

Drugs The Facts from Drugline- Lancashire Ltd

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introduction

The Drugs the Facts booklet began its format in 1985. It is designed as a reference resource for anyone who needs accurate information about drugs and drug related issues. Drugs the Facts combines detailed information about different drugs, both legal and illegal, with practical sections covering harm reduction, and contact details for sources of further help and advice.

Over the years, *Drugs the Facts* has evolved to reflect advancements in our knowledge about drugs and drug use as well as changes in our attitudes towards drugs and drug use, changes to the law, and the emergence of new drugs.

So what is a drug?

The dictionary says "... a drug is any chemical substance that affects the way the body functions; mentally, emotionally and physically."

Most people wouldn't consider themselves to be drug users when smoking tobacco or drinking alcohol; we tend to consider those who take heroin, ecstasy or cocaine - the illegal drugs - to be drug users. Drugs, however, are part of everyday life, be they drugs such as caffeine and tranquillisers, or drugs such as heroin or cannabis. People use them to feel happy, to feel relaxed, to relieve stress, to calm anxiety, or to stimulate the mind or body.

Just because a drug is legal doesn't mean that it is automatically safer to use. The potential risks associated with drug use can include: people doing things they wouldn't normally do and which may be regretted afterwards, risks to women who are pregnant, risks of overdosing, risks associated with mixing drugs, and risks of heavy drug use causing long term damage to a person's physical and emotional health.

The effects of a drug can vary from person to person and for a particular person at different times. Very often, the same person will react differently to an individual drug in different situations. Everyone is different. Drugs and drug use are diverse. It is complex.

The acceptability of different types of drug use varies across different countries and cultures. For example: in many islamic countries the use of alcohol is forbidden but in Britain it is an acceptable part of social life for many people.

background

Drugs are a high priority issue in the media. We see and hear stories daily. Common pictures portrayed are those of the 'E'd up' clubber or the heroin user committing crime. But the reality is much more complicated. People use drugs, both legal and illegal. People experiment with drugs. Some people will use drugs just at weekends or at specific events (recreationally), whilst other people are physically or psychologically dependant on a drug at an extreme level (problematic drug use). People use drugs for many different reasons. In most cases, pleasure and enjoyment are the main motivations. However, some people use drugs to feel calmer, to relax, to cope with other problems, to increase stamina, or to feel more sociable. People are rarely coerced into using drugs; there is evidence to suggest the choice to use is active, the term now employed being "peer preference" rather than "peer pressure". But the choice to use is still governed by drug availability. There are other issues which have the potential to act as contributing factors towards drug use, e.g. pressure from family and friends, frustration, boredom, unemployment, homelessness etc.

When looking at drug use we have to consider certain factors:

What drug it is

- All have various chemical and emotional effects.

How much is taken

- Larger amounts of a drug can cause a greater effect.

What the user wants to happen

- A drug may be taken for different reasons; to relax, to gain energy, to socialise - what the person using the drug expects plays an important role.

How the user reacts to the drug

- If people are feeling a little unsure or anxious beforehand unpleasant experiences are more likely.
- In general, lighter people may experience greater effects from a similar dose of a drug than those with a higher body weight.
- If someone has mental or physical health problems drugs can intensify those problems - e.g. LSD may increase the anxiety or paranoia of a person who is already anxious or paranoid. And amphetamine, which speeds up the heart rate, may cause problems for people with the heart condition angina.
- A drug's ingredients can be unpredictable; when buying illegal drugs a person may not know exactly what they are buying. A drug will often be cut with other substances, making it difficult to know its purity and, as a consequence, exactly how much it is comfortable to take - e.g. amphetamine sulphate can be less than 5% pure and can be mixed with caffeine and ephedrine.
- Mixing drugs can alter their effects, increasing the likelihood of problems occurring - e.g. mixing tranquillisers and alcohol can have fatal consequences.

drugs & the law

In general, the most common drug-related offences dealt with by the police are: possession with intent to supply to another, and the supply and production of controlled drugs. The law in relation to illicit drugs is complex and is defined by three statutes (or Acts) which regulate the availability of drugs in the UK.

The Misuse of Drugs Act (1971)

This Act is intended to prevent the non-medical use of certain drugs. The Misuse of Drugs Act divides the controlled drugs into categories - A, B and C - depending upon how dangerous the Advisory Council on the Misuse of Drugs views them to be. Penalties are more serious for Class A than Class B or C.

Class A includes opium, MDMA (Ecstasy), methadone, methamphetamine, magic mushrooms, diamorphine (heroin), cocaine, crack and LSD. Drugs that fall into Class B of the Act are included in Class A if prepared for injection.

Class B includes codeine, amphetamines and cannabis.

Class C includes prescribed drugs, Temazepam for example, as well as steroids (anabolic), ketamine and GHB.

Customs & Excise Management Act

This Act, together with the Misuse of Drugs Act, defines a series of offences. These include unlawful supply, intent to supply, import or export (all of these are known as trafficking offences) and unlawful production.

The Medicines Act (1968)

This Act governs the manufacture and supply of medicinal products. It controls the use of barbiturates, tranquillisers, and other depressants - commonly known as sedatives and hypnotics - by controlling prescriptions of such drugs. Amyl Nitrate (Poppers) is controlled under the Medicines Act.

How will the police deal with a drug offender?

Someone who has committed an offence under the Misuse of Drugs Act will be dealt with differently depending on how serious the offence is, what class of drug is involved, what the circumstances are, and how much of the drug there is. A first offence - such as being in possession of any restricted drug - may be dealt with by the police issuing a caution. A caution isn't a conviction but it is a formal way that the police record that the person has committed an offence. Details of any caution may be disclosed at a later date if that person applies for a job that requires checking of police records (under the 1974 Rehabilitation of Offenders Act). It can also be brought to the attention of future proceedings of a court of law. Some types of employment are very strict when it comes to previous drug offences, for example those that include working with children. Some employers test for the presence of drugs in the bloodstream.

For a second offence a person could be asked to appear before a Magistrates Court. If convicted there could be a fine or a short (or suspended) prison sentence.

Other more serious offences, such as bringing drugs into the country and supplying, will generally be tried before a judge and jury in a Crown Court.

Note: for persons under 18 years old, cautions have been replaced by reprimands and final warnings and come under the direction of the Youth Offending Team.

But what is an offence?

Penalties can vary according to how harmful the drug is thought to be. Maximum sentences differ according to the nature of the offence - less for possession, more for trafficking, production or for allowing premises to be used for producing or supplying drugs.

- If a person allows illegal drugs to be used in their premises and does nothing to stop it then the person has committed an offence.
- A person planning to commit a drug offence with someone is liable to the same maximum sentence they may have got if they had actually committed the offence. Police policies differ from area to area; some are more lenient than others.

Travelling abroad?

Anyone travelling abroad should make sure they don't take out or bring in any prohibited drugs. You should make sure that you pack your own suitcase and keep it locked. Do not leave bags unattended, and do not accept unopened packages or envelopes for delivery or postage in the UK unless you know exactly what's in them.

If you need to take prescribed drugs abroad with you it might be worth checking that it's ok with your doctor or travel agent; different countries have different regulations for prescribed drugs.

In different countries different laws apply. In many of the Gulf countries alcohol is forbidden. In Holland the possession and use of small amounts of cannabis has been decriminalised. If you are going abroad it is worth checking out what the rules are by looking in a guidebook. These are available from local libraries.

drugs/drink driving

Drugs, and not just alcohol, can affect people's ability to drive safely. Under the Road Traffic Act (1988) it is an offence to drive or be in charge of a motor vehicle when unfit to do so because of drugs. If found guilty of driving whilst unfit there is an obligatory 12 months disqualification and a fine. In cases involving accidents or other aggravating circumstances longer disqualification, stiffer fines, and imprisonment can apply. Testing for drug driving is now being undertaken in many areas of the country. It is worth noting that although the effects of a drug may have worn off tests may still prove positive days later; e.g. Amphetamines and Ecstasy 2-4 days, Methadone and Morphine 1-2 days, and regular and/or heavy Cannabis use - up to 28 days.

drugs & the law

your rights

a guide to your rights from **Release**

Release is a long-term drug service based in London and specialising in the law.

You have the right to be treated fairly and with respect by the police

You do not have to say anything to the police BUT if you are later charged with a crime and you have not mentioned, when questioned, something that you later rely on in court, then this may be taken into account when deciding if you are guilty.

There may be good reasons why you do not wish to say anything to the police, and you should not be intimidated into answering questions. Get a solicitor down to see you in the police station as soon as possible.

Remember:

- There may be times when if you give an innocent explanation for what you have done, the police may leave you alone.
- It is wise not to discuss the case with the police until you have consulted privately with a solicitor.
- If the police are about to arrest you, or have already arrested you, there is no such thing as a 'friendly chat' to sort things out. Anything you say can later be used against you. Think before you talk.

When the police get it wrong

If you want to challenge anything the police have done then get the names and addresses of any witnesses, make a written record as soon as possible after the event. It should be witnessed, dated and signed. If you are injured, or property is damaged, then take photographs or video recordings as soon as possible and have physical injuries medically examined.

If you have been treated unfairly then complain to a civil liberties group such as Release or contact a solicitor about possible legal action.

On the street

If you are stopped by the police:

- If they are not in uniform then ask to see their warrant card.
- Ask why you have been stopped and at the end ask for a record of the search.
- You can be stopped and searched if the police have a reasonable suspicion that you are in possession of: - controlled drugs

Remember:

You run the risk of both physical injury and serious criminal charges if you physically resist a search. If it is an unlawful search you should take action afterwards by using the law.

In a police station

You always have the right:

- To be treated humanely and with respect.
- To see the written codes governing your rights and how you are treated.
- To speak to the custody officer (the officer who must look after your welfare).
- To know why you have been arrested.

You also have the right (but they can in rare situations be delayed):

- To have someone notified of your arrest (not to make a phone call yourself).
- To consult with a solicitor privately.

