



THE PSYCHO-BIOLOGICAL PROCESSES OF DRUG INDUCED PSYCHOSIS IN YOUNG ADULTS.

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INTRODUCTION TO PSYCHOACTIVE DRUGS, ITS USAGE AND EFFECTS.

The most common drug known to the human population on a general scale would be alcohol. The availability, effects and risks are widely memorised by a large scale of people in the world. The chemical properties of alcohol lead to physiological and psychological changes when indulged in.

Although alcohol is a drug, most people look at it as a simple intoxicant, which does not potentially pose a high risk to health in comparison to substances such as powders, marijuana, nicotine, synthetic solutions, psychedelics and pills.

(All of which can be consumed in a number of ways, such as orally, by snorting, smoking or through an injection process).

Psychoactive drugs may be grouped into two groups widely, which are:

1. Barbiturates and
2. Tranquillisers

Barbiturates are drugs obtained from barbituric acid. They are odourless, powdered and dissolvable in water. It has anti-allergen properties and also acts as a xenobiotic - essentially a foreign compound that is introduced into the body of an organism.

For example: sedatives, general anaesthetics and also an intoxicant which could manipulate one into a state of hypnosis.

There are three notable barbiturate abuse patterns:

1. Chronic intoxication, which is caused when what used to be a prescription drug for the reduction in symptoms of say insomnia or restlessness/anxiety, turns into a stimulant to be dependent on for regular usage, eventually leading to abuse and addiction of the substance. This act inhibits the purpose of the drug and turns into habit formation in order to acquire a specific high.
2. Intravenous injections, which individuals use to experience feelings similar to euphoria and relaxation by injecting a crossover between two drugs.
For example: Heroin.
3. Episodic intoxication, wherein people consume barbiturates orally in order to produce a high.

Tranquillisers tend to depress or calm the central nervous system for various reasons, some of which are: to reduce anxiety, calm agitation and excitement which is behavioural. In some cases it is used to drug a person/animal into a state of temporary unconsciousness for surgery.

For example: Fentanyl, valium and lithium.

There are two groups under which minor and major tranquilisers are categorised:

1. The *benzodiazepine* group of tranquilisers is a minor group which induces a comparatively less euphoric feeling and has more of a calming effect on agents that cause fear, trigger anxiety and tension, while acting like a mild sedative on the individual who is prescribed with such a drug.
2. For example: Valium.
The second group is made of antipsychotic drugs or otherwise known as *neuroleptics*. This group of major tranquilisers is used to reduce/temporarily suppress symptoms of psychoses, such as schizophrenia, mood disorders and delusion causing mental illnesses which are severe in the way it impacts an individual's perception of reality and peace of mind.
For example: Reserpine.

Keeping these definitions in mind, with extensive research it has been validated that when barbiturates are taken in higher doses, it starts to effect an individual to feel "initial periods of excitement", which is later followed by feelings of drowsiness, symptoms of slurred speech, severe depression, motor, thinking and memory impairment.

Tranquilisers on the other hand in small doses have a calming effect for anxiety disorder, but just like barbiturates, tranquilisers too have an addictive influence on some of its users, if not most. A tolerance is in capability of being formed.

Along with its psychological and physical dependency, the overuse of tranquilisers causes withdrawal symptoms when one is in rehabilitation or on a tolerance break. Irrespective of negative or positive reinforcement, withdrawals are unavoidable while in the process of stopping or reduction of its usage. Overdosing is a risk that cannot be completely denied, which could potentially cause death.

PREVALENCE OF DRUG THERAPIES DURING THE EARLY 20th CENTURY

The flourish of psychoactive drugs (but with its true nature of negative effects unknown), was in the 1950's. Patients suffering from insanity and aggressive mental illnesses which were not in scope of being diagnosed, were treated with new found medication, which were discovered either on accident or for the purpose of treatment of various minor health problems.

While the minor health problems seem to be less likely to hold significance with psychoactive drugs, the possibility of this is quickly ruled out when an age old advertisement from the 1880's is revived.

The advertisement forefronted cocaine drops for toothache, in addition to its very clear and precise instructions as to how one is to use it to reap its benefits.



It was also discovered that these drops were also used in the procedure of teeth extractions since cocaine was considered to be a potential local anaesthetic during the times. With more time and research, doctors confirmed the adverse effects cocaine has on the human body and mind, which eventually led to the substance to be characterised as illegal in the majority of the states.

