

Artemidė Motekaitytė 440781 Psychology 3rd grade. Presentation about „Drugs“ (related to motivation).

Motivation

There are a lot of theories of motivation, all them trying to explain why people do what they do. Motivation gives a person's behavior its energy and its direction. It is some motive that energizes the athlete, and it is some motive that directs the student's behavior toward a particular goal. The study of motivation concerns those processes that give behavior its energy and direction. Energy implies that behavior has strength – that is relatively strong, intense, and persistent. Direction implies that behaviour has purpose – that it is aimed toward achieving a particular goal. The processes that energize and direct behavior emanate from forces in the individual and in the environment, as you can see in the picture . motives are internal experiences – needs, cognitions, emotions – that energize the individual's approach and avoidance tendencies. External events are environmental incentives that attract or repel the individual in engaging or not engaging in behavior.

DRUGS

The medical historian Osler wrote „that the only characteristic that distinguishes man from other animals is his propensity to take drugs“. Given current knowledge, Osler might add that there are exceptions to this statement and also that then propensity to „do drugs“ is as old as human behaviour. Intoxicated behavior is seen in most animals, from elephants to the catnip-consuming pet.

What is addiction?

Experimental try:

It takes short period of time, usually one or two tries. Most of them try it in group activity (with friends, subculture and etc.). You can hear that in some countries almost everybody tried some drugs, but also you can hear that in some countries it's isn't so popular to use drugs. It depends on how easy you can get drugs, what friends think about drug using, is it popular, if you belong for subcultre, which require to do it. These factors are changing all the time and it changes habbits of drug using.

Entertaining use:

The main difference between experimental try and entertaining use is that a person uses drugs regularly. In this case, a person usually uses it to seek pleasure on special occasions, for example, parties. A person thinks that he/she can control it and can stop if he/she wants. The amount of using can be from small dose to large dose, but it doesn't mean that a person has addiction.

Addiction:

When a person can't control it, you can call it addiction. Long time using, needs bigger amounts of drugs. It becomes more important to get drugs and it doesn't matter how and quality of drugs. A person starts using it alone or in small groups, feels psychological and physical addictions.

Psychological addiction: A person can feel psychological addiction even after first try. He/she becomes obsessed with thoughts, memories, feelings about drugs. It becomes difficult to think about anything else. Among teenagers gets a group psychic attraction. This dependence can be directly related to the environment in which drugs are used. Drug using becomes as much important as communication in groups.

Physical addiction: Physical addiction usually comes after psychological addiction when drugs are necessary for keeping biological and chemical balance in organism. Changes are occurred in all functions of human body, the blood must constantly circulate an individual dose of the drug. A person needs to get a dose to eliminate unpleasant state. If the body does not receive the drug, the drug withdrawal syndrome develops.

More about physical addiction:

How does stimulation of the brain's pleasure circuit teach us to keep taking drugs?

Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again without thinking about it. Because drugs of abuse stimulate the same circuit, we learn to abuse drugs in the same way.

Why are drugs more addictive than natural rewards?

When some drugs of abuse are taken, they can release 2 to 10 times the amount of dopamine that natural rewards such as eating and sex do. In some cases, this occurs almost immediately

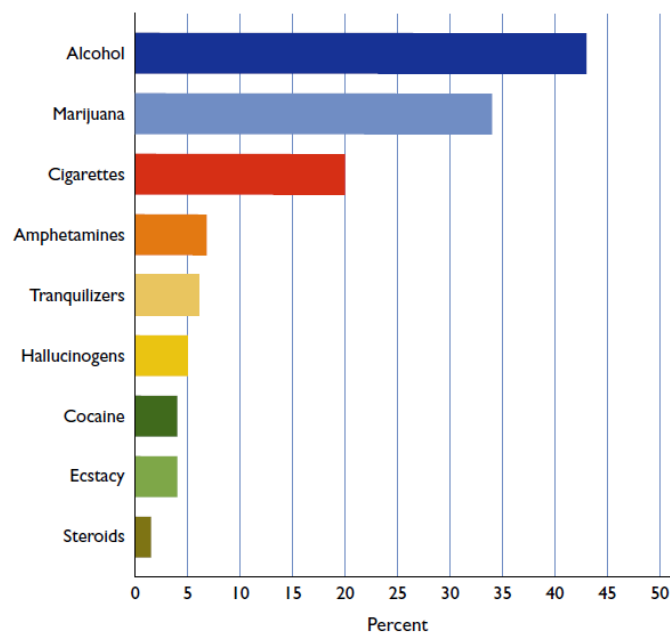
(as when drugs are smoked or injected), and the effects can last much longer than those produced by natural rewards. The resulting effects on the brain's pleasure circuit dwarf those produced by naturally rewarding behaviors. The effect of such a powerful reward strongly motivates people to take drugs again and again. This is why scientists sometimes say that drug abuse is something we learn to do very well.

Drugs variety

In contrast, some substances, known as psychoactive drugs, lead to an altered state of consciousness. Psychoactive drugs influence a person's emotions, perceptions, and behavior. Yet even this category of drugs is common in most of our lives.

