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DRUG ABUSE: RISKS AND MANAGEMENT

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ABSTRACT

Addiction to drugs has become a global issue and the top cause of death. Every year, the global epidemic of addiction and drug usage causes millions of deaths and millions of new instances of HIV. Drug addiction has become more prevalent in India in recent years. Alcohol is the most commonly used substance in India, followed by cannabis and opiates. Individuals who use drugs, whether licit or unlawful, suffer substantial health consequences. According to a national assessment on drug usage in India, the frequency of drug misuse among males in the general population is high. There is drug misuse among women. Despite the fact that men use drugs at a higher rate than women, drug usage has a bigger impact on women since women have less access to treatment for drug addiction. Other effects of drug misuse in the family include financial hardship, a disrupted family atmosphere, aggression, and psychological issues. Adolescent drug addiction is also a serious concern, as more than half of people with substance use disorders start using drugs before they become 15 years old. There is now a large service delivery gap. The current paper discusses the origins of drug abuse and addiction, as well as treatment and preventative options for good problem management.

Keywords: Drug addiction, HIV, Drug abuse, Psychoactive substances, Dependence, Licit drugs, Illicit drugs, Alcohol, Cannabis, Opiates

Drug addiction is a recurrent, chronic brain disorder marked by obsessive drug seeking and use despite negative effects (National Institute on Drug Abuse, 2014). Drug addiction is linked to a variety of impairments in physical, psychological, and socioeconomic functioning. In India and around the world, drug addiction is on the rise. In India and around the world, drug addiction is on the rise. Millions of fatalities and HIV cases are caused by the global epidemic of addiction and drug usage. Because of its negative connotation, the term "addiction" has been phased out of scientific literature, and the phrase "substance use disorder" is now favoured. Any chemical

(psychoactive) substance that affects an individual's physical, mental, emotional, or behavioural states is referred to be a drug. Drug abuse, a type of substance use disorder, is a pattern of drug consumption in which the consumer consumes the substance (drugs) in quantities or in ways that are hazardous.

The following is a description of the pattern of substance use and substance use-related syndrome.

- ***Substance intoxication*** is a reversible, substance-specific symptom that occurs after ingesting a controlled substance. Confusion, skewed judgement, inattention, and slowed motor and spatial skills are all common signs of intoxication.
- ***Tolerance*** is a state of physical addiction to a substance that develops over time as a result of repeated usage, requiring greater doses to get the same effect. The person can raise their drug consumption to the point where it becomes lethal to non-users.
- ***Dependence*** manifests itself in a variety of physiological, behavioural, and cognitive manifestations. When a person's drug use takes precedence over other behaviours that were previously valued more highly, the person is said to be dependent on the substance. The dependency syndrome is defined by a strong urge or sensation of compulsion to take a drug, difficulties managing drug use behaviour, withdrawal, tolerance, neglect of alternative pleasures, and continued use of the drug despite clear evidence of the substance's detrimental effects.
- ***Withdrawal syndrome*** (also known as abstinence syndrome) is a set of symptoms that occurs when a person who is addicted to a substance suddenly ceases using it after a period of heavy, sustained consumption. Anxiety, restlessness, and physical aches are common withdrawal symptoms, although certain withdrawal symptoms are substance specific. As a result, withdrawal symptoms differ from one drug to the next.

What is Drug Addiction?

Addiction to drugs is a long-term brain illness. It leads to a person taking narcotics on a regular basis, notwithstanding the harm they bring. Drug use on a regular basis can alter the brain and lead to addiction.

Because the brain alterations caused by addiction can continue a long time, drug addiction is referred to be a "relapsing" disease. This implies that even after years of abstinence, persons in recovery are at danger of relapsing.

Does everyone who takes drugs become addicted?

Addiction does not happen to everyone who takes drugs. Because everyone's body and minds are unique, so are their reactions to medicines. Some people get hooked immediately, while others develop a habit over time. Others never succumb to addiction. Many variables influence whether or not someone becomes addicted. Genetic, environmental, and developmental variables are among them.

Types of Drugs

Depressants, narcotics, stimulants, and hallucinogens are the four types of drugs¹.

