

Review: Legal Drugs are Good Drugs and Illegal Drugs are Bad Drugs

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Background: Labelling drugs are important issue nowadays in a modern society. Although it is generally believed that legal drugs are good drugs and illegal drugs are bad drugs, it is evident that some people do not aware about the side effects of drugs used.

Objective: Therefore, a key contention of this philosophical essay is that explores harms minimisation policy, whether legal drugs are good drugs and illegal drugs are bad drugs and explores relation of drugs misuse in a psychiatric nursing setting and dual diagnosis.

Discussion: The drugs misuse will be poor circumstance when it is used by people who suffer from mental illness.

Conclusion: The usage of those drugs may be strongly under controlled and medical reasons.

Key words: Legal, good drugs, illegal, bad drugs.

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Introduction

It is widely assumed that legal drugs are "good" drugs and can be used in the diagnosis, prevention, and treatment of diseases (Podolsky, 1991). They can have beneficial effects on the functions or structures of the human body. It is also widely assumed that illegal drugs will have unwarranted the side effects: they can cause physical and psychological dependency to individuals and society including violence, addictions, habituation, and mortality (Australian Drugs Foundation, 2002). Especially, illegal drugs can be harmful effects while people use it without having adequate knowledge.

These assumptions are not always valid in the context of psychiatric nursing; some of antipsychotic drugs may have bad side effects to patients with schizophrenia including extrapyramidal motor side effects, weight gain and sexual side effects (Oehl, et al, 2000). Illegal drugs, on the other hand such as cannabis and marijuana have beneficial to treat the symptoms of schizophrenia (Ashton, 2002).

Objectives

This paper has four principal objectives: firstly, it will discuss legal and illegal drugs by focusing on harm minimisation policy. Secondly, to explore the literature and discuss whether legal drugs are good drugs and illegal drugs are bad drugs. The literature review will assess the strengths and weaknesses of the usage of both legal and illegal drugs. Thirdly, it will explore relation of drugs misuse in a psychiatric nursing setting and dual diagnosis. Finally, to explore limitation and provide recommendation based on the literature review.

Significance

Both legal and illegal drugs become controversial issue in society because legal drugs can have bad effects while they interact with other drugs and illegal drugs can be helpful in dealing with psychiatric patients. In the psychiatric nursing practice, some antipsychotic drugs can have negative effects on the patients including resistant, decrease in the number of white blood cell and can be continue to agranulocytosis. In term of illegal drugs such cannabis has been considered in the treatment for patients with chronic schizophrenia. A study by Hall & Degenhardt (2000) argued that cannabis use can be

valuable in the treatment psychosis; however, the heavy cannabis use can cause the symptoms of schizophrenia including hallucination and delusion.

Discussion

Patients with dual diagnosis are defined as substance misuse related problems and mental illness (Gafoor & Rassool, 1998). Definitely, a long with drugs misuse in the society, harm minimisation as a philosophical policy in drugs consumptions is significantly required. The harm minimisation strategies have been developed in many countries. The actions of safe injecting rooms (SIRs) and the needle replacement have become harm minimisation models (Clarke, 2001). The debate on harm minimisation policy also happens in Victoria, Australia with the introduction of safe injecting facilities (SIFs) particularly for heroin users (Mendes, 2002). It is strongly argued that the success of the SIFs was supported by the direct intervention of international and global agencies such as the international Narcotics Control Board, the American Office of National Drug Policy and Vatican. However, there was also the failure of this model because of insufficiency in the SIFs campaign by mass media, the use of doubtful terminology and the opposition Liberal Party. Although, some people argued that it is an expensive way to deal with drugs users, the advantages of it outweigh the cost because it reduces the mortality rate of illicit drug users and to prevent health risks. Plumridge & Chetwynd (1999) reported that injecting drugs misuse tend to be young people. The drugs misuse will be poor circumstance when it is used by people who suffer from mental illness.

Instead of drugs misuse in society, there is no doubt that taking legal drugs is also likely to be secure from the harmful effects because the doctor provides the drugs with prescribing, dispensing and monitoring the potential side effects (Thomton, et al, 1999). Orphan as legal drugs, for instance, is beneficial to treat patients with haemophilia and the side effects on the number of patients are reported so small (Lavandeira, 2002). It stands for the reason that most of legal drugs are developed by adequate research. However, in term of drug interactions, good drugs may have bad side effects when they interact with other drugs because of taking more than two or three medications. The other factors including incorrect dose, incorrect time in taking drugs determine the possible serious problems. The administration of antacids must be six hours before antibiotics such as ciprofloxacin hydrochloride (Bell, et al, 1995). The antacids can cause blockage the effects of the antibiotics. Once more, it is also important to note that decongestant drugs can be

harmful to people who suffer from hypertension because it can cause increase blood pressure.

