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The various types of addictions, their social consequences and preventive measures

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Abstract

The study was set up to investigate supervisors' challenges to effective supervision of teaching and learning at Junior High Schools in the Krachi Nchumuru. The qualitative research approach was employed alongside the case study as the design to conduct this study. A convenient sampling technique was used to select seven (7) head teachers and fourteen (14) teachers making a sample size of twenty-one (21) participants. Data were collected through face-to-face in-depth individual interviews using tape recording. The thematic analytical method was used to analyze the collected data. The findings on the supervisors' challenges to effective supervision of teaching and learning include are inadequate professional qualifications in supervision, inadequate continuing training in supervisory skills, school heads' heavy workloads, routine administrative roles of school heads as supervisors and lessons assigned to school heads to teach and their effects on quality supervision. Recommendations made were that the Ghana Education Service should establish Continuous Professional Development (CPD) programs tailored specifically for school heads' supervisory skills acquisition. The Ghana Education Service should contract experts in supervision to develop a comprehensive curriculum that covers the core competencies required for effective supervision in schools. This curriculum should be designed in collaboration with education experts and should align with the specific needs and challenges faced by school heads as supervisor.

Keywords: *Supervision, Inadequate, Supervisory Skills, Professional Training, Challenges.*

Introduction

It is a generally recognized fact that the human person by nature is a social being, and is thus called to live in society. By analysing the characteristics and actions, the elements and links that bring them together, we can talk about different types of companies. Thus, being that each of the actions of a member of society fulfills a function and has a specific reason, they depend in some way on the development of that society, and are a response to situations such as common ideas, feelings or beliefs and the states of people; this is how the various forms of societies are constructed, not to say society. In this sense, throughout history societies have evolved, transforming their way of coexistence, from life to society, developing new norms and forms of behavior, until reaching what is known today as modern societies with ups and downs. In modern societies, many of the ancient concepts of society have been forgotten, almost giving way to individuality. Since the structures have been modified, as well as the way of regulating interpersonal relationships. Today, the role of the individual as an autonomous being becomes more relevant; this is how universal principles characteristic of traditional society, such as religion, customs or traditions; have been displaced by individual development, all this also leaves many consequences in the personal or individual and community life of many societies.

In this order of ideas, the social norms and rules that previously served to give order to the world have ceased to fulfill that objective; in the sense that each individual traces his own path and defines his own objectives, no longer from the common interest, but from personal benefit, his good in his way of seeing and understanding. This is how in modernity, each individual defines what is the best way to establish an order, according to his objectives, in addition, a single perspective is no longer established about the values that should prevail in society, because each individual has his own perspective and acts according to it. So many times they go from a society of values to anti-values. As can be observed and verified, the transformation of society has been rapid and profound, which is why it is going through a crisis of organization and values; It is clear that traditional patterns of organization and regulation have vanished, but there has been no room for others to emerge in accordance with new needs. As a result of this situation, there has been a situation of unregulated competition, class struggle, routine and degrading art, among other patterns that show that people are not clear

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about their function in society, they do not have clear limits, nor clear rules that define what is legal and just.

In this context, what is happening in modern societies will be addressed throughout this article or this task, in the light of what Durkheim defines as "anomie", due to addictions, that chronic evil characterized by the lack of limits to individual actions, to understand the causes of this situation, evil that they are causing in many areas, as well as proposing solutions will be the objective of this study. It is evident that society is going through an ethical dilemma, due to conflicts of moral values in the social structure; Various solutions could be associated with this problem, depending on the perspective from which it is addressed. In this study, we have chosen to analyze the contribution of Bioethics from a social sphere, as a solution to the erosion of ethical values broken in modern societies. Addictions today represent the greatest problem that is demanding the greatest commitment from the whole of society to confront, attend to and solve them, not only because of the seriousness and growing complexity of the disease that ends up devastating the patient and their family, but also because of the social damage it represents. An increasingly complex and critical condition both because of the exponential increase in its incidence, due to the manufacture (also exponential and uncontrolled) of more addictive and harmful drugs, and because of its relationship with criminality and violence, as well as because of the incidence in more and more young people, including children and adolescents, as well as the addiction to other and new reinforcers such as technologies. food, sex, and play in particular.

Scientific evidence for several years has made it clear that the pathology of addiction is a disease of the brain, with a great determinant of inherited genes, complex, multifactorial, critical, which alters a person's behavior and triggers a series of numerous neurobiological, psychological, social and economic events that as they develop damage their quality of life. harming their health and causing great damage to their environment, with critical consequences and sequelae that go beyond the personal, family and social spheres of the individual. There are multiple and diverse problems presented by the patient of addiction in a progressive, chronic and degenerative "vicious" circular dynamic: in addition to behavioral, emotional and cognitive difficulties, medical problems and psychiatric comorbidity are added, going beyond the medical, neurological, psychiatric, psychological, social, political and even legal dimensions. A delicate, difficult, complicated reality, of increasing complexity and gravity, also extremely exceeded for their professional attention. Hence, the approach to patients with addictions deserves to start from the inter- and transdisciplinary through a comprehensive methodology that allows the systematic evaluation and care of each complexity of the pathology, based on scientific evidence and focused on the patient. Stigma, expectations, beliefs, advertising, narco-culture and social customs make it more difficult to approach the patient despite the development of knowledge. The behavioral perspective of addictions continues to empower outdated intervention approaches. For all these reasons, it is crucial to keep scientific updating and the continuous dissemination of this pathology and its complexities; together with the permanent training of professionals and the generation of sufficient human resources with this knowledge to address the problem in its various contexts. Faced with this need for a scientific update, the construction of the book Addictions: Neuroscientific Panorama arises. Its chapters present updated evidence-based information, documented and delineated in the theoretical framework, which gives it additional value, since there is a lack of updated, sufficient and efficient material to address this disease from the scientific paradigm, describe it in all its multidimensional complexity and from there sustain a comprehensive inter- and transdisciplinary approach through the multiprofessional article and systematic and continuous collective evaluation at the head of the patient.

With great scientific and educational quality, the co-authors present the thematic contents of their contribution in this book, well documented, solid and vast, with a direct language and synthetic analysis to motivate critical reading and facilitate understanding. A very special thank you to each of them, as additional efforts were required to keep the edition up to date with the most recent scientific and regulatory documents, such as the new Mental Health and Addictions Law and the emergence of new drugs, for example. Last but not least, we consider it pertinent and fair to express our inspirational gratitude to the scientific article developed in this field by Dr. Nora Volkow, as a pioneer in the development of the brain paradigm of addictions. All the people who participate in this work believe that it can be of great use to society, to professionals, to families and especially to patients, who urgently require empathy and solidarity accompaniment in this situation that compromises their will and the integrity of their mental health. We trust that this work will help to make this complex panorama of addictions more visible from a scientific, educational, pragmatic and realistic perspective, contributing to vindicate the human value of professionalism in its management. Based on the analysis of the opinion of experts and research on these characteristics of modern societies, bioethics and social problems such as addictions will be addressed and try to see how to provide a solution to this problem. Addictions, understood as a compulsive dependence on substances or behaviors, represent one of the most complex challenges of contemporary society. Beyond their medical and psychological implications, addictions profoundly affect the ethical dimension of human beings, compromising their freedom, violating their dignity and challenging the fundamental principles of bioethics.

Addictions are one of the most complex and persistent challenges in contemporary societies. Beyond its physical and psychological effects, the problematic consumption of substances such as alcohol, illegal drugs, tobacco or even digital technologies has profound repercussions on the social fabric. Addictions not only affect the individual who suffers from them, but also alter family, work, community and economic dynamics, causing a chain of consequences that perpetuate exclusion, violence and inequality. This article seeks to broadly analyze the social consequences of

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addictions, understanding that the phenomenon cannot be addressed only from the medical or legal perspective, but requires an interdisciplinary perspective that includes sociology, social psychology and public policies. Addictions represent one of the most complex challenges to public health and social cohesion in the 21st century. Beyond substance use, the phenomenon involves psychological, economic, cultural, and ethical factors that affect both the individual and their environment. In this context, bioethics emerges as a fundamental discipline to guide clinical, political and social decisions related to the treatment, prevention and understanding of addictions. This article explores how bioethics contributes to solving the problem of addictions in society, promoting an approach focused on human dignity, social justice and respect for people's autonomy. Addictions are a complex problem that affects not only the physical and mental health of the individual, but also fundamental dimensions of their existence such as freedom, dignity and their condition as a human person. In a society marked by consumption, stress and exclusion, the addictive phenomenon has expanded beyond traditional substances, including compulsive behaviors such as gambling, the use of technologies or excessive article.

This article proposes an ethical and humanist reflection on how addictions violate freedom of choice, erode personal dignity and fragment the integrity of the human being, demanding responses that recognize their complexity and promote the restoration of the person. Bioethics, as a discipline that reflects on moral dilemmas in human life, health, and behavior, offers an essential framework for understanding and addressing addictions from a humanistic perspective. This essay analyzes how the various forms of addiction—from drug use to technological dependencies—impact bioethical principles, individual freedom, and the dignity of the human person, proposing a critical and compassionate look at the phenomenon.

Understanding of notions or terminologies

Addictions are complex disorders that affect both the brain and behavior. They are characterized by the inability to abstain from a substance or activity, despite the negative consequences that this may generate. It is not just a lack of will, but a profound alteration in the brain's reward, control and decision-making mechanisms. There are numerous types of addictions, some well known and others more peculiar. The most frequent are described below, although it is also important to mention that there are others that are less common, such as the compulsion to eat toilet paper, licking cats or chewing glass, stones or ice. The latter, while rare, also pose significant challenges for those who experience them, as they require specialized care. Addictions can be classified into two large groups: substance addictions and behavioral addictions. The former involve the consumption of chemical substances such as alcohol, drugs or tobacco, while the latter refer to repetitive and compulsive behaviors that the person cannot control, such as gambling, shopping or using the internet. The definition of pathological addiction according to the WHO underlines how these are "important risk factors for public health". Any type of addiction, when it significantly affects the health of the individual, is defined as a pathological addiction. The mechanism of addiction, as defined in the DSM-5, is based "on the direct activation of the brain's reward system, which is involved in the reinforcement of behaviors and the production of memories. (The substances) produce such intense activation of the reward system that normal activities can be neglected."

Let's see how to recognize an addiction based on the symptoms it causes and which are the most frequent and important.

1. Substance addictions

Substance addictions are probably the most recognized types of addictions. They involve the consumption of drugs or illicit substances for recreational, relaxing or even medical purposes, which generate physical and psychological dependence.

- **Alcohol**: Highly consumed and widely accepted, alcohol can cause anything from passive to aggressive behavior and is linked to serious health problems. Alcoholism, one of the most common addictions, tends to become normalized, which makes it difficult to recognize and treat it properly.
- **Nicotine**: present in cigarettes, nicotine is highly addictive. Despite its legality and the fact that the public is well informed about its harmful effects, tobacco use remains high. Nicotine addiction manifests itself with symptoms such as stress, anxiety, headache and bad mood when not consumed, mainly affecting the respiratory tract.
- **Psychotropic drugs**: These medications must be prescribed by a psychiatrist, which makes it difficult to access them outside of medical contexts. However, misuse of psychotropic drugs can lead to rapid dependence, as their repeated use can develop tolerance, requiring increasing doses to achieve the same effects.
- **Caffeine**: While there is debate about whether caffeine meets the parameters to be considered an addiction, many consumers rely on this substance to work on a daily basis, experiencing withdrawal symptoms such as headaches and fatigue when trying to reduce their usual consumption.
- **Other substances**: Cocaine, amphetamines, ecstasy (MDMA), LSD, opiates, steroids, and cannabis (marijuana) are other examples of substances that can lead to a strong addiction. Each of these substances has specific effects that affect both the physical and mental health of the individual, and their consumption can have serious social and legal consequences.

2. Behavioral or behavioral addictions

In addition to substance addictions, there are other types of addictions that do not involve the consumption of any substance, but the repetition of behaviors that can be destructive to the individual.

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- **Sex and pornography**: Although sex is a natural part of human life, its excessive practice can become a problem, especially when combined with the consumption of pornography, which is already highly addictive. This addiction can distort the perception of sexual relationships and affect the ability to make healthy emotional connections.
- **Gambling**: Gambling addiction is a disorder that affects an increasing number of people, driven by the constant expectation of winning money in games of chance such as poker, roulette, or sports betting. Gambling addiction can lead to the loss of material possessions and serious financial problems very quickly.
- **Food**: Food addiction is within the eating health disorders. People with this addiction consume food excessively and uncontrollably, which can lead to obesity, diabetes, and other serious health problems.
- **New technologies**: Dependence on electronic devices and the Internet is common, especially among younger generations. This addiction can interfere with daily activities and personal relationships, creating a toxic relationship between the individual and new technologies that is difficult to break.
- **Shopping**: Shopping addiction involves spending large sums of money on unnecessary products, which can lead to the accumulation of objects and serious financial problems.

Workaholism: Workaholism involves overdedication to work at the expense of other areas of life, such as personal relationships and emotional well-being, resulting in a deterioration of the overall quality of life.

3. Emotional addictions

Emotional addictions are perhaps the least known but equally important types of addictions. These addictions do not involve external substances or behaviors, but are related to the person's internal emotional states.

- **Emotional dependence**: arises when a person feels unable to leave a relationship, even when it is harmful. This dependence prevents the individual from moving forward and making new healthy connections.
- **Sadness addiction**: some people can get stuck in states of sadness or depression, without wanting to get out of them. This emotional addiction can affect independence and the ability to deal with emotions in healthy ways, affecting relationships and quality of life.

How can addictions be treated?

The treatment of different types of addictions requires a comprehensive and personalized approach, which encompasses several phases of recovery: short, medium and long term. This process includes psychotherapy, especially cognitive behavioral therapy, which helps modify the patterns of thought and behavior that lead to addiction. In addition, it is essential to talk about addiction with family, friends or specialists, since social support is essential in recovery.

On the other hand, treatment may include medications to relieve withdrawal symptoms and treat underlying issues such as depression or anxiety. In severe situations, hospitalization may be necessary. It is also essential to participate in support and self-help groups, which teach how to live without drugs, deal with cravings, avoid risky situations and manage relapses. In some centers there is a team of specialists who design personalized treatment plans for each type of addiction, ensuring a comprehensive and effective approach that meets all the needs of the patient.

Tips to reduce the chances of relapse

Reducing the chances of relapse is key to ensuring a lasting recovery from any addiction. Here are some helpful tips:

- **Changes in your life**

Make significant changes to your environment and habits to eliminate the factors that contribute to addiction. Avoid the places and people you associate with consumption and replace negative thoughts with positive attitudes.

- **Honesty**

Be completely honest about your addiction, especially in the recovery circle. Transparency with family, friends, and health care professionals is crucial to maintaining the path to recovery.

- **Ask for help**

Joining self-help groups can increase your chances of long-term recovery. Sharing experiences and receiving support from others in similar situations is very beneficial.

- **Always practice self-care**

Maintaining a self-care routine helps maintain motivation in recovery, encourages self-love, and makes it easier to manage negative emotions.

- **Follow the rules**

Adhering to treatment rules and maintaining recovery routines is essential, even after many years of sobriety. Discipline and commitment to recovery strategies prevent relapse.

There's always a way out

At our addiction treatment center in Gijón, Asturias, we firmly believe that there is always a way out. No matter what type of addiction you're facing, we're here to help you find the path to recovery. We have highly trained professionals and personalized treatments that will provide you with the support you need to overcome your addiction. Remember, you're never alone in this process.

Substance Addictions:

Alcohol: Alcoholism is one of the most common and socially accepted addictions, but it can lead to serious health and social problems.

Tobacco: Nicotine, present in tobacco, is highly addictive and can cause physical and psychological dependence.

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Drugs: These include illegal drugs such as cocaine, heroin, and marijuana, as well as improperly used prescription drugs.

Other substances: Caffeine, amphetamines, ecstasy, LSD, and opiates are examples of other substances that can lead to addiction.
Behavioral Addictions:

Gambling addiction: The person feels an irresistible urge to gamble, even if this leads to negative consequences.

Sex addiction: It is characterized by a compulsive search for sexual experiences, often with negative effects on personal and social life.

Internet and video game addiction: It involves excessive and compulsive use of the internet, social networks, video games and other technologies, which can lead to isolation and loss of control.

Shopping addiction: It manifests itself as a compulsive need to buy, even if the object is not needed or cannot be afforded.

Workaholism: The person works excessively and compulsively, neglecting other important areas of their life.

Sports addiction (vigorexia): It is characterized by an obsession with physical exercise and excessive concern for body image.

Food addiction: It can manifest as a binge eating disorder, where the person eats large amounts of food compulsively.

Factors that influence addictions:

Addictions can have psychological, social, and family causes. Individual vulnerability, social environment, and genetic predisposition can influence the development of an addiction. Treatment for addictions may include individual, group, or family therapy, as well as rehabilitation and mutual support programs. It is important to seek professional help to overcome any type of addiction.

Types of addictions
All addictions, regardless of their origin or substance, act on the body through a similar reward mechanism, which is what causes addiction. The most common addictions are the following.

Alcohol: Although due to its wide social acceptance it is not perceived as dangerous, alcohol is the most consumed substance in our country and alcoholism is the addiction that produces the most disorders. Learn more about alcoholism.

Tobacco: The tobacco plant, in its different presentations, contains a chemical called nicotine, which is a very addictive substance. Nicotine generates antidepressant effects and symptomatic relief of anxiety. Although the number of cigarette smokers has declined considerably in recent years, the mortality rate associated with tobacco addiction continues to grow. Along with alcohol, it is considered a "door" drug, since it brings you closer to the consumption of illegal substances.

Cannabis (marijuana): It is a drug derived from the hemp plant whose most well-known addictive substance is tetrahydrocannabinol (THC). It is usually consumed smoked in different presentations, the most frequent being hashish and marijuana (commonly known as "joints"). It is the most consumed illegal substance in the country, with a worrying prevalence among adolescents. This drug impairs short-term memory, learning, the ability to concentrate, and coordination. Prolonged use can lead to serious mental problems such as generalized anxiety, agoraphobia, hallucinations, and, in susceptible people, can cause psychosis.

Cocaine: It is the substance that produces the most demands for addiction treatments. It is a stimulant that is extracted from the coca plant and sold mixed with other inert substances, such as talc or cornstarch. It is usually consumed by inhalation or injection and is often combined with the use of other drugs. In addition, it is a short-lived stimulant, which causes abusers to take the drug many times in a single session ("binge"). Cocaine abuse can result in serious medical consequences related to the heart and respiratory, nervous and digestive systems. Prolonged cocaine use can cause a multitude of pathologies, both physical, such as hypertension or arrhythmias, and psychological, such as anxiety or depression.

Amphetamines: These are synthetic substances that began to be used for the treatment of different diseases. The consumption of this type of drug stimulates the central nervous system, generating states of euphoria and mental acuity. They have especially long-lasting effects on the brain and increase body temperature. Their effects are especially long-lasting and harmful to the brain and lead to an increase in body temperature, causing heart problems and even seizures.

Ecstasy (MDMA): It is a substance derived from amphetamines that, in addition to being a stimulant, produces alterations of the mind. Their use, like that of amphetamines, increases body temperature, heart rate, and blood pressure, and can also cause dehydration. Its effects on the mind range from anxiety to paranoia.

LSD: It is one of the most powerful hallucinogens. Hallucinogens are drugs that alter the perception of reality. Its effects are unpredictable, and consumers may experience visual, auditory, and tactile disturbances that seem real, but are not. They can cause an increase in heart rate in the individual, as well as sweating, lack of appetite, lack of sleep and tremors.

Opiates: Heroin has its origin in opium, the consumption of which produces euphoria and a feeling of general relaxation. It decreases heart rate, blood pressure, and visual acuity. Among other drugs in the opiate family are morphine and other painkillers that have medical uses, which is why it also generates indifference to pain. However, its non-medical use or abuse can be very harmful.

Psychotropic drugs: Increasingly used for non-medical purposes, which can cause addictions with serious

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consequences. The most commonly used as drugs are analgesics, sedatives and stimulants. It is worth noting a worrying increase in consumption by young people and adolescents, given the erroneous perception that they are not dangerous because they are sometimes prescribed by doctors.

Steroids: Anabolics are synthetic variants of testosterone, which are used to increase muscle mass and improve physical performance. Its abuse generates severe acne and cardiovascular, cerebrovascular and infectious diseases. A common and very dangerous occurrence is the combined use of two or more drugs, regardless of whether they are legal or not. Their interaction involves significantly greater risks than the consumption of these substances separately. To address the treatment of these addictions, it is necessary to recognize the two pathologies separately.

Addictive behaviors: Sometimes addictions are not caused by a chemical substance, but by an activity that is capable of generating a reward mechanism similar to that of some drugs. Some of the most common addictive behaviors are gambling addiction or addictions to sex or the internet. These addictions have important and dangerous effects on the emotional balance and on the scale of life priorities of the addicted person, for whom this activity becomes a vital priority.