Circling back to the severity in psychotic disorders, scientists worked toward the development and usage of plant derived drugs and also synthetic drugs in an attempt to control the behaviour of mentally ill people. Doing so, many practices and tests resulted in significant positive change and effects in the treatment of psychotic disorders.

Lithium and valium were known to decrease tension, fear, anxiety and insomnia and they fell under the benzodiazepines group of drugs in the year 1960. Alprazolam, a derivative of the same group, was used to treat panic attacks in an effective manner.

In addition to this, a group of tricyclic drugs, which was used to effectively treat obsessive compulsive disorders, depression and panic attacks was introduced in 1959.

The drug's intention is to break out of ritualistic/repetitive behaviours, while decreasing anxiety and increasing a positive response to behaviour theory while on medication for this group of drugs.

The medication was to be taken orally but it was seen that after prolonged use and increase in dosage, individuals exhibited side effects such as blurred vision, seizures and a dry mouth accompanied with drowsiness.

For example: clomipramine and imipramine.

Nevertheless, these substances had adverse side effects with increase in dosage, such as motor impairment, lethargy and decline in the ability to focus alongside withdrawal symptoms.

Although the above few named drugs are used initially for medical purposes on prescription or to run tests to acquire major population test results after experiments on controlled/uncontrolled groups the main focus would fall on properties and substances, which have now been announced to be illegal.

On a more general scale, the most mainstream psychoactive drugs that one could look into would be cocaine, LSD, opioids, amphetamines, cocaine, inhalants, nicotine, caffeine and last but not least, marijuana.

While most of these mainstream drugs are stimulants/uppers and downers derived from plants, there are substances that can also be found on animals, which can either trigger the same amount of high and biological effects if not more than the synthetic compounds.

The rise in the intake of these drugs usually begins with the need for medication in order to control symptoms of mood disorders, anxiety disorders, depression and post traumatic stress disorders. With progressive use, in most cases being normal is associated with the intake of the drug, which in turn helps with the reduction of the mental and physical discomfort that comes from various psychological or psychosomatic illnesses. Since this association is made, it becomes hard for individuals to completely stop intake all at once or even worse, stop at all.

Keeping in mind these drugs that vary in their distinct processes, it can be taken into account that each of the side effects or just raw reaction of the mind to such foreign substances tends to alter our basic perception of the world around us to varying degrees as well.

Hallucinations are not a compulsory side effect but cannot be ruled out as something that the majority of the people look for while voluntarily consuming these drugs. Despite the development in the medical industry and the new regulations regarding the legality of what once used to be medication available over the counter, synthetic drugs are still on the rise and no amount of rules has helped in completely stopping the supply chain of them for recreational purposes.

Young adults tend to develop habit formation while using drugs just to experience a different feeling in their own body and sometimes chase the high after it has worn off.

It is a detailed and known fact about the risks that these substances pose to one's brain and physical well being, nevertheless, chemically induced dopamine secretion leads to the overuse of the drug, which in turn solidifies addictive behaviour and withdrawal symptoms on account of the reduction or denial of the amount of substance intake after a certain time period.

Hallucinations are caused while sober and high, putting an individual into a state of delirium. This could prevail overtime if not dealt with properly and lead to regular psychotic episodes. Due to the popularity of stimulants among young adults, the chances of slow development of psychosis comes into play and the possibility persists until the issue is resolved completely.

OPIOIDS :

There are two variants of opioids i.e., natural and synthetic opioids. These drugs are derivatives of the poppy plant, which contribute to the substances such as codeine and morphine. The most well-known derivative is heroin.

We have similar hormones that are secreted by our body, which provide a feeling of euphoria in certain situations that bring an individual pleasure, pain or emotion. These are considered to be natural opioids, and the most prominent are endorphins.

Endorphins are released during the process of certain physical activities, for example: sex and working out. The act of being physically stimulated, triggers the secretion of this chemical, which in turn works in order to block out the pain receptors in the brain and intensifies a feeling similar to euphoria and happiness.

Extensive research suggests that various opioids, such as morphine, codeine and heroin tend to act in the way that endorphins do in our bodies. The impact of these drugs is on a much larger scale while it not only blocks out pain signals to the brain but also sets itself into the receptor sites in the nerves of the spinal cord and brain.

