

# Drug abuse essay sample

[Health & Medicine](#), [Addiction](#)



Drug abuse is defined as the excessive usage of drugs. Drug abuse affects more than just the abuser. It can seriously damage any number of personal and professional relationships. Drug abuse affects all aspects of an abusers life. This can lead to loss of jobs, families being torn apart through violence or divorce, prison, and death for some. All of these have far reaching consequences. The drug abuser who receives no rehabilitation can be doomed to a life of low self-esteem and crime. It is like a cancer on our society and worthy of serious consideration. Drug usage and abuse is considered a social problem in many ways. A growing number of people in today's society are worried that drug use and abuse warrants grave public concern, and that there needs to be change in the approach to deal with and stop it.

More recently the concern is forwarded to the rise in the consumption of the club drugs, such as MDMA, ecstasy, ketamine, GHB, and LSD. Ecstasy or MDMA (methylenedioxymethamphetamine) is a stimulant that combines the properties of methamphetamine or " speed" with mind-altering or hallucinogenic properties. Considered the most commonly used designer drug, Ecstasy is a close derivative of methamphetamine and can be described as a hallucinogenic stimulant. LSD is a potent hallucinogenic drug, also called a psychedelic. Ketamine is a powerful animal tranquilizer that causes hallucinations, nightmares, delirium, and violent irrational responses. All of the listed drugs have become popular nationally among teenagers and young adults especially at all-night dance parties called " raves".

MDMA (Ecstasy), LSD, GHB, and Ketamine are among the drugs used by teens and young adults who are part of a nightclub, bar, rave, or trance

scene. Raves and trance events are generally nightlong dances, often held in warehouses. Many who attend raves and trances do not use drugs, but those who do may be attracted to the generally low cost, seemingly increased stamina, and intoxicating highs that are said to deepen the rave or trance experience. Current science, however, is showing change to critical parts of the brain from use of these drugs. Also, in high doses most of these drugs can cause a sharp increase in body temperature (malignant hypothermia) leading to muscle breakdown and kidney and cardiovascular system failure.

MDMA is a synthetic, psychoactive drug with both stimulant (amphetamine-like) and hallucinogenic (LSD-like) properties. Street names for MDMA include Ecstasy, Adam, XTC, hug, beans, and love drug. Its chemical structure (3,4-methylenedioxymethamphetamine, “MDMA”) is similar to methamphetamine, methylenedioxyamphetamine (MDA), and mescaline – these are synthetic drugs known to cause brain damage. MDMA usually is taken in pill form, but some users snort it, inject it, or use it in suppository form.

Many problems MDMA users encounter are similar to those found with the use of amphetamines and cocaine. Psychological difficulties can include confusion, depression, sleep problems, severe anxiety, and paranoia. Physical problems can include muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating. Use of the drug has also been associated with increases in heart rate and blood pressure, which are special risks for people with circulatory or heart disease. Recent research

also links MDMA use to long-term damage to those parts of the brain critical to thought, memory, and pleasure.

Brain imaging research in humans indicates that MDMA causes injury to the brain, affecting neurons that use the chemical serotonin to communicate with other neurons. The serotonin system plays a direct role in regulating mood, aggression, sexual activity, sleep, and sensitivity to pain. Many of the risks users face with MDMA use are similar to those found with the use of cocaine and amphetamines. It also causes psychological difficulties, including confusion, depression; sleep problems, drug craving, severe anxiety, and paranoia. In other cases physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating. It can increase heart rate and blood pressure, a special risk for people with circulatory or heart disease.

MDMA use is increasing in most metropolitan areas of the United States. In Boston and New York City, it appears to be spreading beyond the club scene to the streets. Content of the MDMA pills also varies widely, and may include caffeine, dextromethorphan, heroin, and mescaline. In some areas of the country, the MDMA-like substance paramethoxyamphetamine (PMA) has been involved in the deaths of people who mistakenly thought they were taking true MDMA. The deaths were due to complications from hypothermia.

GHB, Rohypnol, and ketamine are predominantly central nervous system depressants. Because they are often colorless, tasteless, and odorless, they can be added to beverages without the drinker knowing.

Some effects of GHB are intoxication, increased energy, happiness, talking, desire to socialize, feeling affectionate and playful, sensuality, enhanced sexual experience, muscle relaxation, loss of coordination due to loss of muscle tone, possible nausea, difficulty concentrating, loss of gag reflex.

But many people have bad reactions, including nausea, headaches, drowsiness, dizziness, amnesia, vomiting, loss of muscle control, respiratory problems, loss of consciousness, being conscious but unable to move, and death.

There are worse effects when taken in large doses including sedation, desire to sleep, rambling incoherent speech, giddiness, silliness, difficulty thinking, slurred speech, passing out, and death.

