

INTRODUCTION

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Drug addiction is still a problem that perplexes the politicking as well as the physicians . Despite the most complex measures aiming at prevention and cure, the phenomenon increases rather than decreases .

Furthermore, despite obvious evidence of the harmfulness of some substances such as alcohol and tobacco, consumers continue to use them (Jarvik and Brecher, 1977).

Of all forms of drug abuse, narcotic addiction involving both physical and psychological dependence commands the highest international attention because of its threats to public health . The high potential of opium for inducing physical and psychic dependency and its attendant high rates of criminality create serious problems for the users and the society (Wash , 1979).

From early times men have searched for sexual stimulants to enhance their normal sexual functioning, to enhance the arousability and to compensate for a perceived decline in their sexual functioning (Jarvik and Brecher, 1977).

To what extent are particular drugs , truly capable of enhancing or declining human sexuality in general ? . To What extent these drugs can affect specific features of human sexual response such as libido (Sexual desire), erection and orgasm ? . Can they either lengthen or shorten the time between the onset of sexual arousal and orgasm in the male ? . Can they lengthen or shorten the refractory period in the male (the period between orgasm and rearousal) ? (Jarvik and Brecher, 1977).

In this essay we will throw some lights on the effects of the addictive drugs on male sexuality .

Some addictive drugs e.g stimulant groups enhance libido and sexual functioning through their action on the brain . Other groups act on the brain by decreasing libido and impair sexual response e.g sedatives and narcotics (Kaplan , 1978) .