1. **Depressants:** Depressants commonly referred to as sedatives or tranquilizers, are drugs that slow down the brain's activity. Alcohol, hypnotics for sleep, anxiolytics for anxiety, sedatives for relaxation, and anticonvulsants like barbiturates are among them. The most common depressant is alcoholic beverages. Indians are still officially among the world's least alcoholics, with only 21% of men and 21% of women drinking alcohol. However, up to a fifth of this group—roughly 14 million people—are dependent drinkers who require "assistance." (More and colleagues, 2015). According to surveys conducted in Kerala by the Alcohol and Drugs Information Centre India, the percentage of the drinking population under the age of 21 has climbed from 2% to more than 14% in the last 15 years (NGO). In the last two decades, the "average age of initiation" has plummeted from 19 to 13 years, according to the report.
2. **Barbiturates:** Barbiturates including amobarbital, pentobarbital, phenobarbital, and secobarbital are sedatives or depressants. These medications are used to treat a variety of medical conditions, including anxiety and tension, pain, epilepsy, and high blood pressure. Anesthesiologists, emergency care physicians, family practitioners, psychiatrists, and nurses are at the highest risk of prescription drug misuse. One element

¹ <https://www.academia.edu/Documents/in/Narcotics>

that enhances the likelihood of these professionals abusing prescription medicines is the accessibility with which they can obtain them and the regularity with which they are exposed to them. Stress, anxiety, and depression are among elements that contribute to prescription medication misuse, and they're commonly linked to the long hours and high stress levels of healthcare occupations.

3. **Narcotics:** Narcotics, often known as opioids, are medications that are prescribed for pain treatment but have a high potential for addiction. The major reason for opioids' appeal as street narcotics is because they induce a rush, or strong emotions of pleasure. They also diminish awareness of one's own issues, which appeals to individuals looking for a mental break from stress. Their pleasant effects stem from their capacity to engage the brain's pleasure circuits directly—the same brain networks that produce sensations of sexual pleasure or pleasure from eating a good meal (Begley, 2001b).
4. **Stimulants:** Stimulants work by increasing energy and alertness while reducing hunger and tiredness in the central nervous system. Cocaine (including freebase and "crack"), amphetamines (such as Dexedrine and Benzedrine), methamphetamine (methedrine: "speed," "crystal," "ice," "crank"), MDMA (ecstasy), nicotine, caffeine, and amphetamine-like compounds are among them (preludin or Ritalin.) Some of these are talked about. The use of some stimulants over an extended period of time can cause changes in how the brain functions, as well as an inability to experience pleasure naturally. Chronic use of amphetamines (including cocaine) may cause a transient loss of around 20% of dopamine receptors in the nucleus accumbens, lasting at least 4 months after the last exposure (Volkow et al., 2001).
5. **Amphetamines:** Amphetamine (alpha-methylphenethylamine) is a stimulant for the central nervous system. High dosages of amphetamines are utilised for their euphoric effects. They are commonly used as pills or smoked in a relatively pure form known as "ice" or "crystal meth." Amphetamines are also used to treat attention deficit hyperactivity disorder (ADHD), narcolepsy, and obesity, among other conditions. Physical effects include reduced response time, fatigue resistance, and improved muscular strength at therapeutic dosages. Amphetamine at higher dosages might impair cognition and cause fast muscular breakdown.

6. **Ecstasy:** Ecstasy, often known as MDMA (3,4-methylenedioxymethamphetamine), is a designer drug with a molecular composition that is comparable to amphetamine. It causes mild euphoria and hallucinations, and it has grown in popularity on college campuses and in clubs and "raves" across the country (Hernandez, 2000; Strote & Wechsler, 2002).
7. **Cocaine:** Cocaine is a natural stimulant derived from the coca plant's leaves. Cocaine is generally smoked in the form of crack or inhaled as powder. In 2008, 5.3 million Indians aged 12 and up admitted to abusing cocaine in any form, with 1.1 million admitting to use crack at least once in the year preceding the poll. NIDA (National Institute for Drug Abuse Prevention and Control, 2008).
8. **Nicotin:** Tobacco products, such as cigarettes, cigars, and smokeless tobacco, contain nicotine. Tobacco is consumed in a variety of ways, including smoking, chewing, sucking, and applying to the teeth and gums. Smoking (e.g., bidi, cigarette, hookah, etc.) and smokeless tobacco are widely available in India (e.g., gutkha, khaini, zarda). According to the WHO, 1 billion people smoke worldwide, and more than 3 million people die every year as a result of it.
According to Jha et al. (2008), smoking would be responsible for about 1 million fatalities per year in India by the early 2010s. India's tobacco problem is complicated by the widespread usage of a range of smoking methods and smokeless tobacco products. Many of these goods are made in small-scale cottage businesses with a variety of ingredients and manufacturing techniques.
The state of Goa, known as India's "party capital," has the highest frequency of stimulant injection. Despite the lack of evidence in the scholarly literature, stories in the popular press have suggested that Goa has become a major centre for drug trafficking and use in India, possibly due to its comparatively unprotected coastline (The Times Of India, 2008).
9. **Haluucinogens:** Hallucinogens, often known as psychedelics, are a type of substance that causes sensory distortions, such as dramatic changes in colour perception and hearing. Additional effects of hallucinogens include relaxation, exhilaration, and, in rare circumstances, terror. Lysergic acid diethylamide (LSD), psilocybin, and mescaline are

examples of hallucinogens. PCP, Marijuana, PCP, and LSD are the most often used drugs².