Remember:

Do not panic. You cannot be locked up indefinitely. The police sometimes keep you isolated and waiting in the cell to 'soften you up'. Above all else, try to keep calm. The police can only keep you for a certain period of time - normally a maximum of 24 hours (36 hours for a serious arrestable offence).

Make sure the correct time of your arrest is on the custody record.

Make sure you know why you have been arrested.

Insist on seeing a solicitor (you might have to wait, but it's always free). Ask them to be present when you are interviewed. Do not be put off seeing a solicitor by the police. It is your right, and it's free.

If you ask for anything and it is refused make sure this is written down on the custody record.

Search of your home

- The police can search premises with the consent of the occupier.
- The police can obtain a warrant from magistrates to search premises for evidence of certain crimes.
- The police can enter premises WITHOUT a search warrant in many situations, including:
 - following an arrest, the police are allowed to search premises the detained person occupies or has control over;
 - to capture an escaped prisoner;
 - to arrest someone for an arrestable offence or certain public order offences;
 - to protect life or to stop serious damage to property;
 - other laws give police specific powers to enter premises.

Remember:

You are entitled to see a copy of any search warrant.

Police can use reasonable force to gain entry.

Police should give you information about their powers to search premises.

The police must keep a record of the search.

You or a friend should be allowed to be present during the search but this right can be refused if it is thought it might hinder investigations.

drugs & health

Drugs do affect our health and they're all potentially dangerous. Some drugs, like solvents and hallucinogenic mushrooms, contain toxins, which are poisonous. Other drugs are used as medication. Drugs can damage your health whether they're legal or illegal; smoking cigarettes can cause lung cancer and generally affect the health of the smoker in other ways, e.g. heart disease.

Hazards of drug use may include:

OVERDOSING – An overdose may occur when a person takes too much of a substance, or takes a substance which is purer in composition and therefore more potent than expected. This may, in the case of heroin, cause unconsciousness and require immediate medical care. Someone taking too much of a drug may find it distressing; things may appear to be getting out of control. Accidents may occur due to the person's intoxicated state. With unconsciousness there's also the possibility of choking on vomit.

HEAVY USE – If a person is using a drug heavily and regularly, their health, both physical and/or mental, may be affected. There could be a degenerative effect on a person if the drug becomes the most important thing in their life.

LOOSENING INHIBITIONS – Drugs affect the way we behave. So before getting 'too close' or affectionate it might be worth thinking about condoms. Most people having sex for the first time will do so without planning or precautions. Sexual intercourse without a condom can put you at risk from STI's and HIV.

CHANGES IN CAPABILITIES – Even small doses of some drugs may weaken a person's ability to react to situations, to concentrate, to drive, to operate machinery, or even to cross a road. Delicate skills and the learning of new skills may be impaired. A person may find it difficult to live their normal lifestyle and follow their normal routine.

DURING PREGNANCY – The use of drugs when pregnant may lead to damage to the baby, either directly, or through self-neglect and poor nutrition. Drug use can be associated with premature births and low birth weights. There is an increased chance of miscarriage and stillbirth.

USED NEEDLES – Injecting drugs with a used or shared needle may cause serious damage. The risks include HIV, Hepatitis, Septicaemia and other types of blood poisoning. Abscesses and gangrene can also be caused by poor injecting technique. Nowadays, in all towns and cities, there are needle exchange services where new needles and syringes can be exchanged for old.

ADULTERANTS – At the point of source drugs may be very pure, but by the time they get to the streets they are likely to have been 'cut' with various substances. This is done so that those selling the drugs can maintain their profit margins. Drugs are cut with many different things. Amphetamines, for example, can be cut with caffeine and ephedrine or with other drugs like ecstasy and LSD. Variation and lack of control in the manufacturing process and the use of pre-cursor chemicals can mean major batch to batch variation.

PARANOIA – The use of certain types of drugs can cause feelings of paranoia. The user may feel as if they are being watched, listened to, followed or talked about. Feelings of paranoia are a state of mind and can, it is said, develop into other forms of psychosis such as hallucinations, disturbances and dreams.

if someone passes out

What to do if you find someone who has passed out

If you suspect that someone has taken too many drugs and you find them in a drowsy or unconscious state you should:

- Make sure they get plenty of air.
- Turn them on their side and try not to leave them as they may vomit or choke.
- Ring a doctor as soon as possible or dial 999 for an ambulance.
- Collect any powders, tablets etc. for the doctor or hospital to examine.
- After the emergency, if it is possible, be there to talk it over with the person.
- Understanding and care at this time may be vital in persuading people to accept help.

dual diagnosis

This term is used to refer to a situation where a person has been diagnosed as a substance user and has also been diagnosed as suffering from a mental illness. There may be a primary diagnosis of a major mental illness with substance use exacerbating the condition, or there may be drug dependence which has led to mental health problems e.g. as can be the case with chronic use of amphetamines or cocaine.

Diagnosis can be difficult in such cases because mental health problems can be mimicked by intoxication and withdrawal from drugs. In order to ensure that appropriate responses are made to the individual concerned, it is important to identify the major issues involved and collect a full history of signs and symptoms from the user and their carers.

drug testing

Drug testing has become an increasingly important issue. Testing may take place within the workplace, in the world of sport, when driving, when arrested, or as part of drug treatment.

Testing can be carried out through analysis of urine, breath, blood or hair. Though tests are more accurate than they used to be, they can only demonstrate substance use (not impairment) and a positive test may occur long after any "real" effect of the drug has passed.

Fake positives can occur due to the inexperience of testing staff, contaminated equipment, or the similarity of some legal drugs to illegal ones - e.g. codeine in cold cures may show as morphine. It is paramount that safeguards are in place to ensure accuracy.

Different drugs remain in the body for different periods of time and their detection depends on the sensitivity of tests.

As a rough guide:

Amphetamines 2-4 days

Cannabis Casual use 2-7 days Heavy use up to 28 days

Ecstasy 2-4 days

Diazepam 1-2 days

Alcohol 12-24 hours

Temazepam 1-2 days

Heroin 1-2 days

Cocaine 12hrs-3days

Buprenorphine 2-3days

Methadone 2 days

At present there is no legislation concerning drug testing and the individual's choice of whether to be tested or not (in the realms of employment, education and sport for example).

hiv/hepatitis c & b

hiv/aids

What is AIDS?

ACQUIRED It is passed on rather than inherited

IMMUNE The immune system

DEFICIENCY Means that the body's defence systems against infection are damaged

SYNDROME A pattern of diseases that take advantage of the body's weakened defence system

There's still plenty of confusion about what HIV and AIDS are. Messages about safer sex and not sharing injected needles are designed to protect you against HIV, or to stop you passing HIV on to another person who hasn't got HIV.

What is HIV?

HIV stands for Human Immunodeficiency Virus, and once it gets into the blood stream it's there for life. You won't know you've got the virus unless you have a test for it, and you can remain perfectly healthy for many years.

HIV may stop your body fighting diseases, and AIDS is the condition you suffer from when you get diseases that your immune system can't cope with due to HIV. It's the diseases that can cause illness and, eventually, death in someone with AIDS.

HIV can be passed on from person to person through infected semen, blood, and vaginal or cervical fluid during sex. It can also be passed on through blood when sharing other people's drug injecting works (needles or syringes).

Because HIV can be passed on through unprotected sex, safer sex practices are suggested to protect you, your partner, both your future partners, and their future partners, because it's like a chain reaction.

HIV won't stop unless we make a special effort to stop it being passed on. The best method of doing this is to use condoms, which not only protect you from HIV, but from other sexually transmitted infections (STI's) such as Gonorrhoea, Syphilis, Genital Herpes, and Genital Warts. And of course, condoms are a very effective form of contraceptive.

Testing

When HIV infects the body it reacts by producing antibodies, which can be detected in the blood. If a test produces a positive result, the person is said to be 'antibody positive'. The test does not tell you that you have AIDS, only that HIV has infected the bloodstream. The test may not show any HIV antibodies in an infected person because it can take up to three months for the antibodies to show up; so most people who are tested are advised to take another test after three months to make sure.

The decision to have a HIV test should be carefully thought out and the advantages and disadvantages weighed up. Simply having the test, whatever the result, can affect your chances of getting life assurance or a mortgage. This needs to be balanced against the possible peace of mind that comes from knowing that you're not infected and the opportunity to access the growing number of medicines now available for people who are HIV infected.

The best place to go for a test is your GUM (Genito-Urinary Medicine) clinic, where you can be guaranteed confidentiality and anonymity. Everyone who has a test for HIV should be given the opportunity to discuss any issues or concerns they might have before and after the test. The GUM also offers testing and treatment for all STIs and can also offer Blood Borne Virus immunisation.

Combination Therapies

Combination therapies have made HIV & AIDS a more manageable condition for many sufferers. Although these therapies do not eradicate the virus, their constant attack on it impairs the harm the virus can do and, evidence suggests, reduces the likelihood of illness and increases the quality and length of life.

The whole area of effective healthcare treatments for HIV/AIDS has more than 10 years of history behind it. Protease inhibitors are used in combination with other medication. Drug levels need to remain high, thus the commitment to take the medication requires dedication. Side effects such as nausea and diarrhoea can add a further uncomfortable challenge.

The medication can, in many cases, keep the viral load down. This means that the immune system is not compromised and the person is not as susceptible to illness. In other cases the medication can stop the viral load escalating - again reducing a person's chances of being harmed by other infections. The absorption rate of the medications is critical and it is crucial to consume plenty of fluids daily to help with this.

A person's drug resistance is a paramount issue with these treatments. It can cause the medication to fail to keep up with the quick moving and mutating virus. Measuring resistance and monitoring those whose medication is beginning to fail is crucial. The situation remains hopeful as new approaches and medications are continually being developed.

A final issue to consider is the possible re-appearance of recreational drug use as a person's quality of life improves and they resume an active social life.

For those with a history of drug problems, understanding how both recreational and more problematic drug use may affect medication, or vice versa, is needed. More is being learned everyday about this relationship and how new, illicit drugs appearing on the scene interact with medication.

