



Abuse of narcotics drugs in health care system

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ABSTRACT:

Originally used in medicine, the term "narcotic" (derived from the ancient Greek $\nu\alpha\rho\kappa\tilde{\omega}$ narkō, which says "I make numb") applied to any psychoactive substance that had the ability to numb or paralyse. The abuse of narcotics within healthcare systems represents a multifaceted challenge with significant implications for patient care, provider well-being, and societal health. This abstract examines the pervasive nature of narcotic abuse in healthcare system, highlighting its root causes, impacts, and potential strategies for mitigation. Firstly; the abstract delves into the origins of narcotic abuse, which often stem from complex interactions between patient demands, prescriber practices, pharmaceutical industry influences, and regulatory frameworks. The over prescription of opioids for pain management, compounded by inadequate monitoring and education, has contributed to a widespread dependency on these substances among both patients and healthcare professionals. Secondly, the abstract explores the detrimental effects of narcotic abuse on healthcare systems. Beyond the direct harm caused by addiction and overdose, narcotic abuse leads to increased healthcare costs, compromised quality of care. Lastly, the abstract discusses potential strategies for addressing narcotic abuse within healthcare systems. These include implementing robust prescription monitoring programs, enhancing provider education on pain management alternatives and addiction recognition, promoting non-pharmacological approaches to pain relief, and fostering a culture of accountability and support within healthcare organisations. In conclusion, combating the abuse of narcotics in healthcare system requires a comprehensive and coordinated effort that addresses underlying systemic factors while prioritising patient safety and holistic approaches to pain management. By addressing this critical issue, healthcare systems can better fulfil their mission of promoting health and well-being for all individuals.

KEYWORDS: Healthcare, Mental health, Narcotics, Sources of narcotics, Drug abuse.

INTRODUCTION:

Originally used in medicine, the term "narcotic" (derived from the ancient Greek $\nu\alpha\rho\kappa\tilde{\omega}$ narkō, which says "I make numb") applied to any psychoactive substance that had the ability to numb or paralyse¹. Although most healthcare workers follow moral guidelines, some act in ways that jeopardize patient care and public confidence in the system². In legal parlance, the term "narcotic" is often used with implications and may not be exactly defined.³

Narcotics such as heroin that are used illegally or in violation of the law are completely forbidden in the United States⁴ when used in a legal setting (in this word sense, equal to any regulated substance or illicit drug). Within the medical field, the phrase is used with greater precision and typically does not have the same negative connotation⁵.

Narcotics suppress the perception of pain by attaching to brain receptors. Unless directed otherwise by your physician, you shouldn't use a narcotic medication for longer than three to four months⁶.

NAME OF COMMON NARCOTICS

Codeine⁷

Fentanyl – available as a patch, lozenges, or lollipop⁸

Hydrocodone⁹

Hydromorphone¹⁰

Meperidine¹¹

Morphine¹²

Oxycodone¹³

Tramadol¹⁴

These drugs can be abused and habit-forming. Always take narcotics as prescribed. Your provider may suggest that you take your medicine only when you feel pain. Or, your provider may suggest taking a narcotic on a regular schedule. Allowing the medicine to wear off before taking more of it can make the pain more difficult to control.¹⁵

SOURCES OF NARCOTICS

NATURAL SOURCES: It is well known that endorphins, a naturally occurring opiate, are produced by the body. The phrase "endogenous," which refers to compounds the body produces that resemble morphine, is where the word "endorphins" originates. These act as the body's natural analgesics¹⁶. The brain produces endorphins in response to the body sending a neurotransmitter signal indicating pain, which blocks the body's ability to feel pain.

SEMI-SYNTHETIC SOURCES: They are obtained when the natural sources are treated with chemicals¹⁷ example: Heroin, oxycodone, hydromorphone, oxymorphone.

SYNTHETIC SOURCES: These are the man-made analgesics which have properties and actions similar to the natural opioids¹⁸ example: Methadone, propoxyphene, meperidine, fentanyl, levorphanol, pentadocine.

