IHSAAN-DO
Way of Excellence

KNOWLEDGE | CHARACTER | ACTION | CHANGE
PEOPLE FOR A BETTER TOMORROW

STRONGER INDIVIDUALS
STRONGER FAMILIES
A STRONGER UMMAH

IHSAAN-DO
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ADDICTION & RECOVERY SERIES
EDUCATE | PREVENT | SUPPORT | RESTORE



EPISODE 6

WHEN THE DRUG TAKES OVER

COCAINE, METHAMPHETAMINE, HEROIN, FENTANYL & OTHER HIGH-RISK SUBSTANCES

UNDERSTANDING THE ATTRACTION, THE NEUROLOGICAL IMPACT, RAPID ESCALATION, OVERDOSE RISK, WARNING SIGNS & THE ROAD TO RECOVERY

DIFFERENT DRUGS. THE SAME TRAP.

KNOW THE FACTS
RECOGNISE THE SIGNS
UNDERSTAND THE RISKS
MAKE BETTER CHOICES
SUPPORT RECOVERY
BUILD A BRIGHTER TOMORROW



> *"Addiction is not a lack of willpower, but a condition that requires knowledge, compassion and the right support."*

REAL PEOPLE. REAL HELP. REAL CHANGE.

ARTICLE BY
KANCHO ABDULLAH BAYETT

COMING NEXT EPISODE 7

THE SIGNS WE CANNOT IGNORE
Recognising Addiction Before It Becomes a Crisis

Physical, emotional and behavioural warning signs — and what to do before it is too late.



DISCIPLINE | PURPOSE | A BETTER UMMAH

ONLY THROUGH IHSAAN

EPISODE 6: WHEN THE DRUG TAKES OVER

Cocaine, Methamphetamine, Heroin, Fentanyl & Other High-Risk Substances

Article by Kancho Abdullah Bayett

INTRODUCTION

WHEN "TRYING" BECOMES SURVIVING

By this stage of our series, we have followed a progression: Screens → Compulsion → Nicotine → Experimentation → Prescription Misuse. Now we enter one of the most dangerous areas of substance use.

Some substances can produce extremely powerful effects on the brain and body. Some carry a high risk of dependence, serious psychological and physical harm, and overdose. Among them are cocaine, methamphetamine, heroin, fentanyl and other potent opioids, and other high-risk illicit substances.

This episode is not about frightening people. It is about recognising danger before danger becomes irreversible.

1. WHY ARE THESE SUBSTANCES SO POWERFUL?

The brain's reward system is designed to reinforce behaviours that help us survive — food, connection, achievement, movement, love, purpose, healthy accomplishment.

Certain drugs can artificially and powerfully interfere with these systems. The result can be an intense experience of pleasure, energy, euphoria, confidence, relief, numbness or escape.

The brain can begin learning: "This substance gives me something I desperately want." And the stronger the reinforcement, the more difficult the cycle can become.

2. COCAINE — THE ILLUSION OF CONTROL

Cocaine is a powerful stimulant. A person may initially experience increased energy, alertness, confidence, euphoria, reduced appetite and increased talkativeness.

But the effects can also include anxiety, agitation, paranoia, increased heart rate and blood pressure, dangerous cardiovascular complications, and dependence with compulsive use. Stimulants such as cocaine and methamphetamine can produce serious cardiovascular and neurological complications and can contribute to overdose.

The danger is that a person may think: "I'm completely in control," while their body is moving in the opposite direction.

3. METHAMPHETAMINE — WHEN STIMULATION BECOMES DESTRUCTION

Methamphetamine is an extremely powerful stimulant. It can produce intense energy, wakefulness, euphoria, confidence and appetite suppression.

But repeated use can be associated with severe problems involving the heart, brain function, sleep and mood — along with anxiety, confusion, paranoia and behavioural changes. Long-term methamphetamine

use is associated with serious physical and mental-health consequences.

The person may begin believing: “I need this to function.” And eventually: “I don't know how to function without it.”

4. HEROIN — THE ESCAPE THAT CAN BECOME A TRAP

Heroin belongs to the opioid family, alongside substances such as morphine, codeine, oxycodone, tramadol and fentanyl.

Opioids can produce pain relief, relaxation, euphoria and sedation. But opioids can also suppress breathing — that is what makes opioid overdose so dangerous.

Opioid overdose can cause breathing difficulties and death, while effective treatments exist for opioid dependence.

