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ISSN (Online) : 2455 - 3662
SJIF Impact Factor :3.395 (Morocco)

EPRA International Journal of
**Multidisciplinary
Research**

Volume: 2 Issue: 11 November 2016



Published By :
EPRA Journals

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STUDENT'S SHADY LOVES: SMOKING, ALCOHOLISM, DRUG ABUSE (Part 2 – Drug Abuse)

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ABSTRACT

This research study was conducted through personal one on one conversation and immersion. There are 50 respondents. Of the 50 respondents only 7 admitted, they smoke, drink alcohol and tried drugs. This study aims to analyze the experiences of the students shady loves that impels them to little by little behoove into a state of moral degeneration and their climactic awareness on transformation from carnals to spiritual. It also attempt to explicate the diverging nature of drugs and what it does to the body and why students are hooked to this evil habit

Human beings are evil by nature. Evil is grounded in humanity. It is a matter of freedom. The paradox is we do evil. Evil is the meaning of evil because it is the work of freedom. Freedom has the meaning of freedom because it is capable of evil. There is no evil being, there is only the evil done by me. The predisposition to good coexist the propensity to evil. There is the transition from the innocence of the creature to guilt. Guilt leads to the accusation without accuser, a tribunal without a judge, a verdict without author. Guilt has then become the irreversible misfortune, a condemnation has become damnation. Virtues are the fruit and seed of a morally good acts, ordering our passions and guide our conduct according to reason and faith disposing all the powers of the human being for communion with divine love. Virtues alludes to whatever is true, just, pure, lovely and gracious. It reinvigorizes us to say no to whatever enslaves us such as the vice of indulgence, vainglory, impatience, passivity, imprudence, injustice, softness, stubbornness, etc. An ethical vision of evil is a vision in which freedom is revealed in its depths as power to act and power to be, the freedom that evil presupposes is a freedom capable of digression, deviation, subversion, and wandering. St. Thomas does not see evil as illusory but as negative not as cruel but as something other than a being, entity, essence, form or nature. It is an abuse more exactly a privation or deprivation of good. Augustine's post conversion focuses on the reinforcing of his will. It is undergoing spiritual revolution. It exceeds all that his imagination and understanding could compass. The presence of such exceeding majesty fills him yearning soul seeking his love, protection and healing.

KEYWORDS: *smoking, alcoholism, drug abuse, exodus, psychotherapy.*

INTRODUCTION

Of the 50 respondents, 32 experienced quite a normal student life experience. They're dedicated to their studies and have parents actively monitoring their situation. Their only problem is monetary as they really wanted to finish their studies and grateful that they were accepted here at Aklan State University. Of the 18 remaining students only 7 admitted having tried smoking, drink liquors and even tried drugs. This study aims to analyze the experiences of the students shady loves that impels them to little by little behoove into a state of moral degeneration and their climactic awareness on transformation from carnals to spiritual. The study aimed to depict the diverging student's shady loves specifically on smoking, alcoholism and drug abuse. Some students honestly expressed their experience of so many confusing problems that led them to smoke, take alcohol and even drugs to free themselves from severe anxieties even just for a short moment of time. Other students struggled to the so-called inclination toward evil.

As stated above, the respondents are college students studying here at Aklan State University. I never distribute questionnaires and survey forms. It was a heart to heart encounter with the student. It is my responsibility not to divulge their identity to keep them from social moral strain. The research method used is analytical.

The brain's ventral tegmental area is the source of dopamine, which travels to the nucleus accumbens, a tiny structure. A connected structure known as amygdala gets activated when human subjects take opiate drugs, such as heroin. But when addicts take their drug of choice, it opened up the dopamine floodgates and released up to 10 times more. Drugs are carried by the bloodstream into the brain's dopamine pathway, where they stimulate surrounding brain cells and cause them to give off an electrical impulse that triggers nearby cells. It engenders a massive production of dopamine (Hurley, 2000). Such addictive drugs hijack the reward system and flood the brain with massive amounts of dopamine. This would lead drug users to a tremendous escalation of craving the substance to the exclusion of normal activities. Nicotine first stimulates, then decreases and paralyzes the cells of the brain, spinal cord, and nervous system. This will be followed by the paralysis of the skeletal muscles and the diaphragm (breathing muscles). The final outcome is death due to respiratory failure (Bailey, 1996). This connection between mind and body is illuminated in images taken of drug addicts' brain. Using a positron emission tomography scanning (PET scan) device, researchers are now able to watch

an individual's brain light up in color as the patient takes a drug. Because the reward system is closely linked with memory and learning, the studies also provides insights into why it is so hard for addicts to quit.

Usually, drug abuse by teens are configured on the following categories: experimental use, social and recreational use, circumstantial use, intensified use, and compulsive use. Over the years, there have been significant changes in the patterns of illegal drug use among young people such as marijuana and hashish, heroin, cocaine (Freebasing wherein some people choose to inject cocaine or smoke it in a water pipe, crack cocaine, and speedballs), LSD and other Hallucinogens, and designer drugs which are synthetic copies of amphetamines, narcotics, and hallucinogens. Designer drugs pose dangerous risks for teens.

Drug Abusers and Teens (Mastine, 2000)

It is unfortunate that families, teachers and friends are not always aware that young person has a problem with drugs until it is too late. Today, some of the teens admits to having tried an inhalant. Young people decided to start smoking cigarettes, drink alcohol, and use marijuana and other illegal drugs at younger ages than ever before. Drugs are also more available today than they were in the past. President Clinton considered the dramatic jump in drug abuse by young people in the 1990s as an ultimate threat to the future of our country.

Drug abuse is the improper use of any drug for nonmedical purposes, the most recent were of recreational drug use began in the 1960s. In such a period young people rebelled against their parents and teachers by listening to rock and roll, protesting the use and smoking marijuana. Drugs were popular to many teens at that time. Perhaps, it has become the damaging and sometimes deadly consequences of drugs use has been known and practice than they are today.

Drug Abuse Today (Mastine, 2000, 10)

After a promising decline throughout the 1980s and 1990s, drug use once again stemmed to escalate. Alcohol and cigarettes are the drugs most frequently used by teens today. However, marijuana is becoming more popular. More and more younger children are also trying inhalants. Over the counter through syrup can be abused if they are taken to get high rather than to soothe a cough.

The Stages of Abuse (Mastine, 2000, 10-12): Drug abuse by teenagers tend to follow a pattern, beer and wine are usually the first drugs that teens experiment with, followed by tobacco and hard liquor. Next, marijuana may be tried, often fused with alcohol.

Other illegal drugs such as LSF and heroin may be used after or along with marijuana.

Alcohol, tobacco (which contains the addictive substance nicotine), and marijuana are all gateway drugs. It engenders the abuse of more dangerous substances. This does not mean that all teens follow the same pattern. Drinking beer or smoking marijuana does not always generate abuses to more serious substances. Usually, drug abuse by teens are configured on the following categories: first, experimental use - some teens try drugs just once or twice. But experimenting with drugs is a risky business. Tragically, many young people do not survive their first experience with ‘huffing’ or ‘sniffing’ inhalants such as spray paint or gasoline. Most regular drug users began by ‘just experimenting’ and then become hooked. Second, social and recreational use - other teens get high only when they get together with their friends or go to parties. Unfortunately, recreational use of drugs can be injurious to young, developing bodies. It may also spring to greater abuse. Third, circumstantial use - In some cases, teens use drugs in specific situations, such as to overcome shyness on a first date or to pull an all-nighter before a test. However, even short term use of drugs is dangerous and it can spring to a more serious abuse. Fourth, intensified use - this is the regular, habitual use of drugs for a long time. Signs of this very serious type of abuse include weight loss, fatigue, irritability, and frequent colds and sore throats. And finally, compulsive use - compulsive users are prisoners of their habits. They may experience blackouts, or periods of time that a person cannot remember. Engagement with friends and family can grow tense and uncomfortable. Rub-ins with the law may lead to aggressive behavior, buying drugs, or stealing in order to buy drugs.

The Cost to Society(Masline, 2000, 15-16): Drugs are a serious threat not only to individuals but also to society. When drug use is common, there is usually an increase in violent crime. Innocent bystanders are wounded or killed in drug-related drive by shootings. Children are killed by drunk drivers. Store owners are robbed by addicts who need money to buy drugs. In fact, ½ of all violent crimes are linked to substance abuse. Often the perpetrator, the victim, or both were drinking or using drugs when the crime was committed. A third of the arrests in the U.S. are drugs or alcohol related.

