

ADDICTION AND SEX DISORDER UNIT 5

1 COMPARE AND CONTRAST HEROIN AND COCAINE IN TERMS OF THE PHYSIOLOGICAL PROPERTIES OF THE DRUGS, THE FORMS IN WHICH THE DRUGS ARE NORMALLY TAKEN, AND THE PREVALENCE OF ABUSE OF EACH.

- a. Opioid drug is made from morphine (seed pod of opium poppy plant), heroin comes naturally as a whitish, brown powder or a black sticky substance called "black tar heroin". Opiates are produced in different brands such as; morphine, codeine, and thebaine. Mainly when prescribed medications overdose it exerts its effect on the brain and spinal cord.

The effect of heroin is that once used need more is needed - they produce a physical dependence and withdrawal symptoms that can only be calmed down by continued use of the drug needing larger doses to achieve the same effect. Chronic addiction of heroin produces: physical and mental deterioration and shortens life, causes respiratory depression which is life-threatening, collapsed veins, infection of the heart lining and valves, abscesses, and lung complications.

For those who desire to withdraw from heroin may experience serious health challenges if they do it suddenly. Restlessness, severe muscle, and bone pain, sleep problems, diarrhea and vomiting, cold flashes with goose bumps ("cold turkey"), uncontrollable leg movements ("kicking the habit"), severe heroin cravings

People who use heroin or cocaine over a long time may develop: Insomnia, collapsed veins for people who inject the drug, damaged tissue inside the nose for people who sniff or snort it, infection of the heart lining and valves, abscesses (swollen tissue filled with pus), constipation and stomach cramping, liver and kidney disease, lung complications, including pneumonia, mental disorders such as depression and antisocial personality disorder, sexual dysfunction for men, irregular menstrual cycles for women. Other Potential Effects are; clog blood vessels leading to the lungs, liver, kidneys, or brain, causing permanent damage.

b. COCAINE

While Heroin is made from the natural opium poppy plant. Cocaine, also known as crack or coke, when taken stimulates the central nervous system. Cocaine is produced from the leaves of a coca plant

originating in South America. Cocaine increases dopamine levels in the brain, affecting such functions as mood, movement, and reward.

The effect cocaine produces includes; happiness and surge of energy, mental alertness, hypersensitivity to light, sound, and touch, paranoia, irritability, anxiety, constricted blood vessel, dilated pupils, nausea and vomiting, high body temperature, and blood pressure, fast or irregular heartbeat, muscle twitches, restlessness, insomnia, loss of smell, nosebleeds, and trouble swallowing i.e. for people who snort it. Cough, asthma, respiratory disease, and pneumonia in people who smoke it, bowel decay and stomach pains in people who ingest it orally, increased risk of HIV, hepatitis and other skin or bloodborne diseases in people who inject it.

When cocaine is absorbed by the mucous membranes, the user experiences a euphoric high that enhances the senses, hot-up their energy and mental alertness, and boosts confidence or feeling more “alive.” The use of cocaine stimulates the brain’s pleasure receptors, dopamine, and serotonin. Unfortunately, the effects of the drug will reduce within an hour, which triggers the desire to use it again. The frequent intake activates the brain’s pleasure receptors, alters the brain’s chemistry so that it “remembers” that feeling of euphoria, and associates the drug with that feeling. Different forms of cocaine, such as crack, can be absorbed more quickly into the bloodstream, and the faster it is absorbed, the shorter its highness.

Physiological Effects of Heroin and Cocaine Use:

- i. The Short-Term Effects of Heroin on the users, first is they usually experience the feeling of a "rush" (a surge of pleasure, or euphoria). Other common effects, include Dry mouth, a warm flushing of the skin, heavy feeling in the arms and legs, nausea and vomiting, severe itching, clouded mental functioning, going "on the nod," a back-and-forth state of being conscious and semiconscious.
- ii. The physical effects of cocaine can be as soon as the first contact with the brain. It manifests in the user through; dilated pupils, a manic “rush” of energy, elevated heart rate, increased blood pressure, or fever. If addicted to cocaine the effects begin to show in the form of; tremors, severe weight loss as a result of loss of appetite, constriction of blood vessels which could eventually lead to heart attack or stroke, sexual dysfunction, respiratory problems, itching or a sensation of skin “crawling,” and even convulsions. Snorting cocaine can damage the sinuses and mucous membranes, causing nosebleeds and eventually a deviated septum. Repeated use severely impairs the central nervous system, the brain, and cognitive function.