5. FENTANYL — THE HIDDEN DANGER

Fentanyl requires special attention. Pharmaceutical fentanyl has legitimate medical uses. But illegally manufactured fentanyl has become a major driver of overdose deaths in some countries.

One particularly dangerous feature is that illicit fentanyl can be mixed into other drugs or pressed into counterfeit tablets, meaning a person may not know they have taken an opioid at all.

That creates a frightening possibility: a person can believe they are taking one substance while unknowingly being exposed to another. This is one reason counterfeit or illicit pills are particularly dangerous.

6. THE MYTH — “I'LL KNOW IF I'VE TAKEN TOO MUCH.”

Not necessarily. A person may not know the true strength of the substance, what chemicals are present, whether another drug has been added, whether the substance is counterfeit, how their body will react, or whether alcohol or another medication will interact with it.

And tolerance can change. Someone who previously survived a dose does not automatically have the same level of protection the next time. There is no guaranteed “safe amount” of an illicit substance.

7. POLYSUBSTANCE USE — MIXING CAN MULTIPLY THE DANGER

One of the most dangerous developments is mixing substances — a stimulant with a depressant, an opioid with alcohol, an opioid with a sedative, or multiple unknown illicit substances together.

The effects can become unpredictable. Mixing substances increases overdose risk, and combinations involving opioids and other depressants can be especially dangerous.

Never assume one drug will “cancel out” another.

8. WHEN THE BRAIN STARTS CHANGING

Addiction is not simply “a person making bad choices.” Repeated drug exposure can alter brain systems involved in reward, motivation, learning, stress, impulse control and decision-making.

This helps explain why someone can continue using a substance even after experiencing devastating consequences. They may genuinely want to stop. But wanting to stop and being able to stop without support

are not always the same thing.

Addiction is a condition that deserves treatment, not humiliation.

9. THE PROGRESSION

It may look something like this:

- Experimentation — “I just want to see what it's like.”
- Repetition — “I'll do it again sometime.”
- Regular use — “I like how it makes me feel.”
- Craving — “I need it.”
- Tolerance — “I need more.”
- Dependence — “I don't feel normal without it.”
- Loss of control — “I can't stop.”
- Consequences — “My relationships, health, money and future are falling apart.”

The progression is not identical for everyone. But recognising the pattern early can save lives.

10. WARNING SIGNS

Families should pay attention to significant changes, not isolated moments.

Behaviour: secretive behaviour, disappearing for long periods, sudden new social circles, unexplained absences, aggression, risk-taking, loss of interest in previous activities.

Financial: money disappearing, borrowing repeatedly, selling possessions, unexplained debt, constant requests for cash.

Performance: school failure, job problems, missing appointments, neglecting responsibilities.

Physical (depending on the substance): severe sleep disruption, major appetite or weight changes, poor coordination, tremors, extreme agitation or excessive sleepiness, unusual energy.

Psychological: paranoia, anxiety, depression, mood instability, confusion, hallucinations or severe changes in perception.

One symptom does not prove drug dependence. Patterns matter.

11. WHEN THE PERSON BECOMES UNRECOGNISABLE

Parents sometimes say: “My child has changed.” And they are often describing more than drug use.

They may be seeing a different personality, different friends, different priorities, different values, different behaviour.

The substance begins taking up more and more psychological space. Eventually, everything revolves around obtaining, using, recovering from or thinking about the drug. That is a serious warning sign.

12. OVERDOSE — KNOW THE EMERGENCY

For a suspected opioid overdose, signs can include:

- The person cannot be awakened.
- Very slow or shallow breathing.

- Choking, gurgling or unusual snoring sounds.
- Limpness.
- Pale, blue or discoloured lips or nails.
- Pinpoint pupils.

If you suspect an opioid overdose, act immediately: give naloxone if it is available and appropriate, call emergency medical services, support breathing if trained to do so, place the person on their side when appropriate, and stay with them until help arrives. Naloxone can reverse an opioid overdose, but emergency medical care remains essential.

Don't wait to see if they “sleep it off.”

13. NALOXONE — A LIFE-SAVING TOOL

Naloxone is a medication that can rapidly reverse an opioid overdose. It works against opioids such as heroin, fentanyl, morphine, oxycodone, codeine and other opioids.

Making naloxone available to people who may witness an opioid overdose — including family members and friends — is a widely recommended public-health measure.

Naloxone is not a substitute for treatment. It is an emergency intervention that can create the opportunity for a person to survive.