The reason young adults tend to crave the use of opioids can be characterised by the chronic underproduction of their natural endorphins. Endorphin deficiency is caused by depression, anxiety disorders and in some addiction cases due to the abuse of substances, which could be synthetic opioids themselves. The overuse of opioids tends to decrease the efficiency of an individual's natural endorphins, throwing a major imbalance in the secretion of the right amount that is required for someone to function appropriately.

Opiates - solely refers to the opioid drug derivatives from poppy juice.

For example: Morphine

When morphine is gone through the process of reaching its boiling point in combination with acetic acid, heroin is the end result. Although heroin started off as a safe substitute for morphine, the discovery of its high over the years since the 1880's has caused 90% of the narcotic addiction cases to be involving heroin.

When young adults use heroin, most of them reported an indescribable feeling of pleasure that could be compared to something that is close to a full body sexual orgasm. The feelings of anxiety fade away and the warmth of the drug causes individuals to be dependent on its effects with each dose. An overdose of heroin poses a risk of death that is caused due to cessation of breathing that is caused by the dysfunction of the brain's respiratory centre.

Heroin is either smoked, injected or inhaled. The risk of psychosis comes into play with the withdrawal symptoms when the dosage of the drug is reduced or stopped.

Mood swings accompanied by drowsiness, constipation and the ineffective functioning of the respiratory centre of the brain tends to set off onset of hallucination that can be auditory, visual and kinesthetic only in the case of young adults with underlying health issues such as insomnia, brain changes and mental health disorders.

Another cause of psychosis could be in relation to the dopamine pathways of the brain. Intake of heroin triggers the overstimulation of dopamine secretion, which causes young adults to be mentally very energetic while throwing them into a state of sleep deprivation in some cases.

During a detox of this drug from the system of individuals, when the brain is attempting to reset its dopamine levels back to a state of normalcy, hallucinations occur alongside other physical aspects of discomfort such as vomiting, diarrhoea, nausea, fever, insomnia, dilated pupils, sweating and muscle aches.

COCAINE

Cocaine is a plant derived psychoactive drug. The coca bushes located in South America on the eastern slopes of Mt. Andes is the plant that results in the synthetic production of cocaine. It can be snorted in most cases, also smoked and injected. The usage of cocaine through injections forms the highest form of dependency of an individual on the drug.

Cocaine is considered to be an upper, which results in heightened sense of alertness, high heart rate, blood pressure and body temperature. Young adults come in contact with the drug most commonly at raves, parties and recreational festivals. The effects of the drug mimics that of our body being in a natural state of fight or flight due to the extreme amounts of adrenaline that is flowing through one's body.

Cocaine targets three parts of the brain and also affects its abilities to function with respect to each part.

1. The hypothalamus, which is responsible for regulation of body temperature, emotions and sleep.
2. The cerebral cortex which is responsible for reasoning and cognition of memory.
3. The cerebellum which is responsible for regulating the body's balance and other motor functions.

Cocaine is said to stimulate the release of dopamine in very large amounts in the brain.

When taken in large doses, cocaine results in the development of hallucination and a sense of delirium, which is termed as "cocaine psychosis".

Individuals who regularly use cocaine show signs of maladaptive behaviour and psychological changes. The behaviour involves impairment in judgement and social or occupational functioning.

A stronger form of the chemical properties of cocaine can be found in crack, which is nothing but more potent forms of cocaine products. The availability, access and affordable price range has made this an easy drug to acquire for young adults. Crack also has a distinctiveness to it from cocaine due to its primary use of being inhaled after vapourised.

Young adults increase their use of crack due to its relatively low price in comparison to other drugs, in addition to the effects it has on the mind and body. Nevertheless, long term crack abusers experience adverse negative effects such as paranoid schizophrenia, states of panic and psychosis. While the drug's main purpose is to induce euphoria, energy and a boost of alertness, it also has the tendency to alter perceptions of reality, trigger paranoia and imagined states of danger or threat they perceive around people. These negative effects cause individuals to become aggressive and exhibit homicidal behaviour especially since crack is a substance that can easily develop dependency.

The advantage of having a heightened sense of alertness and being under the influence of the thought that one can understand everything much quicker and better, prompted users to praise the drug for its element of having no risks. This is however a misconception and the highly reinforcing effects tend to make the user psychologically addicted to its irresistible high.

Research found that since users can never match their high to the initial euphoria they felt while first taking cocaine, they increase the dosage in order to feel more and more just like any other drug. People also reported experiencing vividly unpleasant dreams, which also include dreams about doing the drug when away from it.

