Confused Over Drug Abuse, Drug Dependence & Drug Addiction?
What’s The Difference?

Source: MedlinePlus, National Library of Medicine - Website

Drug dependence
means that a person needs a drug to function normally. Abruptly stopping the drug leads to withdrawal symptoms.

Drug addiction
is the compulsive use of a substance, despite its negative or dangerous effects.

A person may have a physical dependence on a substance without having an addiction. For example, certain blood pressure medications do not cause addiction but they can cause physical dependence. Other drugs, such as cocaine, cause addiction without leading to physical dependence.

Tolerance to a drug (needing a higher dose to attain the same effect) is usually part of addiction.
 Drug abuse can lead to drug dependence or addiction. People who use drugs for pain relief may become dependent, although this is rare in those who don't have a history of addiction.

The exact cause of drug abuse and dependence is not known. However, a person's genes, the action of the drug, peer pressure, emotional distress, anxiety, depression, and environmental stress all can be factors.

Peer pressure can lead to drug use or abuse, but at least half of those who become addicted have depression, attention deficit disorder, post-traumatic stress disorder, or another mental health problem.

Children who grow up in an environment of illicit drug use may first see their parents using drugs. This may put them at a higher risk for developing an addiction later in life for both environmental and genetic reasons.

People who are more likely to abuse or become dependent on drugs include those who:

- Have depression, bipolar disorder, anxiety disorders, and schizophrenia
- Have easy access to drugs
- Have low self-esteem, or problems with relationships
- Live a stressful lifestyle, economic or emotional
- Live in a culture where there is a high social acceptance of drug use

Commonly abused substances include:

- Opiates and narcotics are powerful painkillers that cause drowsiness (sedation) and sometimes feelings of euphoria. These include heroin, opium, codeine, meperidine (Demerol), hydromorphone (Dilaudid), and oxycodone (Percocet, Percodan, and Oxycontin).
- Central nervous system (CNS) stimulants include amphetamines, cocaine, dextroamphetamine, methamphetamine, and methylphenidate (Ritalin). These drugs have a stimulating effect, and people can start needing higher amounts of these drugs to feel the same effect (tolerance).
- Central nervous system depressants include alcohol, barbiturates (amobarbital, pentobarbital, secobarbital), benzodiazepines (Vallum, Ativan, Xanax), chloral hydrate, and paraldehyde. These substances produce a sedative and anxiety-reducing effect, which can lead to dependence.
- Hallucinogens include LSD, mescaline, psilocybin ("mushrooms"), and phencyclidine (PCP or "angel dust"). They can cause people to see things that aren't there (hallucinations) and can lead to psychological dependence.
- Tetrahydrocannabinol (THC) is the active ingredient found in marijuana (cannabis) and hashish.

There are several stages of drug use that may lead to dependence. Young people seem to move more quickly through the stages than do adults.

- Experimental use -- typically involves peers, done for recreational
use; the user may enjoy defying parents or other authority figures.

- Regular use -- the user misses more and more school or work; worries about losing drug source; uses drugs to "fix" negative feelings; begins to stay away from friends and family; may change friends to those who are regular users; shows increased tolerance and ability to "handle" the drug.

- Daily preoccupation -- the user loses any motivation; does not care about school and work; has obvious behavior changes; thinking about drug use is more important than all other interests, including relationships; the user becomes secretive; may begin dealing drugs to help support habit; use of other, harder drugs may increase; legal problems may increase.

- Dependence -- cannot face daily life without drugs; denies problem; physical condition gets worse; loss of "control" over use; may become suicidal; financial and legal problems get worse; may have broken ties with family members or friends.

**Symptoms**

Some of the symptoms and behaviors of drug dependence include:

- Confusion
- Continuing to use drugs even when health, work, or family are being harmed
- Episodes of violence
- Hostility when confronted about drug dependence
- Lack of control over drug abuse - being unable to stop or reduce alcohol intake
- Making excuses to use drugs
- Missing work or school, or a decrease in performance
- Need for daily or regular drug use to function
- Neglecting to eat
- Not caring for physical appearance
- No longer taking part in activities because of drug abuse
- Secreotive behavior to hide drug use
- Using drugs even when alone

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**Prom Season Alert:**

**Should Parents of Tanning Teens Ask More Questions About Drinking, Drugs, Sex, and Suicide?**

Source: Science Daily/ Pennsylvania Medical Society, April 4, 2014 - [Website](#)
With prom season just around the corner, many high school students are starting to think about dresses, tuxes, and dinner arrangements. Some may even be planning indoor tanning sessions to get the perfect bronze for those memorable prom pictures.

While visiting an indoor tanning salon sounds innocent, a new study has dermatologists and psychiatrists raising a red flag and urging parents to ask a few questions.

According to a study published recently in *JAMA Dermatology* and led by Gery Guy Jr., Ph.D., of the Centers for Disease Control and Prevention (CDC), teens who use indoor tanning facilities are more likely to engage in other risky health behaviors.

The study suggests that indoor tanning was associated with binge drinking and unhealthy weight-control practices. For females, indoor tanning is also linked to illegal drug use and having sexual intercourse with four or more partners. In addition, for teenage boys, it was connected to steroid use and daily cigarette smoking. Attempted suicides were also noted for boys.

Kathleen Dougherty, MD, president of the Pennsylvania Psychiatric Society, believes this research could have value in helping identify those more likely to put themselves at risk through other activities.

Dr. Dougherty suggests all parents of teens, regardless of whether or not they use indoor tanning facilities, should ask a few more questions not just around the prom season, but at the advent of the school year.

"Parents should feel comfortable speaking with their children about the physical effects of tanning, along with the reasons that the teen wants to tan in the first place," she says. "Is there a body image concern? There may be an unrealistic view that tanning will make the teen more desirable or repair some imagined flaw."

"Negative body image can be associated with several conditions such as eating disorders or, depression, and other self-damaging behaviors may be present without parental knowledge," Dr. Dougherty continues. "This dialogue can assist parents in determining if there is a need for additional intervention by a child and adolescent psychiatrist."
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