Types of narcotics drugs

Ayurveda-

The ayurveda system has herbs and shrubs which are used as medicines but some herbs and shrubs are producing narcotics effects like cannabis and opium. Cannabis (figure:1) is a psychoactive drug derived from the cannabis plant, commonly referred to as marijuana among other names¹⁹ Euphoria, altered mental and temporal states, difficulty concentrating, impaired short-term memory, impaired body movement (balance and fine psychomotor control), relaxation, and an increase in appetite are just a few of the mental and physical effects of cannabis. While smoking, the effects start to take effect in a matter of minutes; however, the metabolism of oral drugs may take up to 90 minutes. The duration of the effects varies from two to six hours based on the quantity used. When taken in large quantities,



Figure: 3 methadone

the mind may experience hallucinations, anxiety, paranoia, psychosis, delusions (including ideas of reference), and



Figure: 1 cannabis

panic²⁰.

Allopathic-

A medical practice paradigm that prioritises disease diagnosis, treatment, and the application of traditional, research-based therapeutic interventions (like medication or surgery) Example- tramadol, morphine (figure :2) etc.



Figure: 2 morphine

Synthetic-

Synthetic drugs, also referred to as "designer drugs," are substances created to mimic the effects of other drugs and hallucinogens²¹ such as cocaine, marijuana, LSD, methadone (figure:3) etc.

Side effects of narcotics



Figure: 4 marijuana

1. When using these medications frequently results in drowsiness and poor judgment. Don't drive, operate heavy machinery, or consume alcohol while under the influence of narcotics.²²

2. You can relieve itching by reducing the dose or talking to your provider about switching medicines.

3. Increase your fluid intake, exercise more, eat more fiber-rich foods, and use stool softeners to help relieve constipation.

4. If nausea or vomiting occurs, try taking the narcotic with food. When you stop taking a narcotic, withdrawal symptoms are often experienced. A strong desire (craving) for the medication, yawning, insomnia, restlessness,

mood swings, or diarrhoea are some of the symptoms. Your provider might advise you to gradually reduce the dosage over time in order to avoid experiencing withdrawal symptoms.²³

DRUG ABUSE

Drug abuse is the habitual use of drugs for reasons other than therapy, primarily to change one's mood, affect one's state of consciousness, or interfere with a bodily function needlessly²⁴. Drug dependence is a condition of both physical and mental dependence that can result from ongoing drug use. Sometimes sedatives, coffee and cigarettes can all be used to harmful excess. Drug abuse and addiction is less about the type or amount of the substance consumed or the frequency of your drug use, and more about the consequences of that drug use²⁵. If your drug use is causing problems in your life—at work, school, home, or in your relationships—you likely have a drug abuse or addiction problem. Example of commonly abused drugs:



Figure: 5 cocaine



Figure: 6 tablets

HEALTH CARE SYSTEM:

Being in good mental, social, and physical health goes beyond simply not having an illness. As stated in the 1948 WHO definition, "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" is what constitutes health²⁶.

Types of health care system-

Mental health

Our emotional, psychological, and social well-being are all parts of our mental health.

Physical health-

Physical health is the well-being of the body and the proper functioning of the organism of individuals, which is a normal condition for individuals of both physical, and mental condition who are not suffering from any type of sickness

Emotional health-

Within mental health lies the domain of emotional well-being. It is your capacity to manage both happy and bad feelings, as well as your knowledge of them.

