

## Psychologist in drug examination

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Drug, psychotropic substances, psychoactive substances, doping  
In a broad sense, a drug is a chemical substance or substances that affect the vital functions of the body, and in case of abuse, damaging the physical and mental state. This definition is extremely broad, but for practical purposes, various grounds are used for classification (by origin, by effect, by therapeutic use and even by route of administration).

The term "narcotic substance" includes three criteria: 1) medical, 2) social, and 3) legal (EA Babayan, 1988). They are interdependent and in the legal aspect oblige to recognize the drug as narcotic only if all three criteria are met. The medical criterion is that the agent (substance, drug) should have only a specific effect on the central nervous system (stimulating, sedative, hallucinogenic, etc.), which would be the reason for its non-medical use. Social criterion implies that

the non-medical use of the drug acquires such proportions that it becomes socially significant. The legal criterion proceeds from both of the above prerequisites and requires that the appropriate authority, authorized for that (in the Russian Federation, the Minister of Health), recognize this drug as narcotic and include it in the list of narcotic drugs. The list of narcotic substances and narcotic drugs of the Russian Federation (approved within the framework of the former USSR) consists of four lists. List No. 1 of narcotic substances and narcotic drugs prohibited for human use and production and not subject to inclusion in prescription reference books and teaching aids contains heroin, lysergic acid and its preparations, mescaline, psilocybin, cannabis, etc. yourself narcotic drugs: codeine, cocaine, morphine, noxiron, omnopon, opium, promedol, barbamil (amytal-sodium), etaminal-sodium (nembutal), etc. List No. 3 includes plants and substances classified as narcotic drugs and prohibited for use (hemp, opium poppy, poppy straw and etc.). List No. 4 lists all the substances and preparations that are on the lists of the 1961 Single Convention on Narcotic Drugs. It should be noted that the list of narcotic substances and narcotic drugs in our country is wider than the list of the 1961 Single Convention on Narcotic Drugs, so as this list also includes the dangerous psychotropic substances listed in the 1971 Convention on Psychotropic Substances.

As rightly noted by A.V. Waldman et al. (1988), application of the term

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"Narcotic drug" to any substance, proceeding only from pharmacological positions, is unacceptable, since in addition to medical, legal and social understanding is also invested in it. The term "drug addiction" is defined not so much from a clinical standpoint, but from medical, legal and social, and is used only taking into account those pathological conditions that are caused by the abuse of the corresponding substances or drugs. This use of this term has caused the need to introduce an additional concept of "substance abuse" into the terminology of the clinical definition of abuse of the corresponding substances or drugs that are not recognized by the law as narcotic. This term was introduced to define a nosological unit associated with the use of substances or drugs, not yet recognized as narcotic. On the territory of the Russian Federation, the unified term "drug addiction" is used to denote a morbid condition caused by the consumption of narcotic drugs. Thus, drug addiction includes only those cases of non-medical consumption of a substance or drugs that, in accordance with the established procedure, are classified as narcotic drugs. If the substance is not classified as narcotic, the term "substance abuse" is used.

This division is primarily due to legal rather than medical guidelines. From the clinical standpoint, both drug addiction and substance abuse are pathogenetically very similar. A single platform for defining drug addiction is only the fact that a painful condition arose in connection with the use of narcotic substances or drugs, and substance abuse developed as a result of the consumption of a drug or other substance not classified as narcotic. For the rest, the clinical picture of this or that form of drug addiction depends on the characteristics of the drug being abused. Thus, it is well known how peculiarly morphine addiction proceeds in contrast to cocaine addiction. Based on these positions, it is not accidental to characterize painful conditions, associated with drug abuse, the term is used in the plural ("drug addiction") and in each case, for each form of drug addiction, an adjective is used that characterizes one or another type of drug addiction: morphine addiction (morphinism), cocaine, hash, etc. (A. V. Waldman et al., 1988). The adoption of the term "substance abuse" has put forward the task of proposing a similar term for a group of substances and drugs that cause abuse, leading to painful conditions. Thus, toxic substances and means are substances and means that are not classified as narcotic or psychotropic, but are the subject of abuse, cause painful conditions that change the psyche and behavior.

The term "psychotropic substances" is also used from both medical and legal positions. The 1971 International Convention on Psychotropic Substances determined that the list of psychotropic substances can only include those that are morbidly addictive, stimulating or

depressant effects on the central nervous system, cause hallucinations or disorders of motor function, or thinking, or behavior, or perception, or mood, and if such an effect may pose a public health and social problem. Therefore, in medical practice, it is more correct to use the term and the collective concept of "psychoactive substances and drugs", which includes a large group of drugs specifically acting on the central nervous system (EA Babayan, 1980). This group can be divided into psychoactive drugs under international control and not.

The term "psychoactive substances" is advisable to apply to those substances that are not classified as narcotic and psychotropic substances, to the latter it is necessary to apply the terms that are assigned to them both in international and national law (E.A. Babayan, 1988).

A number of stimulants have been abused by athletes. Such stimulants have been banned for use in sports. Gradually, the group of these drugs began to expand. However, not only stimulants, but also other drugs, including those with a sedative effect, began to become the subject of abuse. Such drugs have come to be called doping. From a medico-social point of view, doping should be called those stimulants or psychoactive drugs, as well as narcotic and psychotropic, endocrine and other drugs that artificially cause increased performance and relieve the feeling (sensation, perception) of fatigue, artificially create a physical state favorable for achieving sports goals, in this connection, the authorized bodies are duly recognized as doping and are included in the relevant legal document. Thus, just like narcotic and psychotropic substances, the concept of "doping" is more legal than pharmacological.

Doping is contrary to both medical ethics and medical science. According to the Medical Code of the International Olympic Committee, the concept of doping is the use of substances belonging to the classes of pharmacological drugs prohibited in sports, and / or the use of various prohibited methods.

Addiction, prevention, expertisedrug  
Expertise intoxication takes particular a place V  
preventive and therapeutic measures. The use of methods allowing to establish the use of narcotic substances sets itself specific tasks of preventive work among children and adolescents. When conducting an examination, it is necessary to have the theoretical foundations of prevention, information on legal and personal responsibility for the use of psychoactive substances.

Therefore, the training of a specialist psychologist V the framework seminar  
"Vegetative resonance test. Identifying drug users "requires a deeper understanding of the problem of drug and substance abuse.

In addition, it is highly advisable to have knowledge about the formation of addiction, the main symptoms of the disease, as well as the psychophysiological basis of addiction. The formation of addiction is based on the principle of pleasure, and at the basis of initiation to psychoactive substances is social pressure, as well as individual psychological factors that make it possible to cope with the problems of interacting with reality and one's own negative state in the simplest and most pathological way. In the structure of preventive programs, it is customary to single out the factors of high risk of exposure to psychoactive substances (mood problems, communication, problem solving, self-attitude, seeking psychological support, etc.). When carrying out preventive work, it is advisable to "build" into the classes the problems associated with the examination, the problems of fear, lies, personal experience and risks associated with it. The main goals of the examination of drug use among adolescents and young people should be clearly identified. In some cases, these goals can be repressive, in others - preventive, in others - control and therapeutic.

The need for such knowledge will allow psychologists who have received special knowledge on the practical application of the vegetative resonance test method to more accurately and competently navigate the issues of drug addiction, both in their prevention and in rehabilitation measures.

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