The incorrect administration of drugs can have psychiatric side effects including hallucinations, psychosis and adverse side effect such death. In fact, some doctors do not give warning the patients about the potential possible side effects of prednisone (Podolsky, 1991). Although, prednisone is well recognised as prescription drug, it was reported that the patients can develop prednisone psychotic episodes, mood disorder and hallucinations in different levels from 5 % to 30 % of taking the drug. As this example demonstrates that legal drugs are not assurance as good drugs because some of them can have bad side effects. It is suggested that people must ask their doctors on the administration of the drugs prescribed and the potential side effects.

The potential side effects of illegal drugs are more widely known. A number of research studies have established that cannabis, cocaine and opioid are generally carrying bad effects. The usage of cannabis is associated with the risks of accidents, dependence, out of control and compulsive behaviour, as a result, it affects on health and social problems (Coffey, et al, 2002). The routine usage of cocaine is also reported physical effects such as gastrointestinal problems, heart rate and toxic in the blood, as well violent behaviours as a result of thoughts disorders (Pennings, et al, 2002). Along with opioid, the users can have physical and psychosocial problems. The physical problems are sweating, vomiting, nausea, diarrhoea, insomnia and psychosocial problems are related to the breakdown personal relationship (Brown & Lo, 2000). For these reasons, many people in medical community believe that those illegal drugs must be banned because of the hazardous side effects.

There is some evidence, however, that illegal drugs can be valuable in the treatment to people who suffer from chronic mental illness. It is important to recognise that cannabis, for instance, may increase positive symptoms to schizophrenia, relieve pain conditions, and useful in palliative care (Ashton, 2002). The usage of cocaine in medication is also qualified as anaesthetic agent because of good as vasoconstrictive (Das & Laddu, 1993). In addition, the opioid drugs can be used as analgesics in a pain clinic (Cowan, et al, 2001). Therefore, it is not adequate to decide that illegal drugs are bad drugs, because some of them can be valuable as medication and have advantages to human being.

Labelling of drugs as good or bad depends on the social acceptance. Hanson, et al, (2002) stated that licit drugs are categorized into four classes that alter consciousness,

awareness and mood. They are, firstly, social drugs including alcohol, tobacco products, cigarette sales and coffee, secondly, prescription drugs that are sales on pharmaceutical market, thirdly, patent drugs such as analgesics, antacids, laxatives, anti-diarrhea products and finally, others drugs that can not be categorized including miscellaneous drugs such as aerosols and morning glory seeds. A drug is not safe because it is a legal; however, a study by Del Rio & Alvarez (1995) found that people in Spain recognized the health risk in taking heroin (98%), cocaine (95.9%) and amphetamines (94.7%). Similarly, the health risks in taking tobacco (41.3%) and alcohol (26.7%). It is important to note that the social drugs such as alcohol and tobacco were significantly lower than other illicit drugs.

While the health risks associated with alcohol and tobacco are recognised, they are considered "acceptable" within western societies. Whether, particular drugs gain social acceptance is determined by advertising. The role of mass media plays large in distributing information and education regarding drugs and their side effects. The impact of advertising drugs becomes significant issues because people generally pay more attention on the promotions aspects that present on the media (Hanson, et al, 2002, p.16). The pharmaceutical industries, for instance, have been spending more money by increasing the advertisement. In the United State of America, the drugs advertisements spent more than \$600 million in 1996 and are projected to increase \$7,5 billion by 2005 (Bell, et al, 1999). It is important to recognise that the pharmaceutical companies which produce legal drugs as good drugs; try to improve the public awareness and to inform them about legal drugs as prevention, treatments, diagnosis, and medications. Consequently, positive attitudes of people towards legal drugs are affected by advertising on the media.

Implication in psychiatric nursing practice

Patients with dual diagnosis need treatment strategies that are required to deal with patients need. It is extremely important that psychiatric nurses have to be aware on the key responsibility and role in managing a group of dual diagnosis. The nurses must recognise the potential problems as early as possible and manage them into a group of patients (Gafoor & Rassool, 1998). The early recognition is essential in order to prevent further impairment. As a group of patients with dual diagnosis are more difficult to treat and manage compare to other patients due to complex health problems such as physical, psychological; social needs and require higher rates of hospitalisation. Patients with substance misuse not only require effective care for their physical problem but also present

higher level of impairment including level of thought disorder, suicidal thought, hallucination, delusions, and aggression especially first-episode schizophrenia and schizoaffective disorder (Sevy, et al, 2001). It is an apparently the real problems for psychiatric nurses in providing care for dual diagnosis. The main reason is that the patients, who admit to the hospital, do not clearly to being physical or psychological dependent on drugs and alcohol misuse. Consequently, the lengths rate of hospitalisation is an obviously required in helping the patients with dual diagnosis. Working with dual diagnosis patients is a specialist job for psychiatric nurses, it is necessary for them to play more active work in meeting with the group of patients due to the health needs and treatment approaches.