10. **Marijuana/Cannabis:** The Cannabis sativa plant is used to make marijuana. Because it can create perceptual distortions or mild hallucinations, it is classed as a hallucinogen. It's also known as bhaang, gaanja, charas, hashish, marijuana, and weed on the street. Cannabis can cause anxiety, paranoia, and a sense of disconnection from reality. It is the most widely used illicit substance in the planet. About 40% of the population of the United States, aged 12 and up, has used cannabis at least once, with 10% having done so in the previous year.

11. **PCP(Phencyclidine):** Phencyclidine was first created as an anaesthetic in the 1950s, but it was quickly phased out due to its hallucinogenic side effects. Hallucinations, increased heart rate and blood pressure, sweating, flushing, and numbness are all side effects of using this drug. PCP is categorised as a deliriant, or a medication that may induce delirium. It also produces dissociative effects, making users feel as though they are separated from their surroundings by an invisible barrier. It's also known as "angel dust." Its popularity has diminished since then, owing to its unexpected effects.

Signs of Drug Problem



The following are signs that someone has a drug problem³:

- Having a lot of different pals
- Having to spend a lot of time alone
- Favorite activities are losing their appeal.
- Not caring for themselves, such as not showering, changing clothing, or cleaning their teeth.
- I'm exhausted and depressed.
- Eating more or less often than usual
- Being feisty, speaking quickly, or expressing things that don't make sense
- Having a negative mood

² <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

³ <https://medlineplus.gov/druguseandaddiction.html>

- Changing from a negative to a pleasant mood in a matter of seconds
- Getting up at odd hours
- Not showing up for key meetings
- Having difficulties at work or at school?
- Do you have issues with your personal or family relationships?

Risk of Drug Addiction

Several risk factors might increase your chances of being addicted to substances, including⁴:

- **Your anatomy and physiology.** Varied people have different reactions to medicines. Some people enjoy the sensation of using a drug for the first time and want to try more. Others despise the sensation and will never try it again.
- **Problems with mental health.** People with untreated mental health issues, such as depression, anxiety, or attention deficit hyperactivity disorder (ADHD), are more prone to develop an addiction. Because drug use and mental health issues impact the same areas of the brain, this can happen. People with these issues may also turn to medications to help them feel better.
- **There's a problem at home.** You're more likely to develop a drug issue if your household is unpleasant, or was while you were growing up.
- **Having difficulties at school, at employment, or in making friends.** You could turn to drugs to distract yourself from your difficulties.
- **Spending time with other drug users.** They could persuade you to experiment with drugs.
- **When you're young, you should start doing drugs.** When children take drugs, it has an impact on how their bodies and minds mature. As a result, your chances of getting hooked as an adult are increased⁵.

Management of Drug Abuse

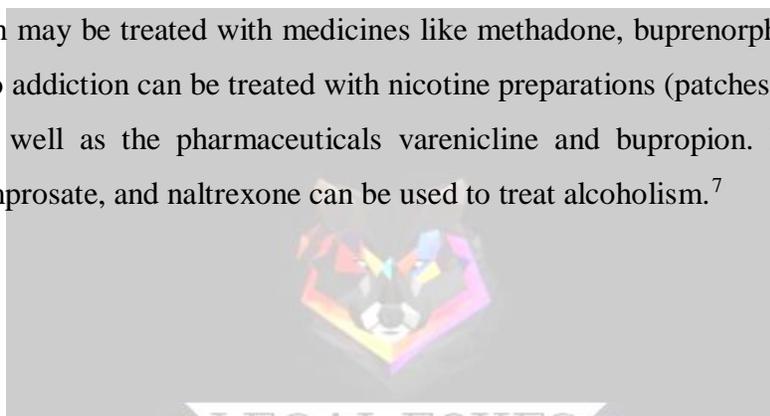
⁴ <https://www.webmd.com/mental-health/addiction/drug-abuse-addiction#1>

⁵ <https://www.healthinaging.org/a-z-topic/drug-and-substance-use>

Treatment and prevention are both important aspects of drug addiction management. The development of drug use disorders and dependency is thought to be the consequence of a complicated multi-factorial interplay between recurrent drug exposure and biological and environmental variables, according to scientific research. Pharmacotherapy, behavioural therapy, and social support are all common components of effective treatment, each aimed at a different element of the disease and tailored to the individual's specific issues and requirements.⁶

