

# Journal of Addiction Research & Therapy Short Communication

# Who's Most Likely to Become Addicted?-Overview and Suggestions to Recover from Addiction

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# Addiction

Addiction is a disease that affects your brain and behaviour. When you're addicted to drugs, you can't resist the urge to use them, no matter how much harm the drugs may cause. The earlier you get treatment for drug addiction (also called substance use disorder), the more likely you are to avoid some of the more dire consequences of the disease [1-4].

#### **Drug addiction**

Drug addiction isn't about just heroin, cocaine, or other illegal drugs. You can get addicted to alcohol, nicotine, sleep and anti-anxiety medications, and other legal substances.

Your brain is wired to make you want to repeat experiences that make you feel good. So you're motivated to do them again and again.

The drugs that may be addictive target your brain's reward system. They flood your brain with a chemical called dopamine. This triggers a feeling of intense pleasure. You keep taking the drug to chase that high.

Over time, your brain gets used to the extra dopamine. So you might need to take more of the drug to get the same good feeling. And other things you enjoyed, like food and hanging out with family, may give you less pleasure [5-8].

When you use drugs for a long time, it can cause changes in other brain chemical systems and circuits as well. They can hurt you're:

- Judgment
- Decision-making
- Memory
- Ability to learn

Together, these brain changes can drive you to seek out and take drugs in ways that are beyond your control.

#### Who's most likely to become addicted?

Each person's body and brain are different. People also react differently to drugs. Some love the feeling the first time they try it and want more. Others hate it and never try again [9].

Not everyone who uses drugs becomes addicted. But it can happen to anyone and at any age. Some things may raise your chances of addiction, including:

**Family history:** Your genes are responsible for about half of your odds. If your parents or siblings have problems with alcohol or drugs, you're more likely as well. Women and men are equally likely to become addicted.

**Early drug use:** Children's brains are still growing, and drug use can change that. So taking drugs at an early age may make you more likely to get addicted when you get older.

Mental disorders: If you're depressed, have trouble paying attention, or worry constantly, you have a higher chance of addiction.

You may turn to drugs as a way to try to feel better. A history of trauma in your life also makes you more likely to have addiction.

Troubled relationships: If you grew up with family troubles and aren't close to your parents or siblings, it may raise your chances of addiction.

#### Addiction vs. misuse and tolerance

Drug misuse is when you use legal or illegal substances in ways you shouldn't. You might take more than the regular dose of pills or use someone else's prescription. You may misuse drugs to feel good, ease stress, or avoid reality. But usually, you're able to change your unhealthy habits or stop using altogether [10,11].

Addiction is when you can't stop. Not when it puts your health in danger. Not when it causes financial, emotional, and other problems for you or your loved ones. That urge to get and use drugs can fill up every minute of the day, even if you want to quit [12]. Addiction also is different from physical dependence or tolerance. In cases of physical dependence, withdrawal symptoms happen when you suddenly stop a substance. Tolerance happens when a dose of a substance becomes less effective over time [13-15].

When you use opioids for pain for a long time, for example, you may develop tolerance and even physical dependence. This doesn't mean you're addicted. In general, when narcotics are used under proper medical supervision, addiction happens in only a small percentage of people.

## Signs of addiction

You may have one or more of these warning signs:

An urge to use the drug every day, or many times a day

• Taking more drugs than you want to, and for longer than you thought you would

• Always having the drug with you, and buying it even if you can't afford it

• Using drugs even if they cause you trouble at work or make you lash out at family and friends

• Spending more time alone.

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Not taking care of yourself or caring how you look

• Stealing, lying, or doing dangerous things, like driving while high or having unsafe sex

• Spending most of your time getting, using, or recovering from the effects of the drug

Feeling sick when you try to quit

#### How to Prevent Addiction to Prescribed Painkillers

Most people who take their pain medicine as directed by their doctor do not become addicted, even if they take the medicine for a long time. Fears about addiction should not prevent you from using narcotics to relieve your pain, but it's smart to use caution [16].

But if you've misused drugs or alcohol in the past or have family members who have, you may be at a higher risk.

To avoid pain medicine addiction:

• Take the drug exactly as your doctor prescribes.