According to the World Health Organization (WHO)[1] "addiction is a physical and psychoemotional (progressive) disease that creates a dependence or need for a substance, activity or relationship". When it is an addiction, it is characterized by a set of signs and symptoms, in which biological, genetic, psychological and social factors are found. Addiction is a phenomenon that affects people of all ages, sex, physical condition, race, among others. It is important to note that it is not experienced in the same way in all people, since significant differences can be observed when analysing them, taking into account variables such as differentiated consumption according to age, cultures and type of substances, etc. According to the report of the National Drug Plan 2021 (2019-2020), [2]the drugs with the highest prevalence of consumption in the Spanish population between 15-64 years of age, (women and men) are alcohol, tobacco and hypnosedatives with or without prescription, followed by cannabis and cocaine. The age of onset of consumption remains stable, although tobacco and alcohol, followed by cannabis, are the substances that are consumed the earliest. The substance that is usually started at later ages are hypnosedatives and opioid analgesics. In the last year, data confirm a higher consumption in people aged 15-34 years, mostly men (except for prescription or non-prescription hypnosedatives and prescription or non-prescription opioid analgesics), which is higher in women. These differences between the sexes are accentuated in the case of alcohol, tobacco and cannabis[3]. Culture also has a lot to do with addiction, as different cultures have different attitudes and social norms regarding substance use.

Some cultures may have a higher tolerance or even celebrate certain types of consumption, while in others it may be more stigmatized or even illegal. These cultural differences can affect consumption rates and usage patterns in different societies[4]. If we focus on the differences according to sex/gender, we must first make some conceptual clarifications. According to Patricia Martinez, gender is the set of sociocultural readings based on a piece of information understood as "biological": sex; The masculine and the feminine (gender) come to designate norms, values, ways of behaving, dressing, expressing oneself, feeling, etc. for the two defined and designated sexes: man and woman. Throughout the 20th and 21st centuries, the issue of addictions and the consumption of psychoactive substances has been predominantly associated with men, which has led to the invisibility of the impact it has on women. However, today, there is a significant increase in the percentage of women with addiction problems. Despite this, it is important to note that a large part of women with addictions do not seek help or access treatment, which contributes to the lack of visibility of this phenomenon[5]. What is an addiction? According to the World Health Organization (WHO), it is a physical and psychoemotional illness that creates a dependence or need for a substance, activity or relationship. Addictions represent a significant challenge both personally and socially, profoundly impacting the lives of those who suffer from them and their loved ones. Therefore, it is important to recognize that there are different types of

[1] *International Centre for Health and Society. "Social Determinants of Health. The Solid Facts" (OMS,2003).https://escpromotorasdesalud.weebly.com/uploads/1/3/9/4/13940309/determinantes_sociales_de_la_salud._los_hechos_irrefutables.pdf*

[2] *Fad recalls that drug use continues to be one of the most serious health problems we face globally | FAD. (2021c, June 25). FAD | Fad Youth Foundation.https://fad.es/notas-de-prensa/fad-recuerda-que-el-consumo-de-drogas-sigue-siendo-uno-de-los-problemas-de-salud-mas-graves-al-que-nos-enfrentamos-globalmente/*

[3] *Alcohol, tobacco and illegal drugs in Spain. (2021). Ministry of Health. https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2021_Informe_Indi_consumo_problematico.pdf; Fad recalls that drug use continues to be one of the most serious health problems we face globally | FAD. (2021c, June 25). FAD | Fundación Fad Juventud.https://fad.es/notas-de-prensa/fad-recuerda-que-el-consumo-de-drogas-sigue-siendo-uno-de-los-problemas-de-salud-mas-graves-al-que-nos-enfrentamos-globalmente/.*

[4] *Francisco, J. (2022, February 1). Differences between use, abuse and addiction. The Mind is Wonderful. https://lamenteesmaravillosa.com/diferencias-entre-uso-abuso-y-adiccion/;*

[5] *Santos Martín, B. (2017). Gender perspective in drug use (publication No. G2510) End, University of Valladolid of Degree]. Uva.es. https://uvadoc.uva.es/bitstream/handle/10324/26727/TFG-G2510.pdf;jsessionid=D3A6A410401927E40B6F2EB730597005?sequence=1.*

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addictions, each with unique characteristics and specific treatment requirements. In this article, we will explore the various types of addictions that exist, especially delving into the most common ones. In addition, we will emphasize that addictions are chronic diseases that can be treated and prevented effectively, especially with the help of specialists. Addictions are recognized as a disease of the brain due to a neuropsychobiological dysfunction of the motivation and reward circuits, mainly made up of the ventral tegmental area, the nucleus accumbens and the prefrontal cortex[6]. Simply put, it is a disease of the brain that affects the mechanism that drives our innate and acquired behaviors through motivation and that determines, regulates, and controls them through emotion or reward. Its conceptualization under the scientific and epistemological support is completely essential, in addition to formulating the operative concept, usable to diagnose, treat, evaluate, prevent and predict different potential states with which a disease is expressed.

Based on this, as well as based on known rules and laws, and the study of the natural history of the disease, the methodologies and resources for the approach (diagnosis, therapeutic, evaluation and prognosis), as well as for its prevention and research, are also determined. It is also essential that terminology be defined and decided from here, including the lexicon to describe, distinguish, classify, study and intervene in it, even for its dissemination and communication[7]. Not only is it necessary to have its own common language among scholars, professionals and students, but also with patients, their families and society[8]. For this reason, its approach must be carried out under the conceptualization of a brain disease, complex, difficult but treatable[9] as it is, globally and scientifically agreed upon, leaving behind the dualistic confrontations between "biological-mid-dichocentric" or "behavioral-psychosocial", as well as the dissonances of models that preserve dichotomies (psychological/medical, genes/environment, or biological/psychosocial, etc.), it is certainly a reductionism to subordinate to addictions, so without conflict in a natural way the issue of addictions corresponds totally to the field of neurosciences. The life sciences and specifically the neurosciences are the theoretical reference for the approach to addictions[10]. The World Health Organization currently defines addiction concisely as a brain disease that causes a compulsive search for the drug and its use despite the adverse consequences it generates. The main manuals and diagnostic guidelines of the American Psychiatric Association (APA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Organization (WHO) continue to call them from different perspectives that have to do with the possible forms and patterns of substance use, or from a risk and harm reduction perspective. or related to other circumstances, and they call them as: substance use disorder (SCD), problematic drug use disorder (UPD) or mental and behavioral disorders due to the consumption of multiple drugs or other psychotropic substances, respectively. For their part, the American Society of Addiction Medicine (ASAM) and the American Academy of Pain Medicine (AAPM) define it as "a primary, chronic and neurobiological disease with genetic, psychosocial and environmental factors that influence its manifestations[11].

The two most commonly used psychiatric nosotaxias, the ICD (WHO) and the DSM (APA) have different categorical classifications and, although they are close to scientific evidence, none of them conforms to the natural history of the disease, its presentation, clinical presentation and evolution. Their schemes continue to emphasize some clinical or severity, categorizing a use, abuse, and dependence of substances under the criteria of prohibited or dangerous, maladaptive, or harmful use[12]. Adjustments are pending in the light of knowledge, under the perspective of the disease of addiction and its evolution in theoretical-methodological congruence. The National Institute on Drug Abuse (NIDA) is one of 27 centers that are part of the National Institutes of Health (NIH) of the U.S. Department of Health and Human Services, with the mission of advancing knowledge of addictions and applying that knowledge to improve individual health and public health. Since 1974, through work commitments with countries, organizations and individual researchers, it has promoted research on addictions around the world and disseminates the knowledge acquired. It is the organization that supports most of the serious research on the subject worldwide and is the source of the greatest knowledge, practically the cradle of the science of addiction. For the nest, under the leadership of Dr. Nora Volkov, addiction is a brain disorder that generates functional changes in the brain's circuits of reward, stress and self-control, and

[6] *Kalivas, P., Volkow, N., & Seamans, J. (2005). Unmanageable Motivation in Addiction: A Pathology in Prefrontal-Accumbens Glutamate Transmission. Neuron, 45(5), 647-650. https://doi.org/10.1016/j.neuron.2005.02.005.*

[7] *Room, R. (1985). Dependence and Society. British Journal of Addiction, 80(2), 133-139. https://doi.org/10.1111/j.1360-0443.1985.tb03263.x*

[8] *Room, R., Hellman, M., & Stenius, K. (2015). Addiction: The dance between concept and terms. The International Journal of Alcohol and Drug Research, 4(1), 27-35. https://doi.org/10.7895/ijadr.v4i1.199*

[9] *Volkow, N. D. (2008). Drugs, the Brain, and Behavior: The Science of Addiction. National Institute on Drug Abuse. https://nida.nih.gov/sites/ default/files/soa_sp_2014.pdf.*

[10] *Manes, F., & Niro, M. (2015). Using the brain: Knowing our mind to live better. Planet.; Manes, F., & Niro, M. (2018). The brain of the future. Planet. Nida. (2022, March 22). Understanding drug use and addiction. National Institute on Drug Abuse. https://nida.nih.gov/es/publicaciones/drug facts/understanding-drug-use-and-addiction.*

[11] *Carbonell, X. (2020). The diagnosis of video game addiction in the DSM-5 and ICD-11: Challenges and opportunities for clinicians. Psychologist Papers, 41(2), 211-226. https://doi.org/10.23923/pap.psicol2020.2935*

[12] *Room et al., 2015, ibidem, op. cit.*

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reconceptualizes it according to the advance of science[13]. In short, addiction —of any kind— is a health aftershock, a disease, whose pathological organ is the brain, therefore, its clinical expression is the affectation of its functions, that is, of human behavior. So it is very far from being a pathology of a biological or medical nature only, nor is it psychological, spiritual or behavioral, nor social only; the brain merges the biological, psychological and social, even with the past, present and future; so its dysfunction or pathology will therefore modify its behaviors. Therefore, not only the pathology must be reconceptualized, but also the social image of those who suffer from it, and it causes cognitive, emotional and behavioral alterations[14]. Assuming the scientific paradigm of addictions, if it means moving the conception of the object of study in question from a moral to a medical one, with a profound impact on all institutions, thus touching on a wide range of issues in a reality where, for example: the responsibility of a person with a brain dysfunction that causes the disease of addictions, even with possible neuronal damage from drugs, it does not exempt her from legal responsibility for her actions; What's more, she is even allowed to possess marijuana in a certain amount for her consumption, but if she possesses one more milligram she is considered guilty of a crime and therefore deserving of a sanction (which is the case of a large majority of prisoners for drug possession), then the approaches in financing for treatment and other government actions that are required, they are largely influenced by the behavioral conception of addiction. It is characterized by a set of signs and symptoms, in which biological, genetic, psychological and social factors are involved.

It is a progressive and fatal disease, characterized by continuous episodes of lack of control, distortions of thought and denial of the disease. In order to speak of physical and psychological dependence, people present three or more of the following criteria in a period of 12 months: A). Strong desire or need to consume the substance (addiction). B). Difficulties in controlling such consumption. C). Withdrawal syndrome when interrupting or reducing consumption. D). Tolerance. E). Progressive abandonment of interests unrelated to the consumption of the substance. (Time investment in activities related to obtaining the substance). F). Persistence in the use of the substance despite clearly perceiving its harmful effects. Levels of addiction: **1. Experimentation:** this is the case where the person, guided by curiosity, is encouraged to try a drug, being able to later continue the consumption or interrupt it **2. Use:** Commitment to the drug is low. It is consumed on weekends and on casual occasions. There is no work, social or family deterioration. He does not have episodes of poisoning. The consumer is only looking for a change of sensations. However, every drug progressively generates physical or mental dependence and it is easy to fall into abuse. **3. Abuse:** use is regular during almost every week and there are episodes of intoxication. Example: in alcohol, intoxication is when there is already a hangover, mental lapses. The drug progressively directs life, academic, work, social and family deterioration occurs. The mood is changing (a normal life and an addictive life and unknown most of the time by the family). 4. Addiction: relationship of friends and family is broken, academic and work difficulties. The search for the drug is done compulsively. Abstinence is difficult. There is organic commitment. There are risky behaviors such as: sexual promiscuity, intravenous drug use or combination of several drugs, mood depends on the consumer/withdrawal stage, car accidents.

What do we call drugs? According to the WHO, a drug is defined as "any substance that, when introduced into the living organism, can modify one or more of its functions by altering thoughts, emotions, perceptions and behaviors in a direction that may make it desirable to repeat the experience, which may cause mechanisms of tolerance and dependence." Both alcohol and tobacco are legal drugs. Both are the cause of the largest number of preventable deaths today. The main difference between tobacco and alcohol and other social drugs such as marijuana and cocaine is in the ease of their acquisition. As explained above, we recall the difference between gender that has a cultural content (male-female) and biological sex assigned (male-female). Next, we will address the differences, taking into account both aspects, according to Patricia Martinez. Changes in gender roles that lead women to consume more substances are due to the higher value placed on masculine traits. In an attempt to seek equality, women imitate these behaviors, reinforced by a society that gives greater importance to the masculine. These inequalities and obstacles are compounded by a number of factors. These include the increased stigmatization and feelings of shame or guilt experienced by women who are dependent on substances. In addition, they face social inequalities, such as increased stigmatization and the feeling of shame or guilt experienced by women who are dependent on substances. In addition, they face social inequalities such as lack of access to adequate treatment services, less social support, and less participation in prevention and recovery programs. These barriers hinder the process of seeking help and the possibility of a successful recovery. They are also afraid of losing custody of their children and may be suspicious of the effectiveness of treatments and their ability to understand the specific problems women face. These inequities can influence how people experience drug use and addictions. Gender stereotypes play a crucial role in this regard, as they can influence the type of drug used and the way it is used[15]. In addition, it is necessary to consider the different responses of the social environment to drug addiction problems. Many

[13] *Nida. (2022, March 22). Understanding drug use and addiction. National Institute on Drug Abuse. https://nida.nih.gov/es/publicaciones/drug facts/understanding-drug-use-and-addiction*

[14] *Manes & Niro, 2018; ibid., op. cit.; Pascual, M., & Pascual, F. (2017). The stigma of the addicted person. Addictions, 29(4), 223-226. https://doi.org/10.20882/adicciones.1038.*

[15] *Sánchez Pardo, L. (n.d.). Drugs and the gender perspective. Comprehensive health care plan for women in Galicia. https://www.fundacioncsz.org/ArchivosPublicaciones/217.pdf*

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women choose to hide their addiction problems and not seek help, due to the fear of being stigmatized as addicts and facing exclusion or rejection from their partner, family and close environment. This is because society values the roles of women and men, which linked women to the family sphere and domestic tasks (including raising children and caring for dependents) and men to public life and productive work. This continues to distort the knowledge and analysis of the reality of drug use and drug dependence. Therefore, there is a need to understand how these inequities can influence the way people experience drug use and addictions, and to work to remove the stigmas and barriers that prevent women from seeking help and accessing necessary treatments[16].

ALCOHOL This depressant of the central nervous system is the legal drug with the highest consumption and has a greater number of addicts, because the drinks that contain it enjoy great social acceptance and its consumption is deeply rooted in our culture. The ethyl alcohol contained in drinks is produced during the fermentation of sugars by yeasts, it is what causes drunkenness. What is meant by alcohol consumption? Alcohol consumption can be described in terms of grams of alcohol consumed or standard drinks. In Latin America, not all countries have a standard definition of a drink; in the United States and Canada a standard drink contains between 13 and 14 grams of alcohol. On a scientific level, reports on the amount of alcohol consumed should be expressed in grams of absolute alcohol, to facilitate comparisons between countries. The term standard beverage is used to simplify the measurement of alcohol consumption. Although this may be inaccurate, its level of accuracy is good enough to recommend it as a method for calculating alcohol consumption in a variety of settings, such as emergency rooms and accident rooms, primary care facilities, and inpatients. The World Health Organization proposed the following values for standard beverages:

- 330 ml of 5% beer.
- 140 ml of 12% wine.
- 90 ml of fortified wines (e.g. sherry) at 18%.
- 70 ml of liqueur or appetizer at 25%.
- 40 ml of drinks with an alcoholic content from the distillation of cereals, fruits, nuts and other raw materials, mainly agricultural (gin, vodka, brandy, rum, whiskey and tequila) at 40%.

Due to its specific gravity, one milliliter of alcohol contains 0.785g of pure alcohol; therefore, the WHO definition with respect to standard beverages is approximately 13 g of alcohol. It is important to know the following terms when talking about alcohol consumption: Risk consumption: it is defined as a level or pattern of consumption that entails a risk to health, if the habit persists. There is no agreement as to what level of alcohol consumption involves risky consumption, but any level of alcohol consumption involves risks. The WHO defines it as regular daily consumption of 20 to 40g of alcohol in women and 40 to 60g daily in men. Harmful use: Harmful use refers to a pattern of use that affects people in both their physical health (e.g., liver cirrhosis) and their mental health (depression as a result of use). Based on epidemiological data regarding the harms caused by alcohol, the WHO defines it as average regular consumption of more than 40g of alcohol per day in women and more than 60g per day in men. Intoxication: according to the WHO, this can be defined as a more or less brief state of psychological and motor functional disability induced by the presence of alcohol in the body, even with a low level of consumption. Intoxication is not synonymous with occasional overconsumption. Occasional binge drinking: This is when an adult consumes at least 60g of alcohol in a single sitting, which can be particularly harmful to health. Alcohol dependence: set of behavioral, cognitive, and physiological phenomena in which the use of alcohol becomes a priority for the individual, above other activities and obligations that at some point had greater value for him. A central characteristic that is presented is the powerful and difficult to control desire to consume alcohol. Returning to drinking after a period of abstinence is often associated with a rapid recurrence of the features of the syndrome. In summary, it is a disease that includes:

- Strong urge or urgency to drink (craving).
- Not being able to stop drinking once you have started (loss of control).
- Symptoms such as upset stomach, tremors, sweating, and anxiety, after stopping drinking (physical dependence).
- The need to drink more alcohol to "get drunk" (tolerance).

Types of Addictions Existing

There are numerous types of addictions, some widely known and others more peculiar. The most frequent are described below, although it is also important to mention that there are other less common ones, such as the compulsion to eat toilet paper, licking cats or chewing glass, stones or ice. The latter, while rare, also pose significant challenges for those who experience them, requiring specialized care.

1. Substance Addictions

Substance addictions are probably the most recognized types of addictions. They involve the consumption of drugs or illicit substances for recreational, relaxing or even medical purposes, which generate physical and psychological dependence.

- **Alcohol**: Highly consumed and widely accepted, alcohol can cause anything from passive to aggressive behavior, and is linked to serious health problems. Alcoholism, one of the most common addictions, is often normalized, making it difficult to recognize and treat it properly.
- **Nicotine**: present in cigarettes, nicotine is highly addictive. Despite its legality and the fact that the public is well informed about its harmful effects, tobacco use remains high. Nicotine dependence manifests itself with symptoms such as stress,

[16] *Sánchez Pardo, n.d. ibid., op. cit.*

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anxiety, headache and bad mood when it is not consumed, mainly affecting the respiratory tract.

- **Psychotropic drugs**: these medications must be prescribed by a psychiatrist, which makes it difficult to access them outside of medical contexts. However, the misuse of psychotropic drugs can lead to rapid dependence, as their repeated use can develop tolerance, requiring increasing doses to achieve the same effects.
- **Caffeine**: Although there is debate about whether caffeine meets the parameters to be considered an addiction, many consumers depend on this substance to function daily, experiencing withdrawal symptoms such as headaches and fatigue when trying to reduce their usual consumption.
- **Other substances**: Cocaine, amphetamines, ecstasy (MDMA), LSD, opiates, steroids, and cannabis (marijuana) are other examples of substances that can lead to a strong addiction. Each of these substances has specific effects that affect both the physical and mental health of the individual, and their consumption can lead to serious social and legal consequences.

2. Behavioral or behavioral addictions

In addition to substance addictions, there are other types of addictions that do not involve the consumption of any substance, but the repetition of behaviors that can be destructive to the individual.

- **Sex and pornography**: Although sex is a natural part of human life, its excessive practice can become a problem, especially when combined with the consumption of pornography, which by itself is highly addictive. This addiction can distort the perception of sexual relationships and hinder the ability to make healthy emotional connections.
- **Gambling**: Gambling addiction is a disorder that affects a growing number of people, driven by the constant expectation of winning money in games of chance such as poker, roulette or sports betting. Gambling addiction can lead to the loss of material goods and serious financial problems very quickly.
- **Food**: Food addiction is within the eating health disorders. People with this addiction consume food excessively and uncontrollably, which can result in obesity, diabetes, and other serious health problems.
- **New technologies**: Reliance on electronic devices and the internet is common, especially among younger generations. This addiction can interfere with daily activities and personal relationships, creating a toxic relationship between the individual and new technologies, difficult to break.
- **Shopping**: Shopping addiction involves spending large sums of money on unnecessary products, which can lead to the accumulation of objects and serious financial problems.
- **Work**: workaholism, involves excessive dedication to work to the detriment of other areas of life, such as personal relationships and emotional well-being, resulting in a deterioration of the general quality of life.

3. Emotional addictions

Emotional addictions are perhaps the least known, but equally important types of addictions. These addictions do not involve external substances or behaviors, but are related to the person's internal emotional states.

