

Drugs

Does the use of cannabis have adverse effects? ►

There are still conflicting views on the health hazards of cannabis use as they have not been sufficiently studied. However, it is somewhat certain that the use of cannabis can cause immediate health hazards to a person experimenting with it or using it occasionally. It is good to be aware of the risks of long-term use if you are thinking about experimenting with cannabis or beginning to use it.

Cannabis is the most commonly used intoxicant. The intoxicating effect of cannabis varies with the strength of the substance, amount, way of using it, the environment it is used in and the characteristics of the user. Cannabis is not poisonous. There are no recorded cases of poisoning deaths from the use of cannabis alone.

Cannabis high causes behavioural or psychological changes such as weakened kinetic functions, pleasure, sometimes anxiety, impaired judgement or social withdrawal. The ability to concentrate, remember and handle activities requiring precision becomes weaker. Cannabis strengthens the effect of other intoxicants and makes the user less attentive and slower to react. The risk of accidents may increase if the driver of a vehicle has taken cannabis. Also, symptoms of serious mental illnesses may appear more easily for users who are genetically predisposed to them.

The effects become apparent during the use of cannabis or shortly after. Typical physical changes include bloodshot conjunctiva (the white of the eyes), increased appetite, dryness of the mouth and elevated heart rate. When smoked, cannabis starts to have an effect within a few minutes. The intoxicating effect lasts for a few hours.

Regular long-term use of cannabis will probably cause irritation of the airways, infections and malignant changes such as lung cancer. Some regular, long-term users of cannabis become addicted to cannabis so that they no longer can be without it or control its use. Long-term use also involves deterioration of memory and skills of observation. After a long period of sobriety the powers of observation and memory may improve.

Some evidence also suggests that the use of cannabis increases the cancer risk in the areas of mouth, throat and gullet. If a mother uses cannabis during pregnancy her child may get leukaemia. Use of cannabis may worsen adolescents' performance at school and adults' ability to perform work assignments that require high intellectual capabilities.

Even though individual differences are great, it is likely that adverse effects are more common in certain groups than is expected. Adolescents who do badly at school and have started to use cannabis at a young age are more likely to start using other drugs and to become addicted to cannabis. If the mother uses cannabis while she is pregnant it may increase the risk of premature labour. The use of cannabis can also aggravate the symptoms of certain diseases, such as asthma, bronchitis, schizophrenia, alcoholism or other substance addictions.

What is amphetamine psychosis? ►

Amphetamine psychosis is a psychotic mental health disorder that is caused by the use of amphetamines and is therefore traditionally classified as a so-called organic psychosis. The term psychosis usually refers to a mental disorder where the patient's sense of reality is distorted due to delusions or hallucinations (auditory, visual or olfactory) and possibly due to fluctuations in consciousness. Amphetamines may cause psychotic symptoms in various ways, but usually the term 'amphetamine psychosis' refers to a delusional state, brought on by the use of amphetamines that do not involve clear hallucinations or changes in one's state of consciousness. It is caused by high-scale, long-term use of amphetamines. Risks are increased by aging, mixed use of substances and physical illnesses. It may also become chronic and more serious if the use of amphetamines continues.

Typical symptoms of amphetamine psychosis include paranoid delusions where the patient feels he/she is threatened or under persecution, even though in reality exists no grounds for these feelings. The patient keeps glancing nervously around and is excessively sensitive to perceptions of others. Quite possibly one doesn't suffer from hallucinations. Amphetamine psychosis may be difficult to distinguish from psychosis typical of schizophrenia, but under professional supervision patients recover quicker and with greater ease as long as they stop using amphetamines.

Patients who suffer from schizophrenia and use amphetamines have psychotic states that are characterised by problems unique to them. In these cases it may be difficult to estimate which symptom is caused by which factor. Amphetamine psychosis, like other psychoses, is usually treated with antipsychotic medication and other psychiatric care. Treatment can take place at a psychiatric hospital although milder psychoses can also be treated in outpatient care.

Does ecstasy permanently damage the brain? ►

Ecstasy decreases the amount of serotonin receptors in the brain. Serotonin is an important transmitter in the processing of information, including remembering and learning. In other words, ecstasy affects your memory. It is still uncertain how much ecstasy is needed to cause cognitive deficiency symptoms. The latest studies have shown that the memory and learning difficulties observed are connected solely to ecstasy use and not to other drugs taken in connection with it.

Structural changes in the brain caused by ecstasy have been found even years after the patient has stopped using ecstasy. Structural changes diagnosed for example by brain imaging have mostly been broken connections between the neural pathways both on the cerebral cortex and the base of the brain. This includes the area of the memory centre. Cognitive functions that have been found to deteriorate due to ecstasy use include reaction time and speed, remembering and the ability to learn.