On a more positive note, present combination therapies and further medication waiting in the wings present the prospect of HIV/Aids being a challengeable condition. This allows those infected to expect not only a longer life but also a better quality of life, making a return to work and/or education, and the resumption of an active and fulfilling social life, possible. Supporting agencies are themselves reviewing their services as a consequence. No longer does their role simply entail supporting people as they die, but now entails supporting people as they continue to live and engage fully in life.

Combination therapies may interact with recreational drug use, affecting the effectiveness of the drug of choice and impairing the effects of the therapy. Research is growing, and current evidence suggests caution is needed.

Clubbing

- If your medication should be kept cool it may not last well in a hot club atmosphere.
- Like all good clubbing guides suggest, chillout! and give yourself a break from dancing.
- Keep hydrated: a pint of water sipped per hour if dancing.
- Because the effects of drugs like Ecstasy and Amphetamine may be intensified, take smaller amounts gradually and give yourself time to judge their effect.
- Tell friends what you have used and when your medication is due so as to help to keep to timetable and keep you aware, though your routine may feel up the wall.

Coping

- If you may stay away for the night keep a day's medication with you in a sturdy pill box in your pocket, along with your condoms.
- Keep a portable alarm clock with you to avoid missing your medication time.
- If a bad hangover promotes morning sickness this may affect your medication.
- If you're a bit late just make sure you check what gaps are ok between your medication doses.

Travelling

- On your journey keep a bottle of water with you in case you can't stop for a break when your medication is due. Remember, you may need a letter from your consultant for some of your medication in order to be assured of safe passage to some countries. Also remember that some countries remain intolerant towards those who are living with HIV - check before you book your travel.

needle exchange schemes

There are Needle and Syringe schemes in every community so that people who use needles to inject drugs can exchange their old equipment for new. Exchange schemes are mainly run from local chemists or pharmacists and Drug Agencies. You can find out where they operate by contacting your local drugs agency. Many needle exchanges carry an obvious symbol to identify their participation in the scheme. Schemes also provide the opportunity to learn more about Blood Borne Viruses, Safer Injecting, Over-Dose and how to access treatment services.

hepatitis c

Hepatitis C is a viral infection of the liver.

It is easily caught by sharing works (needles, syringes, spoons, filters and water), or from infected blood transfusions, or infected organ transplants. It is very common among injecting drug users.

Hep C through unsafe sex is rare, but it is important to reinforce the need to use condoms as a protection against all STI's.

Infection may also be passed from mother to baby during pregnancy, at birth or through breast milk.

The early stages of infection will go unnoticed in many cases. Some individuals, 1-26 weeks after infection, note symptoms of jaundice, feeling sick, lethargy and loss of appetite. It is estimated that 80% of individuals who come into contact with hepatitis C will develop chronic hepatitis.

Nobody really knows how long, if at all, it takes for liver disease to develop. It has been suggested that on average it takes 20 years or longer to develop. However, there is an increased likelihood if the individual uses drugs, especially alcohol.

Like HIV, Hep C can be tested for: the 'anti HCV' test. It tests for antibodies. Before having the test you should discuss the possible implications to ensure that it is the appropriate step for you, and that you are prepared for the result. If the result is positive, liver function tests, ultra sound scans, and even a liver biopsy may be suggested to discover the degree of damage to date. People are monitored regularly and only 10% will require immediate treatment.

hiv/hepatitis c & b

hepatitis b

Hepatitis B is a viral infection of the liver.

It is caught easily by sharing works (needles, syringes, spoons, filters and water), or from infected blood transfusions or infected organ transplants and unprotected sex. It is very common among injecting drug users. Hepatitis B may be transferred from mother to baby at time of birth.

Many people never know they have been in contact with the virus until they are tested because their body's natural immunity will fight it.

The early stage of infection often goes unnoticed, though some people may develop 'cold like' symptoms. The majority of adults will recover within a six-month period and then have immunity for life from hepatitis B. A small percentage will develop chronic hepatitis (lasting longer than six months) that may cause liver disease. This may include illnesses such as, cirrhosis, chronic hepatitis and liver cancer.

Some people will become carriers of the disease. This means that they do not develop liver disease but are able to infect other people with hepatitis B.

Treatment for hepatitis B consists of regular monitoring for the disease progression (if any) and drug therapy.

the drugs

alcohol

Booze

Beer and wine drinking is a common part of everyday life in Britain. Which other drug, that can floor a fully-grown man after a few measures, can be obtained so easily? Beer and lagers in the UK contain between 4% and 7% alcohol, wines contain between 12% and 16%. Some super-strength lagers may be as strong as wines. Spirits contain between 45% and 50% alcohol.

In terms of alcoholic content roughly a half-pint of normal strength beer or cider = one measure of spirits = one glass of wine. This amount is described as a 'standard' drink of alcohol - one unit.

Other drugs may attract more attention, but alcohol use causes the worst drug problems in the UK, including problems related to health, violence, antisocial behaviour and loss of working days.

Short Term Use

Alcohol is absorbed into the bloodstream and starts to take effect within 5 to 10 minutes. The effects last several hours, depending on the dose. The effects vary depending on the strength of the drink, how quickly it is drunk, and whether there is food in the stomach. The effects are also influenced by the drinker's body weight, personality, surroundings and tolerance (how 'used' to drinking they are).

What can happen when you drink?

- Accidental Injury - the most common hazard, e.g. falling over or traffic accidents.
- Death is possible from choking on vomit whilst unconscious. Death is also possible through alcoholic poisoning.
- 'Hangover' is the withdrawal effect due to lessening amounts of alcohol within the body.
- Alcohol also affects our behaviour, loosens our inhibitions and can often make it easier to talk to other people or do things we would not usually do.

Long Term Use

Moderate use of alcohol (1-2 drinks daily) presents no serious health problems to healthy individuals. However, regular long term heavy drinking increases the chances of physical and mental impairment, e.g. ulcers, liver disease, heart and circulatory disorders, cancers and brain damage.

Damage cannot only occur as a result of alcohol in the body, but also by the lifestyle associated with and encouraged by heavy drinking, e.g. heavy drinking encourages obesity. Excessive drinking can contribute to problems with family and personal relationships e.g. repeated violence and lack of self-control.

During pregnancy the safest option is not to drink alcohol.

Alcohol and the Law

Alcohol can only be sold on premises licensed by magistrates, generally as 'on-licence' (e.g. pubs), where alcohol can be drunk on the premises, or as 'off-licences'. Licensing laws restrict the times these premises can be open.

It is an offence to give alcohol to a child under five. Children under fourteen are not allowed in the bar areas of pubs. Young people under eighteen are not allowed to drink at a bar or purchase alcohol in a pub or off-licence.

It is an offence to drive whilst unfit to do so because of drink. It is an offence to be drunk and disorderly in a public place.

Unlicensed 'home-brewing' of beers, wines and cider is permitted, but the products can't be sold.

amphetamines

Whizz, Speed, Billy, Phet, Sulphate

Amphetamines are stimulants - they boost energy levels, concentration, confidence and they also diminish fatigue and sleep. They had a wide range of medical uses, in pill form, in the 50's and 60's; as a slimming aid for example. They are now only recommended for the treatment of hyperactivity in children, and for pathological sleepiness. The synthetic powder form may be taken by mouth, dissolved in water, and injected or even smoked. Nowadays more people are sniffing amphetamines or taking them orally, and there are a number of problem users who are injecting them. Illicit amphetamines, often diluted with adulterants, are fairly easily available. They are commonly called speed, whizz or sulphate.

Short term use

Amphetamines arouse the user in a similar way to that of the body's natural adrenaline. Breathing and heart rate speed up, appetite lessens, and the user feels more energetic, cheerful and confident. These feelings produce the risk of psychological dependence. Physical effects can include dilated pupils, excessive activity, sensitivity, dryness of the mouth, insomnia and loss of appetite.

Feelings of confidence and energy may be replaced by anxiety, irritability and restlessness as the body's energy stores run down. Frequently repeated high doses over a short period of time (several days) can produce feelings of persecution, delirium, panic and even hallucinations. The effects of a single dose can leave the user feeling tired, and it can take a few days for the body to fully recover. Hunger is also a major feature of withdrawal.

Long term use

To maintain the desired effects the regular user has to take increased doses. When a user stops the doses she/he may feel lethargic, deeply depressed and ravenously hungry. Heavy users also run the risk of blood vessel damage or heart failure, especially if they already suffer from high blood pressure or an elevated heart rate, or if they do any strenuous exercise whilst using the drug. Regular use of high doses can lead to hallucinations and feelings of paranoia. Sometimes these symptoms can develop into a psychotic state from which it can take several months to fully recover. Heavy use can also have other serious effects on health. Sleep can be affected and the body may feel 'run-down' and become more susceptible to disease.

Purity

The purity of most street bought amphetamines can sometimes be very low. These amphetamines are 'cut' with all sorts of things, e.g. caffeine and ephedrine.

Amphetamines and the Law

All the amphetamines and similar stimulants are 'Prescription Only' drugs under the Medicines Act.

With the exception of some milder stimulants, amphetamines are controlled under the Misuse of Drugs Act. Some doctors can still prescribe amphetamines and some patients can therefore legally possess them. Otherwise, their production, supply or possession is illegal. Amphetamines are a Class B drug but when prepared for injection move to Class A.

methamphetamine

Yaba, Meth, Speed, Crystal, Tina, Chalk, Crank, Shaba, Glass, Crazy Medicine, Ice

Methamphetamine is a central nervous system stimulant with a high potential for misuse and dependence. It is a synthetic drug; closely related to amphetamine but producing greater effects on the central nervous system. It was first synthesised in 1887 and used as an alternative to ephedrine (for asthma treatment). It was also used by the armed forces in World War 2. It is a drug of concern in SE Asia, the USA, Australia, and the Czech Republic. There are also concerns about methamphetamine in the UK since its appearance on the dance scene. It is believed to be more popular on the gay scene in particular. The drug is relatively cheap and easy to produce but the process is dangerous due to the flammable nature of the chemicals involved.