- **Emotional dependence**: arises when a person feels unable to leave a relationship, even when it is harmful. This dependence prevents the individual from moving forward and making new healthy connections.
- **Sadness addiction**: some people can get trapped in states of sadness or depression, without wanting to get out of them. This emotional addiction can hinder independence and the ability to cope with emotions in a healthy way, affecting relationships and quality of life.
- **Health consequences**: Alcohol consumption is one of the most important causes of disease and premature death in all of Latin America. It is more significant than smoking (with the exception of the United States and Canada) and high blood pressure, hypercholesterolemia, and obesity. It causes various types of injuries, mental and behavioral disorders, gastrointestinal problems, cancer, cardiovascular diseases, immune disorders, bone diseases, reproductive disorders, and congenital damage. Alcohol increases the risk of these diseases and injuries in a dose-dependent manner, with no evidence to suggest a threshold effect. The higher the consumption, the greater the risks. Drinking large amounts of alcohol on a single occasion increases the risk of cardiac arrhythmias and sudden coronary death. In addition, alcohol consumption increases the risk of causing a wide variety of social problems in a dose-dependent manner. For the drinker, the greater the amount of alcohol consumed, the greater the risk. The damage caused by alcohol consumption to third parties ranges from minor social discomforts, such as staying awake during the night, to more severe consequences such as deterioration of marital relations, child abuse, violence, crime and even homicide. In general, the more serious the crime or injury, the more likely it is that alcohol consumption was the cause. The likelihood of causing harm to others is a powerful reason to intervene in cases where both harmful and risky alcohol consumption is observed.
- **TOBACCO** It is the most common form of drug abuse. It is considered within the classification of stimulants; Its active ingredient is nicotine, which has a wide variety of complex and unpredictable effects on the body, it is responsible for tobacco

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addiction. In addition to nicotine, cigarette smoke contains tar, which causes lung and other organ cancers. More than 4,000 toxic substances have been identified in tobacco smoke, including carbon monoxide, ammonium, plutonium, etc. About 50 of these substances, such as benzene, nickel, and polonium, have the potential to develop cancer. What are the physical consequences of repeated consumption? Continued exposure to tobacco is associated with the following diseases:

- Cancer of the lung, mouth, pharynx, esophagus, stomach, pancreas, cervico-uterine, renal and/or gallbladder.
- Respiratory system, can cause chronic bronchitis, asthma and pulmonary emphysema.
- Cardiac: can cause coronary deficiency (decreased blood supply to the heart, which causes a heart attack).
- Cerebrovascular problems: strokes, aneurysms (deformation or even rupture of the vascular walls) and circulatory problems and hypertension (high blood pressure).
- Embolisms and cardiovascular and cerebrovascular accidents, especially in women who smoke and take contraceptives.
- Dry skin, premature wrinkles and tooth loss.
- Discomfort related to menstruation that is related to early menopause, some cases of sterility or delayed conception.
- Erectile dysfunction (sexual impotence); Tobacco consumption is one of its most frequent causes. Secondhand tobacco smoke kills Secondhand smoke is considered secondhand smoke to fill restaurants, offices, and other enclosed spaces when people burn tobacco products such as cigarettes and water pipes. There is no safe level of exposure to secondhand tobacco smoke. Everyone should be able to breathe smoke-free air. Smoke laws protect the health of nonsmokers, are welcome, do not harm business, and encourage smokers to quit tobacco.
- Only 11% of the world's population is protected by comprehensive national laws against secondhand smoke.
- The number of people protected from secondhand tobacco smoke has doubled to 739 million in 2010, up from 354 million in 2008.
- Nearly half of children normally breathe air polluted by tobacco smoke. • More than 40% of children have at least one parent who smokes.
- Secondhand tobacco smoke causes more than 600,000 premature deaths each year.
- In 2004, children accounted for 28 per cent of deaths attributable to secondhand smoke.
- Tobacco smoke contains more than 4000 chemicals, of which at least 250 are known to be harmful and more than 50 to cause cancer.
- In adults, second-hand smoke causes serious cardiovascular and respiratory disorders, particularly coronary artery disease and lung cancer. Among infants it causes sudden death, and in pregnant women, children with low birth weight.

The Problem Statement

According to Beatriz Padura, director of the FAD Foundation, "The worrying data provided by the UN report in 2021 remind us that drug use continues to be one of the biggest public health problems we face and we cannot lose sight of it". This confirms that drug use is a public health problem with social consequences. Despite the efforts made to prevent and treat addictions, this is still a relevant and current issue in society. In addition, it is important to highlight the role of gender in the development of addictions and access to treatment services[17]. The data in the 2022 National EDADES report is based on a survey carried out in Spain. This survey has been carried out every two years since 1995 and covers the population resident in Spain, aged between 15 and 64 years inclusive. It states that "in the case of hypnosedatives, it is observed that 13.7% of citizens aged 15 to 34 have consumed hypnosedatives with or without a prescription on some occasion, a proportion that increases to 28.2% among those aged 35 to 64". In this substance, men have a lower consumption in comparison, registering a higher prevalence in all psychoactive substances, except for hypnosedatives with or without prescription and opioid analgesics with or without prescription, which are consumed to a greater extent by women. A relevant aspect is the fact that, at present, drug consumption is still higher in men than in women, with the exception of hypnosedatives and alcohol, since these substances are more consumed among women. It is important to note that the consumption of hypnosedatives is largely done through medical prescriptions. According to the EDADES report[18], hypnosedatives are not the only substance most consumed by women, since alcohol consumption is also recorded. 82.1% of men report having consumed some alcoholic beverage, while this proportion drops to 70.8% in the case of women. Although alcohol consumption is higher in men, this substance ranks second in consumption among women. Therefore, it is necessary to deepen the study of these two substances, since they are prevalent in female consumption, highlighting that there are various causes of consumption in both genders.

[17] *Fad recalls that drug use continues to be one of the most serious health problems we face globally | FAD. (2021c, June 25). FAD | Fad Youth Foundation.https://fad.es/notas-de-prensa/fad-recuerda-que-el-consumo-de-drogas-sigue-siendo-uno-de-los-problemas-de-salud-mas-graves-al-que-nos-enfrentamos-globalmente/*

[18] *AGES. (2022). Survey on alcohol and other drugs in Spain [Dataset]. In national report EDADES.https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion /pdf/2022_Informe_EDADES.pdf*

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In the work "Strangeness of the normal" by Patricia Martínez that broadly addresses in Spain the question of whether there are elements that affect women differently in relation to men, with regard to drug dependence, Martínez argues that addiction "has no gender", since it is a condition that can affect people of any gender. Addiction is characterized by a physical or psychological dependence on a substance or behavior, and it can affect men and women equally. However, individual experiences of addiction can be influenced by gender factors, such as social norms, gender roles, expectations, and cultural pressures. These factors can affect how people experience, seek help, and are treated in relation to addiction, but in and of itself, addiction is not unique to a particular gender[19]. The fact that both women and men have different motives and needs when it comes to drug use is closely related to the gender barriers that exist in accessing addiction treatment services as some services are adapted to a stereotypical conception of gender and perpetuate traditional roles, which makes it difficult to effectively address addictions in both sexes. These barriers include stigma and gender bias in health services, as well as gender stereotypes that can perpetuate inequalities. This study will address the relevance of understanding how gender influences drug use and the development of addictions, as well as the importance of incorporating the changes that derive from the analysis of the phenomenon from a gender perspective. It seeks to understand how gender roles and expectations can influence substance use patterns and the ways in which addictions manifest in men and women.

Theoretical and methodological models

In the study of addictions and gender, various theoretical and methodological (analysis) models are used to understand how gender influences drug use, the development of addictions, and access to treatment services. Three approaches are mainly highlighted as models of analysis: social learning theory, gender socialization theory, and the model focused on the social determinants of health. These approaches allow for a comprehensive examination of the complex interactions between gender and addictions, considering aspects such as the social environment, cultural norms, gender roles, and gender-specific risk and protective factors. By using these models, a deeper understanding of the underlying dynamics can be gained and interventions can be designed that are more effective and tailored to the needs of each gender group. One of the relevant theories to mention is that of social learning, which, although it does not incorporate the gender perspective, arises by integrating the theories of stimulus-response or reinforcement theories (E-R theories). These theories were developed to predict human behavior in socially complex situations. In addition, this theory examines behavior as a result of the interaction between people and their social environment. The psychological situation that has developed in the individual through environmental conditions is described in detail, adopting a historical approach in the study of personality, with a special emphasis on individual needs and the expectations that the person has to achieve goals and satisfy those needs.

"In operational terms, the probability of a behavior in relation to other alternatives in a given psychological situation will be determined by the expectations of the individual and the value of the reinforcements expected and achieved."[20] In general, the direction of the relationships between the constructs is in line with what is predictable from the Learning Theory. Therefore, this theory suggests that substance use behaviors can be learned and reinforced through observation and imitation[21]. Gender socialization theory "is the process by which people learn the social expectations, attitudes, behaviors, and appearance typically associated with each gender" (Gonzáles A, 2022). Applied to drug addiction contexts, it suggests that there is an unusual tendency for men who do not consume substances to relate to women who do consume them. On the other hand, in the cases of women who do not use drugs, the opposite occurs, since many women establish relationships with men knowing in advance that they have an addiction. In this context, the role of the "savior woman" arises, which plays a fundamental role in trying to generate a change in habits in the couple. According to Fernández, "In this process of "continued salvation", women are participants in accompanying men in their recovery; initiating treatments, couple therapies, medication supervision, which leads to this set of strategies motivating the man's behavioral change in order to preserve the relationship and put an end to systemic violence in the couple, generating a symbiotic effect at the sentimental, emotional and experiential level. An example of gender socialization occurs when women users want to obtain drugs and consume them in places where there is a predominant presence of men. In this case, they consider that having the company of a male figure reduces the perception of risk, since they believe that they will be protected from possible aggression, humiliation or embarrassment. The presence of a man as a companion gives them a certain sense of security, reinforcing the idea that women are more vulnerable and need to be cared for by a man, who is perceived as strong and protective[22].

[19] *Redondo, P. M. (2009). Missing from the "normal": feminist reflections for intervention.https://www.generoydrogodependencias.org/wp-content/uploads/2015/09/Extran andonos_de_lo_normal.pdf, p. 20.*

[20] *Gómez, C. F., & del Pozo, J. M. L. (2006). Evaluation of constructs related to Social-Cognitive Learning Theories in drug addicts in treatment: reliability and validity. Addictions, 18(3), 251-258. https://www.adicciones.es/index.php/adicciones/article/view/341/341*

[21] *Theory of Social Learning – Albert Bandura – Free Download PDF. (n.d.). https://nanopdf.com/download/teoria-del-aprendizaje-social-albert-bandura_pdf#modals*

[22] *Fernández Salamanca, A. (2020). ATRA, D. P. A. G. Originals| Monographic. https://www.drogasgenero.info/wp-content/uploads/SalamancaAlicia_GaslightingAbusoDrogas.pdf.*

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Thus, this theory holds that gender roles and expectations can influence behavior, including drug use. In addition, gender norms can affect the perception of risk and the search for support and help to overcome addiction[23]. According to Fernando Lamata[24] in his document "A Health Policy Perspective 20 years after the Lalonde report" the model focused on the social determinants of health, "this model intends to place emphasis on disease prevention and health promotion programs and other policies" This model indicates that social factors, economic and cultural can influence people's health, including drug use and the development of addictions[25]. In relation to gender, the gender-sensitive approach stands out, which incorporates a gender perspective in all stages of the process, recognizing that gender is a relevant factor that can influence health and seeking to understand how it affects access to addiction treatment services. In recent years, the gender approach has been incorporated into the field of health, evidencing the gap and inequality between men and women. It is crucial to highlight that the determinants that have the greatest impact on women's health are mainly psychosocial and socioeconomic, which underscores the persistence of gender inequalities in society[26]. An example of this is how social determinants make it difficult for women suffering from addiction to access or seek help. It is not the same for a man to seek help as for a woman to do so, since there are numerous determinants that affect this process unequally. It is relevant to note that there are multiple determining factors that influence social health, however, in this section we will specifically address the relationship between addiction and gender. On the other hand, these models are included because they provide different perspectives and approaches to understand and address the complex phenomenon of addictions, in addition to those mentioned above. There are four models of intervention and treatment that contribute to a more complete study and analysis of the phenomenon of addictions. These models include the biopsychosocial model, the systemic model, the Prochaska and DiClemente model, and the matrix model.

The biopsychosocial model includes the gender perspective, and is also used to analyze the phenomenon of addictions, as it is one of the models that sustain it. It seeks to understand how addiction is related to different biological aspects. As for the psychological component, causes such as lack of self-control, emotional confusion and negative thoughts are explored. In the social aspect, it investigates how factors such as socioeconomic level, culture, poverty, technology and religion can influence addictive behaviors[27]. This approach challenges the traditional perspective focused solely on biological aspects of addiction and proposes a broader view that encompasses biological, psychological, and social aspects. It is recognized that addiction is not simply a matter of brain chemistry, but is also influenced by emotional, cognitive, and environmental factors. This model has gained popularity due to its ability to more fully explain scientific findings, especially in the field of neuroscience.[28] On the other hand, there is the systemic model, which uses concepts from Gabriela Peyrou, based on the definition of system by Paul Watzlawick et al. (1967) and Von Bertalanffy (1962). This approach considers a system as a set of objects and relationships between them, where the elements interact and there is an interdependence between the parts. This model highlights the importance of understanding relationships and interaction within the system to address addictions[29] because this model understands that the family is a system governed by principles of systems operation, so it is important to address it. Each part of a system can be considered a subsystem, that is, a set of parts that interact with each other to form part of a larger system in terms of structure and function. The model also highlights that subsystems are smaller systems within the overall system. In addition, subsystems share similar properties to systems and suprasystems, which makes it possible to find analogies between them[30]. "That is, it emphasizes all the qualities that result from the interaction of the various elements of the system. We understand the system by family, friends, partner, co-workers, etc." The important thing is the relationship that is generated as a result of the interaction of the systems[31]. In

[23] *Martínez Redondo, P., Luján Acevedo, F. (2020). Men and addictions. Intervention from a gender perspective. https://www.fundacioncsz.org/ArchivosPublicaciones/313.pdf.*

[2424] *Lamas, M. (2000, April). differences in sex, gender and sexual difference. https://www.repositorio.ciem.ucr.ac.cr/bitstream/123456789/157/1/RCIEM138.pdf.*

[25] *International Centre for Health and Society. "Social Determinants of Health. The Solid Facts" (OMS,2003). https://escpromotorasdesalud.weebly.com/uploads/1/3/9/4/13940309/determinantes_sociales_de_la_salud._los_hechos_irrefutables.pdf*

[26] *Moral, P. A. P., Gascón, M. L. G., & Abad, M. L. (2014). Health and its social determinants. Inequalities and exclusion in the society of the twenty-first century. International Journal of Sociology 72(Extra1), 45-70. sociology, https://revintsociologia.revistas.csic.es/index.php/revintsociologia/article/view/587/607*

[27] *National Training Commission Proyecto Hombre Association. (2023). Proyecto hombre: el modelo bio-psico-social en el abordaje de las addictions como marco teórica (mbps). https://proyectohombre.es/wp-content/uploads/2019/11/MBPS-EN-EL-ABORDAJE-DE-LAS-ADICCIONES-APH.pdf*

[28] *Apud, I., & Romaní, O. (2016). The crossroads of addiction. Different models in the study of drug dependence. Health and Drugs, 16(2), 115-125. https://www.redalyc.org/pdf/839/83946520005.pdf*

[29] *Peyrou, G. (n.d.). Approach to addictions from a systemic approach [Final degree project]. University of the Republic. https://www.colibri.udelar.edu.uy/jspui/bitstream/20.500.12008/20495/1/Peyrou%2C%20Gab riela.pdf*

[30] *Peyrou, n. f, ibid., op. cit.*

[31] *Communication. (2023, June 28). Systemic Psychology: Origin and Principles | Sefhor. SEFHOR. https://sefhor.com/psicologia-*

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the context of addictions, this subsystems approach can be applied to understand the complexity and interactions within the phenomenon of addiction. We can consider that addiction itself is a system composed of different interrelated subsystems, such as the neurobiological system, the psychological system, the social system, and the environmental system. There is the Prochaska and DiClemente model, known as the Transtheoretical Model of Change. This theory explores the processes of change in addictive and other health-related behaviors. He proposes that behavior change occurs through sequential stages, where people experience different levels of motivation and readiness to change.

Prochaska's model identifies five stages of change: precontemplation, contemplation, preparation, action, and maintenance. Each stage represents a level of awareness and willingness to change, from the lack of recognition of the problem to the consolidation of the changes made and the prevention of relapse. This model is valuable because it recognizes that change is not a linear process and that people can be at different stages at different times. It highlights the importance of motivation, preparation and continuous support for change and the prevention of relapse in addictions[32]. The Matrix model, which is a treatment approach for addictions that integrates different therapeutic elements and strategies into a holistic program. It is based on the idea that addictions are complex disorders that affect multiple aspects of a person's life, including their physical, emotional, and social health. Therefore, treatment must address all of these areas to achieve a comprehensive recovery[33]. This model combines different therapeutic approaches and proven techniques, adapting to the individual needs of each person."[34] These are:

Cognitive behavioral therapy: Focuses on identifying and modifying dysfunctional thoughts and behaviors associated with addiction.

Group therapy: Used to encourage social support, effective communication, and learning coping skills.

Addiction Education: Provides detailed information about the effects of drugs and the mechanisms of addiction, helping people better understand their condition and make informed decisions.

Contingency management: rewards and consequences are used to incentivize positive behavior change and discourage substance use.

Family therapy: Family members are involved in the treatment process, as relationships can influence addiction and recovery.

Community support: Participation in mutual support groups is encouraged, to provide ongoing support and establish a healthy network. Over time, the Matrix model has been shown to be effective in treating different types of addictions, such as alcoholism, addiction to illegal substances, and addiction to prescription drugs. By offering a comprehensive and personalized approach, it seeks to provide individuals with the tools necessary to overcome addiction, rebuild their lives, and maintain a lasting recovery.

Method The search for information was carried out in accordance with the previously established objectives. A scientific and academic review was carried out, consulting various academic databases such as Punto Q (ULL), google search engine, Google Scholar, dialnet and PubMed in order to access scientific studies and reviews related to addictions and gender. Priority is given to the selection of reliable sources, such as articles published in recognized scientific journals, specialized books, and official documents from recognized health organizations, including the UN-WHO (addiction). The selection of studies was made based on their relevance to addiction and gender issues, and preference was given to quality research. Works were also included as theses that were developed in various geographical and cultural contexts, in order to obtain a broad and global perspective on the subject. At first, a limit of 10 years is established for

sistemica/#:~:text=La%20psicolog%C3%ADa%20sist%C3%A9mica%20considers%20the,%2C%20compa%C3%B1eros%20of%20work%2C%20etc.

[32] Rivera Cisneros., A. (n.d.). EXPLORING MODELS FOR PERSONAL and SOCIAL CHANGE: PROCHASKA'S TRANSTHEORETICAL MODEL. UMECIT. https://repositorio.umecit.edu.pa/bitstream/handle/001/2201/EXPLORACI%c3%93N%20DE%20MODELOS.pdf?sequence=1&isAllowed=y.

[33] Gómez, P. (n.d.). A cultural perspective on addiction. https://www.ugr.es/~pwlac/G18_07Inmaculada_Jauregui.html ; Zarza González, M.J., Botella Guijarro, A., Vidal Infer, A., Ribeiro Do Couto, B., Bisetto Pons, D., Martí J. (2011). Matrix Model: intensive outpatient treatment of stimulant substance use. Therapist's Manual: Educational sessions for family members. Spanish version translated from the Center for Substance Abuse Treatment. DHHS Publication No. (SMA) 06-4154. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://d1wqtxts1xzle7.cloudfront.net/55965705/ManualFamilia_matrix_1-libre.pdf?1520225 243=&response-content-disposition=inline%3B+filename%3DTraducido_y_adaptado_a_Espana_por.pdf&Expires=1685445503&Signature=YKThK5KUhjbXHJfY7Jd-k7PU3YgciWOYMlP0u8D3pWoFy8EGad0q0s9bzYbt8xmFwx4RYYBzIheHLWS7cWl-WBI7bQTb2MveqqX5oPz4ul1ASEeF1AisUHtHNfyobTworHXs41qBcpdGEkc5bFoMrKJTNfUvLd~kdAHj5Ur1B5rwJUeTQ3PH2uZtIasO8EvdSqBiVXydPkt96pTmDGmPGFnW-aJ4Wwa4CD72fx~rdKZ HNY-uahvkwLZXlXAxtVsFIopDfdL2QxJK2Uc54RoTSxW4tvVJxeyGbF9h1WOcvL2T8jF~E1QhXBkd5GDaA2pWvC2eCdejZr2MXyObAOklug__&Key-Pair-Id=APKAJLOHF5GG SLRBV4ZA

[34] Zarza González, M.J., Botella Guijarro, A., Vidal Infer, A., Ribeiro Do Couto, B., Bisetto Pons, D., Martí J. ibidem, op. cit.