Abuse of Legal Substances (Masline, 2000,16)

When people think about drugs, they often imagine illegal substances such as marijuana or crack or heroin. They may picture dirty, junkies shooting up in the dark alleys of big cities. But many middle class suburban kids also abuse drugs like marijuana and heroin. Illegal substances, however, are not the

only problem. **Teens also abuse a wide variety of legal substances:** When used improperly, medications such as cough syrup and laxatives are just as damaging – and sometimes even as deadly – as illegal drugs. Medications are not the only legal substances subject to abuse. Teens in search of a quick, cheap, and accessible high are sometimes tempted to inhale or ‘huff’ the fumes of common house; products or they abuse dietary supplements like steroids and herbs to build muscle, lose weight, or feel more at ease at parties. Finally, they may turn to alcohol or tobacco, legal substances for adults but not for teens. Abusing these substances is dangerous and risky. It can also lead to involvement with illegal drugs.

The Personal Consequences of Drug Abuse(Mastine, 2000, 12):

Drugs can quickly have a negative impact on every aspect of a young person’s life. The consequences are often both physical and psychological, emotional or behavioral changes in a person taking it.

The physical consequences – of drug abuse is a fusion from fatigue and irritability to overdoes end death. Each drugs cause diverging physical effects. Marijuana impair judgment and motor skills and can cause lung damage. Regular use of stimulants, such as cocaine, results to insomnia, paranoia, appetite loss, and depression, by acting any drug with shared, contaminated needles can cause life-threatening diseases. These diseases include AIDS (acquired immune deficiency syndrome), a fatal disease that is spread through body fluids and hepatitis (a serious liver disease).

The worst physical consequence is death. Cocaine and crack claim victims from overdose, heart attacks, or strokes. Hallucinogens cause change and sometimes violent behavior. People have injured and killed themselves or others while under the influence of hallucinogens. Heroin and other narcotics can slow a user’s breathing and heart rate so much that they simply stop. A street dealer may sell something that appears to be heroin but is actually a synthetic copy 10 times more powerful. The risk of overdose from a designer drug like this is very high. Indirectly, abuse can engender drug related car accidents, drownings, falls, burns and suicides.

The Psychological Consequences(Mastine, 2000, 14)

Engagement with friends and family are often damaged when drugs is the very core of a teens life. Argument can be frequent and intense. Its very common for teens to resent and turn away from people who are trying to collaborate for their recovery. School works suffer too, as loss of interest and lack of motivation cause grades to slip. As

concentration and memory deteriorate, teens may skip school, fail courses and eventually drop out altogether.

Substance abuse breaks down inhibitions, leading some young people to participate unwanted and or unprotected sex. This can lead to life threatening illnesses but also to unwanted pregnancies. Pregnant girls addicted to crack or heroin give birth to low-birth-weight infants suffering from excruciating addictions.

Teens who do drugs tend to influence other teens who do drugs. They abandon former friends. Some teenagers, male and female, eventually turn to prostitution to support their drug habits. Others steal, first from family, then from friends and strangers. The cravings for drugs drives some young people to a range of desperate acts they would never have dreamed of doing before they got involved with drugs.

Prescription and over the counter drug abuse (Masline, 2000, 17-43)

Young people abuse legal drugs in many different ways. Some individuals sell their own prescriptive drugs on the street or at school. Others take more medication than they are supposed to or take it incorrectly. First, The use of **tranquilizers** became so common. In the 1980's, valium give way to Xanax. But Xanax, too, has become a widely abused drug in the U.S. because it is highly addictive. It is not meant for human use. Overtime, even normal amounts of tranquilizers and sedatives can lead to feelings of extreme sluggishness, lethargy, and fatigue. Large doses can cause confusion, altered perceptions, slurred speech, loss of motor control, and depression. Overuse can lead to breathing difficulties, insomnia, coma and even death. Tranquilizers and sedatives can be extremely addictive. Withdrawal from them can cause severe anxiety and sleeplessness. Other depressants include alcohol, narcotics and barbiturates. An overdose may depress the brain's respiratory control as to lead to the cession of breathing and eventual death. Depressants are cross addictive: if one type of depressant is not available, an addict will turn to another type. Famous First Lady Betty Ford, who founded a clinic addicts, abused depressants. Depressants, legal or illegal – have played a role in the deaths of many people, including the celebrities Elvis Presley, Judy Garland, Marilyn Monroe, John Belushi, and River Phoenix. Second, **Narcotics or opiates** are powerful painkilling and sedative drugs. Certain narcotics made from opium, such as morphine and codeine, are legal. Synthetically manufactured Demerol, Dilaudid, and Percocet are also legal. Because of their intensely addictive nature, however, all these drugs are very strictly

regulated. Other narcotics, such as heroin, are strictly illegal. Legal narcotics can effectively control severe pain, such as that following surgery. But because they are so powerful and addictive, doctor are careful to administer only low doses of narcotics for short periods. High doses of narcotics can lead to extreme drowsiness, and users risk lapsing into a coma. Since a tolerance to narcotics develops over time, longer and larger doses are required to get high. But dosage is tricky, and overdose can result in death. Third, **Antidepressant** – are prescribed to treat some of the approximately 18M individuals stricken with depression each year. Depression is a serious disease. Antidepressants are designed to restrain depression by changing the function and structure of brain tissue. Unlike physically addictive drugs such as tranquilizers and narcotics, anti-depressants have had little potential for drug abuse. However, there is some controversy surrounding a new class of antidepressants that constitutes the popular Prozac. Some experts have been concerned that Prozac has mind-altering qualities. Fortunately, recent research exhibits that Prozac does not actually alter someone's personality. It can just seem that way if a person has been depressed for a long time and is finally setting back to his or her normal self. Fourth, **Inhalants** – some adolescents huff the fumes of inhalants to get a quick, cheap, high. Inhalants include common household products such as butane from cigarette lighters, gasoline, glue, paint thinner, aerosol sprays and antifreeze. Nitrous oxide ('laughing gas'), amyl nitrate ('snappers' or 'poppers'), and butyl nitrate ('bullet' or 'rush') are also popular inhalants. Inhalant abuse is increasing every year, and younger adolescents are particularly vulnerable to the problem. They seem to believe that, because inhalants are often ordinary household substances, they are not harmful. Unfortunately, nothing could be further from the truth. Huffing can have very serious consequences. Even first time users run the risk of death. The short-term consequences of inhalants include slurred speech, lack of coordination, heart palpitations, trouble breathing, dizziness, and headache. Over time, using inhalant can lead to damage of the lungs, liver and heart. Inhalants may cause memory loss, severe depression, psychosis, and other severe and permanent brain damage. Bizzare, reckless and potentially deadly behavior can be the consequence of ever one incident of abuse. Death can result to suffocation, choking on vomit, sudden sniffing death syndrome, or engaging in reckless behavior under the influence of inhalants. Fifth, **Dietary supplements** – in the U.S. dietary supplements are largely unregulated. These supplements are not just dieting aids, but include various products such as anabolic steroids and herbal

remedies in addition to the standard vitamins and minerals. Although in time this may change, dietary supplements do not have to be tested, approved, or inspected by the food and drug administration or any other federal agency.

Steroids – some athletes, at both the amateur and professional levels, take anabolic steroids including the male hormone testosterone and its artificial derivatives – to increase muscle vitality and gain weight. Some steroids are legal, over-the-counter supplements, while others are sold illegally on the street. But whether legal or illegal, there are serious problems with steroids: first, they can make a person feel angry, paranoid and tense; second, habitual use can lead to high blood pressure, sterility, an enlarged heart, liver disease and death; third, steroids can damage the bones of adolescents, resulting in stunted development; fourth, severe acne is another consequence; fifth, males who take steroids may experience testicular shrinkage and develop breasts. Female can grow facial hair, and their voices may deepen

Herbs – herbalism uses remedies prepared from the roots and leaves of plants. But just because they are natural does not mean that all plant remedies are harmless. Herbs have a valuable impact on the body and must be treated with the same caution as any medication. In recent years, herbs such as ephedra (also known as ma huang) have been abused as quick weight-loss fixes. Yet responsible herbalists do not recommend ephedra for weight loss, and this herb has been banned by the US Olympic Committee. The side effects of normal doses include restlessness, insomnia, headache, irritability, and nausea. Large amount of ephedra can lead to fatal high blood pressure and heart rhythm disorders.