Short term use

An immediate rush is experienced whether the drug is smoked or injected (and the effects are longer lasting than crack cocaine, for example). Small amounts cause euphoria, arousal, increased activity, decreased appetite. It can also cause nausea, panic attacks, repetitive behaviour and jaw clenching. The effects last from 4 to 12 hours.

Long term use

Methamphetamine users can develop psychiatric problems such as paranoid schizophrenia. The drug can also be the cause of violent and aggressive behaviour. There are concerns with regard to the transmission of BBV's through sexual activity associated with the drug and through intravenous use of the drug. Tooth decay is also associated with the use of methamphetamine.

the drugs

caffeine

Tea, Coffee, Guarana

Caffeine is the most common stimulant available. It is available without any legal restrictions and is found in coffee, tea, soft drinks, over the counter analgesics, headache pills, and other products such as guarana - a stimulant available in many forms from health food stores. There are over 60 plant species that naturally contain the drug.

Evidence shows that the use of moderate amounts of caffeine, i.e. 3 or 4 cups a day, has no harmful effects. However, caffeine can affect many parts of the body.

A standard mild stimulant dose is 20mg. A small cup of coffee (brewed) contains an average of 80-150 mg, instant coffee about 65mg, a can of soft drink 35-50 mg and up to 50mg per tablet in several analgesics. In moderate doses (150-250 mg) the drug allays fatigue and helps prevent boredom and tiredness interfering with physical or mental performance. Excessive use (500-600mg) can cause anxiety, irritability and insomnia. There is no reliable evidence of lasting damage from long-term use. There is an established 'caffeine withdrawal syndrome'. The symptoms are headaches, drowsiness and irritability. This may be noticeable after regular use of 370mg a day or more. We use approximately four times as much tea as coffee when we make a cup, so cup for cup, tea usually contains more caffeine than coffee. Sometimes psychological dependence can develop to the extent that people find it hard to stop drinking coffee.

It is common for advertisements to carry slogans like 'calms you down' or 'relaxing', claims which are not strictly true - caffeine is a stimulant which generally increases tension and anxiety.

Pregnancy

Most doctors recommend that a pregnant woman has less than three 'servings' a day. Caffeine tightens the blood vessels and can slow down the flow of blood to the placenta. It can also be harmful to the foetus when combined with tobacco; this combination can also slow down the flow of blood to the placenta.

Caffeine and the Law

There are no legal restrictions to caffeine.

cannabis

Draw, Ganja, Wacky Backy, Hash, Dope, Smoke, Blow, Joint, Reefer, Stoned, Spliff, Weed, Grass, Black, Resin, Skunk

Cannabis is derived from different forms of the marijuana plant including 'cannabis sativa'. It is generally used as a relaxant or mild intoxicant. The usage of cannabis varies; it can be rolled into a cigarette and smoked, smoked in a pipe, brewed into a drink or put into food.

Cannabis is available in the UK in three forms:

Resin, which is the dried caked resin of the plant and comes in a variety of colours and textures: from oily brown sticky resins to mustard yellow 'rocky' resins.

Marijuana or *grass*, which consists of the flowering tops, leaves, seeds and stems of the plant.

Cannabis oil, which is the resinous extract of the plant. It is the most potent form of the drug and it contains the highest levels of THC ('delta-9-tetrahydrocannabinol'), the main active ingredient.

The effects of the drug come on most rapidly when it is smoked.

Cannabis is a well-established drug within a large section of the population.

Short term use

As with any drug, the effects will depend on several factors; the expectations the user has, what sort of mood they're in, where and in what situation the drug is taken, and how much of the drug is used. All these factors will all have an influence on the effects of the drug.

The most common effects of short-term use are relaxation, talkativeness, bouts of hilarity, reddening of the eyes, increases in pulse rate, and intensified touch, taste and smell.

When the cannabis smoker is in an intoxicated state some tasks that require intellectual or manual dexterity can become difficult, i.e. operating machinery and driving. People unfamiliar with the drug, and people who use the drug when they are anxious or depressed, may experience unpleasant feelings. When large doses are used these unpleasant feelings can be magnified. Large doses may also lead to perceptual distortion, forgetfulness and confusion. After unusually high doses severe psychological distress can occur. However, this is only a temporary condition and only occurs in a very small percentage of cases.

Long term use

There is some evidence to suggest that long-term cannabis use can cause lasting damage to physical or mental health. As with tobacco smoke, frequently inhaled cannabis smoke can contribute to bronchitis and other respiratory disorders, and may cause lung cancer. Regular users can come to feel a psychological need for the drug's effects. People chronically intoxicated on cannabis may appear apathetic or sluggish. The effects of cannabis can cause special risks for people with existing lung, respiratory or heart disorders. It is thought that prolonged use of cannabis can cause damage to blood cells, sperm and tissues in the body. Cannabis, can accentuate an existing psychiatric problem - a case of wrong place, wrong time, and wrong mood.

Pregnancy

It is advisable to be cautious with both cannabis and tobacco and not smoke when pregnant. Some research has also shown that cannabis can affect the sperm.

Cannabis and the Law

Cannabis is controlled under the Misuse of Drugs Act as a Class B drug. It is illegal to cultivate, produce, supply or possess the drug except in accordance with a Home Office licence issued only for research and other special purposes. It is an offence to allow premises to be used for any of the above.

the drugs

skunk

Skunk is the name given to a particularly potent form of cannabis. It can be grown indoors (using hydroponic techniques) and can even be 'home grown'.

Short term use

Skunk is more potent than standard cannabis and has a more rapid effect due to the higher THC ('delta-9-tetrahydrocannabinol') content. The drug has similar effects to cannabis but with greater potency and heightened hallucinogenic qualities. As with cannabis, the effects will depend on the user's expectations, the user's mood, the place and situation they find themselves in, and the quantity of the drug used. Inexperienced users can be caught out by the strength and speed of the effects of skunk, which can prove debilitating and lead to feelings of anxiety and cause vomiting.

Skunk and the Law

Skunk is controlled as a Class B drug under the Misuse of Drugs Act.

cocaine

Coke, Charlie

Cocaine is a white powder with a powerful stimulant effect. A small amount is normally sniffed up the nose through a tube and absorbed into the blood supply via the nasal membranes. Less commonly, it can also be injected and is sometimes mixed with heroin (this is commonly called 'Speed Ball').

Cocaine was, in the past, seen as the rich man's drug and used by city brokers and rock stars. Because of a lessening in price it is now much more readily available to the public. Frequent use of the drug is being seen in club and recreational drug use settings.

Short term use

Cocaine produces physiological arousal, feelings of well-being, suspension of appetite, indifference to pain and fatigue, and feelings of great physical strength and mental capacity. Sometimes the desired effects are replaced by anxiety or panic.

When sniffed, the effects peak after 15 or 20 minutes and then diminish. The dose may therefore have to be repeated every 20 minutes to maintain the original effects. Large doses or quickly repeated doses over a period of hours can lead to extreme states of agitation, anxiety, paranoia, convulsion, hypersensitivity and, on rare occasions, hallucination. These effects generally fade as the drug leaves the body. The after-effects of cocaine include fatigue, depression, and an exaggerated appetite. Excessive doses can cause death from respiratory or heart failure, but this is rare.

Long term use

Cocaine users may develop a strong psychological dependence on the feelings of physical and mental wellbeing afforded by the drug and are often tempted to step up the dose.

With heavy and frequent use increasingly unpleasant symptoms develop which generally persuade people to cut down or stop for a while. The symptoms include restlessness, nausea, hyper-excitability, insomnia, and weight loss. A state of mind similar to paranoid psychosis may develop with continued use.

Regular users may appear chronically nervous, excitable, paranoid or confused. They may suffer from mood swings and eating disorders. Exhaustion due to lack of sleep is not unusual. All these effects generally clear up once use is discontinued. Repeated sniffing damages the membranes lining the nose and can also damage the structure of the nostrils.

Pregnancy

Women who use cocaine may be more likely to miscarry and go into premature labour. During pregnancy, cocaine use can cause the baby's growth to be stunted by depriving it of food and oxygen.

Cocaine and the Law

Cocaine, together with its various salts and the leaves of the coca plant, are controlled under the Misuse of Drugs Act, Class A. It is illegal to produce, possess or supply the drug. It is illegal to allow premises to be used for any of these activities.

the drugs

e for ecstasy

E, Pills

E is 'methoxylated' amphetamine; this means that it has hallucinogenic as well as stimulant effects. It started life as a drug for treating psychological 'disorders'.

The biggest challenge with Ecstasy is batch unpredictability.

Short term use

The initially effects include increased heart-rate, dry mouth, sweating and loss of appetite. This is followed by feelings of calmness and serenity, an increased sense of closeness to other people, and heightened senses of touch, hearing, colour and sound. There are many side effects including feeling sick, feeling dizzy, stiffness in the jaw, anxiety and confusion.

Although these drugs aren't physically addictive, it is thought that psychological dependence may result when users feel that they can't have fun without the drug. In general, these drugs may cause users to feel run down, and this can be aggravated by lack of sleep caused by the user's involvement in the club scene.

Long term use

There remains little conclusive research about the long-term effects of MDMA on the brain and body. Within 2-7 days of regular daily use the user may experience some unpleasant effects such as fatigue, confusion and paranoia.

Pregnancy

If you are thinking of getting pregnant, or if you think you are pregnant, it is best not to take Ecstasy.

Ecstasy and the Law

In Britain, MDMA is controlled as a Class A drug under the 1971 Misuse of Drugs Act. As with heroin, possession, production and supply are illegal.

ketamine

K, Special K, Ket

Ketamine is an anaesthetic with analgesic and psychedelic properties. It is chemically related to phencyclidine (PCP, Angel Dust). Ketamine has been used recreationally. Like PCP it is a 'disassociative' anaesthetic; the effects make the user feel detached and removed from their immediate environment. A trance like state is often experienced. Ketamine was used in wartime emergency surgery because of these effects - the patient simply could not move until the effects had worn off. It was widely used in Vietnam.

Users will feel disassociated - a sense of being outside their mind and body. The use of Ketamine as a recreational drug seems to have stemmed from the same dance scene as Ecstasy. Ketamine usually comes from illicit sources, made or obtained in either the UK or abroad.