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searching for information. However, when searching and finding relevant information that could be very useful for this review, the period was extended to 20 years 2003-2023. During the search process, keywords were identified, such as "addictions", "gender", "gender differences", "gender and addictions" and "addiction treatment". It is important to note that a directed bibliography search was also carried out without using search strategies, because there was already prior knowledge on the specific topics to be investigated, such as "Matrix model in addictions", "Prochaska model in addictions" and "Missing us from the normal"[35] among others.

The results

During the process of research and analysis of the articles selected for this review, documents that address addictions and gender have been identified, in addition to those that present models, theories or methodologies to study and analyze this phenomenon. Therefore, in order to address and identify the results exhaustively, it has been divided into headings and subheadings taking into account the objectives, these are:

- Examine gender differences in substance use and addiction, including age of onset and type of substance.-- How gender/sex differences occur in prevalence Age of onset of use and types of drugs.
- The impact that the diagnosis has on men and women. Impact of the diagnosis of addictions in women. Consequences Impact of the diagnosis of addictions in men. Aftermath
- The limitations of existing intervention models in relation to the diagnosis and treatment of addictions, considering the gender perspective and how this affects accessibility to addiction services. Difficulties in accessibility and treatments for women with addiction problems. The invisibility of women in the field of addictions to their access to treatment and support services
- Gender-based consumption data and gender-inclusive intervention models-- Gender data Gender-responsive intervention models

Examine gender differences in substance use and addiction, including age of onset and type of substance.

How gender/sex differences occur in prevalence Gender differences in consumption or in the prevalence of addictions are evident and necessary for the analysis of addictions. Studies show that there are differences (inequalities) between men and women in terms of the most commonly used substances, consumption patterns are completely different. For example, it has been observed that men tend to have a higher prevalence of consumption of substances such as alcohol and illegal drugs (cocaine, cannabis...), while women show a higher incidence of consumption of prescription drugs (hypnosedatives) and alcohol (second drug). Gender differences in consumption and addictions can be the result of multiple factors. First, biological factors can play an important role. There are physiological differences between men and women that can influence how their bodies respond to addictive substances. In addition, sociocultural and psychological factors also play a significant role in gender differences in addictions, as gender norms and social expectations can influence patterns of substance use, a clear example of this is that men are often more exposed to environments and situations conducive to drug use. as social environments where the consumption of alcohol or the use of recreational drugs is encouraged, environments in which consumption is seen as "normal" if it comes from a man, since consumption in men seeks to respond to the idea of "being more of a man", while consumption in women tends to be less intense and more hidden, and progressively, since women, unlike men, tend to face many barriers and social stigmas. Age of onset of consumption and types of drugs.

According to EDADES 2022 in Spain, there is a high prevalence of alcohol, tobacco and hypnosedative consumption with or without prescription in the population aged 15 to 64 years, both in men and women. It is followed in order by the consumption of cannabis and cocaine. The age of onset of drug use remains relatively stable, although it is observed that tobacco, alcohol and cannabis are the substances that are consumed at younger ages. On the other hand, it is highlighted that the consumption of hypnosedatives and opioid analgesics tends to occur in later stages. However, in the last year, there has been an increase in consumption in people aged 15 to 34 years, especially in men, although there are exceptions in the case of prescription or non-prescription hypnosedatives and prescription or non-prescription opioid analgesics. These differences in consumption are mainly evident in alcohol, tobacco and cannabis. This means that early initiation of drug use has been associated with an increased risk of experimenting with various types of drugs. Studies have shown that those who start using drugs at a younger age are more likely to try and use multiple types of drugs, including illicit substances such as marijuana, cocaine, hallucinogens, and opioids. This can also be related to gender socialization, as consumption is higher when there is more exposure to different environments and peer groups, as well as greater curiosity and willingness to take risks in early adolescence (16 years to 21 is the age range in which alcohol is usually consumed, cannabis and coca).

The impact that the diagnosis has on men and women.

Impact of the diagnosis of addictions in women. Consequences The diagnosis of addictions in women can have various consequences and a significant impact on their lives, being Stigmatization and blaming one of these consequences, since women when facing a diagnosis of addictions face stigmatization and being blamed for their condition, which generates a series of negative feelings, such as; shame, guilt,

[35] *Martínez Redondo, P. (n.d.). (2009) Women and Drugs from a Gender Perspective [Slides]. Bibliography provided by the tutor file:///C:/Users/Pc/Downloads/Patricia_Martinez_Redondo_PG_Drogas_Mujeres.pdf. p. 20.*

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low self-esteem, thus making it difficult for them to access treatments and support. On the other hand, there are barriers in accessing services, as women may face obstacles in accessing treatment and support services due to factors such as lack of economic resources, lack of specific services for women, lack of gender awareness in care providers and lack of social support, thus generating that the woman does not go in search of help and/or treatment, being even more affected by her addiction and unable to receive help. On the other hand, there is the double stigma, as women who have an addiction often face a double stigma due to the intersection of addiction and gender, which can lead to discrimination and social exclusion, thus hindering their recovery and reintegration into society. Finally, there is vulnerability due to their gender, women with addictions can be more vulnerable to suffering violence, which can further aggravate their situation and hinder their recovery process. In summary, the diagnosis of addictions in women can have negative consequences on different aspects of their lives, including their access to treatment services, their mental health, their relationship with gender-based violence, and their emotional well-being. Impact of the diagnosis of addictions in men. Consequences There is really much more information in the diagnosis and consequences in women, however, as for men, many reports expose that there is greater criminality (legal problems) due to the search for the substance to consume, they also expose financial problems, because they do not think much about the economic field when it comes to addiction. In addition to this, according to Asunción in the journal Mental Health "there is a higher prevalence in men of psychotic and bipolar disorders."[36]

The limitations of existing intervention models in relation to the diagnosis and treatment of addictions, considering the gender perspective and how this affects accessibility to addiction services.

Difficulties in accessibility and treatments for women with addiction problems. Accessibility to treatment services for women with addiction problems can be affected by various difficulties, as mentioned throughout the work, stigma and discrimination is one of these difficulties, as women with addictions often face many prejudices and inequalities, which makes it difficult for them to access services and treatments, by a series of negative feelings. Although specialized services that provide help to women with addictions have been improved in many aspects, there is still a lack of specialized services adapted to the specific needs of women with addiction problems, since the lack of these services generates great difficulty in accessing treatments that comprehensively address the biological dimensions. psychological and social aspects of their addiction. Another difficulty may be the family responsibilities that women usually have, since there is already knowledge that women are socially seen as mothers and caregivers, so they often face family responsibilities, such as caring for children or supporting other family members, which means that these responsibilities can hinder their ability to seek and participate in treatment services. it largely prevents the search for help. Finally, there is the lack of social support, this can be a major barrier for women with addiction problems, not feeling supported by their formal and informal environment, can cause rejection or lack of understanding from their social environment, which makes it difficult to carry out an optimal recovery. The invisibility of women in the field of addictions to their access to treatment and support services The invisibility of women in the field of addictions can affect in many ways, as it is very difficult to access treatment services, this is because the lack of visibility of women in the context of addictions can hinder their access to specific and appropriate treatment services for their needs, which can be said to be due to the lack of programs and resources specifically designed to serve addicted women. On the other hand, there is the stigmatization and lack of support, since the invisibility of women in relation to addictions, which can lead to them being assigned a stigma or negative label for their behavior (addiction), which as a consequence lacks social and emotional support, which makes it difficult for them to seek help and treatment. Regarding gender barriers in health services, the invisibility of women in the field of addictions can contribute to the existence of gender barriers in health services, which leads to gender prejudices and stereotypes that negatively affect women's access, help and quality of care. In summary, women's invisibility in the field of addictions can have negative consequences on their access to treatment and support services, as well as on the care and understanding of their specific needs.

Gender-based consumption data and gender-inclusive intervention models Gender-sensitive data

According to the data on consumption by gender, significant differences are observed in the patterns of substance use between men and women. Some prominent outcomes include alcohol, illicit drugs, and prescription medications. As for alcohol, data reveal that men tend to have a higher prevalence of this substance compared to women (however, it is the second most consumed drug by women). In addition to this, men's consumption can be more excessive than women's. With regard to illicit drugs, they are commonly consumed by men, although consumption in women has increased, it is still to a lesser extent compared to men. Men are more likely to experiment with substances and to maintain more frequent consumption, even making it a habit. In relation to psychotropic drugs, or hypnosedatives and/or prescription opioid derivatives, the data show that women have a higher consumption, which can be related to social and cultural, psychological, biological, environmental factors and more frequent access to health care services. In short, there is differential consumption, but to a large extent it is men who predominate in the consumption of substances.

[36] *Asunción, S. P. (n.d.). Mental health in people with substance use disorder: differential aspects between https://doi.org/10.6018/analesps.36.3.399291 men and women. scielo.isciii.es.*

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Intervention models that include a gender perspective Various intervention models have emerged with the aim of addressing addictions from a gender perspective. These models recognize that biological, psychological, social, and cultural factors can influence substance use and forms of treatment and recovery, including the following: The biopsychosocial model includes a gender perspective, since it considers the influence of biological, psychological, and social factors on substance use, and seeks to understand how these variables are related to gender differences in substance use and addiction. This approach recognizes that social and gender aspects play an important role in addictive behaviors, in addition to this model there is the systemic model, which is focused on the analysis of relationships and interaction within the family system, recognizing that gender roles and family dynamics can influence the development and maintenance of addictions. This model considers how gender factors and social expectations can affect family interactions and addiction treatment. Although models such as the Matrix and Prochaska have been mentioned in this work, these two are the ones that incorporate the gender perspective in the study of substance addictions and in the treatment of people. Both models offer a vision that considers gender as a relevant variable, which allows a more complete understanding of the differences and specific needs of men and women in this context.

Throughout the literature search, numerous informative guides were found that provided specific data on this problem. Many of them argued the importance of the phenomenon and its increase in today's societies in substances such as alcohol and hypnosedatives (EDADES, 2022), the EDADES report was considered to be the source that best explained this phenomenon. Generally speaking, many sources address the relationship between addictions and gender. However, it is important to note that some more theoretical aspects are derived from sources that do not necessarily focus on the issue of gender, such as certain models or generic concepts ("Social Determinants of Health. The Solid Facts" WHO, 2003 and Gender and Drugs. In GOB, 2012). (WHO Definitions), (Training Guide). Addiction and gender is a topic that is very much discussed today and even more so if it has to do with gender, because currently this issue is the one that fluctuates in society constantly. Therefore, relevant findings such as detailed information on the type of drug, age and sex/gender are highlighted, as a lot of information about this topic was found in reliable sources (Reports such as AGES) These sources can provide models or theoretical concepts that, although not explicitly focused on gender, can have relevant applications to understand addictions from a broader perspective. However, and despite the fact that it is a topic in which there is a lot of information, it is important to note that there are still gaps, the information provided on the web is more about concepts and research, but it is quite complicated to access information in terms of intervention, there are few interventions on this topic, gender interventions and other issues are easier than addiction itself, which means that there is still room for improvement and that more information about the intervention is added. It is important to be aware that it is something that happens every day in society, it is permanently in it, whether they are men or women.

It is essential to highlight the main limitations encountered during the development of the work. It was a challenge to find reliable and accurate sources that accurately addressed the topic discussed. However, thanks to recognized sources such as Patricia Martínez Redondo, the work was able to provide relevant information and proposals that could help overcome the problem under study. Likewise, lesser-known sources found on the web were taken into account, without leaving them aside. It is important to recognize the difficulties that arose when searching for reliable sources and to highlight the importance of using recognized sources in the field of study. The inclusion of various sources, both known and less known, allows for a more complete and diverse perspective on the subject. In order to advance in the field of study, future lines of research can be proposed that address the identified limitations. This can include easy access to treatment services for women with addictions. This would involve investigating the social, economic and cultural factors that hinder access and seeking solutions to ensure that all people, regardless of gender, have equal opportunities to receive help and treatment, as well as being able to analyse the impact of gender stereotypes on drug use and addictions. It is important to understand how gender roles influence consumption patterns and the way people experience and seek treatment for addictions. This would allow for the development of more effective and personalized interventions. Investigate the effectiveness of gender-sensitive prevention and treatment programs. There is a need to evaluate the effectiveness of approaches and programs that address gender differences in addiction treatment. This includes considering the specific needs of women and ensuring the inclusion of gender equality-based approaches. Promote education and awareness about addictions from a gender perspective. It is important to raise awareness in society at large, including health professionals, educators and policymakers, about gender inequalities in addictions. This can help reduce the stigma associated with it and foster inclusive supportive environments. In short, these points are relevant and can contribute to overcoming the problem under study. Having access to relevant information, respecting privacy and confidential aspects, would help people interested in researching more on the subject to acquire at least basic knowledge about the reality of addictions and gender.

Health consequences: Alcohol consumption is one of the most important causes of disease and premature death in all of Latin America. It is more important than smoking (with the exception of the United States and Canada) and high blood pressure, hypercholesterolemia, and obesity. It causes various types of injuries, mental and behavioral disorders, gastrointestinal problems, cancer, cardiovascular disease, immune disorders, bone diseases, reproductive disorders, and congenital damage. Alcohol increases the risk of these diseases and injuries in a dose-dependent manner, with no evidence to suggest a threshold effect. The higher the consumption, the greater the risks. Drinking large amounts of

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alcohol on a single occasion increases the risk of cardiac arrhythmias and sudden coronary death. In addition, alcohol consumption increases the risk of causing a wide variety of social problems in a dose-dependent manner. For the drinker, the higher the amount of alcohol consumed, the greater the risk. The harm caused by alcohol consumption to other people ranges from minor social discomforts, such as staying up at night, to more serious consequences, such as deteriorating marital relationships, child abuse, violence, delinquency, and even homicide. In general, the more serious the crime or injury, the more likely it is that alcohol consumption was the cause. The likelihood of causing harm to others is a powerful reason to intervene in cases where harmful and risky alcohol consumption is observed.

Addictions and the principles of bioethics: Bioethics is based on four essential principles: autonomy, beneficence, nonmaleficence and justice. Addictions challenge them in multiple ways:

Autonomy: The addicted person loses the ability to decide freely, since his will is subordinated to the compulsive impulse. This compromises your right to make informed decisions about your health and your life.

Beneficence and non-maleficence: Addictive consumption generates physical, psychological and social damage. Medical care should seek the good of the patient, but it is often limited by prejudices or by systems that prioritize abstinence without considering the context.

Justice: People with addictions often face discrimination, exclusion, and lack of equitable access to health services, which violates the principle of distributive justice.

Impact on human freedom: Freedom is an essential condition of the person. Addictions progressively erode it:

Dependence: The individual loses control over his actions, which limits his ability to choose and act according to his values.

Alienation: The addict's life revolves around the substance or behavior, which reduces their existential horizon and their capacity for self-determination.

Social coercion: In some contexts, addiction treatment is imposed without consent, exacerbating the loss of freedom.

Violation of human dignity: Dignity implies the recognition of the intrinsic value of each person. Addictions affect this dimension in a profound way:

Stigmatization: Society often labels the addict as "weak" or "guilty", which reinforces their exclusion and deteriorates their self-esteem.

Institutional dehumanization: In health or justice systems, the addict can be treated as a number or a problem, without consideration for their history or their rights.

Denial of care: The lack of empathy and understanding in the approach to addictions violates the patient's dignity, preventing their comprehensive recovery.

The fragmented human person: Addictions break the unity of the human being in its physical, psychological, social and spiritual dimensions:
Isolation: Affective relationships deteriorate, which deprives the individual of meaningful bonds.

Loss of meaning: Many people with addictions experience a profound disconnection with their life purpose.

Structural exclusion: Poverty, violence and lack of opportunities aggravate the addictive phenomenon, perpetuating the violation of the person. Bioethics, more than an academic discipline, is a moral compass that guides our decisions in complex contexts where life, health and human dignity are at stake. Its role in solving social problems is profound and transformative, because it places the person at the center of all reflection, recognizing their intrinsic value and their right to live with freedom, respect and justice.

How does bioethics contribute to the good of the human person and his or her dignity?

Promoting respect for human dignity: Bioethics is based on the principle that every person has a unique and unrepeatable value, regardless of their social status, health, age or abilities. In contexts of poverty, exclusion or disease, bioethics requires that public policies and medical practices recognize and protect that dignity.

Defending autonomy and freedom: Bioethics fights against practices that infantilize or impose decisions without consent, especially on vulnerable populations. On issues such as access to treatments, the right to decide about one's own body or end-of-life care, bioethics defends the informed freedom of the individual.

Fostering social justice: One of its pillars is justice: ensuring that everyone has equitable access to health, education, and wellness resources. Bioethics denounces the structural inequalities that affect marginalized communities and promotes inclusive policies that repair these gaps.

Humanizing health and social care: In hospitals, rehabilitation centers or social institutions, bioethics promotes care centered on the person, not only on the disease. This means listening, accompanying, caring with empathy and recognizing suffering as a human dimension that deserves respect.

Intervening in complex ethical dilemmas: In situations such as the use of biomedical technologies, forced migration, population aging or addictions, bioethics offers ethical frameworks for making decisions that respect life and dignity. It does not seek absolute answers, but rather dialogued paths that integrate human values, scientific evidence and social sensitivity.

Concrete example: bioethics and people living on the streets

A homeless person not only faces homelessness, but also exclusion from the health system, social stigma, and loss of autonomy. Bioethics demands that their dignity be recognized,

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that they be provided with medical care without discrimination, and that policies be promoted that restore their freedom and participation in society. Addictions are complex disorders that affect both the brain and behavior. They are characterized by the inability to abstain from a substance or activity, despite the negative consequences that this may generate. It is not just a lack of will, but a profound alteration in the brain's reward, control and decision-making mechanisms.

Classification of addictions: Addictions can be classified in several ways, but the most common are:

Depending on the object of the addiction:

Type of addiction: To psychoactive substances: Common examples: Alcohol, tobacco, cannabis, cocaine, heroin, benzodiazepines.

Behavioral: Common examples: Pathological gambling, compulsive shopping, sex, excessive exercise.

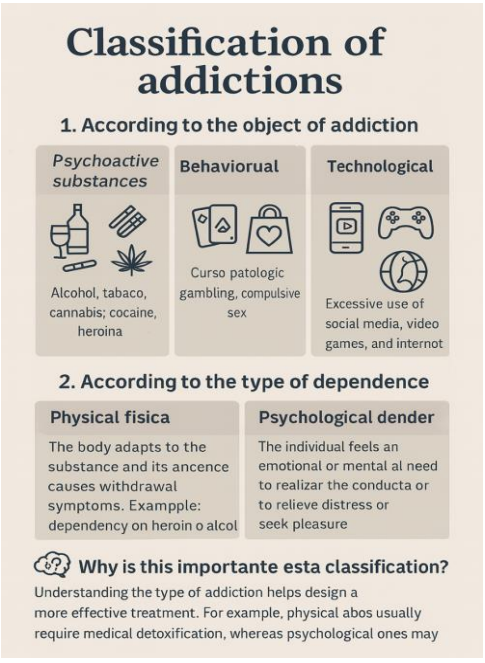
Technological: Common examples: Excessive use of social networks, video games, internet browsing.

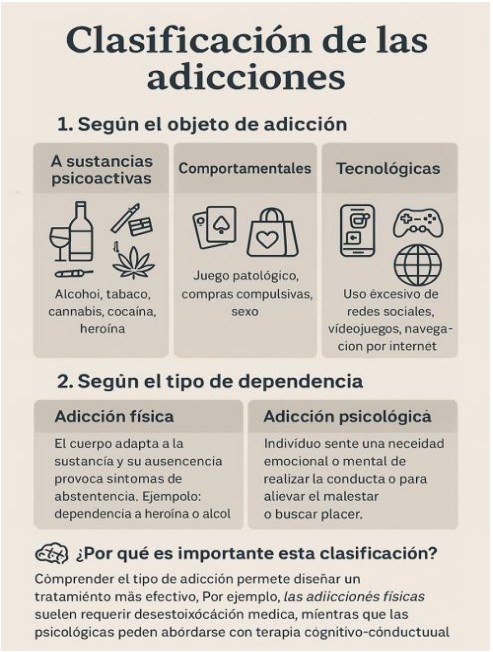
According to the type of dependence: **Physical addiction**: The body adapts to the substance and its absence causes withdrawal symptoms. Example: heroin or alcohol dependence.

Psychological addiction: The individual feels an emotional or mental need to perform the behavior or consume the substance to relieve the discomfort or seek pleasure.

Why is this classification important?:

Understanding the type of addiction allows you to design a more effective treatment. For example, physical addictions often require medical detoxification, while psychological addictions can be addressed with cognitive behavioral therapy and emotional support.





Psychological and mental effects: Coexisting mental disorders: Anxiety, depression, schizophrenia, and mood disorders are often present or aggravated by substance use. **Low self-esteem and hopelessness:** Addicted people may feel worthless, trapped, and unmotivated to change. **Cognitive impairment:** Memory loss, difficulty making decisions, and persistent mood swings. **Social isolation:** Addiction can lead to family conflicts, loss of relationships, and feelings of loneliness.