Pharmacological Treatment

Opioid addiction may be treated with medicines like methadone, buprenorphine, and naltrexone, whereas tobacco addiction can be treated with nicotine preparations (patches, gum, lozenges, and nasal spray) as well as the pharmaceuticals varenicline and bupropion. Medications like as disulfiram, acamprosate, and naltrexone can be used to treat alcoholism.⁷



Psychological Treatment

- **Motivational Enhancement Therapy**

Motivational Enhancement Therapy (MET) is based on Prochaska and Diclemente's trans-theoretical model of behaviour change (Prochaska & Diclemente 1982, 1984, 1986, 1992), which states that behaviour change occurs in phases. Motivational interviewing is a technique used by MET to improve treatment readiness and guide patients through the phases of change (pre-contemplation, contemplation, determination, and action) in order to elicit change in drug use behaviours. MET is defined by an empathic approach in which the therapist assists the patient in becoming more motivated by asking about the benefits and drawbacks of

⁶ Singh J, & Gupta P K (2017). Drug Addiction: Current Trends and

Management. International Journal of Indian Psychology, Vol. 5, (1), DIP: 18.01.057/20170501, DOI: 10.25215/0501.057

⁷ https://www.researchgate.net/publication/321244920_Drug_Addiction_Current_Trends_and_Management

specific behaviours, exploring the patient's goals and associated ambivalence about achieving those goals, and reflecting on the patient's response.

- **Behavioral Therapies**

The target behaviour of habitual excessive drug use is addressed in behavioural treatments based on learning principles by systematic contextual manipulations that vary greatly depending on the individual substance use behaviour⁸.

Contingency contracting is a form of contingency management that uses predefined positive or negative outcomes to reward abstinence or penalise drug-related actions, and therefore dissuade them. Notification of courts, employers, or family members may be one of the negative outcomes of substance abuse.

- **Cognitive Behavioral Therapies**

Because of the interference of drug-seeking and drug-using behaviours, social skills training, a component of CBT, recognises that alcohol and drug dependence frequently results in the interruption of normal developmental acquisition of social skills as well as the deterioration of previously learned social skills. Social skills training focuses on a person's ability to communicate effectively and meaningfully, including nonverbal communication, listening, thinking from others' perspectives, adjusting to new situations, maintaining relationships, and assertiveness⁹.

- **Group Therapies**

For many individuals with a drug use disorder, group therapy is seen as an essential and useful element of their treatment plan. CBT, IPT, and behavioural marital treatments, as well as modified psychodynamic, interactive, rational emotive, Gestalt, and psychodrama therapies, have all been utilised in a group setting with this population. The presence of other group members who confess having a similar issue might bring consolation, given the societal stigma associated with substance use problems. Other members of the group who are farther along in their recovery can also serve as role models and offer hope and encouragement.

- **Family Therapies**

⁸ <https://findtreatment.samhsa.gov/>

⁹ https://www.unodc.org/documents/17-01904_Rural_treatment_ebook.pdf

Dysfunctional families are linked to poor short- and long-term treatment outcomes for individuals with drug use disorders due to a lack of communication and the inability of family members to set appropriate limits or maintain norms of behaviour (Mc Kay et al, 1992). Obtaining knowledge about the patient and his variables that contribute to subsisting are among the goals of family therapy. The patient's views about drug use, treatment adherence, social and vocational integration, level of interaction with substance-using peers, and level of abstinence are all factors to consider. Family support for abstinence is recommended, as is maintaining marriage and family connections. Even minor family participation in the treatment programme can improve treatment engagement and retention. Involving non-alcohol-abusing family members in the therapy of an alcohol-abusing individual has been demonstrated to have good results in controlled trials.

Conclusion

According to recent studies on the prevalence of substance abuse across the world, the great majority of people have drug use disorders. Death caused by drugs is a serious problem. The National Survey on Extent, Pattern, and Trends of Drug Abuse in India (2000) was one of the earliest studies on drug use in India, and it underlined the need for intervention. According to recent studies, India has a high incidence of drug usage, with rising rates of cannabis misuse, prescription medicine abuse, and poly substance addiction. Gender disparities in drug frequency and usage have been documented in studies. Women's drug usage is more fast than men's, and women with substance addiction issues have limited access to treatment. The beginning and persistence of drug use may be explained from a variety of perspectives. The biological approach, which emphasises the importance of neurotransmitters, as well as hereditary variables, are among them. Reinforcement, psychodynamic, and cognitive explanations are all part of the psychological perspective. The importance of the environment in drug addiction is highlighted from a sociocultural perspective. Some risk and protective variables that make an individual more sensitive or resistive to substance use have also been discovered. Drug addiction, on the other hand, may be treated with medicines and psychological therapy. In teenagers, prevention is

a key objective, with programmes such as offering normative education and competence improvement.