Short term use

If injected, the effects of Ketamine can start within 30 seconds. If taken orally it can take up to 20 minutes. The effects can last for about 3 hours. Initial effects can include a 'rush', vomiting, nausea, slurring of speech, visual distortions, numbness and irregular muscle co-ordination. Some users have even reported temporary paralysis.

The drug's anaesthetising properties are a primary cause of concern. Users might not feel any pain, and may not be aware they are hallucinating. This may put them at risk. It is also possible for the user to fall into unconsciousness and, because of the risk of vomiting, users are advised not to eat or drink prior to using Ketamine.

The hallucinatory effects are similar to those experienced with LSD, though they may appear and disappear more rapidly. The particular effects of Ketamine can include 'out of body' experiences and feelings of aggression and stimulation. Whether the user has a 'good' experience is, as with other hallucinogens, dependent on mood, expectations and environment.

Long term use

There is little known about the long-term effects of Ketamine use. Memory, vision and attention impairment have been reported. There is little evidence of physical dependence but there is a possibility of psychological dependence. Heavy use may cause weight and appetite loss and there is a danger of the user becoming disassociated from the real world.

Ketamine and the Law

Ketamine is controlled as a Class C drug under the Misuse of Drugs Act.

the drugs

GBH, Liquid E

GHB was originally developed as an anaesthetic and to promote sleep before surgery. It comes in clear liquid or white powder form and is usually swallowed.

Small bottles of GHB usually contain about 30-40ml of liquid. It is unclear what a typical dose might be; some consider that a 40ml bottle contains 3 doses. However, the concentration of the drug may vary, making it impossible to tell how strong or weak the liquid is, and doses are often measured by the capful. In the UK it has mostly been used by club-goers.

Short term use

In small doses GHB can have aphrodisiac effects and can promote feelings of euphoria, well-being, relaxation and calmness. Even though the drug is sometimes known as Liquid E, the effects are different from those of ecstasy. At higher doses, it can cause dizziness, nausea, vomiting, muscle spasms, loss of consciousness and coma.

Body builders have been known to use GHB because it is believed to release a hormone in the body which may increase muscle growth. However, very little is known about this.

The effects of GHB are highly dose dependent. The difference between the dose required to produce the desired effects and that required to produce an overdose is very small. There is no way of knowing how strong the GHB in a bottle might be. Some products contain a higher concentration of GHB than others. If too much is taken, feelings of relaxation give way to drowsiness, and drowsiness entails a risk of unconsciousness and other problems occurring.

There have been a few reports of GHB proving fatal in the UK but the exact role of GHB in such cases is unclear because other drugs such as alcohol had usually also been used. Illicit GHB is often carelessly made with industrial chemicals of unknown purity often used.

GHB has been implicated in a number of drug related assault cases. It has been alleged that GHB has been added to individuals' drinks without their knowledge and they have then been sexually assaulted whilst unconscious.

The long term consequences of the use of GHB are currently unknown.

GHB and the Law

GHB is controlled as a Class C drug under the Misuse of Drugs Act.

gammahydroxybutyrate

dance drug safety

Top Ten Tips

1. Know as much as you can about drugs and their effects if you're going to take them.
2. Think about what you are wearing - cool clothes for dancing, warmer clothes for travelling to and from clubs. Also think about how you will get home safely afterwards.
3. Eat something - to give you energy and line your stomach.
4. If dancing non-stop, drink a pint of water an hour, by sipping it, to keep you hydrated.
5. Avoid buying from strangers or in the dark as you cannot be sure what you are buying - there is no quality control for illicit drugs.
6. Use with friends, not alone. It helps when you are up or coming down. Tell each other what you have taken in case the effects are unexpected. Tell someone if you are feeling unwell. Look out for your friends.
7. The effects of drugs depend a lot on your current state - where you are, how you are feeling, whom you are with, how physically fit you are, and even how much you weigh. It may be best to avoid using if you are feeling depressed or anxious or if you are on prescribed medication - it may make you feel worse.
8. If you are driving, remember that drugs and alcohol affect your perceptions and reactions. As with drink driving, drug driving is an offence. Drugs, in general, are illegal to possess, and buying for friends still counts as supplying.
9. Drugs may make you feel more confident or sexually stimulated. Remember to practise safer sex - use a condom. If you are pregnant this may influence how the drug affects you, and your baby will also be affected.
10. Look for good clubs - ones which offer free water, a chill out area, have ventilation, a relaxed dress code and cloak rooms (so you can take layers off to keep cool and prevent overheating), allow drugs workers access, provide drugs information, train their staff, and display their drugs policy (including a search and refusal of entry policy).

the drugs

crack

Rocks, Stones

Crack is a crystal form of freebase cocaine (the crystals are about the size of raisins). The crystals are usually smoked in pipes. Crack crystals consist of cocaine mixed with other substances and heated at a high temperature to allow the formation of waxy lumps. Crack isn't cheap, and in the UK it's usually sold by the rock. Its effects are felt in less than 10 seconds, peak within 5 minutes, and wear off after about 12 minutes. It is claimed that crack causes high levels of psychological dependence.

Short term use

The effects of smoking crack are like those of sniffing cocaine; intense and immediate euphoria with a sense of increased mental and physical capability. The effects wear off after about 12 minutes. Users report after-effects such as depression and anxiety. With large doses the effects may include hallucinations or even suicide and paranoia. The physical effects include increased blood pressure and heart rate.

Long term use

As with any drug that is smoked, there can be respiratory problems; wheezing, coughing, partial loss of voice and, in some cases, cocaine induced angina. After continued use there are withdrawal symptoms, which can begin up to 2 days after the last dose. During this period there may be cravings for the drug and, like any other stimulant user, the crack user may be in a weakened state after taking the drug.

Crack users often exhibit depressed mood, fatigue and disturbed sleep. Depression may be accompanied by anxiety, guilt, and even, at times, feelings of suicide. Chills, tremors and muscle pains may also be experienced.

Crack and the Law

Crack, like cocaine, is a Class A drug under the Misuse of Drugs Act. It is illegal to possess or supply crack.

Lsd

Trips, Tabs, Acid

LSD is a synthetic substance. It is generally absorbed on paper. One small stamp of paper is sufficient for a 'trip'. There is no evidence of LSD being absorbed through the skin and LSD transfers do not exist.

LSD distorts the way the user sees the world; it is a psychedelic drug that causes hallucinations. Drugs which have these effects have been used for thousands of years in Central and Southern America in the form of peyote and mescaline.

LSD was synthesised in the 1940's by a scientist called Albert Hoffman who went on to say that it was 'the key to self enlightenment'.

Short term use

A 'trip' begins about a half to one hour after taking the drug, peaks after 2-6 hours, and fades after about 12 hours. The effects depend very much on the user's mood, the setting, who they are with, and the amount of drug taken. The effects often include intensified colour perception and visual or auditory distortions. Sometimes hallucinations, altered perception, mood swings and dilated pupils are also experienced.

The physical effects are generally insignificant. Emotional reactions may, however, include heightened self-awareness and mystical or ecstatic experiences. 'Bad trips' or other unpleasant reactions may induce depression, dizziness, disorientation and, sometimes, states of panic. These reactions are more likely if the user is feeling anxious or depressed, or is in hostile or unsuitable surroundings.

LSD is sometimes taken in smaller doses in a more casual recreational fashion. However, in some cases a single trip can have long-term effects - if it triggers anxiety or trauma, or if the user is susceptible to anxiety or paranoia.

Long term use

The main hazards of long-term LSD use are psychological rather than physical. Serious anxiety or brief 'psychotic reactions' may occur. Individuals with existing psychological differences may experience prolonged psychological reactions.

After frequent use, brief re-experiences of a previous 'trip' are a possibility. This is called a 'flashback' and can be very distressing, leaving the person feeling disorientated. Any tasks that require concentration will almost certainly be impaired (e.g. driving).

There is no physical dependence with LSD and frequent use can make further doses ineffective.

Pregnancy

Pregnant women are advised to be cautious; LSD has a powerful effect on the adult mind and (we would assume) must affect the developing child in some way. It is thought that the use of LSD during pregnancy should be avoided.

LSD and the Law

LSD is strictly controlled as a Class A drug under the Misuse of Drugs Act. It is illegal to produce, supply or possess these drugs, or to allow premises to be used in connection with them.

the drugs

hallucinogenic(or magic) mushrooms

Mushies, Magic Mushies

Certain species of mushrooms, such as Liberty Caps and Fly Agaric, can have hallucinogenic effects when eaten. They contain the drug psilocybin. They may be eaten fresh or cooked, brewed into a tea, and can be preserved by drying. Due to variations in potency it is not possible to establish the exact number of mushrooms required for a hallucinogenic experience.

People eating hallucinogenic mushrooms have been frequently reported in Great Britain throughout history. The Liberty Cap seems to be the most commonly occurring and most commonly used of the available species. It is also the most consistently potent. It is important to remember that all mushrooms will not be the same - the dose isn't predictable.

Warning

Distinguishing hallucinogenic mushrooms from poisonous (and sometimes deadly) mushrooms is a complex skill. The greatest danger is that a poisonous mushroom will be mistakenly picked instead of a hallucinogenic one. Some of the poisonous ones cause death even in small amounts.

It is dangerous to aimlessly pick mushrooms. As a general rule mushrooms that come from the ground through a volva (like a broken eggshell) should be avoided.

Short term use

The effects of hallucinogenic mushrooms are similar to an LSD experience but also include euphoria and hilarity. The effects also appear more rapidly (after 1/2 hour, peaking at around 3 hours) and last for a shorter time (4-9 hours). At low doses, euphoria and detachment predominate. At higher doses, visual distortions progressing to vivid hallucinations are experienced. Feelings of nausea, vomiting, stomach pain, anxiety and panic are commonly experienced.

'Bad trips' can occur, and for a small minority of users these may develop into psychotic episodes. Bad trips are most common after repeated or unusually high doses, or if the user is inexperienced, anxious, or unhappy to begin with. Longer lasting disturbances - such as anxiety attacks and 'flashbacks' to the original experience - almost invariably fade of their own accord.