Illegal Drugs (Masline, 2000, 28-43)

Over the years, there have been significant changes in the patterns of illegal drug use among young people. The National Institute on Drug Abuse keeps track of these trends in its Annual Monitoring the Future Study. For example, heroin use has traditionally been low among teens. However, the sudden availability of cheaper, high purity heroin that could be snorted rather than injected led to its use doubling among high school seniors between 1991 and 1998. Although the use of marijuana, cocaine and heroin ‘blotted out’ in the early 1990s, the MTF found that the use of these drugs has risen again at all grade levels. Fortunately, the figures for 1997 and 1998 suggest that the overall use of illegal drugs is once again leveling off.

First, **Narcotics** also known as “opioids”. It refers to opium, opium derivatives, and their semi synthetic substitutes. Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin,

codeine, morphine, methadone, and fentanyl. Their common street names include: smack, horse, mud, brow sugar, junk, black tat, big H, paregoric, Dover’s powder, MPTP (New Heroin), Hilbilly Heroin, Lean or purple drank, OC, Ox, Oxy, Oxycontin, Sippin syrup. Narcotics/opioids can be swallowed, smoked, sniffed, or injected.

a. **Heroin** – The common street names for heroin include Big H, Blak Tar, Hell Dust, Horse, Niegra, Smack and Thunder. Heroin enters the brain rapidly. It is so addictive both psychologically and physically. Heroin abusers report feeling a surge of euphoria or “rush”, followed by a tilt state of sleep and wakefulness. Physical symptoms include drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth and heavy excretions. The effects of a heroin overdose include slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma and possible death. Other drugs cause similar effects such as OxyContin, Vicodin, Codeine, Morphine, Methadone, and Fentanyl. Heroin – like marijuana, heroin had a respectable start. It was first sold in late 19th century Germany by the Bayer Company. This is the same company that created safe and wholesome products like Bayer Aspirin for children. Ironically, heroin’s name comes from its supposedly ‘heroic’ healing qualities. However, its extreme addictive nature makes heroin one of the most dangerous drugs of all. The craving for it is often so intense that teenage addicts rob, steal, and prostitute themselves to get money to buy heroin. Although not nearly as popular as marijuana, heroin has experienced an alarming increase in use in recent years. The drug has become popular among middle class teens in the suburbs, and celebrity use has also been in the news. Because the drug is purer than in the past, it is now possible to smoke and snort heroin as well as inject it. The truth is, there is no safe way to use heroin. Heroin=also called dope, Big H, horse, boy, and smack – turns into morphine in a user’s body. It works by simultaneously activating pleasure centers in the brain and depressing the central nervous system. The initial high or ‘rush’ of this drug brings on a sudden feeling of euphoria (a feeling of extreme well being, vigor, and health). Afterward, users appear sleepy and peaceful, as if they are ‘nodding out.’ Depending on several factors, nodding out can lead to serious heart and breathing problems and even coma or death. These factors constitute the amount and purity of the heroin taken, whether heroin is taken along with alcohol or other drugs, and the susceptibility of the user. Heroin creates a deadly cycle of abuse. As soon as the pleasurable feelings it brings on fade, the user craves more on the drug. Habitual use engender loss of interest in former friends and hobbies, food and basically anything else besides getting high. Addicts

quickly build up in tolerance. This means that they need longer and larger amounts of the drugs to get high. Overdose is a constant risk. Withdrawal is long, painful, and often unsuccessful. It involves stomach cramps, vomiting, Diarrhea, muscle spasms, sweats, and an uncontrolled sensation of insects crawling all over the body.

b. **Hydromorphone** – belongs to a class known as “opioids” which includes morphine. It has an analgesic potency of two to eight times that of morphine, but has a shorter duration of action and greater sedative properties. Its street name include D. dillies, Dust Footballs, Juice and Smack. When use as a drug of abuse, it produces feelings of euphoria, relaxation, sedation, and reduced anxiety. It causes mental clouding, changes in mood, nervousness, and restlessness. It works centrally in the brain to reduce pain and suppress cough. It is associated with both physiological and psychological dependence. Hydromorphone may cause constipation, pupillary constriction, urinary retention, nausea, vomiting, respiratory depression, dizziness, impaired coordination, loss of appetite, rash, slow or rapid heartbeat, and changes in blood pressure. Acute overdose of hydromorphone can produce severe respiratory depression, drowsiness progressing to stupor or coma, lack of skeletal muscle tone, cold and clammy skin, constricted pupils, and reduction in blood pressure and heart rate. Severe overdose may result in death due to respiratory depression.

c. **Methadone** is a synthetic man made narcotic. Its street name include amidone, chocolate chip cookies, Fizzies, Maria, Pastora, Saliva, Street Methadone and Wafer.. When an individual use methadone, he/she may experience physical symptoms like sweating, itchy skin, or sleepiness, Individuals who abuse methadone risk becoming tolerant of and physically dependent on the drug. When use is stopped, individuals may experience withdrawal symptoms including anxiety, muscle tremors, nausea, diarrhea, vomiting and abdominal cramps. The effects of a methadone overdose are slow and shallow breathing, blue fingernails and lips, stomach spasms, clammy skin, convulsion, weak pulse, coma and possible death.

d. **Morphine** is a non synthetic narcotic with a high potential for abuse and is the principal constituent of opium. It is one of the most effective drugs for the relief of severe pain.. Its common street names include dreamer, emsel, first line, God’s drug, Hos, M.S. Mister Blue, Morf, Morpho and Unkie. Morphine effects include euphoria and relief of pain. Chronic use of morphine results in tolerance and physical and psychological dependence. Morphine use results relief from physical pain, decrease in hunger, and inhibition of the cough reflex. Overdose effects include Cold, clammy skin, lowered blood pressure,

sleepiness, slowed breathing, slow pulse rate, coma and possible death

e. **Opium**- The intensity of opium’s euphoric effects on the brain depends on the dose and route of administration. It works quickly when smoked because the opiate chemicals pass into the lungs, where they are quickly absorbed and then sent to the brain. An opium high is very similar to heroin high, users experiences euphoric rush, followed by relaxation and the relief of physical pain. Opium inhibits muscle movement in the bowels leading to constipation. It can also dry out the mouth and mucous membranes in the nose. Overdose effects include slow breathing, seizures, weakness, loss of consciousness, coma and possible death.

f. **Oxycodone** is a semi synthetic narcotic analgesic and historically has been a popular drug of abuse among the narcotic abusing population. Its common street names include Hilbilly Heroin, Kicker, OC, Ox, Roxy, Per, and Oxy. Overdose effects include extreme drowsiness, muscle weakness, confusion, cold and clammy skin, pinpoint pupils, shallow breathing, slow heart rate, fainting, coma and possible death.

Second, Marijuana and Hashish – Marijuana is made from the leaves and flowers of the Indian hemp plant. This drug was used as a natural healing and in ancient India, China and Africa. Hashish is a potent form of marijuana that is made from the sticky resin of the plant. It was smoked for centuries in Arabic countries to relieve headaches and intestinal pains. Even in the U.S., 19th century drug stores sold commercial preparations of marijuana to treat coughs, insomnia, and migraine headaches. But as time went on and values altered, the drug was declared illegal in state after state during the 1930’s. Young people smoke marijuana to get high. They want to forget their troubles and feel happy. But marijuana is not harmless. Like smoking cigarettes, smoking marijuana causes lung cancer. Marijuana can damage short-term memory, impair judgment and motor skills, distort perceptions, lead to anxiety, and cause breathing problems. Habitual users do poorly in school and are more likely to drop out. Marijuana use by high school seniors almost doubled in the 1990s from 21.9% in 1992 to 38.5% in 1997. The average age for the first use of marijuana is 13 and a half.