These drugs emerged a few years ago as “ date rape” drugs. Because of concern about their abuse, Congress passed the “ Drug-Induced Rape Prevention and Punishment Act of 1996” in October 1996. This legislation increased Federal penalties for use of any controlled substance to aid in sexual assault.

Since about 1990, GHB (gamma hydroxybutyrate) has been abused in the U. S. for euphoric, sedative, and anabolic (body building) effects. It is a central nervous system depressant that was widely available over-the-counter in health food stores during the 1980s and until 1992. It was purchased largely by body builders to aid fat reduction and muscle building. Street names include Liquid Ecstasy, Soap, Easy Lay, and Georgia Home Boy. Even though GHB may be difficult to distinguish from water, it has appeared in law

enforcement indicators, including seizures of large amounts in Minneapolis/St. Paul and Phoenix.

Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating.

GHB and two of its precursors, gamma butyrolactone (GBL) and 1, 4 butanediol (BD) have been involved in poisonings, overdoses, date rapes, and deaths. These products, obtainable over the internet and sometimes still sold in health food stores, are also available at some gyms, raves, nightclubs, gay male parties, college campuses, and the street. They are commonly mixed with alcohol (which may cause unconsciousness), have a short duration of action, and are not easily detectable on routine hospital toxicology screens.

GHB emergency room mentions increased from 55 in 1994 to 2, 973 in 1999. In 1999, GHB accounted for 32 percent of illicit drug-related poison center calls in Boston. In Chicago and San Francisco, GHB use is reportedly low compared with MDMA, although GHB overdoses seem frequent compared with overdoses related to other club drugs.

Ketamine is an anesthetic that has been approved for both human and animal use in medical settings since 1970; about 90 percent of the ketamine legally sold is intended for veterinary use. It can be injected or snorted.

Ketamine is also known as “ Special K” or “ vitamin K”. Certain doses of ketamine can cause dream-like states and hallucinations, and it has become common in club and rave scenes and has been used as a date rape drug. At high doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems.

Emergency room mentions of ketamine rose from 19 in 1994 to 396 in 1999. Recent use has been reported more frequently among white youth in many cities, including Atlanta, Baltimore, Boston, Chicago, Minneapolis/St. Paul, Newark, New York City, Phoenix, San Diego, Texas, and Washington, DC.

Users experience profound hallucinations and visual distortions similar to the effects of PCP. They call these effects “ K-Land.” A larger dose can produce a more frightening experience called a “ K-hole” or an “ out-of-body, near-death experience.” They may also experience a loss of senses, sense of time, and identity which can last anywhere from 30 minutes to two hours. Ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, recurrent flashbacks, and potentially fatal respiratory problems.

LSD (lysergic acid diethylamid) is a potent hallucinogen derived from lysergic acid. Lysergic acid can be found on ergot, a fungus that grows on rye and other grains. Commonly referred to as “ acid” on the club scene, a “ hit” or dose can be found as tablets, capsules, liquid form, thin squares of gelatin, or absorbed on colorful paper to be licked. Although colorless and odorless, LSD has a slight bitter taste. “ Blotter acid,” which is absorbent paper soaked in LSD and sold as squares, can be obtained for \$4 to \$5 for a “ high” or “

trip” that lasts three to 12 hours. Other slang terms for LSD include Microdot, White Lightning, Blue Heaven, Windowpane, and Sugar Cubes. LSD is a Schedule 1 Controlled Substance with severe penalties for possession and use.

The effects of LSD are wildly unpredictable depending on a variety of factors. The user will begin to feel the effects within 30 to 90 minutes of ingestion and the “ high” may last up to 12 hours. Users under the influence will have dilated pupils, increased body temperature, increased heart and blood pressure rates, loss of appetite, sleeplessness, dry mouth, tremors, and increased perspiration. A “ bad trip” could include terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and flashbacks after the fact. Moreover, LSD may reveal long lasting psychological problems, including schizophrenia and severe depression. Chronic users can develop a tolerance to LSD, meaning they must take more of the drug to feel the same effects.

The exact cause of drug abuse and dependence is not known, however, the make-up of the individual, the addictiveness of the drug, peer pressure, emotional distress, anxiety, depression, low self-esteem, and environmental stress are all factors that may play a causative role. Drug dependence may follow the use of drugs for physical pain relief.

Risk factors that predispose people to drug abuse are a lack of mental or emotional resources against stress, a low tolerance for frustration, and the need for immediate relief of tension or distress. Health care professionals are at risk of drug abuse and dependence because of increased access to drugs.



Junior high and high school students often begin using drugs as a result of peer pressure. Lack of adequate family support, failure or parental supervision, excess unsupervised free time, and a more tolerant societal attitude have contributed to increased drug use among adolescents. Younger children (toddler through grade school) may first see drugs used by their parents or their friend's parents. These children often grow up in an environment illicit drug use.