Physical effects: Damage to vital organs: Long-term use can affect the liver, kidneys, lungs, and heart. **Infectious diseases:** Injecting drug use increases the risk of HIV, hepatitis B and C, endocarditis, and cellulitis. Cancer and chronic diseases: Tobacco, for example, is linked to several types of cancer; Other substances can cause lung or cardiovascular disease. **Metabolic and hormonal alterations:** Changes in the endocrine and immune system that affect the body's balance.

Additional risks: Overdose: Especially with opioids, it can be fatal if not treated early. **Dental problems:** Some drugs such as methamphetamine cause severe deterioration in oral health. **Risk behaviors:** Consumption can lead to unprotected sex or sharing needles, increasing the risk of serious infections.

Consequences of addictions at the individual, family and social level

On an individual level: Addictions profoundly affect a person's physical, emotional, and mental health:

Physical deterioration: Hepatic, cardiovascular, respiratory diseases, neurological disorders and risk of overdose.

Psychological alterations: Anxiety, depression, paranoia, loss of self-esteem and personality disorders.

Social isolation: The person withdraws from their emotional ties and loses interest in daily activities.

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Loss of autonomy: Dependence limits the ability to make decisions and maintain work or academic responsibilities.

At the family level: The family environment is usually one of the most affected by addiction:

Constant conflicts: Arguments, loss of trust and impaired communication.

Domestic violence: In some cases, consumption can trigger aggressiveness or abusive behavior.

Impact on children: Emotional neglect, school problems and risk of repeating addictive patterns.

Economic destabilization: Excessive expenses on the substance or treatment, loss of employment of the affected member.

On a social level: Addictions also have broad consequences on the community and social fabric:

Stigmatization and exclusion: People with addictions can be marginalized, making it difficult for them to reintegrate.

Increase in crime: Robbery, violence and crimes related to trafficking or substance use.

Economic costs: High expenditures on public health, security, rehabilitation and loss of labor productivity.

Deterioration of the social fabric: Community cohesion is weakened, affecting trust and coexistence.

The well-crafted mind map on the types of addictions and the main chemicals that cause addiction. It is arranged in a radial fashion for easy visual understanding, with branches connecting each category and key examples.

Adverse effects of addictions

On a physical and psychological level: Deterioration of health: Hepatic, cardiovascular, respiratory, neurological diseases and risk of overdose.

Mental disorders: Anxiety, depression, paranoia, psychosis, and loss of emotional control.

Malnutrition and personal neglect: Compulsive consumption tends to displace basic hygiene and eating habits.

Progressive dependence: The body and mind develop tolerance, leading to larger and more frequent doses.

At the functional level:

Loss of productivity: Poor academic or work performance, absenteeism and dismissals.

Difficulty maintaining relationships: Isolation, interpersonal conflicts and emotional breakups.

Main social consequences: According to various studies and clinical analyses, addictions cause:

Social isolation: The addict tends to withdraw from his environment to avoid judgments or to consume in secret. This generates loneliness, loss of bonds and emotional deterioration.

Family breakdown: Constant conflicts, domestic violence, neglect in parenting. Emotional impact on children and adolescents, who may repeat addictive patterns.

Stigmatization and exclusion: People with addictions are often judged, which makes it difficult for them to reintegrate into society and work. Stigma can prevent them from seeking help out of fear or embarrassment.

Increase in violence and crime: Robbery, petty crime, and violence associated with substance use or trafficking. Driving under the influence of drugs, accidents and incarcerations.

Economic impact: High costs in public health, safety, and rehabilitation programs. Loss of labor productivity and increase in poverty in vulnerable sectors.

Around 269 million people used drugs worldwide in 2018, an increase of 30% compared to 2009, while more than 35

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million people suffer from drug use disorders, according to the most recent World Drug Report, launched today by the United Nations Office on Drugs and Crime (UNODC). for its acronym in English). The Report also analyzes the impact of COVID-19 on drug markets; While its effects are not yet fully understood, border and other restrictions linked to the pandemic have already led to drug shortages on the streets, leading to higher prices and reduced purity.

The increase in unemployment and decreased opportunities caused by the pandemic may disproportionately affect the poorest people, making them more vulnerable to drug use, as well as trafficking and cultivation to earn money, the Report notes.

"Marginalized and vulnerable groups, youth, women and people living in poverty pay the price for the global drug problem. The COVID-19 crisis and economic downturn threaten to further exacerbate the effects of drugs at a time when our health systems have been stretched to the limit and our societies are struggling to cope," said UNODC Executive Director Ms Ghada Waly. "We need all governments to show greater solidarity and provide support, particularly to developing countries, to combat illicit drug trafficking and provide evidence-based services for drug use disorders and related diseases, so that we can achieve the Sustainable Development Goals (SDGs). promote justice and leave no one behind."

Due to COVID-19, traffickers have been forced to find new routes and methods and trafficking activities through the *darknet* and mail shipments are likely to increase, despite the disruption of the postal supply chain internationally. The pandemic has also led to a shortage of opioids, which in turn may result in people turning to more readily available substances such as alcohol, benzodiazepines, or synthetic drug mixtures. More harmful patterns of use may emerge as some users switch to intravenous drugs or inject more frequently.

In analysing the additional effects of the current pandemic, the Report notes that if governments react in the same way as they did to the 2008 economic crisis, when they reduced drug-related budgets, interventions for the prevention and treatment of drug use and other related risk behaviours, as well as the supply of naxalone for the management and reversal of opioid overdoses could be greatly affected. Interdiction operations and international cooperation may also become less of a priority, which would make operations easier for traffickers.

Consequences of Addictions: Impact and Recovery

Addictions are chronic and complex disorders that affect millions of people around the world. The consequences of addictions can be devastating, both physically and emotionally, and can have a significant impact on the lives of those who suffer from them and their loved ones. In this article, we will explore the various consequences of addictions and the importance of seeking professional help for recovery. In addition, the Ocean Rehabilitation Center will be highlighted as a trusted resource for those seeking support in their recovery process. Often, when discussing addictions, we focus on their physical and mental health impacts, overlooking the social consequences they can have. However, it is crucial to recognize that addictions can also have significant detrimental effects on an individual's personal and emotional relationships. While it is true that addictions can wreak havoc on the addict's body and mind, we should not underestimate the impact they have on their social life. The direct result of addictions in interpersonal relationships can be isolation, a consequence that can trigger even more serious problems for the individual's health, such as loneliness.

Social isolation is a common consequence of addictions. As addiction consumes the individual's life, they may become increasingly withdrawn and distant from friends, family, and loved ones. The addict may lose interest in social activities they used to enjoy, preferring to spend their time only to satisfy their need to consume the addictive substance. This isolation can create a destructive cycle in which the addict becomes even further removed from their support network, which in turn increases their sense of loneliness and isolation. A lack of social connection can have serious repercussions on an individual's mental and emotional health, exacerbating the symptoms of addiction and making recovery even more difficult.

Drug addiction: consumption and consequences: Drug use and the addiction they cause has come to be considered a chronic disease; it has generated a wide and varied literature on the subject. It has been known in our country since the 70s, coinciding with the arrival of Hashish[37]/[38]. Subsequently, we have witnessed a progressive evolution, with the appearance of different profiles, both of substance use, as well as of the route of administration used or of pathology associated with it. In the 80s, the consumption of Heroin acquires great importance. This substance revolutionizes, in some way, the world of drug addiction as it leads to an increase in crime and health problems; All this generates an increase in the demand for care, as well as in associated morbidity and mortality[39].[40] This addiction is generalized in a population with a young average age, between 20 and 30 years old, according to the literature; in the study by Cobos et al., the age is even higher, which could be due to the time at which the work is carried out and the fact that 50% of the patients had been addicted for

[37] *Muga R. Drug addiction and detoxification units. Med Clin (Barc) 1991; 97: 337-339.*

[38] *Gutiérrez del Río C, Casanueva Gutiérrez M, Nuño Mateo J, Fernández Bustamante J, Morís de la Tassa J. Hospital detoxification unit: four years of experience. Environmental factors. An Med Interna (Madrid) 1998; 15 (11): 584-587.*

[39] *Torres-Tortosa M, Ruiz López de Tejada M, Fernández Elías M, Pérez Pérez C, Fernández Conejero E, Ugarte I et al. Changes in the route of administration of heroin and frequency of infection with the human immunodeficiency virus. Med Clin (Barc) 1995; 104: 249-252.*

[40] *Barrio G, de la Fuente L, Camí J. Drug use in Spain and its position in the European context. Med Clin (Barc) 1993; 101: 344-355.*

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more than 10 years[41]. On the other hand, at least initially, the preferred route of consumption was intravenous (IV), which, together with the marginalization that addiction to these substances entailed, with high rates of job instability, commission of criminal actions, poor nutritional status and poor hygiene, gave rise to a high number of infectious [42]complications. In this sense, the appearance of infections could be said to follow the route of the poison, from its arrival in the body: soft tissue infections (cellulitis, abscesses, pyomyositis...), infection by hepatitis B virus, C, human immunodeficiency virus (HIV), etc. This last infection, as is well known and, at least until the arrival of the therapy called HAART, led to increasing immunosuppression with the consequent appearance of opportunistic infections (candidiasis, toxoplasmosis, pneumonia due to Pneumocystis carinii, etc.). In addition, there are other infections, also present in the general population, but which here, perhaps because of the conditions already mentioned, are more prominent: bacterial pneumonia, tuberculosis, etc.[43]. In any case, in this group, infections would not only arrive by IV, but given the aforementioned marginality, significant sexual promiscuity is generated, with which they frequently present sexually transmitted diseases that should always be a sentinel on a possible HIV infection; In fact, at present, it is being observed that the most frequent category of transmission is no longer injecting drug use, but rather sexual use[44]. For all of the above, most patients who are admitted to a general hospital do so in the Internal Medicine services, followed by Obstetrics, since addicted patients are of childbearing age; However, it should be noted that the female population addicted to drugs represents, in all series, only about 20%.[45] As might be expected, all these complications have been associated with high average stays, mainly in the case of admissions related to HIV infection, as well as frequent readmissions. However, drug addiction has been modified over time and, in the 90s, we witnessed the decline of the use of the I.V. route in favor of others, probably in relation to the numerous informative campaigns on the risk of using this route and the fear of HIV infection[46] . For this reason, it is striking that, in the work of Cobos et al., the route most used by patients, in 1999, (the date on which the study was carried out), was the I.V.; This could be related to what they themselves indicate: it is a retrospective work and they have no possibility of collecting if this route was still used, which, on the other hand, would explain the low number of soft tissue

[41] *Muga R. Drug addiction and detoxification units. 1991, ibid., op. cit.; De la Fuente I, Barrio G, Vicente J, Bravo MJ, Lardelli P. Intravenous Administration Among Heroin Users Having Treatment in Spain. J Epi demiol 1994; 23: 805-811.; De los Cobos Calleja T, Casanueva Gutiérrez M, Jové González C. Per fil of drug users admitted to a hospital. An Med Interna (Madrid) 2003; 20: 504-509.*

[42] *Gutiérrez del Río C, Casanueva Gutiérrez M, Nuño Mateo J, Fernández Bustamante J, Morís de la Tassa J. 1998, ibidem, op. cit.; Torres-Tortosa M, Ruiz López de Tejada M, Fernández Elías M, Pérez Pérez C, Fernández Conejero E, Ugarte I et al. 1995, Ibidem, op. cit.; Fernández J, López C, Arim MJ, Alameda J. Changes in the route of drug administration in heroin addicts. Rev Clin Esp 1993; 193: 76-77.*

[43] *Muga R. Drug addiction and detoxification units. 1991, ibid., op. cit; Torres-Tortosa M, Ruiz López de Tejada M, Fernández Elías M, Pérez Pérez C, Fernández Conejero E, Ugarte I et al. 1995, Ibidem, op. cit.; Barrio G, de la Fuente L, Camí J. Drug use in Spain and its position in the European context. Med Clin (Barc) 1993; 101: 344-355.; De la Fuente I, Barrio G, Vicente J, Bravo MJ, Lardelli P. 1994, ibid., op. cit.; Gutiérrez del Río C, Casanueva Gutiérrez M, de la Fuente García B, Gallo Alvaro C, Alcalde Fernández MLG, Morís de la Tassa J. Hospital detoxification unit: four years of experience. Treatment and infections. An Med Interna (Madrid) 1998; 15 (10): 528 530.; Working Group for the Study of Infections in Drug Addicts. Multicenter study of infectious complications in injecting drug addicts in Spain: analysis of 11645 cases (1977-1988). Enf Infec and Microbiol Clin 1990; 8: 514-519.; Cherubin ChE, Joseph D, Sapira MD. The Medical Complications of Drug Addiction and the Medical Assessment of the Intravenous Drug Users: 25 Years Later. Ann Intern Med 1993; 119: 1017-1028.*

[44] *Gutiérrez del Río C, Casanueva Gutiérrez M, Nuño Mateo J, Fernández Bustamante J, Morís de la Tassa J. 1998, ibidem, op. cit.; Barrio G, de la Fuente L, Camí J. 1994, Ibidem, op. cit.; Gutiérrez del Río C, Casanueva Gutiérrez M, de la Fuente García B, Gallo Alvaro C, Alcalde Fernández MLG, Morís de la Tassa J. 1998, ibidem, op. cit.; Cherubin ChE, Joseph D, Sapira MD. The Medical Complications of Drug Addiction and the Medical Assessment of the Intravenous Drug Users: 25 Years Later. Ann Intern Med 1993; 119: 1017-1028; Aviñó Rico MJ, Hernández Aguado I, Pérez Hoyos S, García de la Hera M, Ruiz I, Bohimar Monrull F. Incidence of human immunodeficiency virus type I (HIV 1) infection in injecting drug users. Med Clin 1994; 102: 369-373.; López de Munain J, Cámara MM, Santamaría JM, Zuriñe Zubero, Baraia-Etxaburu J, Muñoz J. Clinical-epidemiological characteristics of new diagnoses of human immunodeficiency virus infection. Med Clin (Barc) 2001; 117: 654-656.*

[45] *Muga R. Addiction to drugs and detoxification units.1991, ibidem, op. cit.; Gutiérrez del Río C, Casanueva Gutiérrez M, Nuño Mateo J, Fernández Bustamante J, Morís de la Tassa J.1998, ibidem, op. cit.; Aviñó Rico MJ, Hernández Aguado I, Pérez Hoyos S, García de la Hera M, Ruiz I, Bohimar Monrull F.1994, ibidem, op. cit.*

[46] *Torres-Tortosa M, Ruiz López de Tejada M, Fernández Elías M, Pérez Pérez C, Fernández Conejero E, Ugarte I et al. 1995, Ibidem, op. cit.; De la Fuente I, Barrio G, Vicente J, Bravo MJ, Lardelli P. 1994, ibid., op. cit.; Gutiérrez del Río C, Casanueva Gutiérrez M, Nuño Mateo J, Fernández Bustamante J, Morís de la Tassa J. 1998, ibidem, op. cit.; Torres-Tortosa M, Fernández-Elías M, Ugarte I, Ruiz López de Tejada M. Changes in the route of drug administration in heroin addicts. Rev Clin Esp 1993; 193: 76-77.*

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infections collected[47]; in this regard, it should be noted that this type of infection is not always admitted to hospitals, but they are frequently treated in Primary Care centers or in Emergency Services. But the abandonment of the IV route and the use of others, such as the smoked route, does not mean that there are no complications; thus, especially since the second half of the 90s, an increase in asthma has been observed, with heroin insufflation being considered a strongly related fact[48]. In addition to the change of access route, in favor of smoking, inhalation or oral consumption of substances, the irruption of other drugs such as cocaine was observed, with their corresponding organic complications and, thus, their use can imply: —Increased health care (admissions, morbidity and mortality, stays, etc.) and even the costs of caring for children of mothers addicted in pregnancy [49]can also be increased. —Development of chronic kidney failure, in relation to greater stress, greater substance abuse, etc.[50]Nor can we forget that its consumption is associated, like that of heroin, with the development of infections; on the other hand, admissions for gastrointestinal or traumatic causes are less frequent than with the consumption of other substances such as marijuana or alcohol[51]. —Development of cardiac pathology (tachycardia, coronary processes, etc.). In this regard, recently, Weber et al. indicate that cocaine users who come for chest pain and do not present ischemic changes in the electrocardiogram or troponin elevation, during an observation period of 9 to 12 hours, have a low probability of acute myocardial infarction or death in the 30 days after discharge[52]. —Neuropsychiatric disorders with hallucinations, development of dementia, hemorrhages, etc. In the 1990s, too, there was an increase in amphetamine use, probably in relation to the economic crisis and the high unemployment rate[53]. Nor can we forget the resurgence of Cannabis, the maintenance of addiction to oral benzodiazepines and the growing consumption, especially in the very young population, of alcohol; With these last two substances, greater cognitive impairment and psychological stress are observed than with dependence on other drugs[54]. And, in this continuous evolution in the world of drug addiction, "designer drugs" or "synthesis" appear, that is, substances synthesized in clandestine laboratories, which include: phenylethylamine derivatives (MDMA, MDA, MDEA and other amphetamines, speed, etc.), arilciclohexamines (PCP and ketamine), synthetic opioids (α-methylfentanyl, 3-methylfetanyl), methacuolone derivatives or sodium oxybate[55], ([56]). They are generally consumed in "techno" music clubs or at macro parties, in huge quantities, accompanied by multiple other drugs such as hallucinogens, cocaine, flunitrazepam, etc. They give rise to frequent poisoning, visits to the emergency department or syndrome of inadequate secretion of ADH due to inadequate fluid replacement; On the other hand, these drugs can lead, in the longer term, to neurological complications, by affecting the dopaminergic and serotonergic systems[57]. There is, therefore, a wide arsenal of consumer substances, from those considered legal to those that have recently appeared, with a changing route of administration and epidemiological characteristics; Therefore, despite the extensive existing literature, more studies are required to draw a picture of the consumer, at all times, as well as of the potential complications, with a view to trying to achieve effective prevention. In this sense, the Drug Addiction Care and Monitoring Centres (CAS) have contributed a great deal, which have been responsible for prescribing substitute substances such as methadone, advocating the benefits of changing the route of administration of the drug, combating the spread of HIV, extending vaccination programmes or gynaecological [58]check-ups (25-27); the work of the Internal Medicine services – Infectious Diseases Units has also been

[47] *Demiol 1994; 23: 805-811. 6. De los Cobos Calleja T, Casanueva Gutiérrez M, Jové González C. Per fil of drug users admitted to a hospital. An Med Interna (Madrid) 2003; 20: 504-509.*

[48] *Krantz AJ, Hershow RC, Prachand N, Hayden DM, Franklin C, Hry horczuk DO. Heroin insufflation as a Trigger for patients with life-thre atening asthma. Chest 2003; 123: 510-517.*

[49] *Mena M, Corvalan S, Bedregal P. Health care expenditures among the offs pring of cocaine paste consumers. Rev Med Chil 2002; 130 (11): 1241-8.*

[50] *Norris KC, Thornill-Joynes M, Tareen N. Cocaine use and chronic renal failure. Semin Nephrol 2001; 21: 362-366.*

[51] *Weintraub E, Dixon L, Delahanty J, Schwuartz R, Johnson J, Cohen A, Klecz M. Reason for medical hospitalisation among adult alcohol and drug abusers. Am J Addict 2001; 10: 167-177.*

[52] *Weber JE, Shofer FS, Larkin GL, Kalaria AS, Hollander JE. Validation of a brief observation period for patients with cocaine-associated chest pain. N Engl J Med 2003; 348: 487-488.*

[53] *Wermth L. Methamphetamine use: Hazards and social influences. J Drug Educ 2000; 30: 423-433.*

[54] *Paraherakis A, Charney DA, Gill K. Neuropsychological functioning in substance-dependent patients. Subst Use Misuse 2001; 36: 257-271.*

[55] *Ochoa E. Designer drugs. Med Clin (Barc) 2002; 119: 375-376.*

[56] *Abanades S, Farré M. Design drugs. Med Clin (Barc) 2003; 121: 38.*

[57] *Abanades S, Farré M. Designer Drugs.2003, ibidem, op. cit.; Espinosa G, Miro O, Nogue S, To-Figuera J, Sánchez M, Coll-Vinnent B. Liquid ecstasy poisoning: study of 22 cases. Med Clin (Barc) 2001; 117: 56-58.; Abanades S, Iglesias ML, Echarte JL, Puig-Dou J, Roset PN, Farré M. Gammhydroxybutirate: a novel toxicological emergency. Methods Find Exp Clin Pharmacol 2001; 23: 326.*

[58] *Pedrol E, Álvarez MT, Deig E, Andrés I, Ribell M, Soler A. Emergencies motivated by patients controlled in a drug addiction care and follow-up center. Med Clin (Barc) 2003; 121: 18-20.; Suelves JM, Brugal MT, Cayla JA, Torralba L. Changes in the health problems caused by cocaine in Catalonia. Med Clin (Barc) 2001; 117: 581-583.; Cabot E, Soler A, Olid F, Tornero JC, Torrents A, Pedrol E, et al. With a lot of urgent attention derived from drug addiction. Emergen cias 1997; 9 (Suppl. 1): 238.*

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very important, with greater control of HIV infection, trying to improve patient adherence to treatment and, therefore, improve their quality of life.

