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Unit 5

Question 1

Substance use disorder (SUD) is a chronic and relapsing brain disease that is characterized by the compulsive use of a substance despite negative consequences. Individuals with SUD experience an intense desire to use drugs or alcohol and may have difficulty controlling their use (Comer and Comer, 2019). They may also experience physical, psychological, and social problems related to their substance use. Tolerance is a physiological adaptation to a drug, where a person requires larger amounts of the drug to achieve the same effect as before. It occurs when the brain adapts to the drug's presence and reduces its sensitivity to it. Tolerance can lead to increased drug use and a higher risk of overdose. Withdrawal refers to the symptoms that occur when a person stops using a drug after prolonged or heavy use. Withdrawal symptoms can be physical and psychological, and they vary depending on the substance used. Withdrawal can be extremely uncomfortable and, in some cases, life-threatening.

The DSM-5 is the diagnostic manual used by mental health professionals to diagnose mental disorders, including SUD. According to the DSM-5, a person must meet at least two of the 11 criteria to receive a diagnosis of SUD. The 11 criteria are divided into four categories: impaired control, social impairment, risky use, and pharmacological criteria (Comer and Comer, 2019). The impaired control criteria include taking the substance in larger amounts or for a

longer time than intended, wanting to cut down or stop using the substance but being unsuccessful in doing so, spending a lot of time obtaining, using, or recovering from the substance, and craving or a strong desire to use the substance.

The social impairment criteria include continuing to use the substance despite it causing problems in social or interpersonal relationships, giving up important social, occupational, or recreational activities due to substance use, and using the substance in situations where it is physically hazardous (Comer and Comer, 2019). The risky use criteria include continuing to use the substance despite knowledge of physical or psychological problems caused or worsened by it, developing tolerance, as defined by needing more of the substance to achieve the desired effect or experiencing diminished effects with continued use of the same amount. Lastly, the pharmacological criteria include experiencing withdrawal symptoms when not using the substance, taking the substance to relieve or avoid withdrawal symptoms, and using more of the substance than intended, using it for a longer time than intended, or having a persistent desire to use the substance, despite unsuccessful attempts to stop using or reduce the amount used.

Question 2

Alcohol use and misuse have become one of the most prevalent societal problems, affecting millions of people worldwide. Alcohol consumption can lead to physical and psychological dependence, causing long-term health problems and impairing social and personal relationships. Understanding how alcohol causes dependence is crucial in addressing alcohol abuse and addiction. According to Comer and Comer (2019), alcohol causes physical and psychological dependence by affecting brain chemistry. Alcohol is a central nervous system depressant that releases neurotransmitters like dopamine, serotonin, and endorphins, producing

pleasurable feelings. With repeated alcohol use, the brain adapts to these chemical changes, causing tolerance to develop. Physical dependence occurs when the body adjusts to the presence of alcohol, leading to withdrawal symptoms when alcohol use is stopped. Psychological dependence occurs when an individual relies on alcohol to cope with stress or negative emotions. Addiction can develop over time as a result of physical and psychological dependence, making it challenging to stop drinking without medical assistance.

Long-term alcohol abuse can cause severe and life-threatening health problems, including liver damage, heart disease, gastrointestinal issues, and neurological damage. Chronic alcohol abuse can also impair cognitive function, cause memory loss, and increase the risk of developing mental health disorders such as depression and anxiety (Comer and Comer, 2019). Additionally, alcohol abuse can negatively impact personal and social relationships, leading to job loss, financial problems, and legal issues. The longer an individual continues to abuse alcohol, the more severe and long-lasting the health consequences can be, making it crucial to seek professional help as soon as possible.

Cognitive Behavioral Therapy (CBT) is a widely used form of therapy for those struggling with alcohol abuse. CBT focuses on identifying and changing negative thought patterns and behaviors that contribute to alcohol use. It helps individuals learn coping strategies for managing stress, triggers, and negative emotions without relying on alcohol. CBT also helps individuals develop healthier habits and behaviors, promoting long-term recovery and reducing the risk of relapse (Comer and Comer, 2019). This therapy is typically delivered in individual or group settings and can be combined with other forms of treatment, such as medication-assisted therapy or support groups, to provide a comprehensive approach to treating alcohol addiction.

Question 3

Heroin and cocaine are two of the most commonly abused illicit drugs worldwide. Both drugs have devastating effects on the human body and are known for their highly addictive properties. However, despite their similarities, heroin and cocaine differ in their physiological properties, the forms in which they are typically taken, and the prevalence of abuse (Comer and Comer, 2019). A comparison and contrast of these drugs can provide insight into the unique challenges they pose for public health and law enforcement officials.

In terms of physiological properties, heroin is derived from morphine, which is a natural opiate found in opium poppy plants. When heroin is ingested, it binds to opioid receptors in the brain and creates a sense of euphoria, pain relief, and relaxation (Comer and Comer, 2019). However, heroin also depresses the central nervous system, which can lead to respiratory failure, coma, and death. Cocaine, on the other hand, is a stimulant that is derived from the leaves of the coca plant. When cocaine is ingested, it stimulates the central nervous system, causing an intense high and feelings of euphoria, increased energy, and confidence. However, it also constricts blood vessels and increases heart rate and blood pressure, which can lead to heart attack, stroke, and other serious health problems.