There is also an attitude fostered by television, radio, and magazine advertising, and even somewhat by the medical profession, that medications are available for every problem to make a person feel better. The attitude, unfortunately, is extended by younger people to include illegal drugs.

Treatment for the person with drug abuse or dependence begins with the recognition of the problem. Drug dependence is associated with denial, allowing the person to believe there is no need for treatment. Most people with drug dependence enter treatment under pressure from others rather than a voluntary acceptance of the need for treatment.

Treatment of drug dependency involves detoxification, long-term rehabilitation, and a lifetime of abstinence. Emergency treatment may be indicated for acute intoxication or drug overdose and is symptomatic. Often, support of the respiratory system is needed as there may be a loss of consciousness. The specific treatment depends on the drug.

Detoxification is the gradual withdrawal of an abused substance under controlled circumstances. Sometimes a drug with a similar action is

substituted during the withdrawal process to reduce the unpleasant symptoms and risks associated with withdrawal. The process is managed on an inpatient or outpatient basis, depending on the substance.

Rehabilitation is the process that occurs after detoxification and is needed to prevent the recurrence of drug abuse. Inpatient and outpatient programs are available. Individual, group, or family therapy is usually part of this process, which may continue for a month or longer. Information/support may also be sought from local 12 step groups (i. e., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Ala-teen, Alanon), which you can locate through your phone directory. See chemical dependence- support group. If a depression or other mood disorder exists, that should be treated appropriately. Often drug abuse develops from efforts to self-treat an illness of which the individual is unaware. Aftercare involves life-long abstinence from drug abuse. Self-help groups such as Narcotics Anonymous can offer support.

But then there are the people that care about the safety of the drug. Maybe not helping after, but preventing, DanceSafe is a nonprofit, harm reduction organization promoting health and safety within the rave and nightclub community. They currently have local chapters in twenty-six cities throughout the US and Canada. By the middle of next year they expect to have at least a dozen more.

Their local chapters consist of young people from within the dance culture itself who have a sincere interest in bettering their communities and educating themselves and their peers. They train their volunteers to be health educators and drug abuse prevention counselors within their own

communities, utilizing the principles and methods of harm reduction and popular education.

Their volunteer staff harm reduction booths at raves, nightclubs and other dance events where they provide information on drugs, safer sex, and other health and safety issues concerning the electronic dance community (like driving home safely and protecting one's hearing).

We also provide adulterant screening or pill testing services for ecstasy users. Pill testing is an important harm reduction service that saves lives and reduces medical emergencies by helping ecstasy users avoid fake and adulterated tablets that often contain substances far more dangerous than real ecstasy.

Their information and services are directed primarily towards non-addicted, recreational drug users. Non-addicted drug users are an under-served population within the harm reduction movement, despite the fact that they comprise the vast majority of drug users in our society. While many organizations exist that provide services to drug-dependent individuals, few groups address the needs of the majority of non-addicted, recreational users. When needed, they always refer people to appropriate treatment programs.

So to wrap things up in all that I have talked about here and above, I can't see why one would want to subject themselves to this mess. The only thing I can think of is that the people that are taking these drugs are uneducated. They are just interested in the "high" that they are feeling and not thinking of what is happening to their body during or even after in the years to come.

I believe some people do turn to drug to escape problems, but that in no way of coping with things. They will always be there starring you in the face until you confront them. I also think that the only way you can help yourself get better is by wanting to get better. If you are an addict if a drug and say your parents find out about it, the first thing they do it put you in rehab. And the first thing you want to do when you get out of rehab is to do exactly what you were doing when your parents found out, getting high. You yourself have to make an effort, or no good will come. I think that the DanceSafe program is great, people know that kids are going to do what they want no matter what, so DanceSafe is just trying to make it a little safer for these kids.

The war on drugs is growing, and something incredible has to be completed to make it deteriorate. I think the resolution is to get people out and educate. Enlighten people on what they are doing to themselves. Tell them that in twenty years they may have no brain, tell them that they may have problems conceiving children, and that they could in all probability die the next time they put something in their body like this. Let them know the truth. Those television, and magazine ads called truth, are letting the public know how bad smoking is. There are just as many people smoking as doing drugs, the public just doesn't know that. But it needs to be known, there is no reason why there can't be ads like the " Truth" ones. So in conclusion the solution to the " War on Drugs" in my opinion is education.

#### Work Cited

Check, William C. Drugs of the Future. New York: Chelsea House Publishers, 1987.

<https://assignbuster.com/drug-abuse-essay-sample/>

Check, William C. *Drugs & Perception*. New York: Chelsea House Publishers, 1988

Woods, Geraldine. *Drug Use and Drug Abuse*. New York: Geraldine Woods, 1986.

Hurwitz, Ann. *Hallucinogens*. New York: The Rosen Publishing Group, 1992.

Brennan, Kristine. *Ecstasy & Other Designer Drugs*. Philadelphia: Chelsea House Publishers, 2000.