Third, **Cocaine** – whereas heroin make people nod out, cocaine –a stimulant – causes the opposite effect. It increases blood pressure, heart rate, breathing rate, and body temperature. Cocaine is a white powder made from the leaves of the South American coca plant. It is also known as coke, blow, toot, and nose candy. As the heart races and blood pressure climbs, cocaine can lead to seizures or heart

attacks in susceptible individuals. Unfortunately, there is no way to know who is susceptible or not until it is too late. Like heroin, cocaine is highly addictive. At first, it provides brief but intense sensations of well-being, self-confidence, and exhilaration. But these pleasurable feelings only last 15 to 30 minutes. They are followed by a 'crash' or period of depression. This crash is intense and lasts much longer than the high before it. As they are 'coming down' users feel uncomfortable, edgy, and paranoid. They crave more cocaine to avoid crashing. Cravings to get high again can become so intense that they begin to dominate every aspect of an addict's life. Habitual use can lead to chronic insomnia, paranoia, appetite loss, and depression.

a. **Freebasing** – some people choose to inject cocaine or smoke it in a water pipe. Although there is no safe way to use cocaine, smoking it – which is called 'freebasing' – is a very hazardous practice. Either, which is used in the process is highly flammable.

b. **Crack cocaine** – crack is a cheap, smokable form of cocaine. It is highly potent and addictive. Crack addiction affects both the body and the mind. It soon dominates every part of the addicts life because all he or she can think about is getting high. When it first appeared in the 1980s, crack caused widespread social problems. Newspapers ran narratives about 'crack houses' or rundown empty buildings where addicts met to buy cracks and smoke it. Often staying there for days, 'crack babies were born addicted to the drug because their mother used it when they were pregnant. Fortunately, today the crack epidemic seems to have run its course. It is not widely used by young people.

c. **Speedballs** – combining the drug with another is a very dangerous practice. Crack is sometimes combined with heroin in powerful mixtures called speedballs or moon rocks, or parachutes. These mixtures can be deadly, as exhibited by the sad and early deaths of talented actors River Phoenix and John Belushi. But dangerous mixtures of drugs like these are nonetheless popular once more, especially among suburban teenagers

Fourth, **LSD and other Hallucinogens** – hallucinogens are psychoactive or mind-altering drugs that distort a person's perception of reality also known as psychedelics. It affects sensation, thinking, self-awareness and emotion. Lysergic acid diethylamide (LSD) also known as acid, first achieved popularity in the 1960s. Its use is fast growing among those under 20 years of age, according to the Drug Enforcement Administration (DEA). Teens say that they take LSD for a variety of reasons – because they are bored, to get high, to experiment, out of curiosity, or due to peer pressure.

Hallucinogens can produce bizarre, unpredictable, and sometimes violent behavior. Emotions swings dramatically under their influence. There may be hallucinations (imaginary sights) and delusions (fixed ideas that are incorrect but seem very real to the person experiencing them). People have injured and killed themselves and others after taking LSD and other hallucinogens. Even after the initial experience is over, some users suffer through the same hallucinations, trailing (seeing a trail of moving objects), and paranoia again in what are called flash backs. Although LSD is probably the most well-known hallucinogen, it is far from the only one. Other hallucinogens are natural substances. Such as mescaline from the peyote plant and psilocybin from so-called magic mushrooms. Some users discover the images and feeling generated by hallucinogens to be inspiring and exciting. However, many others find these experiences terrifying. I know of kids who had bad trips, said Duane B. 'one said that when he took LSD, he felt that he had turned into a potato chip and would crumble into pieces because he was so fragile. Hallucinogens alter the users perception of time, speed, distance, and mood. I discovered that I couldn't make many discretions on acid, or I'd feel overwhelmed,' explained Duane. Taking acid made it seem that going through the notions of daily life was a huge labor: Just getting dressed took forever. Going through these simple acts was so complicated that I wondered if it was worth the effort of placing on my socks and shoes. Young people can develop a psychological addiction to hallucinogens. This means that even though these drugs are not physically addictive, one can get into a habit of using these drugs that is hard to break. It was only with help that Duane was able to stop taking LSD.

Hallucinogens are found in plants and fungi or are synthetically produced and among the oldest known group of drugs used for their ability to alter human perception and mood. It includes Ecstasy/MDMA, K2/Spice, Ketamine, LSD, Peyote and Mescaline, and Psilocybin. Its common street names include Adam, Beans, Clarity, Disco Biscuit, E, Ecstasy, Eve, Go, Hug Drug, Lower Speed MDMA, Peace, STP, X, and XTC. Its effects include confusion, anxiety, depression, paranoia, sleep problems, and drug craving. Its unwanted physical effects include muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating and blurred vision.

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Fifth, **Designer Drugs** - are synthetic copies of amphetamines, narcotics, and hallucinogens. They are becoming increasingly popular among young people today. As with other illegal substances, teens take designer drugs for several reasons – to become relaxed and mellow, to experience an extra burst of energy, or to have a psychedelic, hallucinogenic experience. But over time, the use of these dangerous substances can lead to serious psychological problems such as anxiety, depression and paranoia. Permanent brain damage, paralysis, addiction, convulsions, and death are all potential consequences. Where did designer drugs come from? P. 37 – In the 1970s and early 1980s, designer drugs were manufactured to take advantage of a loophole in drug regulations. Drugs such as heroin were

prohibited by the controlled substances act of 1970, but synthetic copies of them were not. Designer drugs became a popular alternative to their strictly illegal counter parts. As their dangerous effects became increasingly evident, the law was tightened in 1985 to forbid the manufacture or use of any designer drugs. Designer drugs pose dangerous risks for teens – no one knows exactly what will happen when a person takes a designer drug. Because they are manufactured by underground chemists in back rooms and garages. The results of a designer drugs on a person’s mind and body are unpredictable. Contamination is common. Also, an unskilled chemist may produce a drug with very different effects from those intended. In the mid1980s, an error in the makeup of a designer drug in California caused young people who used it to develop Parkinson’s disease. This disease usually afflicts older people. Caused by the death of brain cells, it gradually paralyzes victims until they are no longer able to walk or talk or feed themselves. Designer drugs often have exotic names, such as angel dust and ecstasy. These names are deliberate marketing ploys to create images of mystery and romance, reducing teens into risky and illegal behavior. But the more a person knows about designer drugs, the better equipped he or she is to say no to them.

a. **Angel Dust (PCP)** – Phencyclidine or PCF as developed in 1957 as an anesthetic to reduce surgical pain. The use of PCP was soon halted due to side effects such as delirium and confusion. Yet today, Los Angeles gangs manufacture a liquid form of PCP and ship it all around the country: cigarettes of marijuana, parsley, oregano, or tobacco are dipped into PCP and sold on the street as Angel Dust, Killer Joints, Lethal weapon, Purple pain and Rocket fuel. Under the influence of PCP, people have jumped out of buildings and driven their cars into oncoming traffic. They have committed violent acts that they had no memory of later. Like LSD, this dangerous designer hallucinogen distort perceptions of reality and can cause psychotic reactions.

b. **China white (Fentanyl)** – a powerful legal narcotic was developed to be used only in a controlled hospital setting. Doctors were not even allowed to write prescriptions for this drug, which is a thousand times more powerful than morphine. Yet today, designer copies of fentanyl such as China White are sold on the street. China white looks like heroin and has the same results on the body as heroin. People who snort, smoke or inject this drug experience a surge of euphoria. It is followed by a peaceful period of nodding out. Yet China White is much more powerful than heroin. Consequently, people who believe they are using heroin may use too much. Overdose in some cases is so quick that addicts are found dead with the needles still hanging

out of their veins.

c. **Ecstasy (MDMA)** – is one of the most popular designer drugs among young people. It works by creating feelings of euphoria and heightened sensual awareness. Sold as a pill or a powder, ecstasy’s other street names include XTC, Adam, Clarity, E, and Essence. MDMA or -4-methylenedioxyamphetamine is the chemical name for ecstasy. This drug was first developed by a German Pharmaceutical company in 1914. However, world war I broke out soon afterward, and it never reached the marketplace. Originally intended as a diet acid, MDMA was probably retired because it caused too many negative side effects. The ecstasy experience often plays an important part in popular all-night dance parties called raves, where techno, jungle, and trance music are played. At raves held in abandoned warehouses and basements, the music throbs, lasers flash, and drug use is rampant. There ecstasy is sometimes used with LSD in a combination called X&L or Candy Flips. An average dose of ecstasy created an initial period of chills, sweating, and nausea. This is followed by several hours of extreme happiness, warmth, and tenderness. This has led to ecstasy’s nickname as the ‘hug drug’. But some users have disturbing hallucinations, and the high is followed by a crash. This may consist of a day or as much as a week or two of anxiety, confusion, and depression. Since ecstasy, or MDMA, is made in people’s basements, garages, and kitchens, each batch can have chemical differences. Sometimes ecstasy is pure; other times it is mixed or cut with harmful contaminants. People can die from a bad dose of ecstasy. Scientists at John Hopkins warn that heavy users can suffer long lasting nerve cell damage in their brains.

d. **Speed (Methamphetamine)** – illegal underground labs in California are currently flooding the West Coast with this strong stimulant. This drug, more powerful than amphetamine, is easy to manufacture. There are many names for methamphetamine, depending on the ingredients used and the recipe followed to make it. The most common names are meth, crystal meth, speed, crank, and ice. Meth is usually in powder or crystal form. It can be smoked, inhaled, eaten, or injected intravenously. Meth is appealing to teens because it creates feelings of intense happiness and euphoric well-being. These results can last for up to 16 hours. Use of methamphetamine in California is highest among white teenage males who are nicknamed ‘speed freaks.’ Since it is cheaper and longer lasting, many young people are opting for meth instead of cocaine. In fact, methamphetamine is often called the poor man’s cocaine. Methamphetamine is highly addictive and tolerance develops quickly as with cocaine. The user is driven to do more and more of

the drug to avoid crashing. Even when high, the side effects of meth induced euphoria can include panic, paranoia, and hallucinations. Years after a serious addict quits, he or she may continue to experience flashbacks. Addicts can also become violent.