Users of ecstasy remember less, learn more slowly and forget more than those who do not use drugs. This effect can be seen already when the use has continued on a fortnightly basis for 1 - 2 years.

Some studies indicate that difficulties relating to memory affect only large-scale consumers of ecstasy, not those who use moderate doses on weekends. Other studies, however, indicate that the use of ecstasy causes cognitive changes even if the doses are relatively small. More than ten times of use is said to be the critical amount as far as memory difficulties are concerned.

The ability of ecstasy users to memorise lists of words compared to that of healthy non-drug users discovered that users of ecstasy remembered 60 - 70% less words when compared. In comparison to cannabis users, the users of ecstasy required more repetition in order to be able to memorise the list and they also forgot learnt words quicker. Ecstasy users also score lower marks in visual attentiveness. This is shown by longer reaction times in visual multiple-choice questions. In addition, the amount of mistakes ecstasy users make is considerably larger when compared to users of cannabis. According to studies, the problems ecstasy users have in cognitive performances are not connected to the acute effect of the drug nor to the muddled feelings experienced after its high.

All in all, not even occasional use of ecstasy can be considered harmless as far as memory and other cognitive functions are concerned. Studies have found that the use of ecstasy, even in small doses, continued for months and years, may cause long-term problems in cognitive performance. Memory problems have been diagnosed even up to six months after the patient has stopped using the drug. The memory of some users improves after a few months, but their performance in memory tasks remains lower than that of non-drug users.

Apart from remembering and learning, other cognitive functions seem to remain intact. This may be due to the plasticity of the brain of adolescents. On the other hand it is possible that harmful effects appear later, as the users get older, because the re-uptake of serotonin in the brain decreases with normal ageing. Therefore ageing may cause a faster decrease of cognitive abilities in ecstasy users. This can be seen only as current users get older and when the follow-up studies on them are finished.

Can LSD induce psychosis? ►

LSD is a hallucinogenic drug which means that it causes distortions of perception, such as hallucinations. If actual hallucinations occur, the user's state can, depending on the definition, be considered a psychotic state where his sense of reality is distorted, even if the user himself is aware of what causes the hallucinations.

Sometimes LSD causes an acute state of disorientation, in connection with hallucinations, that may affect the user's moods for days. As a general rule LSD, unlike PCP, does not cause full-blown psychoses if it is used only in small amounts for a short period of time. If the user already suffers from a psychotic disease then this is not the case and should therefore be noted that many hallucinogenic substances may, in addition to their intoxicating effect, also trigger psychotic symptoms in users who are predisposed to psychosis, making existing symptoms potentially worse. Persons

who are predisposed to anxiety or other, more serious mental disorders may easily suffer from panic disorders or states similar to a mild psychosis when they use LSD.

In connection with LSD, so-called bad trips and flashback experiences are often mentioned. "Bad trips" refers to severe anxiety and fear that is connected to the intoxicated state induced by LSD. Flashback experiences refer to a recurrence of the effects of LSD even long after its original use.

Long-term use of LSD predisposes the user to psychotic personality changes and even to schizophrenic, psychotic symptoms. However, distinguishing between psychotic symptoms related to LSD use and other, pre-existing mental disorders is very difficult.

The panic-like states and short-term psychotic symptoms related to LSD use can usually be treated simply by calming things down. Only occasionally is mild, tranquillising medication needed to ease the situation. Problems caused by chronic use of LSD may instead require thorough, long-term treatment.

What are the risks of combined use of ecstasy and antidepressants? ►

In drug user circles there are different views on how the effects of drugs could be enhanced. According to one of these views, boosters i.e. antidepressant medicines (especially the MAO (monoamine oxidase) enzyme inhibitor Aurorix) would strengthen the effect of ecstasy. However, the combination of the two has proven fatal, as it easily induces a state of poisoning known as serotonin syndrome which can lead to death.

In Finland, the deaths related to the use of ecstasy have been caused precisely by the combined use of ecstasy and antidepressants. The use of boosters in connection with ecstasy and other amphetamine derivatives is, in other words, a lethal combination and one you should not try.

The effects of ecstasy are caused by the body's neural transmitters. Ecstasy releases monoamines from the nerve endings of the brain and inhibits their reuptake. A large amount of transmitters, especially serotonin, that is released into one's system causes the desired effects in the user's central nervous system, while at the same time depleting the monoamine stores of the body.

What happens when the amphetamine derivative ecstasy is combined with the antidepressant Aurorix?

