

Drug induced schizophrenia: causation analysis



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Drug Induced Schizophrenia

Often, when people associate schizophrenia with individuals most people very seldom understand that this mental illness disorder can be associated with the abuse of illegal drug use. The impact that drug induced schizophrenia has on the user and the repercussions from the extension of the emotional hardships brought upon the user's family are staggering. This paper will set in place an understanding of the risks associated with illegal, recreational drugs, which can be a caustic combinations of poisonous chemicals introduced into the body causing serious and sometimes irreversible damage to the human brain and psyche.

Drugs like cocaine, cannabis, and hallucinogens can cause mental health problems and, when paired with a pre-existing mental illness, can exacerbate the symptoms of such illnesses. Some drugs, when taken frequently for long periods of time, can actually manifest as psychotic symptoms indicative of schizophrenia and bipolar disorder, according to the Australian Government's National Drug Strategy (dualdiagnosis.org/drug-addiction/psychosis).

Symptoms of drug-induced psychosis and schizophrenia may occur when a drug user has a mental illness prior to drug use. It may be hard to identify symptoms that are exclusively due to the drug use itself. Most symptoms, if the condition is unrelated to drugs, will continue after abstinence from the drug. The opposite is true for drug-induced psychosis; the schizophrenic-like effects will more or less subside after the drug wears off. However, this is not true for all drug users as frequent and prolonged use can cause side effects

that last up to years after use discontinues (dualdiagnosis. org/drug-addiction/psychosis). Because drugs cause interruptions in the absorption and release of brain chemicals like serotonin or dopamine, the internal structure and function of the brain changes as use continues (Rosenthal, 1997). Essentially re-mapping the chemical functions of the brain, much in the same way as a police officer re-routing traffic on a roadway or completely blocking access to the roadway altogether. With heavy, long-term use, nearly any drug can cause symptoms of psychosis in the user. A few, however, tend to be more closely correlated with drug-induced psychosis than others. Stimulants such as cocaine and amphetamines can contribute to psychotic symptoms that can last days, months, and years after the drug use stops. Long-term use is attributed to loss of memory and problems with concentration. In a study noted in the Journal of Psychiatric Practice, about one-half of cocaine users showed psychotic symptoms after use. When freebased or used with a needle (intravenously), the risk for these experiences increase dramatically (dualdiagnosis. org/drug-addiction/psychosis).

Delusions attributed to alcohol can cause disorientation, disorganized speech and mental confusion. In most cases, these effects go into remission when sobriety occurs. Alcohol is also one of the most widely abused substances, along with marijuana and cocaine. Psychedelic drugs like phencyclidine (PCP) and lysergic acid diethylamide (LSD) affect the user in a way that mimics actual psychosis, according to the U. S. National Library of Medicine. These hallucinogen drugs, however, are not shown to induce psychosis with the first use. The symptoms are more prevalent after repeated use of the drug

over a period of time. Schizophrenia is often difficult to identify in most individuals. Addiction and mental illness mimicking schizophrenic episodes can be difficult to diagnose with the incredible diversity and breadth of tolerances individuals have relating to the reaction their bodies and cognitive brain function have to the absorption through tissues, metabolic rates and other physiological factors to foreign chemicals when introduced into the body. Those individuals that show symptoms or clear cognitive dysfunction are sometimes referred to by lay people as having a scrambled or short-circuited brain. That description is indicative of schizophrenic behavior. There are also clear signs of recognition to the condition that correlate with drug abuse and schizophrenic behaviors such as problems with law enforcement or legal problems, sporadic homelessness, reoccurring use of the emergency room or a chronic need for hospitalization (Kosten, 1997).

Psychotic symptoms present themselves among individuals who are enthralled in heavy illicit drug use. The good news with these psychotic users who reach treatment, over half are consistently documented as positively responding to treatment with the use of ant-psychotic drugs coupled with individual and group counseling within one to six months. The bad news is for success with abstinence to continue with a drug induced schizophrenic patient requires them to conform to counseling and a consistent regiment with no deviation of the prescribed ant-psychotic medications (Rosenthal, 1997). This is the downside of this particular mental disease, when a patient begins something similar to normalcy a great majority of them discontinue all treatment including counseling and prescribed medication believing they no longer need the intervention because of their confidence and belief they

are functioning well and do not attribute their continued improvement of their mental health to the medical intervention (Rosenthal, 1997).