14. WHAT ABOUT COCAINE OR METH OVERDOSE?

Naloxone specifically reverses opioid effects. It does not reverse stimulant toxicity from cocaine or methamphetamine.

A stimulant emergency can involve severe agitation, chest pain, very rapid heart rate, dangerous overheating, seizures, stroke, or loss of consciousness. These situations require urgent medical attention.

If someone is seriously unwell after taking a drug, treat it as an emergency.

15. DO NOT HANDLE A CRISIS WITH SHAME

Imagine a young person is overdosing. Would we say “you deserve this,” or would we say “save their life”? The answer is obvious.

That same principle should guide recovery. Save the person first. Then address the behaviour, the consequences, the treatment, the accountability, and the rebuilding.

16. RECOVERY IS POSSIBLE

One of the biggest mistakes we can make is believing: “They are too far gone.” No.

A person may have made devastating choices. They may have damaged relationships. They may have lost years. They may have relapsed repeatedly. But that does not mean the story has to end there.

Recovery is possible. For opioid dependence, evidence-based treatment includes medications such as methadone and buprenorphine, alongside psychosocial support, and this kind of maintenance treatment continues to be recommended as an effective approach.

Treatment must be individualised. There is no single recovery pathway for everyone.

17. THE FAMILY'S ROLE

Recovery becomes harder when the family responds with either total rejection or total enabling. Neither is healthy.

The goal is compassion, boundaries and professional support — together.

Say: “I love you” and also “This behaviour cannot continue.” Say: “I will support your recovery” and also “I will not support the addiction.” That distinction is powerful.

18. THE ISLAMIC PERSPECTIVE ON PROTECTING THE AMANAH

Allah has entrusted us with life: the body, the mind, the soul, the relationships we carry, our responsibilities, our future. Islam does not teach us to deliberately destroy ourselves.

Allah says: “And do not throw yourselves with your own hands into destruction.” (Qur'an 2:195)

And Allah says: “Indeed, successful is the one who purifies it, and indeed, unsuccessful is the one who corrupts it.” (Qur'an 91:9–10)

The objective is not merely “stay away from drugs.” The objective is to become the kind of person who protects the amanah.

19. TRUE STRENGTH

Real strength is not how much you can tolerate. It is not how many substances you can handle. It is not how fearless you appear.

Real strength is knowing when to walk away, knowing when to say no, knowing when to ask for help, knowing when you've lost control, and having the courage to rebuild.

20. TO THE PARENT WHO IS WATCHING THEIR CHILD FALL

Don't give up. But don't pretend everything is fine either.

- Get informed.
- Get professional help.
- Set boundaries.
- Protect younger siblings.
- Secure dangerous medications and substances.
- Don't finance the addiction.
- Don't cover up every consequence.
- Don't abandon the person.

Stand against the addiction while standing beside the human being.

21. TO THE PERSON WHO IS USING

If you are reading this and thinking: “This is me” — then listen carefully.

You are not beyond help. You are not defined by your worst decision. You are not required to continue because you've already started.

You can ask for help. You can tell the truth. You can enter treatment. You can rebuild trust. You can rebuild your health. You can rebuild your relationship with Allah.

Your story is not finished.

REMEMBER

We began this series by asking: who is controlling whom?
The screen? The habit? The nicotine? The substance? The craving?
Or the human being?

THE JOURNEY SO FAR

Episode 1 — When the Screen Becomes the Master
Understanding digital dependence, social media and pornography.

Episode 2 — Understanding Addiction
How habits become compulsions and how we take back control.

Episode 3 — The Gateway of Stimulation
Vaping, cigarettes and nicotine.

Episode 4 — From Experimentation to Escalation
Cannabis, alcohol and other substances.

Episode 5 — When Pills Become the Problem
Prescription drug misuse, stimulants, opioids and the hidden danger of “medicine.”

Episode 6 — When the Drug Takes Over
Cocaine, methamphetamine, heroin, fentanyl and other high-risk substances.

COMING NEXT — EPISODE 7

THE SIGNS WE CANNOT IGNORE

Recognising Addiction Before It Becomes a Crisis

Physical changes, behavioural changes, emotional changes, financial warning signs, secretive behaviour, family breakdown, declining performance — the signs parents, teachers, leaders and friends must recognise, and then what to do before it is too late.

IHSAAN-DO

Knowledge • Character • Action • Change

Don't merely remove the drug. Rebuild the human being.

Stronger Individuals. Stronger Families. A Stronger Ummah.