In forms, heroin is commonly available as a white or brown powder, which is usually diluted with other substances before being sold on the street. It can be snorted, smoked, or injected into the bloodstream. Injection is the most common method of use, as it produces the most intense and rapid effects (Comer and Comer, 2019). Cocaine is also available in powder form, which can be snorted or injected, but it is also often converted into a crystalline form

known as crack cocaine. This form of cocaine is smoked, and its effects are felt more quickly than when snorting or injecting.

Comparing on the basis of prevalence of abuse, cocaine abuse is more prevalent in the United States and Europe than in other parts of the world. Cocaine is widely abused, with an estimated 19.5 million people using it in 2019. Heroin is one of the most commonly abused drugs in the world, with an estimated 10.3 million people using it in 2017 (Comer and Comer, 2019). It is particularly prevalent in the United States, where the opioid epidemic has caused significant public health problems. In general, cocaine abuse is more prevalent than heroin abuse.

Question 13

College binge drinking is a widespread and persistent problem that affects students' physical and mental health, academic performance, and social life. Binge drinking refers to consuming large amounts of alcohol in a short period, typically defined as four or more drinks for women and five or more drinks for men within two hours (Comer and Comer, 2019). While alcohol consumption is legal and socially accepted, binge drinking is associated with various negative consequences that can have long-term effects. According to Comer and Comer (2019), one of the most significant problems with college binge drinking is the health risks it poses. Excessive drinking can lead to alcohol poisoning, which can be fatal in severe cases. It can also increase the risk of accidents, injuries, and violence, both for the binge drinker and those around them. Long-term binge drinking can cause liver disease, heart disease, and other chronic health problems, such as high blood pressure and cancer.

Another issue with college binge drinking is its impact on academic performance. Students who engage in binge drinking are more likely to miss classes, fall behind on coursework, and perform poorly on exams (Comer and Comer, 2019). This can result in lower grades and reduced opportunities for academic and career advancement. Binge drinking can also lead to academic disciplinary actions, such as suspension or expulsion, and legal problems, such as arrest for public intoxication or driving under the influence. College binge drinking can also have negative effects on students' social lives. It can lead to impaired judgment and behavior, which can cause embarrassment, shame, and social exclusion. Binge drinking can also harm relationships with friends, family, and romantic partners. It can lead to arguments, fights, and breakups, as well as feelings of guilt and remorse.

Moreover, college binge drinking can perpetuate a culture of normalization of excessive drinking and toxic masculinity. It can lead to peer pressure and social expectations that encourage students to drink excessively and disregard the negative consequences. Additionally, it can contribute to sexual assault and harassment on college campuses, as binge drinking can impair the ability to give and obtain consent.

Question 18

Male Hypoactive Sexual Desire Disorder (HSDD) is a condition in which a man experiences a persistent or recurrent deficiency or absence of sexual fantasies and desire for sexual activity. Female Sexual Interest/Arousal Disorder (FSIAD) is a similar condition in women, characterized by the absence of or significantly reduced sexual interest, arousal, or pleasure, causing significant distress or difficulty in interpersonal relationships (Comer and

Comer, 2019). While the symptoms and diagnostic criteria differ between genders, both conditions share several characteristics and may have biological causes.

One of the main characteristics of HSDD and FSIAD is the absence or reduced sexual desire, which may manifest as a lack of interest in sexual activities, reduced sexual thoughts or fantasies, or lack of spontaneous sexual arousal (Comer and Comer, 2019). This can lead to a significant impact on sexual function and satisfaction, and may lead to distress in personal relationships. Additionally, both conditions often involve physical symptoms such as vaginal dryness, erectile dysfunction, or difficulty achieving orgasm.

Biological factors can play a role in the development of HSDD and FSIAD. For example, hormonal imbalances can lead to decreased sexual desire in both men and women. In men, a decrease in testosterone levels can contribute to HSDD (Comer and Comer, 2019). For example, men undergoing androgen deprivation therapy for prostate cancer are at increased risk for developing HSDD. In women, hormonal changes during menopause can lead to decreased sexual desire and arousal. Additionally, certain medications such as antidepressants or blood pressure medications can have sexual side effects that contribute to HSDD or FSIAD.

Another biological factor that can contribute to HSDD and FSIAD is neurotransmitter imbalances. Dopamine and serotonin are two neurotransmitters that play important roles in sexual desire and arousal. For example, dopamine plays a role in the reward system of the brain and is involved in feelings of pleasure and motivation, while serotonin can inhibit sexual desire. Imbalances in these neurotransmitters can lead to a decrease in sexual desire and arousal. For example, some studies have suggested that low levels of dopamine may be involved in the development of HSDD in men.