Amongst one of the most dangerous and damaging drug to the function of the brain is the abuse of amphetamines. Amphetamines permanently damage neurological routing with no ability to repair brain function loss in the frontal lobe that controls personality and emotional behavior of amphetamine users, the scariest part of this particular drug is the user does not have to have an extended history of illicit use; the neurological damage begins to occur with the first use of amphetamines (Kokkinidis, 1980).

Psychosis or schizophrenia can set in with these users almost immediately based on their physiological ability or inability to tolerate hard narcotic use.

It is believed that the over activity of dopamine in the brain is a leading cause of schizophrenia and the use of un-prescribed illicit drugs exacerbates psychotic behaviors. While it is true those individuals under the influence of alcohol can exhibit psychotic or schizophrenic behavior it is rarely long lasting and if observed over a long period of time would probably move out of the realm of actually being schizophrenic. Alcohol is a depressant and lowers brain chemical functioning within an individual causing a loss of inhibition, an inability to be rationale, and decreased emotional ability that can appear childlike to the opposite end of the spectrum of violence with their behavior due to alcohol blocking dopamine production. Studies are leaning that the opposite might be true with narcotic use that drive the production of dopamine causing euphoria, anxiousness, and paranoia (Bowers, 1980).

An interesting study shows that a large segment of schizophrenic illness lies within the minority community and the illness combined with illegal drug use and illegal activity has certainly blinded law enforcement professionals with the problem of this particular mental illness and the damaging affects it is having on the minority population that in large goes unrecognized do to the disparity of race between law enforcement and the offender (Ruiz, 1982).

When users with mental illness and certainly predisposed minorities to drug induced metal illness such as schizophrenia are labeled offenders in the criminal justice system those patients are being mislabeled and find themselves amongst the incarcerated, instead of hospitalization as appropriately needed (Ruiz, 1982). Once these users or patients are incarcerated the chance of receiving services that are needed are almost non-existent within U. S. prisons. Funding is not available for these types of inmates to be properly supervised and medically treated. Staff within most prison facilities are not equipped or provided training to address schizophrenia or psychosis on a meaningful basis of supervision other than to supervise the schizophrenic inmates living existence (Ruiz, 1982). On the opposite side of the incarcerated offender is the user on the street that is left to function in a world he/she is not equipped to function in. There is almost no city in the United States equipped with resources to handle the overwhelming influx of uninsured mental health patients. Most people who are inflicted with this disease do not have the ability to maintain employment and have often exhausted or alienated themselves from family members and all other support that is needed (Ruiz, 1982).

Contributing to the cycle of drug induced schizophrenia is the lack of stability in individuals from the increase levels of dopamine being produced in their brain. When abnormally high levels of dopamine are present it can contribute to manic episodes, loss of sleep and long periods of duration that an individual is awake without R. E. M. sleep can have immediate negative effects on the psychological well-being of the user. Lack of sleep and over a period of time lack of consistent sleep due to drug use can lead to psychosis amongst drug users who are in a high state of dopamine arousal (Roman, 1972). Also contributing to the sleep loss psychosis is the inability to recognize diminished physical and mental abilities and there affects due to the combined mental illness and drug use. Often these are the circumstances that create the perfect recipe for a drug induced schizophrenic subject to become irritable, confused and then becomes violent because they irrationally believe they are in danger, thus acting out in a manner in which the schizophrenic subject is convinced they are appropriately reacting to an event when in reality the event is not real.

Conclusion

While researchers agree that drug induced schizophrenia is difficult to understand in the realm of the causation coming from predisposed physiological mental conditions or physical destruction from chemical drug abuse. There is an overwhelming agreement that the subject that is in battled with psychotic or schizophrenic disease coupled with drug addiction is immersed in a very difficult fight for proper diagnosis, access to care and avoiding the labels of being criminally culpable for a condition that is no longer in the subjects control. The difficulty not only lies with the mentally ill, <https://assignbuster.com/drug-induced-schizophrenia-causation-analysis/>

but with their families and the helplessness that accompanies these individuals disease. The cost of revolving incarceration is a high factor with no positive result for the addicted user and for society. The reevaluation of schizophrenic and psychotic subjects from drug use as an area of criminal and social justice that continues to be ignored by no doubt the incredibly high cost of treating these individuals and the very low rate of compliance that data has so far shown for success is a primary cause of denial for proper treatment.