If you have ever had a cup of coffee or sipped a beer, you have taken a psychoactive drug. A large number of individuals have used more potent—and more dangerous—psychoactive drugs than coffee and beer (pic. 1)

FIGURE 1 How many teenagers use drugs? The results of the most recent comprehensive survey of 14,000 high school seniors across the United States show the percentage of respondents who have used various substances for nonmedical purposes at least once. Can you think of any reasons why teenagers—as opposed to older people—might be particularly likely to use drugs? (Source: Johnston et al., 2009.)



Of course, drugs vary widely in the effects they have on users, in part because they affect the nervous system in very different ways. Some drugs alter the limbic system, and others affect the operation of specific neurotransmitters across the synapses of neurons. For example, some drugs block or enhance the release of neurotransmitters, others block the receipt or the removal of a neurotransmitter.

Addictive drugs produce a physiological or psychological dependence (or both) in the user, and withdrawal from them leads to a craving for the drug that, in some

cases, may be nearly irresistible. Furthermore, it takes longer to become addicted to some drugs than to others. Genetic factors may predispose some people to be more susceptible to drugs and to become addicted to them.

Stimulant drugs:

Caffeine is one of a number of stimulants, drugs whose effect on the central nervous system causes a rise in heart rate, blood pressure, and muscular tension. Caffeine is present not only in coffee; it is an important ingredient in chocolate, tea, and soft drinks as well. Caffeine produces several reactions. The major behavioral effects are an increase in attentiveness and a decrease in reaction time. Caffeine can also bring about an improvement in mood, most likely by mimicking the effects of a natural brain chemical, adenosine. Too much caffeine, however, can result in nervousness and insomnia. People can build up a biological dependence on the drug. Regular users who suddenly stop drinking coffee may experience headaches or depression. Many people who drink large amounts of coffee on weekdays have headaches on weekends because of the sudden drop in the amount of caffeine they are consuming.

Nicotine, found in cigarettes, is another common stimulant. The soothing effects of nicotine help explain why cigarette smoking is addictive. Smokers develop a dependence on nicotine, and those who suddenly stop smoking develop a strong craving for the drug. This is not surprising: Nicotine activates neural mechanisms similar to those activated by cocaine.

Amphetamines stimulates the central nervous system—bring about a sense of energy and alertness, talkativeness, heightened confidence, and a mood “high.” They increase concentration and reduce fatigue. Amphetamines also cause a loss of appetite, increased anxiety, and irritability. If taken in too large a quantity, amphetamines overstimulate the central nervous system to such an extent that convulsions and death can occur.

Cocaine is inhaled or “snorted” through the nose, smoked, or injected directly into the bloodstream. It is rapidly absorbed into the body and takes effect almost immediately. When used in relatively small quantities, cocaine produces feelings of profound psychological well-being, increased confidence, and alertness. Cocaine produces this “high” through the neurotransmitter dopamine. Dopamine is one of the chemicals that transmit between neurons messages that are related to ordinary feelings of pleasure. Normally when dopamine is released, excess amounts of the neurotransmitter are reabsorbed by the releasing neuron. However, when cocaine enters the brain, it blocks reabsorption of leftover dopamine. As a result, the brain is flooded with dopamine-produced pleasurable sensations.

Depressants drugs:

Drugs that slow down the nervous system. Small doses result in at least temporary feelings of intoxication—drunkenness—along with a sense of euphoria and joy. When large amounts are taken, however, speech becomes slurred and muscle control becomes disjointed, making motion difficult. Ultimately, heavy users may lose consciousness entirely.

Alcohol is a depressant, most people claim that it increases their sense of sociability and well-being. The discrepancy between the actual and the perceived effects of alcohol lies in the initial effects it produces in the majority of individuals who use it: release of tension and stress, feelings of happiness, and loss of inhibitions (Steele & Josephs, 1990; Sayette, 1993). People may feel emotionally and physically unstable. They also show poor judgment and may act aggressively. Moreover, memory is impaired, brain processing of spatial information is diminished, and speech becomes slurred and incoherent. Eventually they may fall into a stupor and pass out. If they drink enough alcohol in a short time, they may die of alcohol poisoning (Murphy et al., 1998; Zeigler et al., 2005; Thatcher & Clark, 2006).

Alcoholics. They come to rely on alcohol and continue to drink even though it causes serious difficulties. In addition, they become increasingly immune to the effects of alcohol. Consequently, alcoholics must drink progressively more to experience the initial positive feelings that alcohol produces. In some cases of alcoholism, people must drink constantly in order to feel well enough to function in their daily lives. It is not clear why certain people become alcoholics and develop a tolerance for alcohol, whereas others do not, there may be a genetic cause.

Barbiturates. (e.g. Nembutal, Seconal, and phenobarbital, are another form of depressant) Frequently prescribed by physicians to induce sleep or reduce stress, barbiturates produce a sense of relaxation. Yet they too are psychologically and physically addictive and, when combined with alcohol, can be deadly, since such a combination relaxes the muscles of the diaphragm to such an extent that the user stops breathing.

Rohypnol is sometimes called the “date rape drug,” because when it is mixed with alcohol, it can prevent victims from resisting sexual assault. Sometimes people who are unknowingly given the drug are so incapacitated that they have no memory of the assault.