The main legal drugs used in psychiatric nursing practice are antipsychotic, mood stabilizer and anti depressants widely recognised as effective drugs in dealing with positive and negative symptoms of schizophrenia. Neuroleptic medications, for instance, can be used as the treatment for schizophrenia and other psychotic disorders (Usher, 2001). Lithium is also as effective treatment in suicide risk among depressive patients (Tondo, et al, 2001). Instead of the beneficial as treatment, those medications may have neurologic side effects including tremor, akinesia, and rigidity. Peripheral nervous system may include dry month, constipation and hypotension.

While legal drugs may carry side effects to the patients, illegal drugs, however, can be valuable in nursing such marijuana and cannabis. Although, it becomes controversy issue, the usage of marijuana is a medical purpose. Hanson, et al, (2002) stated it has been used to be effective in the treatment as antiasthmatic effect, muscle-relaxant and analgesic. Cannabis also runs through successfully for the treatment of depression. Therefore, the usage of illegal drugs may be allowed with strictly regulations and medical reasons. It stands for the reason that it protects people from dependence and tolerates to some effects of illicit drugs.

Assumptions and limitations

The existence of legal drugs as good drugs is based on the assumption of treatment and prescription. Legal drugs as safe drugs are also related to prescribing, monitoring and administrating as the standard of medication (Thomton, et al, 1999). The usage of legal drugs as treatment is under controlled by health professionals to manage the potential of side effects. Illegal drugs, however, are distinguished as bad drugs based on the assumptions on the harmful side effects. The illegal drugs such as marijuana, heroin and

cocaine are banned by government, health community and society because of the harmful effects (Shenk, 1999). Cannabis used was frequently problems in young people and adolescence in society (Fergusson, et al, 2002). The problems related to cannabis used are violent, depression, thought disorder, and suicidal idea. As a result, many people claimed that illegal drugs are bad drugs for the users.

The major limitation of the research study is a number of samples. A study by Usher (2001) for example had 10 participants; undoubtedly, the results of studies are not adequate to demonstrate the valuable of legal and illegal drugs. It is significant that the investigation of drugs need large number of participants to be valid and reliable. In addition, the findings of studies may not be applicable in different culture, society, and hospitals.

Recommendation

There are four recommendations related to the usage of legal and illegal drugs. Firstly, the usage of legal drugs must be under controlled by health professionals. Secondly, some of illegal drugs can be legalised as treatment such as cannabis, marijuana because it was successfully for depression and analgesic. However, the usage of those drugs may be strongly under controlled and medical reasons. For this reason, people will safe while using it from the harmful effects including dependency and addiction. Thirdly, it is also important to intensively conducting research programs by investigating the potential of illegal drugs as treatment in psychiatric nursing practice. With adequate research by involving number of participants, the potential side effects can be minimized. Finally, the education campaign on harm minimisation policy must be intensified to protect people from the harmful effects of drugs misuse.

Conclusion

Labelling of drugs as good or bad is influenced by social culture and mass media. It is essential to intensify the research that may be useful to justify the existence of drugs used. It is generally recognised that both legal and illegal drugs may have side effects that need to be serious thought to taking it in our daily life. Consequently, the harm minimisation strategies must be applied in protecting people from the side effects. Although, legal drugs are good drugs, they may have the harmful side effects. Illegal drugs, however, may be valuable as the treatment in psychiatric nursing practice. In the case of

dual diagnosis patients, psychiatric nurses have significant role such as the early recognition about the symptoms drugs misuse and mental illness disorder and manage the patients into a group.