Impact on personal relationships

In addition to social isolation, addictions can also have a negative impact on the addict's personal relationships. Lying, deception, and manipulation are common behaviors among those struggling with addiction, which can erode trust and intimacy in close relationships. The addict's friends and family members may feel betrayed, frustrated, and powerless in the face of the situation, which can lead to conflict and tension in relationships. The addict, in turn, may experience feelings of guilt, shame, and isolation, further fueling their cycle of addiction and reinforcing their need to escape through the consumption of the addictive substance.

Looking for a way out

It is critical to recognize that addictions not only affect the individual who suffers from them, but also everyone around them. It is important to offer support and understanding to those struggling with addiction, while fostering an environment of openness and communication where they can seek help without fear of judgment or stigmatization. Seeking treatment and professional support is essential to addressing addictions and their social consequences. By working together to create a strong and compassionate support network, we can help those struggling with addiction find a way out of the destructive cycle and begin the journey to recovery and healing. personal and affective relationships of the individual. While it is true that addictions can wreak havoc on the addict's body and mind, we should not underestimate the impact they have on their social life. The direct result of addictions in interpersonal relationships can be isolation, a consequence that can trigger even more serious problems for the individual's health, such as loneliness.

Isolation: A Tragic Consequence

Social isolation is a common consequence of addictions. As addiction consumes the individual's life, they may become increasingly withdrawn and distant from friends, family, and loved ones. The addict may lose interest in social activities they used to enjoy, preferring to spend their time only to satisfy their need to consume the addictive substance. This isolation can create a destructive cycle in which the addict becomes even further removed from their support network, which in turn increases their sense of loneliness and isolation. A lack of social connection can have serious repercussions on an individual's mental and emotional health, exacerbating the symptoms of addiction and making recovery even more difficult.

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Depression and sadness: main differences.

Sadness and depression are two emotional states that are often confused. However, their differences are critical for both diagnosis and appropriate treatment. Understanding what each one consists of allows you to act with greater awareness and seek the necessary help if necessary. In this blog, we'll explore the main differences between sadness and depression, from their origin to their impact on everyday life.

Effects of cocaine: physical, mental and social consequences.

Cocaine use is one of the most destructive addictions affecting people around the world. Despite the initial perception of euphoria and energy that its use can cause, cocaine carries serious physical, psychological, and social consequences that can destroy a person's life and deeply affect their loved ones. This powerful stimulant of the central nervous system acts quickly and aggressively, generating a dependence that is easily installed and can become chronic.

Synthetic drugs: their main types, effects and characteristics.

Synthetic drugs are chemicals created in laboratories, designed to produce psychoactive effects similar to or even superior to those of natural drugs. Unlike the latter, synthetic drugs are not derived directly from plants or natural elements, but their composition is artificial. These types of substances have become popular in recent decades due to their easy production, low cost, and ability to temporarily evade legal controls.

Bulimia nervosa: a silent and dangerous eating disorder.

Bulimia nervosa is a type of Eating Disorder (ED) that affects approximately 1% of the population, being ten times more frequent in women than in men. This mental disorder usually appears between late adolescence and early adulthood, in a

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life stage marked by profound physical, emotional and social changes.

Online gambling in 2025: the silent addiction that is growing in the digital world.

In the universe of addictions, we usually think first of substances such as alcohol or drugs. However, there are behaviors that can also generate dependence and have a strong impact on the lives of those who suffer from them. One of them, increasingly common and silent, is addiction to online betting in 2025.

Alcohol and diazepam: a dangerous combination for the body and mind.

In the world of addictions, there are mixtures that are especially harmful to the body. One of the most dangerous – and often underestimated – is the combination of alcohol and diazepam, a legal substance for recreational use with a psychotropic medication prescribed for disorders such as anxiety or insomnia.

Main side effects of antidepressants: what you need to know.

Depressive disorders affect millions of people around the world, and their impact can be devastating if not properly addressed. One of the main objectives of treatment is to achieve remission of symptoms and for the person to recover their functionality in different areas of their life: family relationships, social ties and work or academic performance.

Addressing anxiety: from start to finish.

Anxiety is a natural response of the body to situations that we perceive as threatening or stressful. However, when this response becomes persistent, excessive or disproportionate to real stimuli, it can become a disorder that seriously affects quality of life. According to the World Health Organization, anxiety and depression are widespread mental health disorders that affect 4% of the world's population, and the most alarming thing is that only a quarter of those who suffer from it receive adequate treatment.

Shopping addiction

Shopping is part of everyday life: we need to acquire food, clothing, hygiene products and other basic necessities. However, when the act of buying ceases to be a rational decision and becomes a compulsive and uncontrolled behavior, we may be facing a disorder known as oniomania or shopping addiction.

Consequences of addictions

Physical consequences: Addictions to substances such as drugs and alcohol can have serious repercussions on physical health. These can include liver damage, cardiovascular disease, lung dysfunction, sleep disorders, and brain damage. In addition, substance abuse can weaken the immune system, increasing the risk of infection and disease.

Emotional and mental consequences: Addictions also affect a person's emotional and mental well-being. They can lead to anxiety, depression, memory and concentration problems, drastic mood swings, and underlying mental health issues. Addiction can disrupt the chemical balance of the brain and negatively affect emotional stability and overall mental health.

Social consequences and interpersonal relationships: Addictions can have a destructive impact on personal and social relationships. Addictive behavior can lead to loss of confidence, social isolation, family conflicts, and breakups of friendships. In addition, addictions can lead to irresponsible behavior, theft, or crimes related to obtaining substances, which can have serious legal repercussions.

Work and financial consequences: Substance abuse can negatively affect job performance, increase absenteeism, and decrease productivity. Addictions can also lead to significant financial problems due to excessive spending on substances and the inability to maintain stable employment. The resulting financial hardship can further compound the stress and emotional toll associated with addiction.

Legal consequences: Addictions are often associated with illegal behaviors and can lead to serious legal problems. This can include arrests for possession of illicit substances, driving under the influence of drugs or alcohol, and engaging in criminal activity related to addiction. Legal consequences can have a lasting impact on a person's life, including a criminal record and difficulties obtaining employment in the future.

Impact on family structure: Addictions often lead to breaks in family ties. Trust deteriorates, constant conflicts appear and, in many cases, the disintegration of the family nucleus occurs. Children of people with addictions are at greater risk of developing emotional disorders, poor school performance and risky behaviors. Domestic violence, abandonment and neglect are frequent phenomena in households affected by problematic consumption.

Stigmatization and social exclusion: People with addictions are frequently stigmatized, which makes it difficult for them to reintegrate into the social and labor market. Stigma reinforces marginalization, impedes access to health services, and limits opportunities for rehabilitation. Society tends to associate addiction with moral weakness, ignoring the structural and psychological factors that cause it.

Economic consequences: Addictions generate high costs for the health, justice and social assistance systems. Loss of work productivity, absenteeism, and unemployment are common among people with problematic use. In contexts of poverty, addiction can become an escape mechanism, perpetuating the cycle of economic exclusion.

Criminalization and violence: In many countries, substance use is linked to criminalization, leading to prison overcrowding and human rights violations. Drug trafficking and violence associated with the illegal drug market seriously affect citizen security and governance. Punitive policies have proven ineffective in reducing consumption and instead exacerbate the social consequences.

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Challenges for public policies: The prevention and treatment of addictions require comprehensive approaches that include education, mental health, social inclusion and employment. Policies based on scientific evidence, such as harm reduction, have shown better results than repressive strategies. It is essential to promote awareness campaigns that combat stigma and foster empathy towards those who face this problem**.**

Recommendations and professional help: If you are dealing with the consequences of an addiction, it is essential to seek professional help to start your recovery process. The Ocean Rehabilitation Center is a trusted resource that offers comprehensive addiction treatment. Their team of rehabilitation experts uses evidence-based approaches, such as the Minnesota model, to address addictions and provide the support needed for successful recovery.

The Ocean Rehabilitation Center has trained professionals who can assess your individual situation, design a personalized treatment plan, and provide you with the necessary support throughout the recovery process. Their comprehensive approach includes individual and group therapies, detoxification programs, and emotional support.

Don't face the consequences of an addiction alone. Seeking professional help will provide you with a safe and supportive environment to address the physical, emotional, social, and legal consequences of addiction, and guide you to a path of recovery and wellness.

Psychological consequences of drug use: Drug use can also cause a number of psychological problems, which can be difficult to manage if not worked on. Some of these problems include:

- Mood swings, such as irritability, anxiety, or depression.
- Memory and concentration problems.
- Thinking problems.
- Perception problems.
- Problems of judgment.
- Personality problems.
- Psychotic disorders, such as hallucinations or delusions.

Solution: Detoxification center in nature where the quality of life is recovered in our facilities, supported by a team of professionals in overcoming addictions.

Drug use can also have social consequences. Some of these negative repercussions include:

- Problems in personal relationships, with family and friends.
- Problems at work or school.
- Legal problems, such as arrests or convictions.
- Social exclusion.

Employment consequences of drug use

At the work level, drug use can be harmful at work. The most frequent consequences

- Sick leave
- Occupational accidents.
- Dismissals.

The consumption of alcohol or other drugs can affect several aspects of a person's life, that is, it can affect both physical, psychological, social and/or work levels. Below we detail the consequences in each of these areas.

Physical consequences of drug use

Drug use can cause a number of physical problems, which can be very serious. Some of these problems include:

- Cardiovascular problems, such as hypertension, arrhythmias or heart attacks.
- Lung problems, such as pneumonia, bronchitis or emphysema.
- Neurological problems, such as memory loss, cognitive impairment, or seizures.
- Gastrointestinal problems, such as nausea, vomiting, or diarrhea.
- Liver problems, such as hepatitis or cirrhosis.
- Kidney problems, such as kidney failure.
- Bone problems, such as osteoporosis.
- Fertility problems.

How does bioethics contribute to confronting addictions?

Promotes respect for human dignity: Bioethics is based on the principle that every person, even those facing addiction, deserves respect, care, and not to be reduced to their disease. This combats social stigma and discrimination, favoring inclusion and access to appropriate treatments.

Encourages informed and autonomous decisions: One of the bioethical pillars is autonomy: the right of each individual to make decisions about their body and health. In the context of addictions, this involves offering clear information, diverse therapeutic options, and support for the person to regain their ability to decide freely.

Bioethics rejects this reductionist vision and promotes person-centred care, recognising their intrinsic value and their right to receive care without discrimination

Promotes ethical and equitable public policies: Bioethics guides governments and health systems to design policies that do not criminalize consumption, but rather address it as a public health problem. This includes prevention, harm reduction, rehabilitation, and social reintegration programs, especially for vulnerable populations.

Integrate social justice into the approach to addictions: Addictions do not occur in a vacuum: they are linked to contexts of poverty, violence, exclusion and lack of opportunities. Bioethics demands that these structural factors be recognized and action be taken to correct the inequalities that perpetuate problematic consumption.

Humanizes medical and psychological care: Instead of treating the patient as a "case" or "addict," bioethics promotes person-centered care, with empathy, active listening, and respect for their values. This improves adherence to treatment and comprehensive recovery.

Practical example: A rehabilitation center that applies bioethical principles not only offers medical detoxification,

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but also psychological accompaniment, labor reintegration, family support and spaces for active participation of the patient in their process. In addition, it avoids coercive practices.

Bioethics as a tool to confront addictions in society

Bioethics and respect for human dignity: One of the fundamental principles of bioethics is respect for the dignity of every human being, regardless of their condition. People with addictions are often stigmatized, excluded and treated as "guilty" rather than patients.

Autonomy and informed decisions: Autonomy is another essential bioethical pillar. In the context of addictions, this involves ensuring that people have access to clear information, diverse therapeutic options, and support to make free decisions about their treatment. Bioethics defends informed consent and rejects coercive practices, such as forced internment or treatments without the active participation of the patient.

Social justice and equity in access to health: Addictions are deeply linked to contexts of social vulnerability: poverty, violence, lack of opportunities and exclusion. Bioethics requires that public policies recognize these structural factors and act to correct the inequalities that perpetuate problematic consumption. This includes guaranteeing equitable access to health services, prevention programs and spaces for social reintegration.

Harm reduction as an ethical approach: The harm reduction strategy, widely supported by bioethics, seeks to minimize the negative effects of consumption without requiring total abstinence as a condition for receiving help. This approach recognizes the complexity of the addictive phenomenon and prioritizes the health, safety, and dignity of the individual. Examples include the controlled supply of substances, the use of naloxone to prevent overdose, and the creation of safe spaces for supervised consumption.

Ethical education and social awareness: Bioethics also has an educational role: it promotes critical reflection on social prejudices, collective responsibility and the need to build a culture of care. Through training in ethical values, the social view of addictions can be transformed, moving from judgment to accompaniment.

Consequences of addictions on freedom and human dignity

Loss of personal freedom: Physical and psychological dependence: Addiction subjects the person to a compulsive need to consume, nullifying their ability to choose freely. The will is subordinated to the impulse, which limits autonomy. Reduced decision-making capacity: The individual loses control over his actions, affecting his judgment, his ability to plan and his freedom to act according to his values.

Behavioral conditioning: Everyday decisions revolve around consumption, which restricts the freedom to live a full and meaningful life.

Impairment of human dignity: Social stigmatization: People with addictions are often labeled as "weak" or "dangerous," which violates their dignity and reinforces exclusion.

Dehumanization: In institutional or legal contexts, the addict may be treated as a number or a problem, rather than as a person with history, suffering, and rights.

Impaired self-esteem: Addiction generates guilt, shame and hopelessness, affecting the perception that the person has of themselves as valuable and deserving of respect. The feeling of guilt, shame and failure affects self-esteem, making the person perceive themselves as unworthy of respect or care.

Psychological and mental effects: Coexisting mental disorders: Anxiety, depression, schizophrenia, and mood disorders are often present or aggravated by substance use. **Low self-esteem and hopelessness:** Addicted people may feel worthless, trapped, and unmotivated to change. **Cognitive impairment:** Memory loss, difficulty making decisions, and persistent mood swings. **Social isolation:** Addiction can lead to family conflicts, loss of relationships, and feelings of loneliness.

Physical effects: Damage to vital organs: Long-term use can affect the liver, kidneys, lungs, and heart. **Infectious diseases:** Injecting drug use increases the risk of HIV, hepatitis B and C, endocarditis, and cellulitis. Cancer and chronic diseases: Tobacco, for example, is linked to several types of cancer; Other substances can cause lung or cardiovascular disease. **Metabolic and hormonal alterations:** Changes in the endocrine and immune system that affect the body's balance.

Additional risks: Overdose: Especially with opioids, it can be fatal if not treated early. **Dental problems:** Some drugs such as methamphetamine cause severe deterioration in oral health. **Risk behaviors:** Consumption can lead to unprotected sex or sharing needles, increasing the risk of serious infections.

Consequences of addictions at the individual, family and social level

On an individual level: Addictions profoundly affect a person's physical, emotional, and mental health:
Physical deterioration: Hepatic, cardiovascular, respiratory diseases, neurological disorders and risk of overdose.

Psychological alterations: Anxiety, depression, paranoia, loss of self-esteem and personality disorders.

Social isolation: The person withdraws from their emotional ties and loses interest in daily activities.

Loss of autonomy: Dependence limits the ability to make decisions and maintain work or academic responsibilities.

At the family level: The family environment is usually one of the most affected by addiction:

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Constant conflicts: Arguments, loss of trust and impaired communication.

Domestic violence: In some cases, consumption can trigger aggressiveness or abusive behavior.

Impact on children: Emotional neglect, school problems and risk of repeating addictive patterns.

Economic destabilization: Excessive expenses on the substance or treatment, loss of employment of the affected member.

On a social level: Addictions also have broad consequences on the community and social fabric:

Stigmatization and exclusion: People with addictions can be marginalized, making it difficult for them to reintegrate.

Increase in crime: Robbery, violence and crimes related to trafficking or substance use.

Economic costs: High expenditures on public health, security, rehabilitation and loss of labor productivity.

Deterioration of the social fabric: Community cohesion is weakened, affecting trust and coexistence.

Consequences on the human person as a whole:

Fragmentation of the being: Addiction breaks the harmony between body, mind and spirit. The individual is disconnected from his affections, his projects and his meaning of life.

Social isolation: Family, work, and community relationships deteriorate, depriving the person of meaningful bonds and reinforcing loneliness.

Human rights violations: In many contexts, people with addictions are deprived of adequate health care, education, employment, and justice, which undermines their status as subjects of rights.

Freedom is one of the pillars of the human condition. However, in the context of addiction, it is profoundly affected:

Compulsive dependence: The individual loses control over his decisions, being subjected to the impulse to consume. The will is annulled, and the ability to choose freely vanishes.

Reduced autonomy: The person no longer acts according to their values or projects, but their behavior revolves around the addictive substance or behavior.

Existential alienation: Addiction can lead to a profound disconnection from the meaning of life, generating an existence marked by repetition, emptiness and hopelessness.

Human dignity violated: Dignity implies the recognition of the intrinsic value of each human being. Addictions, however, tend to generate processes of dehumanization:

Social stigmatization: People with addictions are frequently labeled as "weak," "dangerous," or "guilty," reinforcing their exclusion and limiting their access to help.

Depersonalized institutional treatment: In many contexts, the addict is treated as a number or a problem, without considering their history, their emotions, or their rights.

The fragmented human person: Addiction not only affects behavior: it breaks the unity of the human being in its physical, psychological, social and spiritual dimensions.

Affective isolation: Family and social relationships deteriorate, which deprives the individual of meaningful bonds and reinforces loneliness.

Spiritual disconnection: Many people with addictions experience a loss of meaning, purpose, and connection to the transcendent.

Violation of rights: In contexts of poverty or criminalization, people with addictions are deprived of medical care, education, employment, and justice, which threatens their status as subjects of rights.

Ethical, bioethical and humanistic approach: From bioethics, it is recognized that the person with addiction should not be reduced to his or her behavior, but understood in its complexity. This implies: Restoring their freedom through therapeutic processes that respect their autonomy. Recognize their dignity at each stage of treatment, avoiding judgments and humiliating practices. Accompany their recovery with empathy, justice and respect for their history. Bioethics and personalist philosophy offer a hopeful view:

Restoring freedom: Through therapeutic processes that respect autonomy and promote the recovery of decision-making power.

Recognize dignity: At each stage of treatment, avoiding judgment, humiliation or coercive practices.

Accompany the person: With empathy, active listening and respect for their history, promoting their social reintegration and their reconstruction as a full subject.

Adverse effects of addictions

On a physical and psychological level:

Deterioration of health: Hepatic, cardiovascular, respiratory, neurological diseases and risk of overdose.

Mental disorders: Anxiety, depression, paranoia, psychosis, and loss of emotional control.

Malnutrition and personal neglect: Compulsive consumption tends to displace basic hygiene and eating habits.

Progressive dependence: The body and mind develop tolerance, leading to larger and more frequent doses.

At the functional level:

Loss of productivity: Poor academic or work performance, absenteeism and dismissals.

Difficulty maintaining relationships: Isolation, interpersonal conflicts and emotional breakups.

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Main social consequences: According to various studies and clinical analyses, addictions cause:

Social isolation: The addict tends to withdraw from his environment to avoid judgments or to consume in secret. This generates loneliness, loss of bonds and emotional deterioration.

Family breakdown: Constant conflicts, domestic violence, neglect in parenting. Emotional impact on children and adolescents, who may repeat addictive patterns.

Stigmatization and exclusion: People with addictions are often judged, which makes it difficult for them to reintegrate into society and work. Stigma can prevent them from seeking help out of fear or embarrassment.

Increase in violence and crime: Robbery, petty crime, and violence associated with substance use or trafficking. Driving under the influence of drugs, accidents and incarcerations.

Economic impact: High costs in public health, safety, and rehabilitation programs. Loss of labor productivity and increase in poverty in vulnerable sectors.

Essential Features of Substance Use Disorder

Substance use disorder is characterized by a problematic pattern of use that leads to clinically significant impairment. The main characteristics include:-Intense desire or compulsion to consume the substance

- Loss of control over the amount or frequency of consumption
- Persistence in use despite negative consequences
- Tolerance (need for larger doses for the same effect)
- Withdrawal syndrome when stopping consumption
- Interference in key areas of life: work, relationships, health
- Excessive time spent obtaining, consuming or recovering from use.

Disorder Evolution Modifiers: Modifiers influence the progression, severity, and response to treatment of the disorder. Among the most relevant are:

- **Age of onset:** the earlier, the greater the risk of chronicity
- Type of substance: some generate faster dependence (e.g. opioids)
- Genetic factors: hereditary predisposition to addiction
- Psychiatric comorbidities: depression, anxiety, personality disorders
- Social and family environment: support networks or conflict environments
- Access to treatment: availability and quality of mental health services.

Current Panorama of Mexico in Relation to Addictions:

Biological: Increased consumption of highly addictive substances such as methamphetamines and fentanyl. High prevalence of medical and psychiatric comorbidities among users.

Psychological: High incidence of depressive and anxiety disorders associated with consumption. Scarce specialized psychological care in rural and marginalized areas.

