

Health Risks Associated with AOD Abuse

The misuse of alcohol and illegal use of controlled substances also creates health risks for the user. A review of some of the more prominent risks includes:

Alcohol, a depressant, is absorbed into the bloodstream and transmitted to virtually all parts of the body. Although the impact varies with each individual, even moderate amounts of alcohol reduce physical coordination and mental alertness. Larger amounts cause staggering, slurred speech, double vision, sudden mood swings, and unconsciousness. Long-term heavy drinking and binge drinking may result in respiratory arrest and death. Long-term drinking increases the risk of developing liver and heart disease, circulatory problems, peptic ulcers, various forms of cancer, and irreversible brain damage. Heavy drinkers also may become dependent upon the drug and die if it is withdrawn too quickly.

In addition to the above mentioned health risks, an association has been identified between alcohol use and impaired learning, violence, injuries, accidents, sexual violence unwanted pregnancy, and sexually transmitted infections/diseases.

| NARCOTICS—Uses and Effects | | | | |
|-----------------------------------|--|--|---|---|
| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
| Heroin | Physical dependence is a consequence of chronic opioid use, and withdrawal takes place when drug use is discontinued. Use can create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. | Euphoria Drowsiness Slowed breathing or "respiratory depression" Constricted pupils Nausea | Slow and shallow breathing Clammy skin Convulsions Coma Confusion Extreme drowsiness Constricted pupils Possible death | Yawning Loss of appetite Irritability Tremors Panic Cramps Nausea Runny nose Chills and sweating Watery eyes Depression Vomiting Increased heart rate and |
| Morphine | | | | |
| Codeine | | | | |
| Hydrocodone | | | | |
| Hydromorphone | | | | |
| Oxycodone | | | | |
| Methadone and LAAM | | | | |
| Fentanyl and analogs | | | | |
| Other Narcotics | | | | |

NARCOTICS—Uses and Effects

| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
|-------|----------------------|------------------|---------------------|---------------------|
| | | | | blood pressure |

DEPRESSANTS—Uses and Effects

| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
|-------------------|---|---|--|------------------------------------|
| Chloral Hydrate | | | Shallow respiration | |
| Barbiturates | | | Clammy skin | Anxiety |
| Benzodiazepines | | | Dilated pupils | Insomnia |
| Glutethimide | Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. | Vomiting Slurred speech Disorientation Drunken behavior without odor of alcohol Amnesia | Weak and rapid pulse Coma Possible death | Tremors Delirium Convulsions |
| Other Depressants | Long-term use of depressants produces psychological dependence and tolerance. | | | Possible death |

STIMULANTS—Uses and Effects

| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
|---------------------------------|--|---|---|--|
| Cocaine | | | | |
| Amphetamine/ Methamphetamine | | | Agitation Increased body temperature Hallucinations Convulsions Cardiovascular collapse Possible death | Depression Anxiety Drug craving Extreme fatigue |
| Methylphenidate | Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. | Increase alertness Euphoria Increased pulse rate and blood pressure Excitation Insomnia Loss of appetite Paranoia | | |
| Other Stimulants | | | | |

CANNABIS—Uses and Effects

| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
|-------------------------|--|---|---|---|
| Marijuana | Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence. | Impaired judgment Euphoria Relaxed inhibitions Increased appetite Disorientation Cancer risk | Fatigue Paranoia Possible psychosis | Occasional reports of insomnia Hyperactivity Decreased appetite |
| Tetrahydrocannabinol | | | | |
| Hashish and hashish oil | | | | |

HALLUCINOGENS—Uses and Effects

| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
|----------------------------|----------------------|---|--|---------------------|
| LSD | Unknown | Illusions and hallucinations Altered perception of time and distance Increased heart rate Dilated pupils | Longer, more intense "trip" episodes Psychosis Respiratory depression Convulsions Coma Possible death | Unknown |
| Mescaline and peyote | | | | |
| Phencyclidines and analogs | | | | |
| Other hallucinogens | | | | |

ANABOLIC STEROIDS—Uses and Effects

| Drugs | Dependence potential | Possible effects | Effects of overdose | Withdrawal syndrome |
|-------------------------------------|----------------------|--|---------------------|----------------------------|
| Testosterone (Cypionate, Enanthate) | Unknown | Virilization Acne Testicular atrophy Gynecomastia Aggressive behavior Edema | Unknown | Possible severe depression |

Charts and information from the Drug Enforcement Agency Publication -
https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf