frequent sleep disturbances.

IV. DRUG ADDICTION OF AMPHETAMINE TYPE

All substances of this group are products of a chemical synthesis and do not have their natural sources. Generally, they belong to psychotropic drugs.

Drug variants:

We divide them into two groups:

Phenylisopropylamine derivatives:

- amfetamine: Anorex,
- **methamphetamine** Pervitin
- methylenedioxyamphetamine: Ecstasy

Heterocyclic derivatives:

- **phenmetrazine:** Anorex, Preludin,
- **dexphenmetrazine:** Dex,
- **methylphenidate:** Ritalin.

Amphetamine and its derivatives in their chemically pure form are white fine crystalline powders without any distinctive odour, of a slightly bitter taste. They are produced in the form of tablets, or as a solution for injection. Illegal versions are mainly in the form of finely crystalline substances. They are sold in small plastic bags.

Application forms:

In the form of medications orally, with powder form in the same way and rarely by inhaling through the nose. Highly dangerous when administered orally is their combination with alcohol. In the soluble form they are injected into veins. In this case the effect starts immediately, with a usually life-threatening intoxication.

Acute intoxication:

In the light form a feeling of euphoria, of an increased mental and physical energy and general stimulation. Severe forms of intoxication are accompanied by hallucinations. High doses cause a total disruption of coordination, regulatory functions in CNS, with regular visual, auditory, olfactory hallucinations. Physically it leads to sweating, temperature rises, unconsciousness and then death.

Chronic intoxication:

It is characterized mainly by psychological difficulties. The personality of the consumer is quickly deformed. Anxiety, feelings of tension, paranoid states come.

Injecting of drugs can cause a wide range of infectious diseases, there is a high risk of HIV transmission.

V. DRUG ADDICTION OF HALLUCINOGEN TYPE

A whole range of wild plants mainly in the subtropical geographical zone contains natural hallucinogens. There are also many semi-synthetic and synthetic substances with hallucinogenic effects.

Drug variants:

- **mescaline** –anatural hallucinogen, peyote cactus extract. It is applied by chewing or drinking water solution, the dried and powdered form is smoked.
- **psilocybin -** a natural hallucinogen produced of mushrooms
- **LSD-** thechief representative of semi-synthetic hallucinogens. Often it is used orally, smoked with tobacco and applied intravenously.
- **PCP** a synthetic preparation administered with semisynthetic or natural hallucinogens.

Acute intoxication:

The changes of perception, rich hallucinations are significant. With more severe intoxication the phenomenon of depersonalization /loss of sense of one's self/ develops. From among physical symptoms there is a noticeable increase in blood pressure and body temperature. It can cause death from respiratory arrest due to the central nervous system impairment.

Chronic intoxication:

Significant personality changes develop: an introverted orientation, rapid life slowdown. Chronic consumption leads particularly to severe psychological dependence. Group endangered by HIV transmission.

Withdrawal symptoms:

Various anxiety and panic attacks develop with feelings of fear, anxiety and unease and concern about the threat to one's own existence.

VI. DRUG ADDICTION OF INHALANT TYPE

The high level of danger of this addiction is related to the relatively easy availability of chemicals solvents. These include commercially available organic solvents, paints, diluents, cleaners, glues, nail polish removers, sprays, diesel fuel etc.

Drug variants:

- aliphatic and aromatic hydrocarbons: gasoline, benzene, toluene, kerosene,
- **ketones:** acetone, cyclohexanone,
- **halocarbons**: trichlorethylenes, freons, halota.

Abuse of solvents and other volatiles is called "sniffing". The special slang term "knocking" originated in prison communities.

Drug application:

The main method is the inhalation of liquid and semi-liquid solvents by deep breathing in through the nose. A more dangerous variant is coating one's head or whole body by a plastic bag.

Acute intoxication:

A pronounced euphoria, hallucinatory and anaesthetic narcotic effects appear. The face becomes strikingly pale, pronunciation is difficult, motor coordination poor. Escalating intoxication is accompanied by sensitivity to light, vomiting, impaired consciousness, heart rhythm disorders, lacrimation. Drinking of the substance can cause even death.

Chronic addiction:

It develops relatively quickly, often already after a few inhalations. Regular consumption causes permanent damage to the central nervous system and peripheral nerves. It leads to deterioration of memory and a gradual disintegration of the intellect. The person falls into a severe depression, apathy and lack of interest in the surroundings and of themselves. Physically the inhalation causes anaemia, change in bone marrow, brain, heart muscle and respiratory tract damage. Tiredness rapidly increases, weight decreases.