This repetitive use mimics states of mania, talking uncontrollably, impairment in judgement, a state of hyperactivity and as mentioned before, paranoia.

AMPHETAMINES AND METHAMPHETAMINES

Despite having different chemical structures, amphetamines and cocaine have similar properties, where both are observed to be acting on the dopamine and norepinephrine receptors of the body. Amphetamines can be described as potent stimulants which focus on psychomotor function/activity.

College going students and working young adults use amphetamines in order to utilise their time and increase levels of productivity appropriately during exam time. There is a tolerance for the lack of sleep and an increase in the amount of energy, accompanied by the consistent wave the next day during the exam.

There is slight delusion in the way that these things happen, since research proved that although young adults have the unusual capability to carry out finishing portions and being confident in their answers being correct during the writing of the paper on the drug, the actual truth is that students were in a state of illusion in the process of this act only to later find out that their work was in fact of poor quality.

Concluding that while there is a heightened wave of output on the individual's end to finish things, their critical thinking is rendered slightly or very underwhelming, which causes impairment in the moment.

When amphetamines are taken in large doses, the central nervous system is impacted significantly. The effects include heart palpitations, dizziness, nervousness, anxiety, agitation, high blood pressure and apprehension, which is also impacting the cardiovascular system.

Since amphetamines have properties that make an individual deny hunger and have their appetite taken away from them due to the effect of the drug, young adults with underlying or active issues of eating disorders tend to abuse these effects to feel and reap what they perceive as beneficial to them in order to acquire their desired change in body appearance, when it is actually worsening their condition in the long run.

This abuse can cause adverse effects considering the fact that more consumption could be a misconception to permanently fix what victims of eating disorders have the need to fix.

The regular usage of this drug leads to ingesting large amounts overtime, building a greater tolerance to it while increasing the dependency on its effects significantly. Side effects such as malnourishment, carelessness, exhaustion and neglecting basic responsibilities which are required of them. The psychological aspect comes into play with paranoia being their main concern. What is characterised by a slight form, later on takes over as a serious issue that cannot be ignored by the individual at any point in time, which in turn makes them hostile. The levels of paranoia are also accompanied by hallucinations which can be characterised as the onset of psychosis.

The ability to build a quick tolerance is easy in the case of amphetamines, which pushes some users who are addicted to inject it into their veins in order to feel more intense sensations in comparison to before. This use of injecting the amphetamines can be extremely dangerous and self destructive, due to individuals taking higher dosage with each use.

Although adolescents use this drug for its 'beneficial' effects in case of exams, eating disorders and maintaining happiness while feeling spells of depression, after the cessation of the drugs, there is a long term effect for about a year and over on the attention capability and motor skills, which causes deficits in these areas of functioning.

METHAMPHETAMINES

Methamphetamines are categorised as cheap and are termed as poor man's cocaine, due to its cost. While made illegally in laboratories, it has a closely related chemical potency to amphetamines but the effects on the central nervous system are much greater than in comparison to amphetamines.

A large population of young people use ecstasy in order to elevate feelings of euphoria during recreational activities like sex, partying and drinking. The other name that methamphetamines can go by is Molly, otherwise known as the love drug. It heightens the sense of pleasure and feelings of being affectionate towards friends who are around you while under the influence of the drug.

Despite how appealing this might sound to young adults, the long term negative effects on the fundamental, long lasting changes of the brain and modification of one's behaviour can cause a major inconvenience.

Methamphetamines have the capability of staying for long periods of time in one's brain unlike cocaine, which tends to metabolise the body in the long run.

HALLUCINOGENS

(also known as PSYCHEDELICS)

Hallucinogens are known to be derived from either mescaline or psilocybin which act as serotonin triggers by attaching themselves to the neurotransmitter receptors. These two compounds are derivatives of cactus and certain mushrooms, respectively. Psilocybin is inactive in its own state but when metabolised gives psilocin, which is what attaches itself to the receptors to give hallucinatory experiences.

These are natural hallucinogenic substances while on the other hand, we also have synthetic hallucinogens, which includes a very famous drug among the youth who want to experience heightened senses and visuals. The name of the drug is LSD (lysergic acid diethylamide), also commonly known as 'acid'.

Hallucinogens or psychedelics are popular among young adults due to its effects on the sensory perceptions of reality, such as change in colour, hearing and visual distortion, enhancement, and drastic alteration, which depends on how each individual perceives things. Their state of consciousness is altered by both internal and external effects of their perceptions. These alterations are accompanied by auditory, tactile and visual hallucinations.