Social: Family fragmentation, poverty and structural violence as predisposing factors. Criminalization of the consumer instead of a therapeutic approach.

Legal: Public policies still focused on punishment rather than prevention and rehabilitation. Progress in tobacco and alcohol regulation, but lagging behind in emerging drugs.

Ethical: Dilemmas about respect for patient autonomy vs. mandatory interventions. Persistent stigmatization that hinders social reintegration

Trends in drug use

Cannabis was the most widely used substance worldwide in 2018, with an estimated 192 million users. Opioids, however, remain the most harmful drugs, with total opioid-related deaths increasing by 71% over the past decade, with a 92% increase among women, compared to 63% among men. Drug use increased much more rapidly among developing countries during the period 2000-2018 than in developed countries. Adolescents and young adults account for the majority of drug users, while young people are also the most vulnerable to the effects of drugs because they are the biggest users and their brains are still developing.

Cannabis trends

While it remains difficult to assess the impact that laws that have legalized cannabis have had in some jurisdictions, it is noteworthy that its use has increased in all of these places after legalization. In some of these jurisdictions, the most potent cannabis products are also the most common on the market.

Cannabis remains the main drug that brings people into contact with the criminal justice system, accounting for more than half of drug-related crimes, according to data from 69 countries covering the period between 2014 and 2018.

The availability of pharmaceutical opioids for medical uses varies around the world

The Report also notes that low-income countries continue to suffer from critical shortages of pharmaceutical opioids for pain management and palliative care. More than 90% of all pharmaceutical opioids available for medical consumption were in high-income countries in 2018, which comprise about 10% of the world's population, while low- and middle-income countries, which comprise the remaining 88%, consume less than 10% of pharmaceutical opioids. Access to these substances depends on multiple factors, including legislation, culture, health systems and prescribing practices.

People with socioeconomic disadvantages are at higher risk for drug use disorders

Poverty, limited education and social marginalization remain important factors that increase the risk of drug use disorders, and marginalized and vulnerable groups may also face

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barriers to obtaining treatment services due to discrimination and stigma.

Fighting and overcoming addictions is a complex process, but it is absolutely possible. It requires will, professional support, and a profound transformation of the environment and habits. Here is a comprehensive approach based on psychological and medical evidence:

1. **Recognize the addiction:** The first step is to accept that there is a problem. Reflect on how addiction affects your health, relationships, finances, and emotional well-being. Making a list of negative effects can help you visualize the damage and motivate you to change.
2. **Seek professional help:** Going to a therapist specialized in addictions is essential. In cases of addiction to substances such as alcohol, opioids, or benzodiazepines, medical supervision is required to avoid serious risks during detoxification. Treatment may include cognitive behavioral therapy, outpatient care, hospitalization, or rehabilitation programs.
3. **Rely on social and family networks:** Involve trusted people in the recovery process. Participating in support groups (such as Alcoholics Anonymous, Narcotics Anonymous, etc.) can offer emotional support and ongoing motivation.
4. **Modify habits and environment:** Avoid places, people or situations that trigger consumption. Create a healthy routine: exercise, balanced eating, rest, recreational activities. Set clear goals and celebrate achievements, no matter how small.
5. **Learn to manage emotions:** Many addictions are born as a response to emotional pain: anxiety, sadness, emptiness. Learning emotional regulation techniques such as meditation, mindful breathing, or therapeutic writing can be key to avoiding relapse.
6. **Understand the origin of addiction:** It is not just about stopping using, but about understanding why we were using. Exploring the root causes (traumas, insecurity, social pressure) allows healing from the root.
7. **Maintain commitment:** Recovery is a process, not an event. Be patient, persistent, and compassionate with yourself. If there are relapses, it does not mean failure: it is part of the journey.

Comprehensive Strategies to Combat and Overcome Addictions: A Scientific and Multidisciplinary Approach

Addictions are a complex phenomenon that affects not only the physical and mental health of the individual, but also their social, economic and family environment. In the contemporary context, the spectrum of addictions has expanded beyond the consumption of psychoactive substances, also encompassing compulsive behaviors such as pathological gambling, excessive use of technologies and sexual dependencies. The World Health Organization (WHO) recognizes addictions as chronic disorders that require multidisciplinary intervention, structured prevention, and sustained treatment[59]. This paper proposes a critical review of the most effective scientific strategies to combat addictions, integrating medical, psychological, social and educational approaches, based on recent studies and specialized literature.

1. **Medical intervention and detoxification:** In cases of addiction to chemicals such as opioids, alcohol, or benzodiazepines, supervised medical detoxification is the essential first step. According to the Spanish Journal of Drug Dependencies, pharmacological treatment must be accompanied by clinical follow-up to avoid relapses and serious physiological complications[60]. Detox programs typically include: Initial medical evaluation. Use of medications to relieve withdrawal symptoms (for example, methadone or buprenorphine in opioid cases). Constant monitoring of vital signs and mental status.
2. **Psychological therapy and cognitive restructuring:** Cognitive-behavioral therapy (CBT) has proven to be one of the most effective tools in the treatment of addictions, both chemical and behavioral. This technique makes it possible to identify the dysfunctional thought patterns that sustain consumption, and replace them with adaptive strategies[61]. A bibliometric study carried out in Peru showed that 69.9% of empirical studies on addictions used psychological approaches, with internet addiction being the most frequent (Moreno-Guerrero et al.,[62]). CBT is complemented by other techniques such as: Acceptance and commitment therapy (ACT). Brief motivational therapy. Mindfulness and emotional regulation.
3. **Support networks and social reintegration:** Recovery from an addiction cannot be achieved in isolation. Family, community and professional support is key to sustaining the process. Mutual aid groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) offer safe spaces to share experiences, strengthen motivation, and build positive bonds. In addition, social reintegration involves: Access to employment, education and housing. Reduction of social stigma. Therapeutic justice programs for people in conflict with the law due to consumption.
4. **Prevention and education**

[59] *World Health Organization (WHO). (2022). World Report on Drugs and Mental Health. Geneva: WHO. https://www.who.int/publications/i/item/9789240063611.*

[60] *Spanish Journal of Drug Dependencies (RED). (2024). Pharmacological treatments and clinical follow-up in addictions. Spanish Association of Studies on Drug Dependencies. https://red.aesed.com/es/*

[61] *Beck, A. T. (2011). Cognitive therapy of substance abuse. Guilford Press.*

[62] *Moreno-Guerrero, A. J., López-Belmonte, J., Romero-Rodríguez, J. M., & Rodríguez-García, A. M. (2020). Scientific mapping of behavioral addictions in young people: A bibliometric analysis. International Journal of Environmental Research and Public Health, 17(19), 7153. https://doi.org/10.3390/ijerph17197153.*

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Prevention is the most effective pillar to reduce the incidence of addictions. According to the WHO, preventive programs should begin in childhood and adolescence, promoting social skills, self-esteem, critical thinking and stress management[63]. Educational campaigns should include: Clear information about the risks of consumption. Life skills training. Active participation of parents, teachers and community leaders.

Combating addictions requires a comprehensive, scientific and humanistic response. It is not enough to eliminate consumption; it is necessary to transform the conditions that generate and sustain it. The combination of medical intervention, psychological therapy, social support and educational prevention constitutes the most effective and ethically responsible approach. As Chen & Song point out[64], the scientific mapping of addictions reveals its multidimensionality and demands a structural understanding that articulates health, justice, and human dignity. In this sense, the fight against addictions is not only a clinical task, but a social mission that challenges all sectors.

How can addictions be treated?

The treatment of different types of addictions requires a comprehensive and personalized approach, which covers various phases of recovery: short, medium and long term. This process includes psychotherapy, especially cognitive behavioral therapy, which helps modify the patterns of thought and behavior that lead to addiction. In addition, it is essential to talk about addiction with family, friends or specialists, since social support is key in recovery.

On the other hand, treatment may include medications to relieve withdrawal symptoms and treat underlying issues such as depression or anxiety. In severe situations, hospitalization may be necessary. It is also crucial to participate in support and self-help groups, which teach how to live without drugs, cope with cravings, avoid risky situations and manage relapses. In some centers, there is a team of specialists who design personalized treatment plans for each type of addiction, ensuring a comprehensive and effective approach that addresses all the needs of the patient.

Tips to reduce the chances of relapse

Reducing the chances of relapse is critical to ensuring a lasting recovery from any addiction. Here are some helpful tips:

- **Changes in your life**

Make significant changes to your environment and habits to eliminate the factors that contribute to addiction. Avoid places and people you associate with consumption, and replace negative thoughts with positive attitudes.

- **Honesty**

Be completely honest about your addiction, especially in the recovery circle. Transparency with family, friends, and health care professionals is crucial to maintaining the path to recovery.

- **Ask for help**:

Participating in self-help groups can increase your chances of long-term recovery. Sharing experiences and receiving support from others in similar situations is very beneficial.

- **Always practice self-care**

Maintaining a self-care routine helps maintain motivation in recovery, encourages self-love, and makes it easier to manage negative emotions.

- **Follow the rules**

Adhering to the rules of treatment and maintaining recovery routines is essential, even after many years of sobriety. Discipline and commitment to recovery strategies prevent relapse.

There's always a way out

At our addiction treatment center in Gijón, Asturias, we firmly believe that there is always a way out. No matter what type of addiction you're facing, we're here to help you find your way to recovery. We have highly trained professionals and personalized treatments that will provide you with the necessary support to overcome your addiction. Remember, you're never alone in this process.

By way of conclusion

Addictions are not just a medical or social problem: they are a deep wound in the freedom, dignity and integrity of the human person. From bioethics, a response is demanded that recognizes the complexity of the phenomenon, promotes respect for autonomy, guarantees fair access to care, and humanizes treatment. Restoring the freedom and dignity of the individual requires a compassionate, critical and profoundly ethical gaze, capable of transforming not only the patient, but also the society that surrounds him. Soma, the phenomenon of addiction is a challenge that affects people of all ages, genders, physical conditions, races, and cultures. Although it is not experienced in the same way in all individuals, there are significant differences when analyzing it from a gender perspective, considering variables such as differentiated consumption according to age, cultures and substance use. The report of the National Drug Plan reveals that, in the Spanish population between 15 and 64 years of age, both women and men, it is observed that the consumption of tobacco and alcohol, followed by cannabis, begins at an early age. On the other hand, hypnosedatives and opioid analgesics are usually started at older ages. In the last year, a higher consumption has been confirmed in people between 15 and 34 years of age, mainly in men, with the exception of prescription or non-prescription hypnosedatives and prescription or non-prescription opioid analgesics. Based on the data provided by the report, it can be seen that many

[63] *World Health Organization (WHO). (2022). World Report on Drugs and Mental Health. Geneva: WHO. https://www.who.int/publications/i/item/9789240063611.*

[64] *Chen, Y., & Song, L. (2019). Mapping the multidimensional nature of addiction: A structural approach to health, justice, and human dignity. Journal of Addiction Research and Therapy, 10(4), 1–9. https://doi.org/10.4172/2155-6105.1000382*

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women tend to consume legal drugs, even being prescribed. This also contributes to the difference in consumption between men and women.

It is important to recognize that culture plays a key role in the phenomenon of addictions, as different societies have different attitudes and social norms in relation to substance use. This is due to the influence of consumption patterns in certain societies. In many cultures, the use of certain drugs may be considered "normal," while in others it is not as accepted. Therefore, culture also plays a role in the way of consumption and in the substances that are consumed. It is important to recognize that addictions and substance use are closely linked to the gender inequalities present in society. As some of these gender inequalities have been decreasing, women are increasingly inclined to adopt behaviors that are traditionally attributed to men. However, these behaviors are often viewed with rejection or shame in women, as they are not as socially accepted as in men. Women often face social obstacles and gender inequalities that hinder their process of seeking help and accessing effective treatments for their substance dependence. Due to the stigma and feelings of shame or guilt associated with addictions, women face additional barriers compared to men. Society imposes norms and expectations that do not consider it acceptable for a woman to consume substances, which generates stigma and rejection towards those who do. This lack of support from their immediate environment, including family and friends, is especially shocking for women. Women often encounter a lack of understanding and empathy, making it difficult for them to access appropriate resources and treatment. This phenomenon is even more evident in the case of mothers, who may face greater stigma and fear of losing custody of their children due to their substance dependence. These gender inequalities and social barriers have a significant impact on the lives of women struggling with addictions.

Lack of support and social pressure can hinder their recovery process and lead to feelings of isolation and hopelessness. It is critical to address these inequalities and work towards a more understanding and supportive society, which provides women with the same opportunities for treatment and support as men, without judging or stigmatizing their circumstances. In summary, addressing addictions from a gender perspective involves recognizing and understanding the biological, social, and cultural differences between men and women in relation to substance use. It is critical to promote prevention and treatment strategies and policies that take these differences into account and address the gender inequalities associated with addictions. It is necessary to eliminate the stigmas and social barriers that prevent women from seeking help and accessing the services necessary for their recovery. Further research on addiction and gender also needs to be fostered, to better understand the risk factors and underlying mechanisms that contribute to the observed differences in substance use and response to treatment in men and women. By strengthening the understanding of these aspects, more effective and personalized interventions can be developed that address the specific needs of each gender and promote a more equitable society in the approach to addictions.

Addictions not only affect physical or mental health: they erode freedom, violate dignity and fragment the essence of the human person. For this reason, any ethical and social response must start from the recognition of their humanity, promoting environments of care, inclusion and respect. Regaining freedom and dignity is possible, but it requires a compassionate, critical and profoundly human gaze. The consequences of addictions can be devastating, affecting every aspect of a person's life. From the physical and emotional impact to the social and occupational repercussions, addictions have a profound effect on those who suffer from them and their loved ones. However, it is important to remember that recovery is possible. Seeking professional help at specialized centers, such as the Ocean Rehabilitation Center, can make all the difference in the recovery process. Don't face the consequences of an addiction alone. With the right support, you can overcome challenges and build a healthy, fulfilling life. Addictions are a multifaceted phenomenon that transcends the individual sphere and becomes a social problem of great magnitude. Its consequences affect family cohesion, labor inclusion, citizen security, and social equity. To meet this challenge, it is necessary to abandon moralistic and punitive approaches, and adopt comprehensive strategies that recognize addiction as a public health condition and a social problem. Only through empathy, education and coordinated action between the State and civil society will it be possible to build healthier, fairer and more resilient environments.

The consequences of addictions can be devastating, affecting every aspect of a person's life. From the physical and emotional impact to the social and occupational repercussions, addictions have a profound effect on those who suffer from them and their loved ones. However, it is important to remember that recovery is possible. Seeking professional help at specialized centers, such as the Ocean Rehabilitation Center, can make all the difference in the recovery process. Don't face the consequences of an addiction alone.

With the right support, you can overcome challenges and build a healthy, fulfilling life. Bioethics does not magically solve the problem of addictions, but it offers a moral compass to face it with humanity, justice and responsibility. By placing the person at the center of the debate – and not just the substance or the crime – it allows for more effective, ethical and sustainable responses. In a society that often marginalizes those who suffer, bioethics reminds us that caring is also an act of justice. Bioethics offers a moral compass to face the problem of addictions with humanity, justice and responsibility. By placing the person at the center of the debate – and not just the substance or the crime – it allows for more effective, ethical and sustainable responses. In a society that often marginalizes those who suffer, bioethics reminds us that caring is also an act of justice. Addictions are not only a medical or social problem: they are a deep wound in the freedom, dignity and integrity of the human person. Therefore, any ethical response must be based on the

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recognition of their humanity, promoting environments of care, inclusion and respect. Regaining freedom and dignity is possible, but it requires a compassionate, critical and profoundly human gaze. Bioethics is not an abstract theory: it is a living tool that transforms realities. By bringing science, ethics, and compassion into dialogue, it helps to solve social problems from a deeply human perspective. Its mission is clear: to protect the dignity of each person, promote their freedom and build a more just society, where no one is left out of care or respect.

Bibliographic references

1. Abanades S, Farré M. Design drugs. Med Clin (Barc) 2003; 121: 38.
2. Abanades S, Iglesias ML, Echarte JL, Puig-Dou J, Roset PN, Farré M. Gammhydroxibutirate: a novel toxicological emergency. Methods Find Exp Clin Pharmacol 2001; 23: 326.
3. Alcohol, tobacco and illegal drugs in Spain. (2021). Ministry of Health.
4. https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2021_Informe_Indi_consumo_problematico.pdf; Fad recalls that drug use continues to be one of the most serious health problems we face globally | FAD. (2021c, June 25). FAD | Fundación Fad Juventud.https://fad.es/notas-de-prensa/fad-recuerda-que-el-consumo-de-drogas-sigue-siendo-uno-de-los-problemas-de-salud-mas-graves-al-que-nos-enfrentamos-globalmente/.
5. Alcohol. Descriptive note n° 349. (February 2011). Retrieved August 18, 2025, http://www.who.int/mediacentre/factsheets/fs349/es/
6. American Psychiatric Association (APA). (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
7. Apud, I., & Romaní, O. (2016). The crossroads of addiction. Different models in the study of drug dependence. Health and Drugs, 16(2), 115-125. https://www.redalyc.org/pdf/839/83946520005.pdf
8. Asunción, S. P. (n.d.). Mental health in people with substance use disorder: differential aspects between https://doi.org/10.6018/analesps.36.3.399291 men and women. scielo.isciii.es.
9. Aviñó Rico MJ, Hernández Aguado I, Pérez Hoyos S, García de la Hera M, Ruiz I, Bohimar Monrull F. Incidence of human immunodeficiency virus type I (HIV 1) infection in injecting drug users. Med Clin 1994; 102: 369-373.
10. Barrio G, de la Fuente L, Camí J. Drug use in Spain and its position in the European context. Med Clin (Barc) 1993; 101: 344-355.
11. Beauchamp, T. L., & Childress, J. F. (2013). Principles of Biomedical Ethics. Oxford University Press.
12. Beauchamp, T. L., & Childress, J. F. (2013). *Principles of Biomedical Ethics*. Oxford University Press.
13. Beck, A. T. (2011). Cognitive therapy of substance abuse. Guilford Press.
14. Becoña, E. (2002). Scientific basis for the prevention of drug dependence. Madrid: Pirámide.
15. Belin, D.; Everitt, B. J. (2008). "Cocaine Seeking habits depend on the serial dopamine-dependent connectivity that links the ventral with the dorsal striatum." Neuron (57): 432-441.
16. Cabot E, Soler A, Olid F, Tornero JC, Torrents A, Pedrol E, et al. With a lot of urgent attention derived from drug addiction. Emergen cias 1997; 9 (Suppl. 1): 238.
17. Carbonell, X. (2020). The diagnosis of video game addiction in the DSM-5 and ICD-11: Challenges and opportunities for clinicians. Psychologist Papers, 41(2), 211-226. https://doi.org/10.23923/pap.psicol2020.2935
18. Ocean Rehabilitation Center. Official website. Retrieved from
19. Chen, Y., & Song, L. (2019). Mapping the multidimensional nature of addiction: A structural approach to health, justice, and human dignity. Journal of Addiction Research and Therapy, 10(4), 1–9. https://doi.org/10.4172/2155-6105.1000382
20. Cherubin ChE, Joseph D, Sapira MD. The Medical Complications of Drug Addiction and the Medical Assessment of the Intravenous Drug Users: 25 Years Later. Ann Intern Med 1993; 119: 1017-1028.
21. National Training Commission Proyecto Hombre Association. (2023). Proyecto hombre: el modelo bio-psico-social en el abordaje de las addictions como marco teórica (mbps). https://proyectohombre.es/wp-content/uploads/2019/11/MBPS-EN-EL-ABORDAJE-DE-LA S-ADICCIONES-APH.pdf
22. Communication. (2023, June 28). Systemic Psychology: Origin and Principles | Sefhor. SEFHOR. https://sefhor.com/psicologia-sistemica/#:~:text=La%20psicolog%C3%ADa%20sist%C3%A9mica%20considers%20the,%2C%20compa%C3%B1eros%20of%20work%2C%20etc.
23. CONBIOÉTICA (2022, October 10). Health Provisions on Internment and Addictions Bioethics and Autonomy Dr. Pazarán [video]. YouTube. https://www.youtube.com/watch?v=8DMT5qCn0NY&t=632s
24. CONBIOÉTICA (2022, October 10). Health Provisions on Internment and Addictions Bioethics and Autonomy Dr. Pazarán [video]. YouTube. https://www.youtube.com/watch?v=8DMT5qCn0NY&t=632s
25. National Council Against Drug Addiction (2.008) Prevention of drug addiction and promotion of healthy behaviors. New Life Promoter's Guide

