

High Risk, High Reward? The Dark Side of Recreational Drugs

Ravinandan AP1* and Mohammad Sheikh zahied²

¹Assistant Professor, Sree Siddaganga College of Pharmacy, Tumkur, Karnataka, India
²Fourth Year Pharm D, Sree Siddaganga College of Pharmacy, Tumkur, Karnataka, India
*Corresponding Author: Ravinandan AP, Assistant Professor, Department of Pharmacy Practice, Sree Siddaganga College of Pharmacy, Tumkur, Karnataka, India.
Received: February 16, 2025; Published: February 20, 2025
DOI: 10.55162/MCMS.08.273

The drugs that are used for pleasure or other than medical purposes are known as recreational drugs. The users of recreational drugs are well-integrated and can come from any socioeconomic background. Weekend parties often involve the use of illegal drugs to reduce stress, escape daily routines, and enhance dancing abilities.

These drugs are addictive and alter the mental status of the person. Recreational drugs like analgesics: heroin, morphine, fentanyl, codeine; depressants: alcohol, barbiturates, tranquilizers, nicotine; stimulants: cocaine, amphetamines, methamphetamine; hallucinogens: lysergic acid diethylamide (LSD), phencyclidine (PCP) and 3,4-Methylenedioxymethamphetamine (MDMA). The history of medicine is inextricably linked to the history of drug usage for subjective ends. Evidence of alcohol and opioid usage has been discovered in 4,000-year-old human settlements [1].

Drug abuse significantly impacts physical, mental, and social aspects, leading to over 200,000 deaths annually due to heroin and cocaine abuse. It also contributes to delinquency, early sexual activity, family disintegration, and increased HIV risk, highlighting the broader societal implications of this issue [2].

Prevalence and patterns of recreational drug use

The degree and patterns of recreational drug use in late early adulthood, middle, and older adulthood [3]. Recreational drug use is a significant problem in both developing and developed countries. The study on 256 college-going male students found that 52.7% of them, who were 19 to 21 years older, were associated with substance abuse [4, 5]. Moreover, among 750 medical students, many of them were recreational drug users [6]. Children (school-ging, out-of-school as well and street children) are also addicted to recreational drug use [7].

Adverse effects and risks of recreational drugs

Adverse events like addiction, overdose, interaction with other medications, mental health, respiratory effects, liver and kidney stress, physical and psychological dependence, and social and relationship problems are the significant adverse effects on the users. The risk of HIV, gastritis, cardiovascular events, pregnancy, primary infertility, aggressive behavior, patients with amphetamines, suicidal behavior, hepatocellular carcinoma, and sudden death in the younger population.

The vital role of healthcare professionals in addressing recreational drug use cannot be overstated. Their knowledge, expertise, and dedication are crucial in combating this issue and promoting a healthier society.

Healthcare professionals should be attentive to the latest information about recreational drugs and their effects and potential interactions. Educating the patient with accurate information on recreational drugs and their risks. Among healthcare professionals, pharmacists should participate in community actions, health fairs, and educational programs to raise awareness about drug abuse. They should also take the initiative to educate the community about the dangers of recreational drugs and how to identify and prevent drug abuse. Conduct awareness programs in schools, colleges, and public gatherings. The pharmacist should do screening and assessment to identify high-risk patients, evaluate a patient's regimen, and check for interaction with recreational drugs.

Pharmacists integrate with patients in a supportive and non-judgmental space to share their recreational drug use and then give informative counseling. Awareness should be given to needle exchange programs to overcome the spread of blood-borne infections like HIV. Educate the patients on the safe disposal of recreational drugs to overcome the number of new users.

The pharmacist should collaborate with healthcare providers to provide interdisciplinary care. Documentation should be maintained; it should contain the patient's demographic details and recreational drug use along with the type of substance, frequency of use, and medical condition of the patient. Follow-up is done to monitor the patient's progress and alter the treatment plan accordingly. Mainly, visit the community pharmacy and educate them about recreational drugs. Awareness among community pharmacists is essential to dispensing such medicines without a prescription.

Reference

- 1. Jordan S. Recreational Drugs. Pharmacology for Midwives: The Evidence Base for Safe Practice (2010): 395.
- 2. Jadidi N and Nakhaee N. "Etiology of drug abuse: a narrative analysis". Journal of addiction 2014.1 (2014): 352835.
- 3. Williams L and Askew R. "Maturing on a high: An analysis of trends, prevalence and patterns of recreational drug use in middle and older adulthood". The SAGE handbook of drug and alcohol studies (2016): 447-68.
- 4. Preeti S and Raut DK. "Prevalence and pattern of tobacco consumption in India". Int Res J Soc Sci 1.4 (2012): 36-43.
- 5. Gupta S., et al. "Prevalence, pattern and familial effects of substance use among the male college students–a North Indian study". Journal of clinical and diagnostic research: JCDR 7.8 (2013): 1632.
- 6. Singh G. "Drug use among medical students—I. Prevalence of pattern of use". Indian Journal of Psychiatry 21.4 (1979): 332-8.
- 7. Dhawan A., et al. "Pattern and profile of children using substances in India: Insights and recommendations". National medical journal of India 30.4 (2017): 224-229.

Volume 8 Issue 3 March 2025 © All rights are reserved by Ravinandan AP., et al. 02