

As a result of these angiopathic changes we expect a deterioration of visual function in conditions of long-term use of narcotic analgesics. The first signs of impairment of the vascular tunic ultrastructure are noticeable

already after two weeks of the experiment. 6-weeks long injection of the opioid causes irreversible destructive changes in the rat's eyeball vascular tunic.

## THREE FACTOR MODEL OF ADOLESCENT RISKY BEHAVIOR

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Adolescent risky behaviors have lately become a reason for considerable concern of mental health professionals as the grounds for why a teenager would consciously and willingly compromise their health and, in some cases, life still remain unclear. Results of multiple researches run in different cultures indicate various reasons for risky behavior and suggest it be a biopsychosocial phenomenon.

Three groups of schoolchildren aged 12-18 y.o. – adolescents that do not practice risky behaviors, adolescents that get engaged into risk from time to time, and adolescents who reported active engagement into multiple risky behaviors – were interviewed for studying their psychological features. The differences between the three groups were so significant that it allowed to conclude that regular engagement into any type risky behavior leads to major emotional, cognitive, psychological, personality, and social levels.

We found out that a wide array of psychological features associated with engagement into risky behaviors falls into three-factor model. The first factor (32,8% variation share) we called 'Negative evaluation' as it comprises features like life dissatisfaction ( $\chi^2 = 0,7409$ ), lost of interest to the environment ( $\chi^2 = 0,6710$ ), irritability ( $\chi^2 = 0,6506$ ), sadness ( $\chi^2 = 0,6471$ ), loneliness ( $\chi^2 = 0,6117$ ), difficulty in making decisions ( $\chi^2 = 0,5980$ ), helplessness ( $\chi^2 = 0,5955$ ), anxiety ( $\chi^2 = 0,5796$ ), perceived stress ( $\chi^2 = 0,5480$ ), self-criticism ( $\chi^2 = 9,5129$ ), feeling a loser ( $\chi^2 = 0,5027$ ). The heightened levels of negative feelings have high correlations with risky adolescents' levels of depression and anxiety.

The second factor (10,4% variation share) – 'Difficulties perception' – is made up of such features as emotional reactions to difficulties ( $\chi^2$

= 0,8918), admitting having difficulties ( $\chi^2 = 0,8752$ ), durability of difficulties ( $\chi^2 = 0,8311$ ), believing that difficulties influence relations with others ( $\chi^2 = 0,6996$ ). We suggest that negative emotional states that dominate in the first factor predispose teenagers to experience emotional, psychological and social difficulties. Probably, perception of difficulties as long-standing followed up with negative feelings leads to formation of steady idea that these difficulties are impossible to overcome. Such attitude affects the feeling of helplessness, which in its turn can provoke tunnel thinking and cognitive rigidity that are associated with suicide activity.

The 'Problems with behavior' factor (6,8% variation share) includes hyperactivity ( $\chi^2 = 0,7594$ ), feeling punished ( $\chi^2 = 0,5545$ ), behavioral problems ( $\chi^2 = 0,5475$ ). We believe that most behavior problems that a risky teen experiences affect their social connections. Due to that, a risky teen has a little chance to get integrated with the community.

We presume that when starting risky behavior adolescent can consider it as a way to grow their personal experience. However, regular engagement into such behavior inevitably leads to increase in the number and frequency of its types and results in significant personality transformations. Being involved into risky behavior intensifies negative feelings, increases depression and anxiety, weakens stress-resilience. All these can provoke suicidal ideation that could later take practical turn.