Stimulants – speed up the body’s system. The class of drugs include amphetamines, methylphenidate, diet aids such as Didrex, Bontril, Preludin, Fastin, Adipex, Lonomin, and Meridia and other drugs such as Khat, methamphetamine, cocaine and methcathinone. Its common street names include Bennies, Black Beauties, Cat, Cke, Crank, Crystal, Flake, Ice, Pellets, R-ball, Skippy, Snow, Speed, Uppers and Vitamin R. When frequently taken produce a sense of exhilaration, enhance self esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged period and “get high”. In overdose, high fever, convulsions, cardiovascular collapse, and may precede death.

Depressants – put the person to sleep, relieve anxiety and muscle spasms and prevent seizures. It includes barbiturates, Benzodiazepines, Gamma Hydroxybutyric Acid or GHB, Rohypnol. Depressants cause amnesia, impair mental functioning and judgment and can cause confusion. Some depressants can relax the muscles. Unwanted physical effects include slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure and slowed breathing. High doses of depressants or use of them with alcohol or other drugs can slow heart rate and breathing enough to cause death.

Drugs of Concern – bath salts or designer cDXMethinones (synthetic stimulants. It also includes DXM (cough suppressor), Salvia Divinorum

The Warning Signs of Drug Abuse¹⁸

Source: Adopted and expanded for National Institute on Drug Abuse: Marijuana: Fats parents Need to Know (U.S. Department of Health and Human Services: NCADI Publication No. PHD 712, 1995 pp. 8-10. The following are the warning signs: Personality change (Carelessness with Grooming), Sudden mood changes (Irritability), Irresponsible behavior (Hostility), Low Self-esteem (Starting Arguments), Withdrawal (Deteriorating Relationships with family and friends), Depression (New friends who are less interested in former home and school activities), Fatigue (A drop in grades at school), Memory Lapses (Missing school), Trouble with the law (Red and dull eyes), Loss of interest in favorite activities (Frequent use of eye-drops), Changes in eating or sleeping patterns (Use of incense and other deodorizers), Changes in body weight, especially weight loss (Signs of drugs and drug paraphernalia such as

rolling papers and plastic bags), A persistent cough (Clothing posters, jewelry and other items promoting drug abuse), Grayish, Greenish or Yellowish skin.

The Consequences of Drug Abuse (Friedman, 2009, 63-96ff.)

It is common for drug addicts to lose everything good in their lives because of their addiction. But unfortunately, few drug addicts consider how their drug habit will affect their personal lives before becoming addicted. But unfortunately, few drug addicts consider how their drug habit will affect their personal lives before becoming addicted. Indeed, using drugs can have multiple effects on a user's life. Thesis: multiple results: Drug abuse can be devastating, draining a person of their personality, robbing them of their health, making them unrecognizable in family and friends, consuming their assets, and damaging their community.

Drug users pay a heavy price for their habit: their health. Prolonged use of cocaine causes respiratory problems such as coughing, shortness of breath, severe chest pains, and can cause bleeding in the lungs and nasal passages. Heroin use causes collapsed veins, infection of the heart lining and valves, abscesses, and liver diseases, and also exposes users to communicable diseases such as hepatitis and aids. Metamphetamine use causes convulsions, paranoia, extreme weight loss, memory loss, visual and auditory hallucinations, delusions, and severe dental problems. Even marijuana, widely regarded as less harmful than harder drugs, can cause acute chest illness, a heightened risk of lung infection, and a heightened risk of developing cancer of the head or neck.

As users become increasingly consumed by an addiction, they tend to pull away from the people who love them most: their friends and family. Because their top priority becomes obtaining drugs and getting high, they withdraw from social activities, hobbies, and responsibilities, and often become completely unrecognizable to their loved ones. One mother described the transformation her drug addicted son Anthony underwent: 'His handsome smile had disappeared into a scowl. His speech was slurred, and he was sullen and glum. At times he'd become so angry he would throw things, fighting the demons he thought were winning. Witnessing their son, daughter, brother or husband fall to such depths is endlessly painful for family members and friends who feel like there is little they can do to help their loved one.

Another dark effect of drug abuse is the toll it takes on a users finances. Any users resort to petty theft, even from loved ones to sustain their drug habit. They may lose jobs, sell valuables, or prostitute themselves just to fuel their drug supply. In addition to the user's finances, drug abuse takes a toll on a

communities resources and finances. Indeed, drug addicts tend to bring crime and violence into neighborhoods as they steal and rob to feed their habit. And, while attending a rehabilitation program is a positive step, such programs are expensive and are often paid for by community organizations or members of drug addicts. Furthermore, drug addicts drain resources then they need medical treatment. For drug overdose, it not only cost taxpayers money but overcrowd hospitals, preventing other sick people from receiving treatment. As one drug abuse expert puts it, 'whether you indulge or not, you're paying for the party'.

These are just some of the consequences from prolonged drug abuse. Although many users think their drug problem is their persona business, clearly it affects their family, friends, and even those in their community who do not know them. Those considering trying drugs must realize how much they and their communities have to lose.

THE IMPORTANCE OF SOCIAL SUPPORT NETWORKS

A key factor that seems to help people initiate and maintain recovery on their own is having social support networks, says Bob Granfield, a sociologist at the University of Denver in Colorado. Granfield co-authored a qualitative study, published in the Journal of Drug Issues, of 46 middle class people who had overcome an alcohol or other drug addiction.

They found that former users "got out of places where their drug-using networks were," says Granfield. They abandoned drug using communities, and some even moved to different cities. Relying heavily on family and friends, they reintegrated themselves into more conventional networks, joining clubs or churches and taking up new leisure pursuits.

A lot of people found God,' he says. That's not unlike AA (Alcoholics anonymous) another self help groups. Several studies have noted the importance of family and other social relations in natural recovery. Half of the natural recovers in an Alabama study of resolved drinkers cited the role of family members in helping them stay clean. Such support was more influential in natural recoveries than in recoveries associated with treatment or AA participation. Recovered problem drinkers who had received interventions were more likely to mention AA – with its social network supporting abstinence – as their main source of help. The study, by Tucker and colleagues, was published in Experimental and Clinical Psychopharmacology.

CHARACTERISTICS OF PEOPLE WHO RECOVER WITHOUT TREATMENT

Generally, people with more severe problems are more likely to end up in treatment. The survey also discover the latter group (drink moderately without treatment) was from a higher socioeconomic status, and had higher incomes and more education than the abstinent group. They had fewer prior symptoms of dependence, and fewer drinking related problems and health problems than the abstinent group. They also had better social networks, more social support and greater confidence that they could resist drinking.

The results highlight the fact that, even among those who recover on their own, there is a range of backgrounds, problems and resolutions.