NCRB Report

Category	Quantity Of Various Drugs	Total Drug Seized Rounded To Nearest Kg	Number Of Cases Registered	Number Of Persons Arrested
A. Narcotics Drugs	1. Opium	2251	933	1228
A. Narcotics Drugs	2. Morphine	28	62	71
A. Narcotics Drugs	3. Heroin	1675	4565	5816
A. Narcotics Drugs	4. Ganja	294347	14401	18650
A. Narcotics Drugs	5. Hashish	2805	2567	2904
A. Narcotics Drugs	6. Cocaine	28	81	111
B. Psychotropic Substances	1. Methaqualone	24107	8	22
B. Psychotropic Substances	2. Ephedrine/Pseudo Ephedrine	21272	17	26
B. Psychotropic Substances	3. L.S.D. (in grams)	13.24 Grams, 343 Blots, 12658 Tablets	11	11
B. Psychotropic Substances	4. ATS	1687	20	37

Figure 7: NCRB preview on narcotic drugs statistics

Preview of mostly used drugs.²⁷

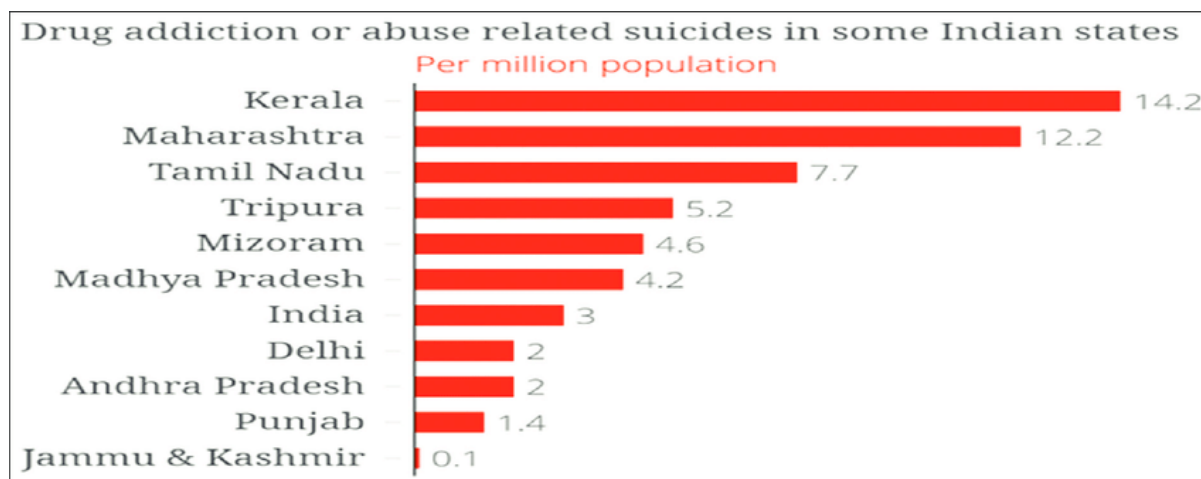


Figure: 8 (Top 10 state/UTs in terms of maximum suicides due to Drug Abuse during 2016).

The topic of addiction to multiple substances—that is, combined dependence on alcohol and other drugs, such as cocaine, marijuana, and opioids—is examined in this issue of Alcohol Research & Health. So it would seem appropriate to start the discussion about the definition of "addiction." According to Oxford English Dictionary (pg. 24–25), the word addiction originated in Roman law, which defined it as a "formal giving over by sentence of court; hence, a dedication of person to a master." Many definitions of the term, both professional and lay, centre on the idea that the addict has given up control. Numerous academic fields, including behavioural neuroscience, epidemiology, genetics, molecular biology, pharmacology, psychology, psychiatry, and sociology, are involved in the study of addictive behaviour.²⁸