Long term use

There are no significant withdrawal symptoms and there is no physical dependence in the long term, though individuals may feel a desire to repeat their experiences. Serious, long term effects of the use of hallucinogenic mushrooms are difficult to assess because there have been no studies or reports of extended frequent use.

Hallucinogenic Mushrooms and the Law

Mushrooms containing psilocin or an ester of psilocin are controlled as a Class A drug under the Misuse of Drugs Act.

heroin & opiates

H, Brown, Smack, Scag, Junk

Opiates are derived from the opium poppy, *Papaver Somniferum*. Opium is the dried milk of the poppy and contains codeine and morphine. It is not difficult to produce heroin from morphine. Heroin is a pure white powder which is much more potent than morphine. It was developed in 1898 when chemists were looking for a drug which wasn't as addictive as morphine.

Opiate powders can be swallowed or dissolved in water and injected. Heroin can also be sniffed up the nose or smoked by heating it and inhaling the fumes ('chasing the dragon'). A 'rush' is the term used to describe the rapid and immediate effect of these drugs. Intravenous injection maximises the effects of these and most other drugs. Heroin is likely to have been diluted or adulterated with a variety of powders similar in appearance to the heroin itself.

Opiates have been around for thousands of years and have been used as both a medical and a recreational drug. There has been a rapid rise in heroin use and dependency since the late 1970's. Recreational smoking or sniffing of heroin has become more common since the 1980's.

Drugs such as Methadone fall into the opioid category; they are a synthetic form of opiates and are used as an alternative to heroin by drug agencies.

Short term use

Opiates induce a relaxed detachment from pain, desires and anxiety. They make people feel drowsy, warm and content, and relieve stress and discomfort. Amongst people who develop physical dependence and tolerance to opiates the relief of obtaining the drug replaces positive pleasure. Physical effects can include constricted pupils and sleepy behaviour. Nausea and vomiting are often experienced at first use. With repeated doses these reactions quickly disappear. Sniffing heroin gives a slower and less intense effect than intravenous injection.

Long term use

Tolerance develops to such an extent that to achieve repeated euphoria regular users must increase the dose. Overdoses can happen when people take their usual dose after a break during which tolerance has faded. After several weeks on high doses sudden withdrawal results in feelings generally comparable to a bout of flu.

Withdrawal symptoms begin 8-24 hours after the last dose of heroin and include aches, tremors, sweating and chills, sneezing, yawning and muscular spasms. They generally fade in 7-10 days, though feelings of weakness and loss of well being last for several months. Some long-term users develop a strong psychological dependence on the drug and this is far more significant to a person's well being than physical dependence. However, dependence of any kind is not inevitable and some people use heroin on an occasional basis. The physiological effects of long-term opiate use are wide-ranging: the use of opiates can affect the respiratory system, the menstrual cycle, the digestive system and other parts of the body. Loss of appetite and personal apathy can also lead to harm through poor nutrition, self-neglect, and bad surroundings, i.e. accommodation. If tolerance and dependence develop, financial difficulties can arise, which can also contribute to self-neglect and poor quality of life. Repeated heroin sniffing damages the nose.

Physical damage - mainly associated with repeated, often unhygienic, injecting and the injection of adulterants - is common. Injecting drug users can also be at risk from HIV or other diseases like syphilis or hepatitis, which can be contracted by sharing injecting equipment. This has led to the establishment of needle exchange schemes where users can get clean injecting equipment and dispose of used 'works' safely. Testing for HIV and Hepatitis may be important to injecting drug users or the partners of injecting drug users.

Pregnancy

There are many risks associated with heroin use and pregnancy such as the danger of miscarriage in the early stages, and the risk of babies being born dependent and needing specialist care shortly after birth.

Opiates and the Law

Opiates are controlled under the Misuse of Drugs Act and it is illegal to supply or to possess them without a prescription or to produce, export, or import without authority. It is also an offence to allow premises to be used for producing or supplying opiates.

All the opiates can be prescribed for normal therapeutic use but only specially licensed doctors can prescribe heroin for the treatment of opiate dependency.

Heroin, morphine, opium, methadone, dipipanone and pethidine are Class A drugs under the Misuse of Drugs Act. Codeine is in Class B. Dextropropoxyphene is in Class C.

the drugs

methadone

Methadone is an opioid drug, similar to heroin. It is commonly prescribed to dependant users, usually in linctus form, as a substitute for heroin. Methadone, like heroin, is addictive, and causes physical dependency. This dependency is believed by most professionals to be greater than that caused by heroin. Users are prescribed a dose appropriate to their level of addiction. This is why it's dangerous for a user to give their medication to another person as it could cause them to overdose. Methadone takes about 30 minutes to work and the effects should last for up to 24 hours. Increased physical activity make the effects come on more quickly. Driving should be avoided because prescribed and higher doses can result in drowsiness.

Mixing other drugs such as alcohol, heroin, tranquillisers and sleeping tablets with methadone can cause overdose. When someone stops taking methadone there are similar withdrawal effects as there are with heroin. These include sweats, nausea, vomiting, aches and pains. Some methadone users report feelings of nausea and sleeplessness with their daily dose.

Pregnancy

If a user thinks that they may get pregnant whilst on methadone they should consult with their doctor. Doctors don't generally advise abrupt withdrawal; a controlled or gradual lessening of use is advocated. Methadone doesn't pass into the breast milk in sufficient quantities to have a major effect on a newborn baby.

Methadone and the Law

Methadone is a Class A drug under the Misuse of Drugs Act. It is only legal to be in possession of it if you have been prescribed it. Accepting methadone from another person is unlawful; those accepting can be charged with possession. Giving or selling methadone may result in a charge of supply.

over the counter medicines

There are medicines that are available from chemist shops which contain drugs that may have 'mood altering effects'. They come in three main groups.

Opiate-like Medicines

These include cough medicines which contain opiate-like ingredients such as codeine. These are used to suppress the coughing reflex or are sometimes used for diarrhoea. In addition to codeine many of these drugs also contain aspirin and paracetamol, which can have fatal consequences to the liver when taken in high doses.

Stimulant-like Medicines

Some products have a stimulant effect and are used as decongestant and painkilling cold remedies.

Sedative-like Medicines

These include drugs which contain antihistamines, which are also used in cough and cold products. The biggest danger with these drugs is their use in combination with alcohol.

Solvents

These are covered in the section on solvents.

If you're using drugs on prescription like methadone or tranquillisers, you should take care not to take over the counter medicines that are in the same family. For example, if you're using methadone, which is in the opiate family, take care not to use any cough medicines which contain opiates such as codeine.

the drugs

solvents / volatile substances

Sniffing, Glue Sniffing, Gas Sniffing

Some organic (carbon based) substances produce effects similar to alcohol or anaesthetics when their vapours are inhaled, e.g. glues, paints, nail varnish remover, aerosols, petrol and cigarette lighter gas. There are over 100 commercially available products that can be used to obtain a 'buzz'. Users heighten the effects by increasing the concentration of the vapour, e.g. sniffing from inside a plastic bag placed over the nose/mouth. Solvent use is mainly prevalent amongst younger people, although it is not restricted to that age group. Glues etc. are easily available in shops. However, sales staff can refuse to sell products to children who they suspect may misuse them. Glues and solvents act as depressants; slowing heart rate and slowing respiratory and mental activity.

Short term use

The effects of solvent vapours occur immediately and disappear within 15 to 45 minutes if sniffing has stopped. Afterwards the user may experience a hangover (headaches and poor concentration) for about a day. Hydrocarbons are slow to disperse from the body and often linger on the breath; they may even cause poor muscular control and watering eyes.

The risks of short-term use include accidental injury, which may happen because the sniffer is 'drunk', especially if they are sniffing products in an unsafe environment, e.g. on a roof or canal bank. Sniffing to the point of becoming unconscious entails the risk of death through choking on vomit. Death from suffocation may occur if the method used to inhale the solvent obstructs breathing, e.g. plastic bag placed over the head. 'Squirting' of gases straight into the mouth is very dangerous and can cause death from suffocation. Deaths, though widely publicised, are rare, and most can be avoided. Relatively more deaths are associated with aerosol or butane gas inhalation, or with bags placed over the nose/mouth.

Long term use

It has been suggested that very long-term heavy solvent misuse may result in moderate lasting impairment of brain function, especially brain functions affecting control of movement. Chronic misuse of aerosols and cleaning fluids may even cause liver and kidney damage. And repeatedly sniffing leaded petrol may result in lead poisoning.

Lasting damage attributed to solvent misuse seems to be extremely rare. When someone is sniffing repeatedly, the 'hangover' effects of pallor, fatigue, forgetfulness and loss of concentration can become a daily recurring pattern, affecting the users' performance and functioning. There can be weight loss, depression and tremors, but these will clear up once sniffing is discontinued. Psychological dependence may develop in a minority of susceptible users.

Pregnancy

Use should be avoided during pregnancy.

Solvents and the Law

Under the Intoxicating Substances (Supply) Act 1985 and The Consumer Protection Act 1998, it is an offence to supply solvents to persons under the age of 18 if the supplier has reason to believe that they intend to misuse them. Since 1999 it has been an offence under The Consumer Protection Act to 'supply any cigarette lighter refill canister containing butane or a substance with butane as a constituent part to any person under the age of eighteen years.'

Otherwise, selling, possessing or sniffing solvents is not restricted. Sniffers, however, may be convicted for unruly, offensive, or intoxicated behaviour.

Aerosols

Under no circumstances should the contents of aerosol cans be inhaled. Sudden death has occurred after inhaling the fluorocarbon - the liquid gas present in most aerosols.

steroids or anabolic steroids

These are a group of hormones that are produced naturally by the body; testosterone, for example, is a steroid which is responsible for masculine characteristics such as body hair and a deeper voice. Steroids have a 'building up' effect on the body; by allowing the person to train harder and longer they help to build up the muscles. They are often used by athletes so that they can train harder and recover more quickly. Steroids are physically and psychologically addictive. There are many drugs used in sport which aren't steroids: beta blockers, diuretics, analgesics and others. These are commonly regarded as ways to improve a person's ability; they are performance enhancing drugs in other words.