Differences between heroin and cocaine

- i. Heroin came from the opium poppy plant, while cocaine came from cocoa plant leaves.
- ii. Heroin is an opioid drug, that binds itself to opioid receptors to produce euphoria and pain relief. Heroin works as a depressant, they relax the body, slows activity in the brain, and impacts basic functions - thinking movement, and breathing. While cocaine is a central nervous stimulant, that blocks the reuptake of dopamine in cells, it floods the brain with dopamine, increasing nerve cell communication, and contributing to side effect like extreme happiness and alertness.
- iii. The cause of death in those using heroin is through respiratory depression due to irregular or shallow breathing. While cocaine users die from cardiotoxicity mostly due to the damage heart muscle because of it is unable to pump blood throughout the body which causes organ failure.
- iv. Heroin has an antidote for overdose, while cocaine does not have.

Similarities between Heroin and Cocaine

- i. Both Heroin and cocaine have Cutting Agents or additives which help dealers to maximize profits
- ii. The additives increase health risks and overdose for both heroin and cocaine users.
- iii. They are both potential for addiction, and the addict requires residential drug treatment to recover
- iv. In some cases, users combine both heroin and cocaine to achieve speed balling, they believe that their side effects will counteract or lessen the blow of the other.
- v. They both work to impact the release and levels of neurotransmitters, dopamine being the main chemical that reinforces addictive behavior by “reward”, when abused, its levels in the brain increase signaling to the mind and the rest of the body that they need more.
- vi. Method of use are the same most times
- vii. Both can cause heart problems and are both dangerous to human life.

2. Explain the problematic behavior of college binge drinking:

Binge drinking was defined as consuming 5 drinks or more on one occasion (i.e. within 2 hours) for males and 4 drinks or more for females. Binge drinking is a pattern of drinking alcohol that brings blood concentration to 0.08% grams. And those students who drink twice more quantity as the former is called high-intensity drinking. Binge drinking is found mostly among adults between the ages of 18-34. It was reported that most often college alcohol problems are related to binge drinking.

This type of lifestyle always poses serious health and safety risk problems which include:

- a. drunk-driving arrests, sexual assaults, car crashes, and injuries that could result in death, violence, pregnancies, cancers, etc.
- b. Too much drinking can cause damage to the liver or other body organs.
- c. Consequences of their action affect not only them but their families, the school, and their peer groups.
- d. College binge drinking causes non-concentration in student's academics such that they miss classes or perform poorly during tests or exams

3. Explain the dangers of opioid use:

Opioids are drugs made from a particular natural plant family of poppy plant called the opium poppy. There are also other opioid drugs that are manufactured, the synthetic substances are created in the laboratory. Some drugs made from opioids include oxycodone, oxymorphone, fentanyl, tramadol, buprenorphine, etc.

Opioid or narcotics medications help to control acute pain such as surgery pains, Severe headaches, backaches, or severe cancer pains.

- a. Why opioid is dangerous is that when it is taken in high doses it can slow breathing and heart rate which can lead to death
- b. The danger of those using opioids is that it raises the risk of infection, including hepatitis and HIV.

- c. Economically, it causes a financial crunch, which may lead the person to steal,
- d. Interpersonal relationships problems, lack of social activities
- e. It causes slowness of breathing that may result in hypoxia- a dangerous reduction of oxygen circulating in the body
- f. Opioid user especially young adult poses a menace to society.

4. A 20-year-old friend of yours expresses a desire to receive treatment for alcohol use disorder. What form of treatment would you recommend and why? Detail the strengths of the form of treatment you would recommend, along with its possible weaknesses.

Alcoholism is the body's physical inability to stop drinking and the presence of alcohol cravings, having thoughts about alcohol, and always being surrounded by heavy drinkers.

The best form of treatment I would recommend for the young adult is Cognitive Behavioral (Talking) therapy.

Cognitive distortions or dysfunctional beliefs are defined as the irrational misbeliefs that people maintain. These beliefs are most likely unrealistic and faulty. For example, someone may say 'you will amount to nothing in life', and this word keeps on floating in the mind of the victim to the extent that whenever he tries to do anything and it did not work out he attributes the failure to that word. The feeling of lack of confidence comes in that may lead the person to alcohol disorder.

The first step to take by the cognitive behavioral therapist in this situation is to establish that there is a problem, then counseling will be to understand the underlying factors. The therapist enters into a discussion with the patient in order to identify and reconstruct the unhealthy pattern of lifestyle or thoughts and then commence therapeutic sessions.

Having recognized the problem, then the therapist will engage the patient with behavioral therapy trying to change the behavioral pattern. The aim is to replace the problematic behavior through skills training, this will lead the patient through learning how to manage cravings and gain self-control.

Cognitive behavioral therapy uses a variety of interventions in its treatment program. To overcome alcohol disorder, one has to go through: motivational interventions treatment, exposure therapy, contingency management, relaxation and stress reduction, role-playing, and relapse prevention programs.

As the therapy session commences, the therapist will continue to examine or observe the patient's mood and comfort level with the pace of the therapy.

