

## Considerations on addiction in illicit drug trafficking and consumption

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**"This paper was funded based on the contract POSDRU Contract /159/1.5/S/141699, strategic project ID 141699, co-funded from the European Social Fund by way of the Sectorial Operational Programme Human Resources Development 2007-2013"**

### Abstract

*„Accompanying us since the dawn of humanity, the drug continues to fascinate, to suscite interest, to claim countermeasures, but also to ask questions which have not yet been answered satisfactorily. "[1] Public perception about drugs is different, but many people with trauma, stress, depression, irritable, consider drug use as a mean to create different states, special, which help them to feel charming, fascinating.*

*Throughout this presentation, I have tried a brief description of drug addiction and illegal drug trafficking and consumption, given that terms as "major addiction" and "minor addiction" remain in an abstract sphere, not having in this moment a meaningful interpretation.*

*The purpose of this study is represented by some clarifications on some aspects of current affairs and perspectives aimed at this problem.*

**Keywords:** *drug, major addiction, illegal drug trafficking, khat, dependency*

### Introduction

Drugs of various types have been and are considered some "magic" pills whose molecular composition is well known to chemists, doctors, pharmacists. Consecrated authors in the field call them "poor millennial molecules", which from the mist of time are haloed, that do not really make us supernatural beings but lie to us, being in fact a coin with two sides. The first facet is the one that creates the charm, and the second one is what creates our dependence, makes us change our behaviour, to avoid our family, to lose our friends.

*„Dependency or addiction is a state of chronic intoxication, characterized by the constraining need for using drugs or toxics "[2]*

According to the classic definition given by the World Health Organization in 1969 addiction or drug addiction is "state of periodic or chronic intoxication caused by the repeated consumption of a drug (natural or synthetic). Its characteristics are: the

desire or need to continue consuming the drug and procure it by all means; tendency to increase doses; psychic dependence and physical dependence toward general effects of the drug, with the occurrence of abstinence syndrome and its suppression; harmful effects on the individual and on society. "[3]

In the same sense, habit (drug habituation) is "condition resulting from the repeated consumption of a drug. Its characteristics are: the desire to take drugs for good condition, low or zero tendency of increasing doses; a kind of degree of psychological addiction to the drug effect without physical addiction, lack of abstinence syndrome."

The World Health Organization defines addiction as "loss of freedom to refrain from toxic"[4] . It is characterized by four defining states:

- 1) Psychic addiction – psychological need to use a particular drug;;
- 2) tolerance – progressive decrease of effect when administration is repeated resulting in the need to increase the dose to achieve the desired effect;
- 3) physical addiction – is the need to continue to use that substance in order to avoid disorders, sometimes serious, arising from discontinuation and are known as "abstinence syndrome" or "withdrawal";
- 4) psychotoxicity –is manifested through behavioural disorders, sometimes psychotic. They arise in terms of yearlong and abusive use of big doses of narcotic drugs (cocaine, amphetamines, etc.).

In specialized literature, the term "addiction" is used to denote a behavioural syndrome and physical and physiological addiction.

Therefore, the physical and physiological addiction to certain drugs, facing any drug addict, is a form of voluntary consume, abusive, periodic or chronic of dependogene substances without being based on medical motivation. However, in terms of psychological, physical dependence is defined as an alteration of the central nervous system manifested by tolerance and withdrawal symptoms (after long-term administration of the drug) when substance use is discontinued.

As confusion emerged about the state of physical and psychological addiction (or even simultaneously physical and mental), the Committee of Experts of OMS have proposed to experts to replace the terms of "addiction" and "habit" with that of

"dependence", indicating the drug leading to this state, for example, morphine dependence, cocaine, amphetamine, barbiturate, etc.

Psychological addiction, considered more dangerous than physical, is defined as a mental state, particular, manifested by the irresistible and imperative urge of the individual to continue drug use and remove psychological discomfort. Psychological addiction manifests by an irresistible urge to use that means that is the drug, to influence, change or control mood, feelings or even self-consciousness. It can be or not accompanied by physical addiction and tolerance.

Physical dependence or addiction is also the result of yearlong drug administration, manifesting immediately when reducing doses or complete interruption of drug administration, situations that will trigger a series of physical manifestations which take the aspect of syndrome specific to drugs addicts, withdrawal. This, in respect of certain drugs, is unspeakably difficult to be borne by the body.