Health

Steroids are taken in two forms: by mouth in tablet form, and by injection into the muscle. There have been cases of people contracting hepatitis or HIV through shared injecting equipment. Needles and syringes are available from needle exchange schemes. Steroids have all sorts of side effects, e.g. those caused by hormonal changes: more body hair, deepening of voice etc. They can affect the liver, kidneys and circulatory system. There are also links with behavioural changes such as increased aggression.

Sports and Steroids

Steroids cause muscle fibres to increase in size, leading to an increase in muscle mass and physical strength. They have been used in various sports to gain a competitive edge and, for this reason, their use is usually prohibited by various governing bodies in sport.

Effects

These can be very serious; medical problems can include cancers of the liver and kidneys, jaundice, high blood pressure, heart attacks, strokes, raised cholesterol levels, interference with the blood sugar levels of the body, stunted growth, sterility, impotence, growth of body hair in women, and acne. There have also been reports of psychological problems including aggression, depression and anxiety.

Anabolic Steroids and the Law

Anabolic Steroids are 'Prescription Only' drugs under the 1968 Medicines Act and can only be supplied by a pharmacist on receipt of a prescription. They are also controlled as a Class C drug under the Misuse of Drugs Act. However, it is not an offence to be in possession of anabolic steroids for personal use, unless they are counterfeit and not prescribed by a doctor.

the drugs

tranquillisers/ benzodiazepines(minor tranquillisers)

Tranx

Tranquillisers are prescribed when there is a need to induce sleep, to sedate, and to control anxiety and tension. Benzodiazepines, known as the minor tranquilisers, are the most commonly prescribed. They include Diazepam (Valium), Lorazepam (Ativan), Temazepam (Normison), Oxazepam, Nitrazepam (Librium) (Mogadon) and Triazolam (Halcion). Tranquillisers are taken by mouth, although Temazepam has been used for injecting in its former 'jelly' form.

Short term use

Tranquillisers depress mental activity and alertness. They can impair skills, such as driving, which require concentration and co-ordination. Like alcohol, they can also be responsible for lowering users' inhibitions. Sleep can be induced by a large dose.

The effects of tranquilisers usually last 3 to 6 hours. On their own they rarely produce the feelings associated with the use of barbiturates or alcohol. This would account for their lack of popularity as recreational drugs. The hazards associated with tranquilisers are magnified if alcohol has also been taken.

Long term use

With long term use of tranquilisers, tolerance to the therapeutic and non-therapeutic effects develops. Psychological and physiological dependence on tranquilisers is quite common amongst long-term users and can be very difficult to cope with. People may feel confused, irritable and anxious, and unable to cope with their everyday life after they have stopped taking the drug.

Withdrawal symptoms include insomnia, anxiety, and nausea. Convulsions and mental confusion may occur after unusually high doses. The withdrawal symptoms can be protracted, very unpleasant, and come on within three to six days of the last pill.

Pregnancy

Users should liaise with their doctor if they are using tranquilisers when pregnant.

Tranquillisers and the Law

Tranquillisers are 'Prescription Only' under the Medicines Act. This means they can only be supplied by a pharmacist through a doctor's prescription. Some of these drugs are now controlled under the Misuse of Drugs Act, e.g. Temazepam is controlled as a Class C drug under the Act.

Illicit use

'Street use' of benzodiazepines is increasing; users of alcohol and illicit drugs such as heroin, amphetamines, cocaine and ecstasy are now, reportedly, using tranquilisers to enhance or offset the effects of these other drugs. Benzodiazepines may even be the 'drug of choice' for some users. In the past there have been cases of some forms of Temazepam being injected, with catastrophic effects. Changes in its form have now restricted this practice.

tobacco

Most tobacco is sold in the form of cigarettes, in the form of cigars (made from stronger, darker tobacco), or in the form of stronger tobacco which is smoked in a pipe. Tobacco comes from the plant *Nicotiana tabacum* which was named after the sixteenth century French ambassador to Portugal, Jean Nicot, who claimed that it had great medical properties. There are also other varieties of the tobacco plant.

Short term use

The main active ingredient of cigarette smoke is nicotine, though many other toxins are also present. Nicotine is a stimulant and smokers can use smoking to maintain performance during fatigue and monotony. Smoking is also used to alleviate stress and anxiety, though of course tobacco doesn't actually reduce blood pressure - it raises it. Tobacco also increases the heart rate. The effects of smoking are immediate but fade rapidly. This encourages frequent use. Many regular smokers say they find smoking both relaxing and stimulating at the same time. First time users often feel sick and dizzy.

Long term use

The more a person smokes, the more likely they are to suffer from: heart disease, bronchitis, lung infections, blood clots, strokes, lung cancer, bad circulation, ulcers and cancer of the mouth and throat, as well as the very strong psychological dependence.

The extent of dependence and regular use is alarming. People who begin to smoke tend to go on smoking regularly. If a person stops smoking they may feel restless, irritable, depressed, and crave another cigarette. Tobacco is used regularly by more people than any other drug. Many smokers want to give up smoking.

Pregnancy

Women who smoke a lot during pregnancy run a greater risk of losing their baby before or shortly after birth. They also tend to have smaller babies.

Recent studies in the US suggest that smoking can affect the sperm of male smokers.

Giving up

Nowadays, society and the law are becoming less tolerant of smoking, especially in public places. For those wishing to stop smoking there are various products available, e.g. nicotine chewing gum, patches, and other herbal or vitamin supplements. These products help the body to cope with the symptoms of withdrawal. In most areas there are cessation services to help people kick the habit.

Tobacco and the Law

It is legal to smoke cigarettes at any age, but selling tobacco to children under 18 is now prohibited. From the 1st July 2007 England joins the rest of the UK in banning smoking in all public places.

the drugs

new drugs of use

Rohypnol

Rohypnol is a longer acting tranquilliser. It is controlled under the Misuse of Drugs Act, Class C. The use of Rohypnol, it is reported from the US, has caused loss of memory, and the drug is often linked with drink spiking.

2CB & MBDB

2CB is related to Ecstasy. It is sometimes known as Nexus or Brom. A pure state, and 10-25mg dose offering 6 hours of heightened visual imagery, body awareness and tactile sensitivity. To date, it has commonly been formulated in the UK with MBDB. The effects of MBDB are very similar to those caused by Ecstasy, but less stimulating. Doses are believed to be 180-210mg and are usually sold in a compound with 2CB; users may take the drug to enhance the effects of E.

2CB and MBDB are Class A drugs under the Misuse of Drugs Act.

Nubain

Nubain is a powerful opioid analgesic (synthetic heroin-like painkiller). It is used in medicine to treat moderate to severe pain, but appears popular with body builders - anaesthetising muscles to allow an extended workout. Given its relation to morphine, there is a risk of dependency, and side effects will prove similar, e.g. nausea, vomiting, sweating etc. It is a prescription only medicine under the Medicines Act.

Beta Blocker

Used to treat anxiety and tension by blocking the fight or flight receptors. Used to steady nerves - not medically.

DMT

DMT is a hallucinogenic drug similar to LSD. Its effects last for about 2 hours. It can be smoked, sniffed or injected. It is a Class A Drug under the Misuse of Drugs Act 1971.

4- MTA- Flat liners

A derivative of amphetamine with similar effects to ecstasy, it is a Class A Drug under the Misuse of Drugs Act 1971.

Khat (Qat, Chat)

Catha Edulis is commonly known as Khat. The green leafy plant, cultivated in Eastern Africa and the Arabian Peninsula, contains two active ingredients: Cathine and Cathinone. Both start to deteriorate soon after harvesting; meaning it must be consumed fresh. Khat has been chewed or drunk as tea for at least a thousand years. It has a predominantly stimulant effect; mild euphoria and talkativeness, followed by calm. Khat use, it is believed, has led to mouth problems and the risk of oral cancer, heart disease, loss of sex drive. In many cases it has led to depression, anxiety and irritation. This is believed to be caused only by excessive use. Khat is often used socially, similarly to how coffee may be used in the UK. It is not controlled internationally or under the Misuse of Drugs Act. The active ingredients, Cathine and Cathinone, are, however, controlled under Class C of the Act. Preparing the plant for use may therefore prove illegal. This is unlikely to be enforced because Khat is mainly chewed from the plant. The use of Khat is still not common in Britain, and is primarily associated with people whom it is part of their culture.

Amyl Nitrate (Poppers, Rush, TNT, Rock, Hard, Kix, Liquid Gold)

'Poppers' are not a new drug as such but their use has re-emerged as part of Dance Drug Use. 'Poppers' have been available for many years, from adult sex shops to clubs and bars. They have been linked with sexual activity - they are used during sex to heighten the experience - and were traditionally seen as a popular drug on the 'gay scene'. The use of 'poppers' is now evident in most dance/club venues.

'Poppers' or Amyl and Butyl Nitrate dilate veins and arteries, making blood flow faster through the heart and brain. The effect, once sniffed, is immediate. If used when dancing you will experience a period of dizzy energy for a minute or so. This is followed by feeling light-headed and giddy for a few minutes more. For some people, these feelings prove uncomfortable, leaving them with a pounding headache, dizziness and a flushed face. If this occurs, or the nasal passages swell, or skin problems occur, or the poppers lose their effects, their use should stop immediately. If the liquid touches the skin, it should be washed off immediately. Contact with the mouth should be avoided at all costs because the liquid is highly dangerous if swallowed. Mixing 'poppers' with stimulant drugs like E, amphetamine and cocaine can put too much strain on the heart, and if people have heart or breathing problems their use should be discouraged. 'Poppers' are very flammable and smoking when using should also be avoided.

Legally, 'poppers' are not controlled under the Misuse of Drugs Act, but 'Amyl Nitrate' is controlled under the Medicines Act. A test case has seen Amyl and Butyl Nitrates being treated the same under the Medicines Act. And though not enforced by the police, Trading Standards have prosecuted retailers for selling the drug without a prescription.