LSD is not characterised by any odour or taste and a dosage of up to 50 micrograms tends to produce the desired effects of hallucinations. The effects of the drug last ranging from 8 - 12 hours, with a period of something called a 'peak'.

A peak is characterised by bizarre sensations, rapid shift in emotions, elevated heart rate and similar reactions to when one is under stress. Shapes, paintings, movies, and anything having an illusionary pattern may seem enhanced and changed in depth and spatial senses. Images show elasticity, vividness and also kaleidoscopic visuals come into play with the alteration of colours.

Young adults have a naturally adaptive nature which furthers their will to be open to such experiences. The feelings of disorganisation and bewilderment can be felt on a large scale but to individuals who have a certain amount of control, people who are unaware of their state of mind cannot distinguish any odd behaviour despite the paranoia that is accompanied with the feelings of being watched and observed by the users under the influence of LSD.

LSD targets the sympathetic nervous system and produces physiological changes like arousal and excitement. Euphoria is persistent and the perception of time is altered. Minutes may seem like hours under the influence of the drug.

Users report feelings of delirium and separation of themselves from their body that is unexplainable. These feelings also occur with the fear of being not one with themselves and losing control which could trigger something called a 'bad trip'.

A bad trip causes individuals to feel extreme anxiety and stress, which in some cases is alongside uncontrollable crying or hysteria. Such symptoms can be calmed by reassurance and caring about the well-being of the individual.

Due to the risk of these negative effects, young adults decide to either surround themselves with trusted individuals or experience the effects in a safe space with the appropriate access to nature.

The most serious effects of the drug can be explained as a strain of psychosis similar to that of paranoia resembling patients with schizophrenia. LSD when done during stages of undiagnosed depression may trigger suicidal thoughts in the individuals, especially young adults who struggle with different aspects of their lives, which is underlying overwhelming their mental health.

A percentage of young adults claimed to experience the same experience or high as when they were under the influence of LSD even after weeks and months of the last dosage. This proved to be true when older individuals who have indulged in the activity had also reported this feeling after years of their last dosage.

15%-77% of the users experience this and the exact number is hard to grasp.

These flashbacks are categorised as post-hallucinogenic perceptual disorder. The long term effects are not exactly explained but it could be due to the biochemical changes that have a lasting effect long after the drug use.

'Shrooms' or mushroom derivatives of hallucinogens are commonly used in a way of self medication among some young adults who suffer from anxiety, depression or panic attacks. Shrooms can be brewed into tea or consumed orally to produce similar effects to LSD and can also be characterised with 'bad trips' if not careful.

The reason for popularity in the usage of hallucinogens is due to young adults attempting to improve their relationships or perspectives of reality and to reduce a sense of boredom or daily routine that starts to feel repetitive.

PHENCYCLIDINE (PCP)

Unlike the hype of other drugs, PCP is not exactly a drug that is voluntarily consumed by **all** young adults but yet somehow is closely connected with the use of drugs such as marijuana, cocaine, ecstasy or other pills that they buy under the names that are known to them.

Since PCP is produced illegally in laboratories, it is hard to determine the nature of this substance and comes with a number of risks. But it is easily available and goes by the names of 'angel dust' or 'crystals'. It can be sprinkled on marijuana, and turned into pills, which makes it difficult to determine whether young adults voluntarily consume this drug or not. The effects the drug has are the average symptoms of any drug such as, increased heart rate, dizziness, flushing and numbness.

PCP is known to be a dissociative anaesthetic, which explains the feelings of individuals feeling apart from their body or exceptional from the environment.

The ability of the drug to block out pain in small doses but make one feel as though they are being attacked by various stimuli on a larger dose is what triggers users like young adults to increase dosage.

PCP leads to severe depression and psychotic states that cannot be avoided at times and the change is hard to be reversed.

The odd side of this drug lies in the fact that it can protect the brain from permanent damage post stroke and heart attacks, despite its dangerous side effects.

INHALANTS

Inhalants is one of the common known forms of easily available, psychoactive drugs to be in use among children as young as 13 years of age, which later on causes them to have addictive personalities in their young adulthood.

What starts off as sniffing glue or something innocent like paint and gasoline in the car, when young adults become aware of the effects these substances have on their minds, they develop a dependency on harmful chemical properties.