Narcotics:

Narcotics are drugs that increase relaxation and relieve pain and anxiety. Two of the most powerful narcotics, morphine and heroin, are derived from the poppy seed pod.

Heroin. Heroin users usually inject the drug directly into their veins with a hypodermic needle. The immediate effect has been described as a “rush” of positive feeling, similar in some respects to a sexual orgasm—and just as difficult to describe. After the rush, a heroin user experiences a sense of well-being and peacefulness that lasts three to five hours.

Hallucinogens: psychedelic drug.

A drug that is capable of producing hallucinations, or changes in the perceptual process. The most common hallucinogen in widespread use today is marijuana, whose active ingredient—tetrahydrocannabinol (THC)—is found in a common weed, cannabis. The effects of marijuana vary from person to person, but they typically consist of feelings of euphoria and general well-being. Sensory experiences seem more vivid and intense, and a person’s sense of self-importance seems to grow. Memory may be impaired, causing users to feel pleasantly “spaced out.” However, the effects are not universally positive. Individuals who use marijuana when they feel depressed can end up even more depressed, because the drug tends to magnify both good and bad feelings. In addition, marijuana has several medical uses; it can be used to prevent nausea from chemotherapy, treat some AIDS symptoms, and relieve muscle spasms for people with spinal cord injuries.

MDMA (ecstasy) and LSD. Ecstasy users report a sense of peacefulness and calm. People on the drug report experiencing increased empathy and connection with others, as well as feeling more relaxed, yet energetic. Although the data are not conclusive, some researchers have found declines in memory and performance on intellectual tasks, and such findings suggest that there may be long-term changes in serotonin receptors in the brain. LSD produces vivid hallucinations. Perceptions of colors, sounds, and shapes are altered so much that even the most mundane experience—such as looking at the knots in a wooden table—can seem moving and exciting. Time perception is distorted, and objects and people may be viewed in a new way, with some users reporting that LSD increases their understanding of the world. For others, however, the experience brought on by LSD can be terrifying, particularly if users have had emotional difficulties in the past. Furthermore, people occasionally experience flashbacks, in which they hallucinate long after they initially used the drug.

Psychoteraphy

Drug withdrawal is a constellation of physiologic changes undergone by people or animals who have become physically dependent on a drug or chemical who are abruptly deprived of that substance. The intensity of the syndrome varies with the drug or chemical. Generally, the effects observed are in an opposite direction from those produced by the drug; the withdrawal syndrome from CNS depressants (barbiturates) consists of insomnia, restlessness, tremulousness, hallucinations, and, in the extreme, potentially fatal tonic-clonic convulsions. Onset time and severity of the syndrome depend on the rate at which the drug disappears from the body.

Some of rehabilitation types:

- Cognitive-behavioral therapy, which seeks to help patients to recognize, avoid and cope with situations in which they are most likely to relapse.
- Multidimensional family therapy, which is designed to support recovery of the patient by improving family functioning.
- Motivational interviewing, which is designed to increase patient motivation to change behavior and enter treatment.
- Motivational incentives, which uses positive reinforcement to encourage abstinence from the addictive substance.

In our country (Lithuania):

Detoxication. Drug detoxification is used to reduce or relieve withdrawal symptoms while helping the addicted individual adjust to living without drug use. Drug detoxification is not meant to treat addiction but rather an early step in long-term treatment. Detoxification may be achieved drug free or may use medications as an aspect of treatment. Often drug detoxification and treatment will occur in a community program that lasts several months and takes place in a residential rather than medical center. Drug detoxification varies depending on the location of treatment, but most detox centers provide treatment to avoid the symptoms

of physical withdrawal to alcohol and other drugs. Most also incorporate counseling and therapy during detox to help with the consequences of withdrawal.

Methadone maintenance therapy. It is a synthetic opioid. The principal effects of methadone maintenance are to relieve narcotic craving, suppress the abstinence syndrome, and block the euphoric effects associated with opiates.

Motivational interviewing. Employ interventions that connect to the individual and strive to understand his or her thoughts, feelings, struggles, aspirations, and disappointments. Providers serve as empathic allies while working toward facilitating thorough exploration of an issue. The concept of motivational interviewing evolved from experience in the treatment of problem drinkers, and was first described by Miller (1983) in an article published in *Behavioural Psychotherapy*. MI recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. During counseling, some patients may have thought about it but not taken steps to change it while some may be actively trying to change their behavior and may have been doing so unsuccessfully for years. Focusing on a variety of topics like looking back, a typical day, the importance of change, looking forward, confidence about change, and so on. Motivational interviewing is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase the client's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Alternately, therapists help clients envision a better future, and become increasingly motivated to achieve it. Either way, the strategy seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change. Motivational interviewing focuses on the present, and entails working with a client to access motivation to change a particular behavior, that is not consistent with a client's personal value or goal. The main goals of motivational interviewing are to engage clients, elicit change talk, and evoke motivation to make positive changes from the client. For example, change talk can be elicited by asking the client questions, such as "How might you like things to be different?".

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