The synaptic cleft is a place between two neurons where nerve impulses are transferred from one nerve cell to another via the transmitter. Ecstasy adds dopamine and serotonin into the cleft from the nerve endings of the brain while and at the same time blocking the exit pathway of the synaptic cleft. Simultaneously, the MAO inhibitor Aurorix prevents the functions of the enzymes that destroy both serotonin and amphetamines, eliminating the last possibility the body has to fight the serotonin flood.

In other words, when the two substances are used simultaneously a risk of death is present. As the amount of amphetamine increases in one's system ("taps into the synaptic cleft opened"), the Aurorix prevents the functions of the MAO enzyme (set to destroy serotonin and amphetamines) and blocks the exit pathway of the synaptic cleft ("exit plugged"). Extreme caution should be taken with boosters.

The risks of ecstasy:

Ecstasy should not be used often because one's transmitter stores require time to replenish. A constant depletion could lead to depression. The view that antidepressants that raise serotonin levels would protect the serotonin nerves against the destructive elements of ecstasy has not been supported in studies. Ecstasy is a neurotoxin. As little as 20 times its use has been shown to decrease the user's ability to remember, learn, think logically and deduce. Other possible side effects or risks from occasional use are panic, nausea or a state of confusion. Using ecstasy more frequently and in larger amounts increases the risk of long-term, possibly irreversible changes to the brain.

What are the first symptoms of hepatitis C? ►

Hepatitis C can occur completely without symptoms. If symptoms do appear, they are similar to other viral hepatitis. First symptoms may include fever, loss of appetite, nausea and jaundice of skin and whites of the eyes. If symptoms do appear, they usually appear no sooner than three weeks and no later than three months after the infection.

Drug testing ►

I heard that I have to take a drug test during a health inspection when I start working at a new workplace. Now I'm very worried. How long will different drugs stay in my system and be evident in the urine test? What if the test shows that I'm on prescription medication? Who will get to know the test results? If the test shows that I've used drugs, will the police be informed? I thank you in advance for the answers!

The Answer

How different substances show up in different tests depends on many factors and it is therefore not possible to give an exhaustive answer to your first question. The factors that influence test results include e.g. the method of analysis, the substance used, the purity of the substance, the amount used, the frequency of use, how much time has passed since the substance was last used, how long you have been using the substance, how the substance is used, as well as many individual factors (e.g. body build). Different methods of testing also produce different results. The most commonly used so-called instant tests only tell whether a substance is present in the system. More accurate analysing equipment also tell how much of the substance is present within the system. The most reliable results are obtained from urine samples, but blood and hair samples can also be used.

How long various substances can be detected within one's system varies considerably. In principle the longest enduring substances include cannabis and certain medicines (mainly benzodiazepines), whereas opiates and opiate derivatives disappear from the system relatively quickly. A rule of thumb is that cannabis can be detected 1-5 days after it has been used in an occasional user and even up to 14 days after the use in a more habitual user. Amphetamine can be detected 2-6 days after use Heroin and morphine 1-2 days after the use. Buprenorphine remains in the system only for 0-1 days and cocaine 1-2 days. The detection time for benzodiazepines varies considerably depending on the medicinal substance. For example, midazolam can be detected for 1-2 days and oxazepam 5-7 days, whereas diazepam can be detectable up to 21 days.

Tests also do not tell whether the person has used the substance with the intention of becoming intoxicated. If you use prescription medication according to your doctor's recommendations, you are not misusing medicines. When you take the test, bring along the prescriptions your doctor has given you so, if needed, you can prove that the medicine in question has been prescribed to you in treatment purposes.

Issues relating to drug testing are confidential, and the personnel administering the tests are bound by the same confidentiality as other social and health care professionals. The practices of health inspection vary but in principle the statement should not detail the worker's state of health or his test results, but only to state whether or not the person is suited to his job.

Matters relating to drug testing in working life are still relatively new in Finland, and even the legislation on the matter is only now being prepared. Social and health care professionals have an obligation to inform the police only in case of serious crimes, ones that carry a penalty of more than six years of imprisonment. Use of drugs is not one of those crimes.

In your question you did not specify what substances you have used or why this matter particularly worries you, so unfortunately I cannot be more specific. Of course, no one can be forced to take the drug test, but on the other hand the employee has no obligation to hire anyone. You can naturally inquire about anything relating to the test and the use of the test results from the testing personnel before the test.

Friend's drug problem

I'm very worried about my childhood friend who has been using drugs for a long time now. Lately he has often been in such a state that he hasn't really felt like going out in public. I would like to help him and I suffer very much for him. I don't want to just sit by and watch my 26-year-old friend fall to pieces. I know he has suffered from depression. What could I do? We live in the capital.

The Answer

In your mail you tell about your childhood friend's drug use and say that you want to help him. Drug use has led your friend to isolate himself from the world and you also mention he has been depressed.