References

- Ashton, H. (2002). Cannabis or Health?. Current Opinion in Psychiatric, 15 (3), 247-253.
- Australian Drug Foundation. (2002). Introduction to drugs and their effects. Australia Drug Foundation. (on line) available: http://www.adf.org.au
- Bell, R.A. Kravitz, R.L. Wilkes, M.S. (1999). Direct-to-consumer prescription drug advertising and the public. *Journal Gen Intern Med*, 14, 651-657.
- Bell, C.E. Bennett, R.W. & Krach, P. (1995). Diabetes Forecast, 48 (7), 26.
- Brown, R. & Lo, R. (2000). The physical and psychosocial consequences of opioid addiction:

 An overview of changes in opioid treatment. *Australian and New Zealand Journal of Mental Health Nursing*, 9 (2), 65.
- Cape, G.S. (2003). Addiction, stigma and movies. Acta Psychiatrica Scandinavica, 107, 163-169.
- Clarke, H. (2001). Some economics of safe injecting rooms. *The Australian Economic Review*, 34 (1), 53.
- Cowan, D.T. Allan, L.G. Libretto, S.E. Griffiths, P. (2001). Opioid drugs: A comparative survey of therapeutic and "street" use. *Pain Medicine*, 2 (3), 193-203.
- Coffey, C. Carlin, J.B. Degenhardt, L. Lynskey, M. Sanci, L & Patton, G.C. (2002). Cannabis dependence in young adults: an Australian population study. *Addiction*, 97 (2), 187.
- Das, G & Laddu, A. (1993). Cocaine: Friend or Foe. *International Journal of Clinical Pharmacology, Therapy and Toxicology*, 31 (9), 449-556.
- Del Rio, M.C. & Alvarez, F.J. (1995). The harmful effects of drugs as perceived by the Spanish public. *Addiction*, 90, 1113-1116.
- Durrant, C. (2001). The responsibility of the pharmaceutical industry. *The European Society of Clinical Microbiology and Infectious Diseases*, 7 (6), 2-4.
- Fergusson, D.M. Horwood, L.J. & Campbell, N.S. (2002). Cannabis use and psychosocial adjustment in adolescence and young adulthood. *Addiction*, 97 (9), 1123.
- Gafoor, M. & Rassool, G.H. (1998). The co-existence of psychiatric disorders and substance misuse: working with dual diagnosis patients. *Journal of Advanced Nursing*, 27, 497-502.
- Hall, W. & Degenhardt, L. (2000). Cannabis use and psychosis: a review of clinical and epidemiological evidence. Australian and New Zealand Journal of Psychiatry, 34 (1), 26.

- Hanson, G.R. Venturelli, P.J. & Fleckenstein, A.E. (2002). *Drugs and Society* (7th Ed). London: Jones and Bartlett Publisher.
- Lavandeira, A. (2002). Orphan drugs: legal aspects, current situation, *Haemophilia*, 8, 194-198.
- Li, X. Zhou, Y. & Stanton, B. (2002). Illcit drug initiation institutionalized drug users in China. *Addiction*, 97, 575-582.
- Mendes, P. (2002). Drug wars down under: the ill-fated struggle for safe injecting facilities in Victoria, Australia. *International Journal of Social Welfare*, 11 (2), 140.
- Oehl, M. Hummer, M. & Fleischhacker, W.W. (2000). Compliance with antipsychotic treatment. *Acta Psychiatrica Scandinavica*, 102 (407), 83.
- Pennings, J.M. Leccese, A.P. & Wolff, F.A. (2002). Effects of concurrent use of alcohol and cocaine. *Addiction*, 97 (7), 773.
- Plumridge, E. & Chetwynd, J. (1999). Identify and the social construction of risk: Injecting drug use. *Sociology of Health & illness*, 21 (3), 329.
- Podolsky, D. (1991). Good drugs, bad effects. US News & World Report, 111 (8), 82.
- Sevy, S. Robinson, D.G. Solloway, S. Alvir, J.M. Woerner, M.G. Bilder, R. Goldman, R. Lieberman, J. & kane, J. (2001). Correlates of substance misuse in patients with first-episode schizophrenia and schizoaffective disorder. *Acta Psychiatrica Scandinavica*, 104, 367-374.
- Shenk, J.W. (1996). Good drugs, bad drugs. *New Statesman*, 128 (4439), 25.

 Thomton, B. Simon, S. & Mathew, T.H. (1999). Towards safer drug prescribing, dispensing and administration in hospitals. *Journal of Quality in Clinical Practice*, 19 (1), 41-48.
- Tondo, L. Hennen, J. & baldessarini, R. J. (2001). Lower suicide risk with long-term lithium treatment in major affective illness: a meta analysis. *Acta Psychiatrica Scandinavica*, 104 (3), 163.
- Usher, K. (2001). Taking neuroleptic as the treatment for schizophrenia: A phenomenological study. *Australian and New Zealand Journal of Mental Health Nursing*, 10 (3), 145.