While injection drug users (IDU) have been found to have significantly elevated rates of violence, little is known about the gender disparities that are linked to violence in this population. Using generalised estimating equations (GEE) and a risk environment framework, we analysed the variables linked to experiencing violence in individuals enrolled in a prospective cohort study of IDU from 1996 to 2005. Of the 1114 people, 291 (66%) of the females and 470 (70%) of the males said they had been the victims of violence during the study period. Multivariate analyses revealed that experiencing violence was positively correlated with mental illness, frequent alcohol and crack use, homelessness, living on the Downtown Eastside, and needing assistance injecting for every gender (all $p < 0.05$). While younger age (AOR=1.02), frequent heroin injection (AOR=1.24), and incarceration (AOR=1.50) were significant for males, binge drug use (AOR=1.30) and drug dealing (AOR=1.42) were positively associated with violence in females. Men were more likely to face violence from strangers and the police, while women were more likely to be attacked by partners, friends, and customers of the sex trade. These results suggest that drug-related factors like frequent alcohol consumption and participation in drug economies, as well as environmental factors like homelessness, shape the susceptibility to violence among IDU. Moreover, there are significant gender disparities in the traits and predictors of violent attacks. These results show that there is a pressing need to create all-encompassing programmes and structural interventions that take a gender-focused approach to violence among IDU.²⁹

The results of a literature review on community studies of psychiatry co morbidity and teenage substance use, abuse, or dependence (SU/AID) produced 22 papers from 15 studies that included data on the rates, specificity, timing, and differences in co morbidity patterns by gender, race/ethnicity, and other variables. Findings showed that conduct disorder (CD) and oppositional defiant disorder—rather than attention-deficit/hyperactivity disorder—were most frequently linked to SU/A/D, with depression coming in second. Of the youths with SU/A/D, 60% had a co morbid diagnosis. Drug abuse and use in later adolescence have been linked to early onset of child psychopathology, especially CD. To better address such questions, the authors propose using available data related to SU/A/D and psychiatric co morbidity.³⁰

The treatment of co-occurring disorders poses significant challenges to conventional methods for treating mental illness and drug abuse. Co-occurring disorders are very common in adolescents who require behavioural health services and are challenging to treat. Youth with co-occurring disorders are more likely to experience severe medical and legal issues, jail time, suicide, difficulties in school and dropping out, unemployment, and strained interpersonal relationships if appropriate intervention is not provided. Due to a number of clinical, administrative, financial, and policy obstacles, the current service systems are generally ill-equipped to address this need. An overview of co-occurring disorders in adolescents is provided in this article, along with general treatment considerations, a review of some treatment models and their results, recommendations, and best practice strategies.³¹

Research carried out outside of Scandinavia suggests that co-occurring mental disorders affect the majority of teenagers who struggle with substance abuse issues. In a major Swedish city, the current study evaluated the mental health of teenagers seeking treatment for substance abuse issues. We also looked at the mental health of the parents. There were 81 boys in the sample, with 72 mothers and 37 fathers, and 97 girls, with 90 mothers and 52 fathers. Depending on their age, the teenagers completed the Kiddie-SADs or the Structured Clinical Interview for DSM-IV (SCID) as part of a diagnostic interview. The SCID conducted diagnostic interviews with their parents. Not less than 90% of the Eighty-one percent of the boys and girls satisfied the criteria for at least one disorder other than substance abuse, and they had an average of three other disorders, the majority of which started prior to the onset of substance abuse. In addition to alcohol and drug-related disorders, nearly 80% of the mothers and 67% of the fathers satisfied the criteria for at least one mental illness. The results are consistent with research findings from North American studies. The findings imply that in Sweden, some children and young adolescents with mental disorders are not properly diagnosed and treated, which leads to their abuse of alcohol and/or illegal drugs. Mental health specialists must evaluate and treat adolescents who seek help for substance abuse issues.³²

CONCLUSION:

In conclusion, the pervasive issue of narcotic abuse within healthcare systems demands a concerted effort to address its multifaceted origins and impacts. By recognising the complex interplay between patient demands, prescriber practices, regulatory frameworks, and pharmaceutical influences, stakeholders can develop targeted strategies for mitigation. Prioritising patient safety, holistic pain management approaches, and education on alternatives to narcotics is paramount. Implementing robust monitoring programs, fostering a culture of accountability, and promoting non-pharmacological interventions are crucial steps toward curbing narcotic abuse. Ultimately, by confronting this challenge head-on, healthcare systems can better fulfil their mission of promoting health and well-being for all individuals, ensuring a safer and more effective healthcare environment for patients and providers alike.

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