It is good that you are still friends even though your friend's life has become focused on drugs. It is also possible that his relationships have gradually been reduced to include only other drug users. He may be very surprised that he has come to this situation.

Long-term use of drugs - be it amphetamine, cannabis or heroin - can lead to mental disorders, such as depression. Amphetamines may, in addition to depression, cause for example paranoia, severe phobias and panics. Many drug users do want to stop using drugs, but feel they do not have the resources and means necessary for putting an end to drug use. A drug user may have been telling himself for a long time that he controls his drug use and drugs do not control him. Drug use becomes compulsive because he is afraid of withdrawal symptoms.

Feeling anxious and ashamed may make it difficult to seek help, even if the drug user would like to stop using drugs. However, seeking help makes it possible to find support to put an end to drug use. Change is possible, although it often takes a long time. The change progresses in stages. Many may occasionally relapse back to their old habits even though the change towards sobriety or cutting down on use has already begun. The process of change can continue even after a relapse.

Friends and family of the drug user may support the change in many ways. You can support your childhood friend by contacting him and discussing his situation with him. You can ask what type of help he would like to get. You can encourage him to contact the nearest treatment centre (e.g. an A-Clinic or a youth centre) where professionals can assess, together with your friend, what he should do. However, no one can make the change for your friend, he has to change himself - his friends and loved ones can provide valuable support in the process of change.

Sometimes a drug user only manages to go through withdrawal in an institution (hospital or an institution specialising in intoxicant-related problems) under a 24-hour supervision. At this stage your friend might benefit from this type of inpatient care. However, it may be that if your friend is depressed it is difficult for him to start seeking inpatient care himself. You can encourage him to find out about the various forms of professional help that are available or even help him to find out about treatment options.

You can find information about the various treatment centres e.g. on the following web sites

- www.a-klinikka.fi (A-Clinics, youth centres, detoxification and rehabilitation units of the A-Clinic Foundation)

You can find out about other services in your municipality, such as mental health clinics, by e.g. phoning the health centre. If your friend is a student or is working, he can seek help also through the Finnish Student Health Service or occupational health services.

Some may hope to get support from people who are in a similar situation. If this is the case, your friend can seek help in giving up drugs by taking part in NA-activities (Narcotics Anonymous). NA-groups operate using the same principle of mutual support as AA-groups, but NA-groups are meant especially for drug users. You can find out more on the [web site](#) .

No matter which service your friend chooses, he may also need concrete encouragement and support in seeking help; you might even walk with him to the treatment centre if he finds it difficult to go by himself on the first time.

In other words, it is possible that your friend's drug use has become a compulsive ritual that he wishes to put an end to. By intervening in the situation you may give him hope of change. He may feel that someone does care about him and it will give him strength to care about himself and seek help.

A person undergoing a process of change needs encouragement and support from their family, friends, colleagues, professional helpers or others in similar situations over a long time period, till the change has become a part of him/her and their daily living. The more such people your friend has around who know about the problems and can be trusted, the wider the support net is.

As someone close to a drug user, you must also think about your own coping strategies. Sometimes it helps to discuss things with others who are in the same situation as you; it may give you new viewpoints and ways of coping. The national Free From Drugs organisation has a telephone helpline and organises various group and course activities for friends and family members of drug users. You can find the organisation's [web site](#) .

Other services for friends and family members of drug users include Al-Anon activities. They are meant for adult friends and families of alcoholics and drugs users and operate with the same principles as AA, anonymously and in groups. In Al-Anon groups you can discuss things with other people in similar situations and find new ways of coping with your own life situation. You can find for more information on the [web site](#) .

You can also find help in literature that discusses intoxicant addiction from the viewpoint of either intoxicant users or their

loved ones. Below a few recommendations (in Finnish):

- Ahtiala Päivi, Ruohonen Kaisa. "Se oli sitä koko elämä". Kokemuksia ja näkemyksiä huumeriippuvuudesta ("It took over my whole life'. Experiences and views on drug addiction"). Kirjayhtymä, 1998
- Koski-Jännes Anja. Miten riippuvuus voitetaan ("How to overcome addiction"). Otava, 1998.
- Leskinen Maire. Koukussa lapseen - irti koukusta. Riippuvuus perheen näkökulmasta ("Hooked on the child - letting go. Addiction from a family's viewpoint"). Kirjayhtymä, 1999.
- Taitto Annikka. Kuka minä olen? Riippuvuus ja siitä toipuminen ("Who am I? Dependence and overcoming it"). A-klinikkasäätiön raporttisarja nro 24, 1998.

We hope that this answer encourages you to talk to your friend and that one of the ideas we have presented encourages him to try. This way he will in time find the keys to change and decide to start recovering. When he has made this big decision, he will need a friend's support.

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