Why Do Teens Do Drugs?(Mastine, 2000, 44-49) Teens abuse alcohol and drugs for a variety of diverging reasons. Some are curious about what it feels like to ‘get high’. Others think drugs will relax them, increase their self-confidence, or make them more popular with their friends. A number of teens take drugs because they are trying to fit in with a particular group in their neighborhood or at school. In other cases, young people drink beer or smoke cigarettes to assert their independence and rebel against their parents. Other reasons include: first, to be more popular with friends, so people will like them. Second, because their parents used them and someone else wanted them to. Third, to make them feel more like adults and because their friends used drugs

Understanding the signs of drug abuse and the reasons for it can help teens steer clear of this serious problem. Family friends or lack of supportive friends can put a teen at risk for drug or alcohol abuse (Raskin and Roger, 475; Mastine, 44-49): first, **family problems** - Teens who grow up in troubled families are at greater risk of becoming involved with drugs, taken alcohol, tobacco, or drugs are used in a home, a young person is also more likely to abuse these substances. Teens resent double standards, and easy accessibility to illicit substances is often too tempting to resist. Second, **other family issues** can also contribute to drug abuse. Teens whose parents divorce/or separation, for example, may attempt to escape emotive pain and pressure by using drugs. Absent parents or parents who fight a lot are another risk factor. A lack of clearly set and agreed-on rules, inconsistent discipline, and parents who are either too strict or too lenient can also put a teen at risk for drug use. Teens who have suffered sexual abuse (which usually involves a close relative or friendly friend) are also more likely to get involved with drugs. Third, **peer pressure** - A main cause of teenage drug

abuse is peer pressure. Teens are exceedingly vulnerable to succumbing to peer pressure, which is when a person engages in an activity – even a dangerous one – out of a desire to fit in. As young people enter adolescence, the indispensability and influence of friends, skyrockets. Adolescents wonder for a sense of belongingness: the necessity to feel part of a group. This need makes them susceptible to peer pressure. Teens may try to influence their friends to cut school, cheat in a test, or engage to smoke other sort of wrong or risky behavior. The pressure to drink alcohol, smoke cigarette or use drugs is one of the most dangerous type of peer pressure. How much pressure teen feels to experiment with drugs depends on the nature of his or her friends. Fourth, **low self esteem and other issues** - Young people with a strong sense of self are best capable to resist peer pressure and say no to drugs. Teens who suffer from low self-esteem, feel they do not fit in with their peers, or start doing sex at an early age are more likely to abuse alcohol and drugs. Teens who are naturally defiant, aggressive, or impulsive are also at risk. Fifth, **the challenges of adolescence** - Young people increasingly face another form of pressure, a daunting expectation to look strong, healthy and beautiful and be physically able to perform their best. However, becoming a top performing HS athlete, buff, or beauty queen does not come naturally to everyone. For this reason, an increasing number of students-both male and female – are turning to performance enhancing drugs such as steroids to excel in athletic competitions and increase their physical image. Teens who do this do not learn the valuable emotional, psychological and social lessons of adolescence. They reach adulthood without having developed the same coping skills and strategies as drug free teens. Young people in this situation also place themselves at a more immediate risk of drug related accidents and even death. However, it is never too late to get help. Along with the family, trusted adults can assist a teen come to terms with a drug problem. There are also many organizations that can help a person resist drugs, stop recreational use of them, or kick an addiction. Finally, another reason that makes teenagers likely to become addicted to drugs is **depression**. Kids who feel left out socially, who come from depressing or challenging family lives, or who struggle with eating disorders such as anorexia and bulimia, are all more likely to try to become addicted to drugs. A lot of depressed people, especially teenagers, have problems with alcohol or other drugs. Sometimes the depression comes first and people try drugs as a way to escape it. In the long run, drugs or alcohol just make things worse. Other times, the alcohol or other drug use comes first and depression is caused by the

drug itself, or withdrawal from it, or the problems that substance use causes. Although teenagers may think that drugs or alcohol take them feel happy or help them forget about their problems, over time drug abuse only worsens their depression.

While not the only causes of teen drug abuse, the pressure to fit in, the pressure to be physically superior, and depression play a strong role of pushing teenagers to use and abuse drugs. Understanding why teenagers turn to drugs is a first step towards getting them the help they need. We can still do things like set limits and enforce rules, but 'we have to really listen first.'

How to get help(Friedman, 2008, 96ff.; Mastine, 49-54)

Young people today are being exposed to drugs at an earlier age even in elementary school. To make matters worse, it is getting easier for underage kids to obtain alcohol, tobacco and illegal drugs. Fortunately, there are many **steps** a teen can take to avoid becoming involved with drugs, and even if a teen is already smoking cigarettes, drinking beer, sniffing inhalants, or even shooting heroin, help is available to beat addiction. First, **the Indispensability of Family** - Honesty, trust, and communication within the family are revitalized protections against drug abuse. Busy as we are all today, more families are making a point to sit down to dinner together and share what is happening in one another's lives. Second, **choose a mentor** - The love and support of one caring adult can collaborate with teens successfully navigate their way through adolescence. If not a parent, this person can be an aunt or uncle, grandparent, teacher, school psychologist, guidance counselor, minister, rabbi, physician or other mentor. A mentor is a person who listens to a teens private thoughts and concerns without criticizing the teen. He or she helps the teen develop positive ways of dealing with problems. Teens can freely express their thoughts and feelings to the right mentor. Third, **resist peer pressure** - Young people are sometimes pressured into using alcohol or other drugs by their friends. Fortunately, there are many ways to resist peer pressure. It is important for teens to realize that they have certain rights. All teens have the power to decide what they think is right or wrong for themselves and articulate their own opinions. They exercise their freedom to communication such as saying no and mean it. They are accountable for their own feelings and have the right to change their minds and walk away from an undesirable circumstance if they want. Fourth, **get involved in extracurricular activities** - When peers use drugs, there I smoke pressure to 'at least try them.' Instead, it is a good idea to spend time with friends who share affirmative collaborative interests

such as sports, movies, music, art, dance, chess or other hobbies. There will be less pressure this way. In addition, teens who participate in clubs, teams and other extracurricular activities develops a greater resistance to drugs, because their hobbies are a healthy outlet for stress and help build self-esteem. Fifth, **develop self-esteem** - Self-esteem means feeling good about oneself. Young people who feel comfortable with who they are and are proud of their achievements are better able to resist negative peer pressure. They are also less influenced by manipulative advertising that portrays tobacco and alcohol use as sexy and appealing. Self esteem can come from many different sources. For example, some teens value education and a future career. They feel good about themselves because they do well in school. Others enjoy non-drug associate extracurricular activities such as sports or dance. Active participation in sports, school clubs. Arts and crafts classes, and volunteer activities can all keep teens busy and active to help prevent them from using drugs. In addition, there are activities at which teens can meet friends who share their interests and values. Sixth, learn more about drugs - Knowing the consequences of drinking alcohol, smoking cigarettes, or using drugs can help teens make the correct decision to avoid these behaviors. Because young people tend to think they will live forever and often do not make the health risks of drugs seriously. There are many programs that teach the facts about drug abuse. Seventh, **schools to give lessons about drug abuse and resisting peer pressure**. Popular DARE supplies include everything from bumper stickers to t-shirts. Many schools and community groups are also exploring a variety of other antidrug programs. This is because some of the reports to DARE show mixed results, and the program has been criticized in recent years. Dare does not make much of a dent in drug use when the kid gets older.' Point out Seattle police chief Norm Stamper. How to resist peer pressure p. 53 Young people are sometimes pressured into using alcohol or other drugs by their peers. But all teens have a risk to decide what they think is right themselves and expose their own opinions, be responsible for their own feelings, say no and mean no, leave a threatening or otherwise undesirable situation. Change their mind and decide not to use drugs. Finally, **support group and rehabilitation programs** - For teens already involve with drugs, there are many helpful programs such as support groups and out-patient or live-in rehabilitation centers. Some are 12 step programs, based on the alcoholics anonymous (AA) model, which help drug addicted teens with their recovery. Research as found that recovery programs are most effective when they take place in age-appropriate

peer groups. Because teens relate best to other teens.

HELP IS AVAILABLE

Many times people who abuse drugs and alcohol are in denial that they have a problem. Even when confronted with the truth by a friend, it may be very difficult to face. But if a teen is abusing drugs, the best thing for him or her to do is to seek advice from a parent, doctor, teacher, guidance counselor, minister, rabbi, or other minister. If this is not possible, many hot lines and websites are available (see the 'where to find help'). No one needs to wrestle alone with abuse and addiction help is available.

WHAT TO DO IF A FRIEND HAS A PROBLEM

If a teen thinks that a friend has a problem with drugs or alcohol, *listening* to that friend will help. Some young people turn to drugs because they are unhappy about a problem at school or at home. It may be very helpful for them to converse about a problem with an understanding friend.

It is relevant not to be judgmental with friends who are in trouble. A person should not preach for it will only make friends run away. Instead, teens would *voice their care and concern*. They can offer to go with a friend to a support group meeting or a visit to a guidance counselor at school. They can give him or her educational materials about drug abuse. Any progress that a friend makes in confronting and fighting an addiction should be praised. Whenever co-teen appears to be in serious trouble, a trusted adult, such as a parent, guidance counselor, or member of the clergy must be consulted.