Here are the first steps for stopping alcoholism:

- i. First of all, the therapist will ask questions relating to the drinking habit, and what prompted the habit.
- ii. What are the factors that could motivate the habit: environmental, family background, kind of relationship: peer groups, psychological, social-cultural factors?

Schedule for moderation and abstinence drinking

- i. moderation is often a more realistic or at least a first step on the way to abstinence because sudden stoppage may be very hard so it takes a gradual process to achieve the goal.
- ii. The alcoholic may be enlightened about social drinking, such as alternating soft drinks with alcoholic drinks when you're out with friends.
- iii. It takes frequent going for counseling sessions for progress to be assessed or evaluate to ascertain when treatment and advice can be provided if needed.

Weakness of Cognitive or talking therapy:

- i. There may be complicated generic conditions associated to the alcoholic disorder that the therapist may not be able to identify.
- ii. A cognitive therapist with a narrow treatment approach may fail to assist people who suffer from mood disorders condition.
- iii. A male therapist may take advantage of his female patient's drinking disorder condition to sexually harass/exploit her.
- iv. The therapist may control the mind of the patient rendering him/her dependency for exploitative purposes.

5. Discuss three approaches for treating the erectile disorder and how each works

Erectile disorder or dysfunction in the low term 'impotence', is a situation where the male partner cannot perform the action of sexual activity with the female partner because there was no erection.

What are the steps to take before treating erectile disorder?

- i. Establishing the underlying cause(s) which could be; psychological, as a result of medications, trauma, generic, infections, etc.
- ii. Decisions on what type of treatment options are available

Three approaches to treating erectile disorder include;

- a. Oral medication
 - b. Sex therapy
 - c. Surgery (Penile Implant)
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- i. Erectile dysfunction disorder can be treated through medications that may help improve male sexual function by increasing blood flow to the male organ. Medications available for erectile disorders include Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra), etc.
 - ii. Sex therapy is the most effective method to treat erectile disorders because it helps both partners to participate in therapeutic sessions. It brings about getting more intimacy in their relationship.
 - iii. Surgical treatment involves an implant of the penile which consist of a pair of inflatable cylinders which will be implanted through surgical operation. The cylinders are connected through tubing to a reservoir of fluid.

6. What is the issue surrounding Viagra and the Pill?

Viagra (Sildenafil) is a medication that regulates some particular chemicals in the blood it works effectively for those who suffer from erectile dysfunction disorder it helps them to maintain an erection for sexual functions but it has some issues in the way it works in the body.

Here are some of the issues with Viagra which include.

- i. Though it temporarily maintains an erection for sexual participation it does not cure the problem of erectile disorder.
- ii. It does not affect sexual desire, which means the man still needs mental or physical stimulation to get an erection.
- iii. It has serious side effects: chest pain ringing in ears, dizziness, blurred vision, burning and itching during urination, and shortness of breath.
- iv. The effect lasts only but 4 hours.
- v. It can cause priapism, that is an erection that lasts for a longer period but is very painful.

7. Outline treatments for premature and delayed ejaculation

Treatment for premature ejaculation includes.

- i. Behavioral and psychological therapies/techniques
- ii. Medications and counseling (using anti-depressants)
- iii. The squeeze-pause technique
- iv. Desensitizing cream that delays orgasm
- v. Double condom (climax control condom)
- vi. Stop and start method.

- vii. Numbing creams or sprays
- viii. Change in the diet by adding zinc and magnesium
- ix. Pelvic floor exercises

Treatment for delayed ejaculation

Delayed ejaculation (also known as retarded or impaired ejaculation) is the inability to achieve ejaculation which causes distress to the individual.

Treatment for delayed ejaculation includes.

- i. Change of mindset toward sex
- ii. Avoid worry or anxiety.
- iii. Healthy lifestyle
- iv. Change of certain medications to less harmful ones

8. What are some sociocultural causes of low sexual desire?

Libido or low-sex desire is when a person lost interest in sexual desire or intercourse, low motivation for sexual excitement. This can be a result of so many factors: illnesses, the pain of the joints, cancer problems of trust, and trauma after rape or sexual harassment.

Other problems

- i. Problems of inability to differentiate sexual desire or sexual arousal in women
- ii. Cultural assumptions and lack of awareness may oppose to individual differences to sexual desire
- iii. Naturally women are less motivated unless the male approaches them

Many factors influence sexual desire such as:

- i. Biological and physiological factor has to do with low hormone level, medical problems, childbirth, menopause, trauma, stress/anxiety,
- ii. Relational problem includes; lack of stability in the relationship, fear of unwanted pregnancy, lack of trust and
- iii. sociocultural motivation includes; beliefs, lack of privacy, religion, inequalities, insecurity, maternal dictations and control.

There can be risk factors resulting sexual problems:

- i. Personal well-being
- ii. Fatigue and stress
- iii. Sociocultural influences
- iv. Relationship issues
- v. Surgery