Tell your doctor about any personal or family history of drug misuse or addiction; this will help them prescribe the medicines that will work best for you.

Remember, it's common for people to develop a tolerance to pain medication and to need higher doses to get the same level of pain relief. This is normal and is not a sign of addiction. With addiction, you may need to use higher doses, but it's not for pain relief. Still, talk to your doctor if this effect becomes troubling.

#### Don't wait: get help now

If your drug use is out of control or causing problems, talk to your doctor.

Getting better from drug addiction can take time. There's no cure, but treatment can help you stop using drugs and stay drug-free. Your treatment may include counselling, medicine, or both. Talk to your doctor to figure out the best plan for you.

#### References

 Molteni M, Saibene AM, Luciano K, Maccari A (2016) Snorting the clivus away: an extreme case of cocaine-induced midline destructive lesion. BMJ Case Rep 2016: bcr2016216393.

- Trimarchi M, Bertazzoni G, Bussi M (2014) Cocaine induced midline destructive lesions. Rhinology 52(2):104-111.
- Barrientos J, Corchero G, Soler F (2021) Surgical treatment of cocaine-induced palatal perforations: Report of three cases and literature review. J Clin Exp Dent 13(2): e201-e206.
- 4. World Drug Report (2021) World Drug Report 2021. United Nations Office on Drugs and Crime, Austria.
- Richards JR, Jacqueline K (2022) Cocaine Toxicity. StatPearls Publishers, United States.
- Rampi A, Vinciguerra A, Bondi S, Policaro NS, Gastaldi G (2021) Cocaine-Induced Midline Destructive Lesions: A Real Challenge in Oral Rehabilitation. Int J Environ Res Public Health 18(6): 3219.
- Yaman H, Aydın Y, Yılmaz S, Onder E, Guclum E, Ozturk O (2011) Recurrent and Massive Life Threatening Epistaxis due to Nasal Heroin Usage. Clin Exp Otorhinolaryngol 4(3):159-161.
- Trimarchi M, Gregorini G, Facchetti F, Morassi ML, Manfredini C, et al. (2001) Cocaine-induced midline destructive lesions: clinical, radiographic, histopathologic, and serologic features and their differentiation from Wegener granulomatosis. Medicine 80: 391-404.
- Bains MK, Hosseini-Ardehali M (2005) Palatal perforations: past and present. Two case reports and a literature review. Br Dent J 199: 267-269.
- Colletti G, Allevi F, Valassina D, Bertossi D, Biglioli F (2013) Repair of cocainerelated oronasal fistula with forearm radial free flap. J Craniofac Surg 24:1734-1738.
- Berman M, Paran D, Elkayam O (2016) Cocaine-Induced Vasculitis. Rambam Maimonides Med J 7: 1-5.
- Moreno-Artero E, Querol-Cisneros E, Rodríguez-Garijo N, Tomás-Velázquez A, Antoñanzas J, et al. (2018) Mucocutaneous manifestations of cocaine abuse: A review. J Eur Acad Dermatol Venereol 32: 1420-1426.
- 13. Wiesner O, Russel KA, Lee AS, Jenne DE, Trimarchi M, et al. (2004) Antineutrophil cytoplasmatic antibodies reacting with human neutrophil elastase as a diagnostic marker for cocaine-induced midline destructive lesions but not autoimmune vasculitis. Arthritis Rheum 50: 2954-2965.
- Trimarchi M, Bondi S, Torre DE, Terreni MR, Bussi M (2017) Palate perforation differentiates cocaine-induced midline destructive lesions from granulomatosis with polyangiitis. Acta Otorhinolaryngol Ital 37(4): 281-285.
- Trimarchi M, Bussi M, Sinico RA, Meroni P, Specks U (2013) Cocaine-induced midline destructive lesions-An autoimmune disease?. Autoimmun Rev 12: 496-500.
- Di Cosola M, Ambrosino M, Limongelli L, Favia G, Santarelli A (2021) Cocaine-Induced Midline Destructive Lesions (CIMDL): A Real Challenge in Diagnosis. Int J Environ Res Public Health 18(15): 7831.