Treatment Programs assist addicts recover (National Institute on Drug Abuse)

Through treatment that is tailored to individual necessities, patients can learn to restrain their addiction and live normal, productive lives. The National Institute on Drug Abuse NIDA, a federal agency established in 1974 to research the health aspects of drug abuse and addiction, maintains the following viewpoint that rehabilitation programs are effective in treating drug or alcohol addiction. The four most common types of treatment programs – outpatient treatment, therapeutic communities, short term residential treatment, and methadone maintenance programs –all have high rates of success.

Drug addiction is a treatable disorder. Through treatment that is tailored to individual necessities, patients can learn to restrain their circumstance and live normal productive lives. Here, they learn behavioral transformations and often take medications as part of their treatment regimen.

Behavioral therapies can include counseling, psychotherapy, support groups, or family therapy. Treatment medications provides assistance in suppressing the withdrawal syndrome and drug craving and in blocking the consequences of drugs. In addition, studies depict that treatment for heroin addiction using methadone at an adequate dosage level fused with behavioral therapy reduces death rates and many health problems anchored with heroin abuse.

The more treatment offered, the better the effects. Many patients demand other services as well, such as medical and mental health services and HIV prevention services. Patients who stay in treatment longer than 3 months usually have better outcomes than those who stay less time. Patients who go through medical assisted withdrawal to minimize discomfort that do not receive any further treatment perform about the same in terms of their drug use as those who were never treated. Several studies presented that treatment endeavors to reduce drug intake and crimes committed by drug dependent people. Researchers also have discovered that drug abusers who have been through treatment are more likely to have jobs.

For treatment and rehabilitation, we have a rehabilitation center or hospital through the NBI treatment and Rehabilitation Network Inc. in Tagaytay City, the Drug Abuse Research Foundation, Inc. (DARE) in Quezon City, the Makati Drug Abuse Center, the Malaya Center in San Juan, and Shalom House in Baguio City.

Traditional treatment configures a fusion of counseling, getting the addicts away from his life setting or environment, and in rehabilitation center in America, they used medications such as methadone for heroin addicts. Treatment can help the addict learn how to fight urges and find alternative ways to meet emotional and spiritual needs. Taking advantage of treatment, harness their will to prevent relapse and become visible symbols of hard work and responsibility. This prescription does not deny the existence of vulnerabilities, biological or otherwise. Instead it makes the struggle to relinquish drugs all the more ennobling (Satel, 1998).

Parental objection is also vital so teens will give up smoking, drink alcohol and drugs. Parents usually think, teens are not listening, actually they consistently are. The most effective prevention programs are home, school and community.

The Goals of Treatment (NIDA, 1998)

The ultimate goal of all drug abuse treatment is to enable the patient to attain lasting abstinence, but the immediate goals are to reduce drug use, improve the patient's ability to function, and to minimize the medical and social complications of drug abuse.

There are several types of drug abuse treatment programs. Short term methods last less than 6 months and include residential therapy, medication therapy, and drug-free outpatient therapy. Longer term treatment may include, for example, methadone maintenance outpatient treatment for opiate addicts and residential therapeutic community treatment.

How addiction treatment works (NIDA, 1998)

In maintenance treatment for heroin addicts, people in treatment are given an oral dose of a synthetic opiate, usually methadone hydrochloride or levo-alpha-aceyl methadol, administered at a dosage adequate to block the outcome of heroin and yield a stable, non-euphoric state, free from physiological craving for opiates. In this stable state, the patient possesses competence to disengage from drug seeking and related criminal behavior and with appropriate counselling and social services, become a productive member of his or her community.

Outpatient drug free treatment does not include medications and encompasses a wide variety of programs for patients who visit a clinic at regular intervals. Most of the program involve individual or group counseling. Patients entering these programs are abusers of drugs other than opiates or are opiate abusers for whom maintenance therapy is not recommended such as those who have stable, well integrated lives and only brief histories of drug dependence.

Therapeutic communities are highly structured programs in which patients stay at a residence, typically for 6 to 12 months. Patients in TC's include those with relatively long history of drug dependence, involvement in serious criminal activities, and seriously impaired social functioning. The focus of the TC is on the re-socialization of the patient to a drug-free, crime free lifestyle.

Short term residential programs, often alluded to as chemical dependency units are often grounded on the 'Minnesota model' of treatment for alcoholism. These programs involve a 3 to 6 week inpatient treatment phase followed by extended outpatient therapy or participation in 12 step self-assisted groups, such as Narcotics Anonymous or Cocaine Anonymous. Chemical dependency programs for drug abuse arose in the private sector in the mid 1980's with insured alcohol/cocaine abusers as their primary patients. Today, as private provider benefits decline, more programs are extending their services to publicly funded patients.

Methadone maintenance programs are usually more successful at retaining clients with opiate dependence than are therapeutic communities, which in turn are more successful than outpatient programs that offer psychotherapy and counseling. Within several methadone programs, these that furnishes

higher doses of methadone (usually a minimum of 60mg) have better retention rates. Also, those that offer other services, such as counseling, therapy, and medical care, along with methadone generally get better effects than the programs that provide minimal services.

HELPING ADDICTS WHO REJECT TRADITIONAL TREATMENT

There are many individuals with problems who will never access traditional treatment, said John Cunningham, an ARF scientists who co-authored the study, "We need to be thinking about how to help those individuals. Any number of factors may keep people out of treatment: stigma, pride, disdain of treatment programs, a desire to solve the problem themselves, a feeling the problem is not so serious it needs professional help. The area of help-seeking behaviors is, however, one that needs more research, says Jalie Tucker, a psychologist at Auburn University in Alabama. The treatment outcome research agenda has dominated the field.

What is better known is that the problems that motivate people to quit on paradigm are similar to those that motivate others to quit with the help of treatment. Poor health is one of the main factors cited in studies of both alcohol and illicit drugs, but family problems and the realization of how damaging substance abuse is also play a role. However, the literature suggests that, for alcohol abuse at least, there is no single event that triggers a discretion to stop, but rather a fusion of influences.

HOLISTIC THERAPIES

They've been minimized and they've been marginalized, but the fact is holistic therapies – including acupuncture, homeopathy, massage therapy, aromatherapy, yoga, nutrition therapy, and dozens more have been gaining greater mainstream acceptance. Holistic therapies are helping to bridge the gap between conventional, exclusively abstinence-oriented approaches and the newer, more controversial harm reduction philosophy.

When addressing an addiction, all holistic techniques begin with the same basic philosophy: people develop addictions to correct an imbalance within them. Addicts become stuck, unaware, and unable to deal with their thoughts, feelings, and actions. They may drink, take drugs, or eat to excess to disassociate from their deficiency. Holistic therapies endeavor to restore balance by anchoring mind and body. They dispel some of the underlying causes of abuse by assisting people become aware of and take accountability or the way they think, feel and act.

The goal of many holistic therapies is to restore the body to its naturally healthy state. The best treatments are not provided in isolation; they're

carried with psychotherapy or group therapy- especially when its open to the holistic view of treating the entire person, not just the addiction-and other holistic therapies.

Holistic philosophy and harm reduction (Agustolids, 1996)

Holistic philosophy overlaps with the harm reduction paradigm to addiction, which evolved out of a desire to slow the spread of HIV/AIDS and hepatitis among injection drug users by dispensing clean needles. People running syringe exchanges realized they had an opportunity to furnish additional services to drug users. Now a number of harm reduction centers – providing programs including acupuncture, massage therapy, and substance use counseling, referrals to detoxification and treatment facilities; and caseworkers to aid with housing, food stamps, and medical care. These centers don't demand that clients remain abstinent. From experience they know that no one can be forced into dealing with a problem, and that people who are treated with respect and who are educated about their choices can and often do elect to assist themselves. Holistic therapies do have their skeptics. There's concern that these therapies haven't been properly studied or regulated. As a general rule, holistic therapies are more helpful when they're used in conjunction with- not in place of – other treatments.

Massage (Agustolids, 1996)

It's too simplistic to say an addiction can be massaged away, but the power of this hands-on therapy is being tested on people dealing with anorexia, bulimia, smoking, and other addictions with impressive outcomes. The mind-body linkage is vital in massage. People with addictions can become trapped in a cycle of avoiding their problems and disassociating from their bodies. The experience of massage – where someone touches, respects and cares for a person's body – can break the cycle, providing addicts re-anchored physically and center themselves emotionally. The consequence is a newly empowered person more able to be conversant about and come to terms with an addiction.