Withdrawal symptoms:

Rapid development of anxiety with an increased irritability. From among physical symptoms nausea, increased salivation, sweating, strong headache dominate. Also, delirium can develop as with alcohol.

VII. DRUG ADDICTION OF KHAT TYPE

It's natural source is the evergreen shrubby plant khat reaching the height of 1.5 meters. It grows in the region around the Red Sea. Handfuls of green shoots are chewed.

Acute intoxication:

It is never fatal. In the initial phase the user is in the state of a mild euphoria, mental uplift. Also, hallucinations are possible. The state of an acute intoxication is short, leading the consumer to a repeated use of the drug.

Chronic intoxication:

When repeatedly chewing the leaves of the plant the initial euphoria declines and it is followed by a bad mood, even depression. A heavy addict deteriorates mentally and physically. Deformities and defects of teeth occur frequently.

Withdrawal symptoms:

Vomiting, ringing in the head, apathy, lethargy, total tiredness and dry mouth.

VIII. CONCLUSION

The society and public opinion condemn drug use, groups of drug addicts are marginalized in the society. Public opinion is on the side of courts and public prosecution when they engage in the fight against drugs. However, rejection of drugs and its consequences is not absolutely conclusive. Especially among young people opinions about the harmfulness of "hard" drugs and harmlessness of "soft" drugs are beginning to spread. Also, opinions on the usefulness of drugs in the arts or sports appear. You may often be encountered with views that it is necessary to accelerate the decriminalization of drug use /the process of exclusion of activities related to drugs - e.g. sale, distribution, possession - outside the scope of illegal activities/ to legalize their sale and use. There are opinions that in a democratic society drugs and their use belong to the fundamental human rights and freedoms. These facts clearly point to the formation of a "prodrug" climate in parts of our society.

Therefore, it is possible to express concern that with the present development of the growth of the drug addiction in our country we will not be able to say that the population is clearly set against drugs in their value orientation. Apparently, we will not meet with the support for anti-drug activities of the population. Hence, it is really close to the legalization, to the change of informal values and social control. It is therefore essential not to waste the trust and support of the majority of the population by unnecessary procrastination, insufficient cooperation, sectorialism and not addressing legislative gaps. Neither large staff, administration, legislation, or most sophisticated events and projects, nor large financial investments will be effective if the atmosphere in the society is tolerant towards the use of addictive substances.

REFERENCE LITERATURE

- [1]. Heller, J. Pecinovská, O.: Závislost známá., 1. vyd. Praha:Grada Publishing, 1996.-162 s. ISBN 80-7169-277-8
- [2]. Haml,K.: Zmena osobnosti užívatele návykových látek: ISSN 0862-0350
- [3]. Hroncová, J. Kraus, B.: Sociálna patológia pre sociálnych pracovníkov a pedagógov. Banská Bystrica. Univerzita M. Bella, 2006.
 252 s. ISBN 80-8083-223-4
- [4]. Hupková, I. Kucchárová, B.: Prevencia v praxi 2. Bratislava: NOC, 2007. -32 s. ISBN 978-80-7121-287-4
- [5]. Kolibáš, E., Novotný, V.: Alkoholizmus a drogové závislosti, 1.vyd. Bratislava: Univerzita Komenského, 1996, 120 s., ISBN 80-22310-78-6
- [6]. Nešpor, K. Csémy, L.: Alkohol, drogy a vaše deti, 4.vyd. -Praha: BESIP 1997, 128 s. ISBN 80-7178-085-3
- [7]. Nováková, D.: Prednášky, besedy a interaktívne programy ve školách. In: Kalina, K.: Drogy a drogové závislosti 2. Medziodborový prístup. Úrad vlády ČR, 2003. 343 s. ISBN 80-86734-05-6
- [8]. Ondrejkovič, P. et al.: Sociálna patológia. Veda, Bratislava. 2001.- 577 s. ISBN 80-224-0685-6.
- [9]. Salamonová, M., Kasenčák, D.: O drogách. Topart96, Poprad. 2008. ISBN 978-80-970106-2-1
- [10]. Urban, E.: Toxikomanie, Praha: Avicenum, 1973, -196 s.
- [11]. Žofajová, E.: Aktivity podporujúce vyučovanie protidrogovej výchovy. In: Naša škola, 2003/04, č.7