ADDICTIONS: SLAVERY TO A CRUEL MASTER

1. ADDICTS ARE SLAVES TO A CRUEL MASTER

Main Theme: The Addict's Need.

Drugs Most Frequently Abused in South Africa at Present

- □ **Dagga** (cannabis sativa) also known as "marijuana" or "ganja". Called the world's most often used illegal drug.
- □ **Mandrax** (methaqualone) is relatively cheap and is often smoked with dagga (marijuana) which is also cheap. It is illegal and is manufactured either in India or South Africa. It is a sedative (CNS depressant).
- □ ***Crystal meth*** (a methamphetamine) also called "tik" is a potent CNS stimulant. Crystal meth involves a dangerous manufacturing process, often resulting in explosions, which have uncovered many operations. Called "The most abused drug on the planet".
- □ **Cocaine** (*coca*=from the leaves of the cocoa plant, -*ine*=alkaloid suffix = *cocaine*) CNS stimulant and appetite suppressant. Also used medicinally as a topical anaesthetic. Illegal in most parts of the world (cultivation, possession or distribution) for non-medicinal purposes.
- □ **Heroin** (semi-synthetic opioid, synthesized from morphine, a derivative of the opium poppy) Also called "smack" or "junk", heroin is used both as a pain killer and as a recreational drug. Use has shot up since 2000.[1] The heroin market is in the process of changing radically. Traditionally it has been the drug of more affluent white people, falling prices have seen it introduced into the African culture.

Life Through the Eyes of a Crystal Meth Addict

While there are many mind-altering substances, all with their unique features, for the purpose of this seminar I will limit my drug-related comments to the specific area of crystal meth abuse. This should serve as a representative addiction from which to teach the principles of addiction.

In an interview, Stephan Jenkins, the singer in the band Third Eye Blind, said that methamphetamine makes you feel "bright and shiny." It also makes you paranoid, incoherent and both destructive and pathetically and relentlessly *self*-destructive. Then you will do unconscionable things in order to feel bright and shiny again.[2]

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[1] http://www.mrc.ac.za/mrcnews/dec2006/drugs.htm Dec 2006
[2] http://en.wikipedia.org/wiki/methamphetamine

Effects of Methamphetamine[3]

Common immediate effects

- Euphoria
- Increased energy and attentiveness
- Diarrhoea, nausea
- Excessive sweating
- Loss of appetite, insomnia, tremor, jaw-clenching (Bruxism)
- Agitation, compulsive fascination with repetitive tasks (Punding)
- Talkativeness, irritability, panic attacks

Side effects associated with chronic use:

- Drug craving
- Weight loss
- Withdrawal-related depression and anhedonia (inability to experience pleasure) *"Former users have noted that they feel stupid or dull when they quit using methamphetamine."*
- Rapid tooth decay ("meth mouth")
- Amphetamine psychosis (loss of touch with reality or distortion of reality)

Side effects associated with overdose:

- Brain damage/ Meningitis (because methamphetamine is neurotoxic)
- Formication (sensation of flesh crawling with bugs, with possible associated compulsive picking and infecting of sores)
- Paranoia, delusions, hallucinations, which may trigger a tension headache.
- Muscle breakdown (rhabdomyolysis) which leads to Kidney failure
- Death from overdose is usually due to stroke or heart failure, but can also be caused by cardiac arrest (sudden death) or hyperthermia.

Quote: *"Researchers have found that meth creates this high by destroying the very part of the brain that generates dopamine, which makes them unable to feel pleasure from anything except more meth. "It actually changes how the brain operates," Rawson continues. "It's a wonder anyone ever gets off meth." According to the World Health Organization, meth abuse worldwide is worse than that of cocaine and heroin combined."*[4]

How meth affects the brain

[3] http://en.wikipedia.org/wiki/methamphetamine

[4] http://www.pbs.org/wgbh/pages/frontline/meth/view/

Although there seem to be many complicated (and hard to verify) brain activities involved, the reaction in the brain of a meth user could be ruthlessly summarised like this:

- Certain substances or activities (or *anticipation* of these substances or activities) are *believed* to stimulate **dopamine** production in the mesolimbic system in the brain. This is said to create the sense of well-being (euphoria).
- When dopamine levels rise, **prolactin** begins to rise to counteract the dopamine levels. Prolactin, in addition to stimulating mother's milk, is know to be a dopamine suppressant.
- In the "post-dopamine-high" people experience a sense of "something missing", cravings, even depression.
- Prolactin can continue to be released for up to 2 weeks after dopamine high.[5]
- Driving the pleasure circuitry of the brain harder results in a more intense shut down response.

Associated Ruin and Misery in the Life of a Crystal Meth Addict

Disease and damage

When under the effects of meth, users experience:

- Increased libido
- Lowered inhibitions
- Dulling of pain receptors
- Leading to reckless, prolonged, rough sexual encounters
- Often leading to injury, tearing and abrasions
- Increasing the risk and actual transmission of STDs
- Driven by the frustrating inability to climax

A comparable parallel to this frustrating phenomenon is the way in which meth addicts abuse meth because of the intense high it delivers. The more they take, the more they *need* to take in order to reach that same high. Regardless of how intensely they hanker for that high, and how insanely they abuse meth, they will *always* experience a less and less satisfying high. This is because meth actually kills the section of the brain which is responsible for producing a sense of pleasure. Further, the more they abuse meth, the less they are able to experience pleasure from *anything* in life. They do permanent damage to their brains which makes future motivation to do anything meaningful a huge challenge.

Criminal activity

[5] Find more on this at: http://en.wikipedia.org/wiki/Drug_addiction

Quote: The South African Medical Research Council, Jan 2007: "*Drug use generally is of concern, but it is when drug users become involved in **criminal activities** that it becomes a problem for the police and criminal justice system. A drug-using lifestyle often involves criminal activity: drug users are more likely to commit crimes because **they do not participate in the legitimate economy** and are exposed to situations that involve crime. This lifestyle is often supported by illegal activities, like shoplifting and burglary."*[6]

"Methamphetamine is seen as an ideal tonic to prepare gunmen for a hit, removing inhibitions, sharpening senses and fuelling aggression," says Leggett. One could therefore expect an escalation of violence within this already violent sector of the population… Chronic abuse can lead to out-of-control rages, violence, anxiety, confusion, mood disturbances and insomnia. Users can become psychotic, experiencing symptoms such as paranoia, hallucinations and flight of ideas (jumping from one topic to the next). The paranoia can result in homicide or suicide." (http://www.health24.com/mind/sexual dysfunction/1284-1300,28037.asp)

Quote: Commissioner Reddy, Hillbrow Police Station: "*The user will start engaging in petty crime, like cell phone theft, in an attempt to support their addiction. The runners often have a track record of criminal activity and engage in more violent crime, while the kingpins engage on a more organized, syndicate level of criminal activity.'… The withdrawal symptoms of harder drugs can result in some people exhibiting violent behaviour in their desperation to acquire money or goods to exchange for drugs. Unfortunately, very few court diversion (to treatment) programmes exist in SA. People arrested for drug use-related offences thus often become victims of a spiral of crime, where they may progress from being a user to becoming a dealer, to getting involved in other organised crime. An early intervention in the form of treatment for a first- time drug- use offender could significantly reduce the compound effect of drugs on the criminal justice system.*"

[6] http://www.mrc.ac.za/mrcnews/dec2006/drugs.htm