Massage may also have a revitalized chemical impact on the body. By massaging the soft tissue, therapies release compulsion and get energy moving. The loosening of tight muscles sends the body a signal to cut down production of stress hormones, such as cortisol. This neurological response has a calming consequence on body and mind. In addition, massage moves lymph through the body, collaborating on the body's natural cleansing process. There are ongoing study to measure the effectiveness of massage on tobacco addiction, wherein smokers were taught to massage their ears and hands when they craved a cigarette. After one month, they had reduced the number of cigarettes

smoked and their cravings for nervous-habit aspect of smoking.

Hartha Yoga (Agustolids, 1996)

Hartha Yoga, the yoga of postures – where people old positions for varying lengths of time, stretching and contracting their muscles and breathing profoundly – is one component of the ancient practice of yoga. It stimulates the relaxing consequences of the parasympathetic nervous system and dissipates compulsion from all the major muscle groups. According to Joseph Lepage, certain postures actually massage internal organs, collaborating to dispel toxins that may have built up in the liver and kidneys from substance abuse. Hartha Yoga allows people to get back in touch with themselves, and get into a frame of mind where they can experience what it is to be well, and not drug dependent or anxious. Yoga collaborates one be aware physically and mentally of what's going on and of how things do affect other people then suddenly begun slowly detoxing off methadone, which is itself a physically addicting drug whose withdrawal symptoms are cold sweats, inability to sleep, impatience, and discomfort. The experience of feeling and withstanding the physical pain in hartha yoga assist withstand the physical pain of methadone withdrawal.

Nutrition Therapy (Agustolids, 1996)

When people envision nutrition, it is valuable to envision the biochemical substances that are essential for maintaining an optimal brain chemistry. After people transform their diets and supplement their food intake with the right amount of amino acids, vitamins and minerals, they can begin to deal with their alcoholism, drug, anorexia, or bulimia. With their proper nutrition and supplements, the brain manufacture chemicals like norepinephrine, a neurotransmitter that seems to boost energy and escalate mood, serotonin, another essential neurotransmitter, and endorphins, the brain's natural opiates – that are essential to regulate mood and behavior. Optimal nutrition may also anchor the possible deficiencies that contribute to alcoholism or substance abuse. To restrain social drinking, with glutamine; an amino acid – provide patients able to go back to social drinking and handle it. For cocaine addiction, amino acid tyrosine is often recommended for it is a building block for norepinephrine.

Why emphasizes Nutritional healing? One paradigm is that addiction may be triggered by low levels of serotonin. By restoring healthy levels, one of the underlying causes of addiction can be dispel. A combination of amino acids and a high-carbohydrate diet boost tryptopan, the building block for serotonin.

Vitamin c is also used by nutrition therapists to moderate both the physical and such as niacin, chromium, and magnesium are offered to alleviate

hypoglycemic reactions, which a high percentage of alcoholics as well as a lesser number of amphetamine and heroin users experience. Hypoglycemia, a metabolic condition that effects in low levels of glucose in the brain, can cause depression, anxiety, panic attacks, and mood swings; perhaps bringing about more substance abuse.

Acupuncture (Agustolids, 1996)

Acupuncture's use as a treatment for addiction was discovered by Wen, a Hongkong neurosurgeon. It has become a widespread holistic therapy for treating addictions to cocaine, alcohol, nicotine and heroine. Acupuncture endeavors on the paradigm that networks of energy, called chi, flow through the body along natural pathways, and disease grows when the energy is out of balance or blocked. By inserting needles at precise positions along these pathways, acupuncturists aim to stimulate the body's flow of energy, restoring balance.

For an addiction, most people receive auricular (ear) acupuncture because yin energy – the nurturing energy that's damaged by an addiction – can be manipulated at points on the ear. Typically, an auricular acupuncture will place five needles in the ear. The points used are: shen-men (the spirit gate) an often used acupuncture point that slows the heart rate and calms anxiety; the sympathetic nervous system point, which relaxes nerves, reduces 'fight or flight' panic, improves digestion and aids the respiratory system; the kidney point, which helps release toxins through urine and is associated with restoration, rejuvenation, and a deep level of healing and purification of blood; the liver point, which cleanses the body of toxins and is related to emotional balance and stability; and the lung point, a nourishing organ that improves the immune system and eases breathing.

Acupuncturists learn how to touch and engage to their patients, respect their space, and articulate sympathy. As adjunct to biological consequences of acupuncture, this sort of care provides patients a sense of confidence, calmness, and motivation to begin or continue treatment. Acupuncture is used at all stages of an addiction, from the time people seek assistance to the time they are abstinent. It can ease the discomfort of withdrawal symptoms, including insomnia, muscle ache, profuse sweating, and nausea for heroin, depression, cravings, and fatigue for cocaine, and seizures, diarrhea and hypertension for alcohol. Additionally, acupuncture may furnish people stay off drugs after they're gone through withdrawal. By enabling people to clear their minds and decrease stress, anxiety, depression, and cravings, acupuncture can aid people deal with the contentions that caused their addiction. It provides people settle down and center themselves so they can participate in their own

internal development. They're less defensive, more thoughtful, and more open minded.

Hypnosis (Agustolids, 1996)

Hypnosis aids people with addiction because of its competence to facilitate a heightened state of consciousness. During hypnosis, people are intensely focused and their awareness deepened. But even in a trance they can have a conversation. Not only does hypnosis assist people unfold particular techniques for transforming their addictive behavior, but these techniques seem to take hold more vigorously. Circumstances, like being in a bar, feel more real than when you're just taking them through in therapy. So people get to rehearse coping with their urges to use, which usually last only one to two minutes. The chance to imagine and authentically feel your self-dealing with them at other times.

Brian Alman, a psychologist and designer of Six Steps to Freedom, a program that incorporate self-hypnosis, meditation, and visualization to treat various addictions. Self-hypnosis 'allows people to take a unique observer perspective on their own life. They can step back and watch what's going on without judging or criticizing themselves.

When it comes to nicotine addiction, hypnosis outcome have been fused, in part because not everyone can be hypnotized. The competence of hypnosis to restrain the pain of drug withdrawal symptoms: Studies on migraine, childbirth and dentistry depict that hypnosis allows people to gain restrain over their fear and anxiety, thereby reducing pain.

Homeopathy (Agustolids, 1996)

Homeopathy, a 200 year old system of natural medicine, uses minuscule or extremely diluted amounts of substances that in their original concentration might actually generate symptoms of the disease being treated. The philosophy of 'like cures like' doesn't mean a little heroin cures a heroin addiction. Homeopathy doesn't cure chemical dependencies. But it is effective on other problems, like pain, anxiety, depression and restlessness. In other words, homeopaths don't treat chemical dependence, they treat the causes and effects of addiction, whether to nicotine, cocaine or food.

A homeopath values a person's mental, emotive and physical symptoms and uses remedies deduced from plant, mineral, and animal sources that best fit a client's specific circumstance. For drug addiction, these substances may consists of tuberculinum, argentum, nitricum, arsenicum, or other materials equally unknown to most people. Substances used in homeopathy is valuable in articulating and dispel symptoms and regain balance. The effectiveness however of homeopathy is still not clear.

CONCLUSION/RECOMMENDATION

What can be done?: first, seal our international borders to illegal drugs and demand international collaboration in breaking up drug cartels. If significant, impose stiff economic sanctions against drug-exporting countries. As a last resort, especially in cases where drug profits have corrupted a foreign government, use military force to destroy drug factories and cartel strongholds. Second, substantially increase funding for enforcement. Put more police visibility on the streets, expand border patrols, and strengthen state and federal drug enforcement efforts, including surveillance and undercover programs. Third, have police help citizens develop antidrug campaigns and patrols to protect their communities. Fourth, expand canine sniff searches and random testing for illegal drugs to all schools and workplaces. Make public benefits like welfare and unemployment compensation contingent on passing drug tests. Encourage parents of teenagers to use newly available at-home drug tests. Fifth, improve mandatory minimum prison sentences on drug users and dealers – most drug offenders now serve only a third of their prison terms. Finally, support the investment in effective enforcement by building more prisons and destroy drug dealers' business by expanding seizures of their property and drug profits.

[Public Agenda, National Issues Forum: Illegal Drugs – What should be done now? 1997]

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