Question 19

Sexual dysfunctions are common problems that can affect both men and women. They can cause significant distress and can impact the quality of life of the individual and their partner (Comer and Comer, 2019). The three sexual dysfunctions of interest are: erectile disorder, early ejaculation, and female orgasmic disorder.

Erectile disorder, also known as erectile dysfunction, is a sexual dysfunction characterized by the inability to achieve or maintain an erection during sexual activity. There are several possible causes of erectile disorder, including physical, psychological, and lifestyle factors. Physical causes include cardiovascular disease, diabetes, hormonal imbalances, and neurological disorders. Psychological factors such as anxiety, depression, and stress can also contribute to erectile disorder. Lifestyle factors such as smoking, alcohol abuse, and drug use can also affect erectile function.

Early ejaculation, also known as premature ejaculation, is a sexual dysfunction characterized by the inability to control or delay ejaculation during sexual activity. Early ejaculation can occur due to various reasons, including psychological, neurological, and physical factors. Psychological factors such as anxiety, stress, and depression can cause early ejaculation. Neurological causes can include conditions such as multiple sclerosis and spinal cord injuries (Comer and Comer, 2019). Physical factors such as inflammation of the prostate gland, hormonal imbalances, and side effects of certain medications can also contribute to early ejaculation.

Female orgasmic disorder is a sexual dysfunction characterized by the inability to achieve an orgasm during sexual activity (Comer and Comer, 2019). There are several possible causes of

female orgasmic disorder, including psychological, hormonal, and physical factors.

Psychological factors such as anxiety, depression, and stress can interfere with sexual arousal and orgasm. Hormonal imbalances, such as those that occur during menopause, can also contribute to female orgasmic disorder. Physical causes include medical conditions such as diabetes, multiple sclerosis, and certain medications.

Question 31

Viagra and the Pill are two widely known medications that have had a significant impact on society. Viagra is a medication used to treat erectile dysfunction in men, while the Pill is used to prevent pregnancy in women (Comer and Comer, 2019). While both medications have been instrumental in addressing medical issues and improving the quality of life for many, there have been some issues and controversies surrounding them, particularly related to their use.

One of the issues surrounding the use of Viagra is that it is a prescription medication and should only be taken under the supervision of a healthcare provider (Comer and Comer, 2019). However, many people purchase it online or from unlicensed sources, which can lead to serious health risks, such as interactions with other medications or underlying health conditions. There are also concerns about the impact of Viagra on relationships and the pressure it can place on men to perform sexually. Additionally, there are ethical questions surrounding the marketing of Viagra and the emphasis placed on sexual performance in our society.

Similarly, the major issue surrounding the use of the pills is the potential side effects of hormonal birth control, such as headaches, nausea, and mood changes. Some studies have also linked the use of hormonal birth control to an increased risk of certain health conditions, such as

blood clots and breast cancer (Comer and Comer, 2019). There are also ethical questions surrounding the use of hormonal birth control, particularly in relation to women's autonomy and reproductive rights. Additionally, there is debate over whether insurance companies should cover the cost of birth control, as some argue that it is a basic healthcare need while others argue that it is a personal choice.

Question 33

There is a strong argument to be made that drugs should be used not only to correct sexual disorders but also to improve sexual experience and performance. Sexual dysfunction can have a significant negative impact on an individual's quality of life, and drugs like Viagra, Cialis, and Levitra have been shown to effectively treat erectile dysfunction, allowing individuals to achieve and maintain an erection for more satisfying sexual experiences. Moreover, sexual activity has been linked to a range of physical and psychological benefits, including stress reduction, improved immune function, and increased feelings of connection and intimacy. Individuals may be able to enhance their overall well-being and quality of life by using drugs to improve sexual experience and performance. In addition, it is important to recognize that sexual dysfunction is not always caused by a medical condition, but may also be caused by psychological factors such as anxiety or relationship issues. In these cases, drugs may be used to address the underlying psychological factors that are contributing to sexual dysfunction and improve sexual experience and performance.

Research on human sexual motivation across the lifespan shows that sexual desire and activity can vary depending on age and life circumstances. During adolescence, sexual desire and exploration are typically high, while as individuals age, sexual desire and activity may decrease

due to biological, psychological, and social factors. However, sexual desire can remain strong in older age, with some studies indicating that sexual satisfaction actually increases with age. Therefore, it is important to consider age-related changes in sexual motivation when discussing the use of drugs to enhance sexual experience and performance.

When it comes to the use of drugs to eliminate all negative emotions, I do not believe that it is desirable or beneficial to do so. While it may seem desirable to eliminate negative emotions such as sadness, anger, and fear, it is important to recognize that emotions serve an important purpose in our lives. Negative emotions are natural responses to challenging situations, and they can help us cope and adapt to difficult circumstances. If we were to eliminate all negative emotions, we may lose the ability to effectively navigate the challenges of life and experience personal growth.

Reference

Ronald Comer and Jonathan Comer (2019). *Fundamentals of Abnormal Psychology* (9th Edition). New York. Worth Publishers.