The substances are made of organic solvents which include all of the above and also cleaning fluid. Inhalants in the bloodstream are said to peak within the span of minutes which makes this drug so addictive.

There is a brief period of hallucinations and delusions experienced by the users along with feelings of shapes being manipulated in their sizes, perception of colour is altered and distortion of time.

CANNABIS

Cannabis or otherwise known as marijuana is a plant which contains psychoactive properties. The main ingredient of this plant that is responsible for the feeling of high is THC - Tetrahydrocannabinol. It can be smoked or orally consumed. 'Weed', as it is more commonly known among teenagers, is by far the most popular drug used for recreational purposes, the approximate number would be 1 in 8 teenagers have been reported to be in the habit of using this drug.

Since weed is a plant, young adults conceive it to be safe and not harmful. This misconception also stems from the reality of marijuana being used to treat anxiety and a number of issues medicinally and has proven to be effective in doing so.

Young adults self medicate in order to feel the freedom from their stressful schedule and smoking weed regularly is not uncommon among anxiety prone and depressed individuals. The high experience makes individuals fall into fits of laughter, which is characterised by the boost of serotonin and tingling sensations in the body due to the effect of the drug. There are distorted sensations of perceptions, impairment in memory and judgement and also motor skills.

The high when not accompanied by people that individuals trust, triggers the onset of a bad trip which in turn leads to feelings of paranoia ranging from slight to extreme depending on the situation one is put in.

NICOTINE

Smoking cigarettes is a common trend among people all over the world.

Young adults start off by smoking a cigarette and not aiming at forming a habit of it, but eventually most of them do if not all. The amount of environmental, social and personal stress that one may be going through at the stage of starting out to being an adult can contribute to the need of feeling some sort of relaxation and calm.

Nicotine seems to bring a level of satisfaction if not permanent solutions. Unlike other drugs, nicotine more or less keeps the individual sane and does not act out in an inappropriate manner that is uncontrollable. Dopamine seems to be released on consumption of this drug, in the form of electrical impulses.

The increase in usage however, starts to cause behavioural changes overtime. The slight deprivation and cut off in the intake of nicotine shows immediate change in behaviour. The individual tends to feel agitated, irritable and longing to take a drag of the cigarette. There is a rise in the act of vaping among teenagers. Vapes have flavoured liquid in combination with a desired amount of nicotine in it. Although some research stated that vaping and e-cigarettes were much safer than the consumption of tobacco in combination with nicotine, when vaping gets excessive and uncontrollable, it causes the same effects as a cigarette would but instead of smoke reaching the lungs, it is vapour that is being breathed into the lung, which is also just as fatal.

It is well known that psychotic disorders and smoking have always been closely related.

Individuals with underlying psychotic disorder are 2-3 times more likely to be addicted to the act of smoking and to nicotine dependency. Nicotine dependence is said to increase chances of schizophrenia or trigger psychotic disorder that are underlying at a young age.

Initial use of the drug may cause individuals to feel nauseous and induce vomiting. But overtime the regular use of the drug increases heart rate, blood pressure and also the need of oxygen in the heart. The psychological effects can be in the form of feeling anxious or guilty due to the uncontrollable use of cigarettes and not being able to stop once they have started. Dependency at a young age is either ignored or only aggravated by more stressful smoking. Heavy young smokers experience a depletion in cognitive functions and logical reasoning. They tend to stay in a state of confusion, restlessness and constant drowsiness.

Withdrawal symptoms occur within 2 hours of an individual's last cigarette, and are characterised by anxiety, headaches, sweating, difficulty in focusing and irritability.

CONCLUSION

The psycho-biological processes of drug induced psychosis in young adults in conclusion is more or less very closely linked with the various effects of each psycho-active drug.

While there are multiple drugs that come under this category, they all seem to have similar effects on young adults, with the same reasons for dependency. Their addictive nature and the mental states of the users are closely connected, which is what causes various states of delirium, hallucinations, anxiety, panic attacks, depression, breakdowns and paranoia.

Underlying mental disorders, illnesses and issues come into play when under the influence of psycho-active drugs. Undiagnosed conditions are slowly thrown into motion and in turn start having an affect on the mind and perception of reality for the individual.

Environmental factors such as observation of people around them and parental problems can also be one of the main causes for young adults to start indulging in the act of using drugs on a regular basis.

Drugs give teenagers an outlet or an escape from reality which is precisely why they continue increasing dosage after a certain point in time since they feel its benefits outweigh the negatives.

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