*Corresponding Author: Saint-Luc FÉNÉLUS

Chapter 1. Mexico. Retrieved May 15, 2012. http://www.conadic.salud.gob.mx/pdfs/nueva_vida/prevad_cap1.pdf
26. De la Fuente I, Barrio G, Vicente J, Bravo MJ, Lardelli P. Intravenous Administration Among Heroin Users Having Treatment in Spain. J Epi demiol 1994; 23: 805-811.
27. De los Cobos Calleja T, Casanueva Gutiérrez M, Jové González C. Per fil of drug users admitted to a hospital. An Med Interna (Madrid) 2003; 20: 504-509.
28. De los Cobos Calleja T, Casanueva Gutiérrez M, Jové González C. Per fil of drug users admitted to a hospital. An Med Interna (Madrid) 2003; 20: 504-509.
29. AGES. (2022). Survey on alcohol and other drugs in Spain [Dataset]. In national report EDADES.https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion /pdf/2022_Informe_EDADES.pdf
30. Non-communicable diseases. Descriptive note. (March 2013). Retrieved August 18, 2025 http://www.who.int/mediacentre/factsheets/fs355/es/
31. Espinosa G, Miro O, Nogue S, To-Figuera J, Sánchez M, Coll-Vinnent B. Liquid ecstasy poisoning: study of 22 cases. Med Clin (Barc) 2001; 117: 56-58.
32. Fad recalls that drug use continues to be one of the most serious health problems we face globally | FAD. (2021c, June 25). FAD | Fad Youth Foundation.https://fad.es/notas-de-prensa/fad-recuerda-que-el-consumo-de-drogas-sigue-siendo-uno-de-los-problemas-de-salud-mas-graves-al-que-nos-enfrentamos-globalmente/
33. Fauci, A.S., Braunwald, E., Kasper, D.L., Hauser, S.L., Longo, D. L., Jameson, J. L., & Loscalzo, J. Eds. (2.012). Harrison, Principles of Internal Medicine (18th ed.). Mexico City: McGraw-Hill Interamericana.
34. Fernández J, López C, Arim MJ, Alameda J. Changes in the route of drug administration in heroin addicts. Rev Clin Esp 1993; 193: 76-77.
35. Fernández Salamanca, A. (2020). ATRA, D. P. A. G. Originals| Monographic. https://www.drogasgenero.info/wp-content/uploads/SalamancaAlicia_GaslightingAbusoDrog as.pdf.
36. Francisco, J. (2022, February 1). Differences between use, abuse and addiction. The Mind is Wonderful. https://lamenteesmaravillosa.com/diferencias-entre-uso-abuso-y-adiccion/;
37. Frankl, V. E. (2004). Man in search of meaning. Herder.
38. Frankl, V. E. (2004). Man in search of meaning. Herder.
39. Source, J. & Heinze, G. (Eds.), (2018). Mental Health and Psychological Medicine, 3e. McGraw Hill. https://accessmedicina.mhmedical.com/content.aspx?bookid=2368&sectionid=186910420
40. Source, J. & Heinze, G. (Eds.), (2018). Mental Health and Psychological Medicine, 3e. McGraw Hill. https://accessmedicina.mhmedical.com/content.aspx?bookid=2368&sectionid=186910420
41. Gómez, C. F., & del Pozo, J. M. L. (2006). Evaluation of constructs related to Social-Cognitive Learning Theories in drug addicts in treatment: reliability and validity. Addictions, 18(3), 251-258. https://www.adicciones.es/index.php/adicciones/article/view/341/341
42. Gómez, P. (s. f.). Una perspectiva cultural de la adicción. https://www.ugr.es/~pwlac/G18_07Inmaculada_Jauregui.html; Zarza González, M.J., Botella Guijarro, A., Vidal Infer, A., Ribeiro Do Couto, B., Bisetto Pons, D., Martí J. (2011). Modelo Matrix: tratamiento ambulatorio intensivo del consumo de sustancias estimulantes. Manual del terapeuta: Sesiones educativas para familiares. Versión española traducida del Center for Substance Abuse Treatment. DHHS Publication No. (SMA) 06-4154. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://d1wqtxts1xzle7.cloudfront.net/55965705/ManualFamilia_matrix_1-libre.pdf?1520225243=&response-content disposition=inline%3B+filename%3DTraducido_y_adaptado_a_Espana_por.pdf&Expires=1685445503&Signature=YKThK5KUhjbXHJfY7Jd-k7PU3YgciWOYMlP0u8D3pWoFy8EGad0q0s9bzYbt8xmFwx4RYYBzIheHLWS7cWlWBI7bQTb2MveqqX5oPz4ul1ASEeF1AisUHtHNfyobTworHXs41qBcpdGEkc5bFoMrKJTNfUvLd~kdAHj5Ur1B5rwJUeTQ3PH2uZtIasO8EvdSqBiVXydPkt96pTmDGmPGFnW-aJ4Wwa4CD72fx~rdKZHNYuahvkwLZXlXAxtVsFIopDfdL2QxJK2Uc54RoTSxW4tvVJxeyGbF9h1WOcvL2T8jF~E1QhXBkd5GDaA2pWvC2eCdejZr2MXyObAOklug__&Key-Pair-Id=APKAJLOHF5GG SLRBV4ZA
43. Grupo de trabajo para estudio de infecciones en drogadictos. Estudio multicéntrico de las complicaciones infecciosas en adictos a drogas por vía parenteral en España: análisis de 11645 casos (1977-1988). Enf Infec y Microbiol Clin 1990; 8: 514-519.
44. Gutiérrez del Río C, Casanueva Gutiérrez M, de la Fuente García B, Gallo Alvaro C, Alcalde Fernández MLG, Morís de la Tassa J. Unidad de desintoxicación hospitalaria: cuatro años de experiencia. Trata miento e infecciones. An Med Interna (Madrid) 1998; 15 (10): 528 530.
45. Gutiérrez del Río C, Casanueva Gutiérrez M, Nuño Mateo J, Fernández Bustamante J, Morís de la Tassa J. Unidad de desintoxicación hospitala ria: cuatro

*Corresponding Author: Saint-Luc FÉNÉLUS

años de experiencia. Factores ambientales. An Med Interna (Madrid) 1998; 15 (11): 584-587.
46. Gutiérrez, M., & Romero, A. (2019). Adicciones y exclusión social: una mirada desde la intervención comunitaria. Revista de Trabajo Social, 55(2), 45–62.
47. Gutiérrez, M., & Romero, A. (2019). Bioética y adicciones: una mirada desde la justicia social. Revista de Ética Aplicada, 12(1), 45–62.
48. Gutiérrez, M., & Romero, A. (2019). *Bioética y adicciones: una mirada desde la justicia social*. Revista de Ética Aplicada, 12(1), 45–62.
49. Hansford, B. (2020). Informe Mundial sobre las Drogas 2020 de la UNODC: el consumo global aumenta a pesar de que el COVID-19 tiene un impacto de gran alcance en los mercados mundiales de drogas. UNODC. https://www.unodc.org/lpomex/es/noticias/junio-2020/06_26_Informe_Mundial_Drogas_2020.html
50. Hansford, B. (2020). Informe Mundial sobre las Drogas 2020 de la UNODC: el consumo global aumenta a pesar de que el COVID-19 tiene un impacto de gran alcance en los mercados mundiales de drogas. UNODC. https://www.unodc.org/lpomex/es/noticias/junio-2020/06_26_Informe_Mundial_Drogas_2020.html
51. HMA Institute on Addiction. (2018, 4 de abril). Addiction Neuroscience 101 [video]. YouTube. https://youtu.be/bwZcPwlRRcc
52. HMA Institute on Addiction. (2018, 4 de abril). Addiction Neuroscience 101 [video]. YouTube. https://youtu.be/bwZcPwlRRcc
53. International Centre for Health and Society. “Social Determinants of Health. The Solid Facts” (OMS,2003).https://escpromotorasdesalud.weebly.com/uploads/1/3/9/4/13940309/determinantes_sociales_ de_la_salud._los_hechos_irrefutables.pdf
54. International Centre for Health and Society. “Social Determinants of Health. The Solid Facts” (OMS,2003). https://escpromotorasdesalud.weebly.com/uploads/1/3/9/4/13940309/determinantes_sociales_ de_la_salud._los_hechos_irrefutables.pdf
55. Kalivas, P., Volkow, N., & Seamans, J. (2005). Unmanageable Motivation in Addiction: A Pathology in Prefrontal-Accumbens Glutamate Transmission. Neuron, 45(5), 647-650. https://doi.org/10.1016/j.neuron.2005.02.005.
56. Kauer, J. A.,Malenka R. C. (2007).. "La plasticidad sináptica y la adicción" Opiniones Nature Neuroscience (8): 844-858.
57. Krantz AJ, Hershow RC, Prachand N, Hayden DM, Franklin C, Hry horczuk DO. Heroin insufflation as a Trigger for patients with life-thre atening asthma. Chest 2003; 123: 510-517.
58. Lamas, M. (2000, April). differences in sex, gender and sexual difference. https://www.repositorio.ciem.ucr.ac.cr/bitstream/123456789/157/1/RCIEM138.pdf.
59. López de Munain J, Cámara MM, Santamaría JM, Zuriñe Zubero, Baraia-Etxaburu J, Muñoz J. Clinical-epidemiological characteristics of new diagnoses of human immunodeficiency virus infection. Med Clin (Barc) 2001; 117: 654-656.
60. Manes & Niro, 2018; ibid., op. cit.; Pascual, M., & Pascual, F. (2017). The stigma of the addicted person. Addictions, 29(4), 223-226. https://doi.org/10.20882/adicciones.1038.
61. Manes, F., & Niro, M. (2015). Using the brain: Knowing our mind to live better. Planet.; Manes, F., & Niro, M. (2018). The brain of the future. Planet. Nida. (2022, March 22). Understanding drug use and addiction. National Institute on Drug Abuse. https://nida.nih.gov/es/publicaciones/drug facts/understanding-drug-use-and-addiction.
62. Marlatt, G. A., & Witkiewitz, K. (2005). Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors. Guilford Press.
63. Martínez Redondo, P. (n.d.). (2009) Women and Drugs from a Gender Perspective [Slides]. Bibliography provided by the tutor file:///C:/Users/Pc/Downloads/Patricia_Martinez_Redondo_PG_Drogas_Mujeres.pdf.
64. Martínez Redondo, P., Luján Acevedo, F. (2020). Men and addictions. Intervention from a gender perspective. https://www.fundacioncsz.org/ArchivosPublicaciones/313.pdf.
65. Mayo Clinic. "Addiction: symptoms and causes". Retrieved from https://www.mayoclinic.org/es-es/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112
66. Mena M, Corvalan S, Bedregal P. Health care expenditures among the offs pring of cocaine paste consumers. Rev Med Chil 2002; 130 (11): 1241-8.
67. Monteiro, Maristela G. (2008). Alcohol and primary health care. Basic clinical information to identify and manage risks and problems. Washington, DC: PAHO
68. Moral, P. A. P., Gascón, M. L. G., & Abad, M. L. (2014). Health and its social determinants. Inequalities and exclusion in the society of the twenty-first century. International Journal of Sociology 72(Extra1), 45-70. sociology, https://revintsociologia.revistas.csic.es/index.php/revintsociologia/article/view/587/607
69. Moreno-Guerrero, A. J., López-Belmonte, J., Romero-Rodríguez, J. M., & Rodríguez-García, A. M. (2020). Scientific mapping of behavioral addictions in young people: A bibliometric analysis. International Journal of Environmental Research and Public Health, 17(19), 7153. https://doi.org/10.3390/ijerph17197153
70. Muga R. Drug addiction and detoxification units. Med Clin (Barc) 1991; 97: 337-339.

*Corresponding Author: Saint-Luc FÉNÉLUS

71. United Nations Office on Drugs and Crime (UNODC). (2023). World Drug Report. https://www.unodc.org
72. United Nations Office on Drugs and Crime (UNODC). (2023). World Drug Report. https://www.unodc.org
73. United Nations Office on Drugs and Crime (UNODC). (2023). *World Drug Report*. https://www.unodc.org
74. National Institute on Alcohol Abuse and Alcoholism. “Consecuencias de la adicción al alcohol”.
75. National Institute on Drug Abuse. "Main consequences of addictions". Retrieved from
76. Nida. (2022, March 22). Understanding drug use and addiction. National Institute on Drug Abuse. https://nida.nih.gov/es/publicaciones/drug facts/understanding-drug-use-and-addiction
77. Norris KC, Thornill-Joynes M, Tareen N. Cocaine use and chronic renal failure. Semin Nephrol 2001; 21: 362-366.
78. Ochoa E. Designer drugs. Med Clin (Barc) 2002; 119: 375-376.
79. Organización Mundial de la Salud (1992). International Classification of Diseases and Healt Related Problems, Tenth Revision (ICD-10). Geneva.
80. World Health Organization (WHO). (2022). Addictions and public health. https://www.who.int
81. World Health Organization (WHO). (2022). *Addictions and public health*. https://www.who.int
82. World Health Organization (WHO). (2022). Addictions: public health approach. https://www.who.int
83. World Health Organization (WHO). (2022). World Report on Drugs and Mental Health. Geneva: WHO. https://www.who.int/publications/i/item/9789240063611
84. World Health Organization. (2.010) Global Strategy for the Reduction of Harmful Use of Alcohol. Italy: WHO Document Production Service.
85. World Health Organization. (2.013) WHO Report on the Global Tobacco Epidemic, 2013. Enforce prohibitions on tobacco advertising, promotion, and sponsorship. Geneva, Switzerland. : WHO Document Production Service.
86. Paraherakis A, Charney DA, Gill K. Neuropsychological functioning in substance-dependent patients. Subst Use Misuse 2001; 36: 257-271.
87. Pedrol E, Álvarez MT, Deig E, Andrés I, Ribell M, Soler A. Emergencies motivated by patients controlled in a drug addiction care and follow-up center. Med Clin (Barc) 2003; 121: 18-20.
88. Peyrou, G. (n.d.). Approach to addictions from a systemic approach [Final degree project]. University of the Republic. https://www.colibri.udelar.edu.uy/jspui/bitstream/20.500.12008/20495/1/Peyrou%2C%20Gab riela.pdf
89. Redondo, P. M. (2009). Missing from the "normal": feminist reflections for intervention.https://www.generoydrogodependencias.org/wp-content/uploads/2015/09/Extran andonos_de_lo_normal.pdf.
90. Spanish Journal of Drug Dependencies (RED). (2024). Pharmacological treatments and clinical follow-up in addictions. Spanish Association of Studies on Drug Dependencies. https://red.aesed.com/es/
91. Rivera Cisneros., A. (n.d.). EXPLORING MODELS FOR PERSONAL and SOCIAL CHANGE: PROCHASKA'S TRANSTHEORETICAL MODEL. UMECIT. https://repositorio.umecit.edu.pa/bitstream/handle/001/2201/EXPLORACI%c3%93N%20DE%20MODELOS.pdf?sequence=1&isAllowed=y.
92. Room, R. (1985). Dependence and Society. British Journal of Addiction, 80(2), 133-139. https://doi.org/10.1111/j.1360-0443.1985.tb03263.x
93. Room, R., Hellman, M., & Stenius, K. (2015). Addiction: The dance between concept and terms. The International Journal of Alcohol and Drug Research, 4(1), 27-35. https://doi.org/10.7895/ijadr.v4i1.199
94. Salamone, J. D. (1992). The motor and sensorimotor function of the striatum and accumbens dopamine Complex: Participation in the processes of instrumental behavior. Psychopharmacology (107): 160-174.
95. Oral health. Technical Sheet No. 318. (April 2012). Retrieved August 18, 2025 http://www.who.int/mediacentre/factsheets/fs318/en/index.html
96. Sánchez Pardo, L. (n.d.). Drugs and the gender perspective. Comprehensive health care plan for women in Galicia. https://www.fundacioncsz.org/ArchivosPublicaciones/217.pdf
97. Santos Martín, B. (2017). Gender perspective in drug use (publication No. G2510) End, University of Valladolid of Degree]. Uva.es. https://uvadoc.uva.es/bitstream/handle/10324/26727/TFG-G2510.pdf;jsessionid=D3A6A410401927E40B6F2EB730597005?sequence=1.
98. Substance Abuse and Mental Health Services Administration. "Consequences of addictions and mental health".
99. Suelves JM, Brugal MT, Cayla JA, Torralba L. Changes in the health problems caused by cocaine in Catalonia. Med Clin (Barc) 2001; 117: 581-583.
100. Tobacco. Descriptive note n° 339. (2.013, May). Retrieved August 18, 2025 from http://www.who.int/mediacentre/factsheets/fs339/es
101. TEDx Talks. (2019, 15 de abril). Neurociencia de las adicciones: una nueva perspectiva | Lucía

*Corresponding Author: Saint-Luc FÉNÉLUS

Hipólito | TEDxCiutatVellaDeValencia [video]. YouTube. https://youtu.be/7wJvkIautCk
102. TEDx Talks. (2019, April 15). Addiction Neuroscience: A New Perspective | Lucía Hipólito - España | TEDxCiutatVellaDeValencia [video]. YouTube. https://youtu.be/7wJvkIautCk
103. Ten Have, H. (2016). Global Bioethics: An Introduction. Routledge.
104. Ten Have, H. (2016). *Global Bioethics: An Introduction*. Routledge.
105. Theory of Social Learning – Albert Bandura – Free Download PDF. (n.d.). https://nanopdf.com/download/teoria-del-aprendizaje-social-albert-bandura_pdf#modals
106. Torres-Tortosa M, Fernández-Elías M, Ugarte I, Ruiz López de Tejada M. Changes in the route of drug administration in heroin addicts. Rev Clin Esp 1993; 193: 76-77.
107. Torres-Tortosa M, Ruiz López de Tejada M, Fernández Elías M, Pérez Pérez C, Fernández Conejero E, Ugarte I et al. Changes in the route of administration of heroin and frequency of infection with the human immunodeficiency virus. Med Clin (Barc) 1995; 104: 249-252.
108. Torres-Tortosa M, Ruiz López de Tejada M, Fernández Elías M, Pérez Pérez C, Fernández Conejero E, Ugarte I et al. 1995, Ibidem, op. cit.; Barrio G, de la Fuente L, Camí J. Drug use in Spain and its position in the European context. Med Clin (Barc) 1993; 101: 344-355.
109. Volkow, N. D. (2008). Drugs, the Brain, and Behavior: The Science of Addiction. National Institute on Drug Abuse. https://nida.nih.gov/sites/default/files/soa_sp_2014.pdf.
110. Weber JE, Shofer FS, Larkin GL, Kalaria AS, Hollander JE. Validation of a brief observation period for patients with cocaine-associated chest pain. N Engl J Med 2003; 348: 487-488.
111. Weintraub E, Dixon L, Delahanty J, Schwuartz R, Johnson J, Cohen A, Klecz M. Reason for medical hospitalisation among adult alcohol and drug abusers. Am J Addict 2001; 10: 167-177.
112. Wermth L. Methamphetamine use: Hazards and social influences. J Drug Educ 2000; 30: 423-433.
113. Zarza González, M.J., Botella Guijarro, A., Vidal Infer, A., Ribeiro Do Couto, B., Bisetto Pons, D., Martí J.

N.B : Author's biography

Curriculum vitae

Father Saint-Luc FÉNÉLUS: Born March 19, 1976 in Haiti and baptized on May 30, 1976 in Ennery, diocese of Gonaïves, first communion in 1990, promise in 1992 and confirmation in 1993.

Primary education: Between 1984-1993 in Puilboreau and Ennery

Secondary Education: from 1993 to 2000 in Ennery and Gonaïves CDSP

Experience in the CM community: 2000-2008 between Haiti and Rep. DOM.

Theological Studies: 2004-2008 a baccalaureate (Bachelor) at the CEIT at the Convent of Dominican Priests, op, in Rep. Dom., affiliated to the Pontifical University of Rome˝Angelicum", St. Thomas Aquinas in Rome and then leaving the community; and a licentiate in theology from the PUCE (Pontifical Catholic University of the Holy Age; Ecuador).

Ordination: Diaconal: 15-08-2014 and priest: 12-12-2014 in the Archdiocese of Joinville, Saint Catherine of Brazil

Continuing studies: 2017 to present: A Master's degree in Canon and Civil Law by the PUL (Pontifical Lateran University (Pontificia Universitas Lateranensis) of Rome) in *Utroque Iure*) and begins by developing the doctoral thesis at the same PUL in Utroque Iure. Graduate in Higher Education for the Causes of Saints in the Institutum Patristicum Agustinianum -PUL and the Dicastery for the Causes of Saints in 2024-2025, graduated in the course of exorcism of the Ateneo Pontifical Regina Apostolorum (APRA) 2025 and graduated in the course of strengthening bioethics of this APRA in Rome 2024-2025. Graduate of CEBIPAL and the Centrality Programme for the Protection of Children and Young People (PCN), an entity formed by the Latin American Episcopal Conference (CELAM), Caritas Latino-Agasción, Liver and Joy, World Vision and other socio-ecclesial organizations, whose objective is to form agents of tenderness and well-treatment, within the framework of the continental strategy for the prevention and protection of children and adolescents, With the support of Indermissionwerk, in 2021. And graduate member in schools of the Academy of Catholic Leaders between 2019-2021. And currently pursuing a Master's degree in Bioethics at the University of ANÁHUAC (Mexico). This Master's degree is recognized and eligible for specific degrees from the following three institutions: Athenaeum Pontifical Regina Apostolorum (Italy)* Francisco de Vitoria University (Spain), UNESCO Organization in Bioethics and Human Rights (Italy).

Pastoral experience: In all the countries where I study in parishes, a bit of time at UPAG in Haiti, in schools in others and in an ecclesiastical court in Brazil.

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