The way of manifestation of physical addiction or withdrawal syndrome varies depending on drug, both in terms of symptoms' nature and also their intensity. So it is more pronounced in opiates or in barbiturate but more moderate and might even miss at the addiction forms created by the other drugs.

The risk of drug addiction installation in an individual always results in joint action of three factors, as determined by the World Health Organisation since 1973[5]:

- personal characteristics of the individual;
- nature of the social-cultural general and immediate environment;
- pharmacological properties of the substance in question in relation to the amount consumed, use frequency and how to use (ingestion, inhalation, subcutaneous or intravenous injection).

Thus, on the above mentioned matters, addiction is classified into two categories, as follows:

1. Major addiction:

- Opiates (opium, methadone, morphine, heroin, fentanyl, pethidine, hydromorphone);
- Psychoanaleptic (cocaine, crack, amphetamines, speed, ecstasy, khat, ICE);

- Psychodislectic (cannabis, LSD, mescalina, DMT- dimethyltryptamine, PCP-phencyclidine).

2. Drug abuse minor (theism and addiction to coffee, smoking, drug addiction, addiction to ether).

Thus, in the last decades, there is signalled a gradual shift from major addiction, which is generally represented by narcotics to a minor addiction, which is represented in particular by narcotics (barbiturates, tranquilizers, amphetamines). This explanation is that drugs are more difficult to access, while drugs can be purchased easily. Because of this, it was reached in ordinary use of about 50 barbiturates derivatives, dozens of amphetamines and hundreds of tranquilizers.

Simultaneously, it is applied also improvised drugs, with unpredictable effects, the drug addicts being extremely inventive. Thus, in this sense, we can mention the "KHAT".

KHAT- is a plant with the scientific name of "Catha Edulis", which has psychostimulant properties well known by the Muslims living in East Africa and South-East Arabian Peninsula, this being also called "African Coca" due to the effects achieved by chewing the leaves, as result of alkaloids release and also endemic character of its consumption.

Also here, we can remind of "crack" designating a new form of cocaine, with a great capacity to develop addiction. It has the form of crystals with a high content of alkaloid that it is smoked. Using it gives an intense euphoric state called flash, which takes a few minutes, determining the individual to use it further to achieve the same effect.

The abuse of crack is very harmful to heart, lungs and central nervous system and leads to a serious cocaine type addiction, the consumer's health being severely affected.

We can also mention the CRANCK-UL which is a mixture of crack and amphetamine, for example heroin. It combines the physical effects of addiction created by the heroin with the intense flash of crack. The cranck effect lasts between 8-24 hours and produces to the consumer a state of euphoria but also of aggression, hallucinations and paranoid notes. Long term consumption can cause fatal injury to lungs and kidneys

as well as long-term mental illness. Cranck site is also known as "speedball" and the mixture is smoked by pipe, heroin, in this case extending the cranck's effects.

Therefore, by the fact that the new derivates chemically different from the substances that go, it is given the chance of those involved in illegal drug activities of this type, to avoid the rigors of the law.

## **Conclusions**

The explosive growth of drug consumption in Romania is a matter of utmost importance currently facing society.

By its actuality, the scale of the analyzed phenomenon and the consequences it causes, constitutes an intense concern for all countries.

Although currently both knowledge and experience has accumulated to treat drug addicts and their reintegration into social, most approaches to combat drug consumption are focused on prevention, medical and psychological treatment, without initiating some activities that would address their social rehabilitation as integrated medical and social services represent an important therapeutic stage; this services being almost non-existent in Romania.

Along with awareness of the gravity of the consequences of this phenomenon there also appeared a legal dimension of drug trafficking and consisted in putting under social control the circuit of plants and products qualified as drugs.

Also, there is an alarming increase in the consumption of a new type of product known as "ethnobotanical type products", consumption with devastating effects especially among the young. They are difficult to detect because, they, typically, appear for the first time at low levels and in specific localities or in restricted sub-groups of the population.

In conclusion, I consider it is necessary to take concrete measures on training specialists in addiction treatment because this area is designated only to psychiatrists according to the Order of Ministry of Health no. 923/2001 which approves the Nomenclature of Medical and Pharmaceutical Specialties for healthcare network.[6]

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