Viagra

Viagra is approved for the treatment of men who have difficulty having and maintaining an erection (impotence). However, there is some evidence of women experimenting with its use to aid sexual fulfilment and of Dance Drug users using it in combination with more traditional club drugs. Available in tablet form, it is a prescribed medication but also available illicitly. Side effects noted to date include headaches, flushing, stomach ache and mild and temporary visual changes. Female experimenters described the sexual enhancement it causes as an 'itch they cannot scratch' rather than any enhanced emotional experience. Anecdotally, clubbers have described some disappointment with Viagra because it has no euphoric effect like ecstasy. It does, however, bring sex back into clubbing, which reaffirms the importance of safer sex practice. Viagra counteracts the inability to perform which is experienced by men who have taken stimulant drugs (e.g. amphetamine, cocaine and ecstasy).

Anti depressants

Anti-depressants are commonly thought of as "feel good" drugs. Although they are predominately prescribed as medication, some use has been recorded by other drug users and even problem drug users. The most commonly known anti-depressant is Prozac. Prozac is related to the tricyclics in that it blocks the re-uptake of a neurotransmitter in the brain. Prozac stimulates rather than escalates and is said to be of benefit even to those without depression (i.e. by making them feel good) or to help with drug use reduction (i.e. by curbing cravings, depression and sleep in crack and cocaine users). Side effects can include insomnia, headaches, nausea, dryness of the mouth, and jitteriness. It is best avoided in pregnancy, whilst breastfeeding, if there are liver and kidney problems, or if a person has epilepsy. Prozac does not appear to have a significant withdrawal syndrome or to be capable of producing an overdose. It can take two/four weeks for the drug to start working. Recreational use of the drug is rarely evidenced.

PCP (Angel Dust)

PCP is an anaesthetic with hallucinatory effects. It is rarely found in the UK. It can be smoked, snorted, swallowed, or injected. The effects are very powerful: it distorts the senses, mood, perception of time; it provokes dream-like states, euphoria or depression; it causes panic attacks, paranoia, aggression and violence; it can cause heart or lung failure. It is controlled as a Class A drug under the Misuse of Drugs Act.

the drugs help agencies

Services for young people

Providing services for young people who use drugs is still controversial. Traditionally, drug services were set up for adults, but special services have now been developed for those under 18 or 21.

All young people's services which deal with the diverse issues facing young people are, increasingly, developing drug working skills. These include Youth Services, Young People's Sexual Health Services, Youth Offender Teams and other young people's organisations. These offer support for young people in both school and out of school settings.

Doctors (or GP's)

Doctors have a responsibility for the health of their patients - including those with drug problems. As we have seen, there are many types of drug; there are drugs that are bought legally, those available through illegal sources, and those prescribed by the doctor. Doctors can provide direct support to drug users, or can refer to specialist drug services. Doctors based at drug clinics can prescribe the heroin substitute methadone, which is used to help stabilise the drug use. Drug users are protected by the same rules of confidentiality as any other patient.

Charitable Organisations and Community Group Organisations

To meet the diverse and complex needs of drug users and their carers, and to complement services provided by the health and general statutory services, charities and community-based organisations are well established to equally offer the range of services required by drug users and their carers.

Self Help

In some areas there are self-help groups which have been established to meet the demand for services from parents, relatives, friends, drug users and others.

Community Drug Teams/ Substance Misuse Services

All major towns now have a Community Drug Team/ Substance Misuse Service (CDT for short). Their philosophy is usually based on a holistic approach to the problems of drug use within the community. Rather than being based at a hospital, most are in other parts of the town such as the town centre.

The service provided by the Community Drug Teams/ Substance Misuse Services is strictly confidential (within the law). The CDT is responsible for tailoring an individual treatment package, taking into account the physical, psychological and social needs of the client (the holistic approach).

Urine samples are taken for drug screening and users can access HIV and Hepatitis testing. User can also access information relating to drugs and sexual health. The focus of Community Drug Teams/ Substance Misuse Services is primarily problematic drug use, particularly heroin use.

Needle & Syringe Exchange Schemes

These schemes operate throughout the North West. They are facilities where users can safely return their old injecting equipment for safe disposal and collect new, clean equipment. Needle Exchange Schemes operate at CDT's, some chemists, health centres, and drug agencies. These schemes are set up to make drug use safer, with some operating outreach services outside office/chemist hours and at weekends.

Residential Services

There are some places in the area where users can go in order to rehabilitate, i.e. so that they no longer need to take drugs. The philosophical basis of individual rehabilitation centres, or houses, varies. It is worth finding out 'where they are coming from' in terms of approach before considering them for a course of treatment. Rehabilitation works by giving the user 'space' in which to change their behaviour; away from family, friends and their usual environment. The changes brought about by Community Care mean that responsibility for rehab' services now lies with Social Services. Individual clients will have to be assessed for funding. Rehabilitation often occurs after a period of detoxification. This detoxification can take place separately in the community, or can be included in the rehabilitation package; within the residential facility or at a separate detoxification clinic.

drug language

Commonly used words when working in the drug field

Abstinence promotes living a drug free lifestyle.

Addiction implies that a drug dependency has developed to such an extent that it has serious detrimental effects on the user (referred to as an addict). They may be chronically intoxicated, have great difficulty in stopping the drug use, and be determined to obtain the drug by almost any means. The term addiction is inextricably linked to society's reaction to the user, and so medical experts try to avoid using it, preferring dependence or problem drug use instead.

Addict is a drug user whose use causes them serious physical, social or psychological problems. Because it is a much-abused term, many people prefer to talk of problem drug users instead.

Analgesic is a painkiller.

Benzodiazepines are the most commonly prescribed minor tranquillisers (for daytime anxiety relief) and hypnotics (to promote sleep). They include products such as Valium, Temazepam and Mogadon.

Controlled Substances are drugs whose distribution is either forbidden or limited to medical channels under the Misuse of Drugs Act, 1971. In Britain there are 3 classes of controlled drugs. Class A, e.g. heroin, LSD, MDMA, Class B, e.g. amphetamine and cannabis, and Class C, e.g. benzodiazepines and ketamine.

Dependence describes a compulsion to continue taking a drug in order to feel good or to avoid feeling bad. When this is done to avoid physical discomfort or withdrawal it is known as physical dependence. When it has a psychological aspect (the need for stimulation or pleasure, or to escape reality) then it is known as psychological dependency.

Depressant is a drug that acts on the central nervous system to suppress neural activity in the brain. Opioids and sedatives are both classes of depressants.

Designer Drugs is a term coined in the 1980's to describe drugs specifically synthesised to circumvent regulations relating to controlled substances.

Detoxification is the process by which a user withdraws from the effects of a drug. The term is usually used to refer to withdrawal in a safe environment (a detoxification/detox centre) where any symptoms can be minimised.

Drug Use/Misuse/Abuse: drug use is an easy term to understand. Misuse and abuse are more difficult to pin down, as they are highly subjective. In general though, misuse can be taken to refer to the use of drugs in a totally unacceptable way, while abuse refers to using them in a harmful way. Because abuse is a more morally 'loaded' term, many people prefer to talk of drug misuse, harmful use, or problem use instead.

Dual Diagnosis is the term used when a drug user has also been diagnosed as suffering from mental health issues.

Flashbacks are hallucinations which occur a long time after a drug (often LSD) has been used.

Hallucinogenic is a drug which induces hallucinations and alters perceptions (e.g. LSD, Ecstasy). See Psychedelic.

Hard Drugs is a phrase usually used to refer to drugs which are seen to be 'more dangerous' e.g. heroin and crack. Because this term is a value judgement it is best avoided. See Soft Drugs.

Narcotics is a word usually used to refer to any illicit drug. Technically, however, the term refers to chemicals that induce stupor, coma, or insensibility to pain; such as opiates or opioids.

Opiate/Opioid Opiates are derived from the opium poppy, e.g. morphine, codeine, heroin. Opioids, on the other hand, include both opiates and their synthetic analogues, e.g. methadone and pethidine.

Over the Counter Drugs (OTC) are those that are available from chemists without a prescription, e.g. Benylin and Neurofen.

Overdose refers to the use of any drug in such quantities that acute adverse physical or mental effects occur. It can be deliberate or accidental, lethal or non-lethal.

Paraphernalia refers to the equipment used for drug taking, e.g. silver foil, and spoon.

Pharmaceutical Drugs are those drugs which are available from the chemist, either on a prescription or over the counter.

Polydrug Use is the use of more than one drug, often with the intention of enhancing or countering the effects of another drug. Polydrug use may, however, simply occur because the user's preferred drug is unavailable (or too expensive) at the time.

Prescribed Drugs are those drugs obtained on a prescription. The term may refer to methadone and other opioids or to tranquillisers or anti-depressants.

Prevention means reducing the likelihood of an individual engaging in drug use, and reducing the escalation of drug use by an individual currently engaged in it.

Problem Drug Use tends to refer to drug use, either dependent or recreational, which causes social, psychological, physical or legal problems for the drug user. It is not necessarily the frequency of drug use which is the primary 'problem', but the effects that drug taking has on the user's life.

Psychedelic is a word which was coined in 1956 by the researcher Humphrey Osmond. It literally means 'soul manifesting' - an activation of consciousness. Though almost synonymous with the word hallucinogenic, the word psychedelic implies that the drug or experience to which it refers acts as a catalyst to feelings and thoughts, and is not merely hallucinatory.

Psychoactive/Psychotropic Drugs these terms are perhaps the most all-encompassing way of referring to mood-altering drugs in general, though the terms are more often used to describe LSD and similar hallucinogenic drugs.

Recreational Drug Use is the use of drugs for pleasure or leisure. The term is often used to refer to the use of Ecstasy and other dance drugs, and implies that the drug use has become part of someone's lifestyle (even though they may only take drugs occasionally).

Rehabilitation is the process by which someone with a drug problem is brought back to an optimal state of physical and psychological well-being and re-integrated into the wider community. It occurs after the initial treatment for the drug problem, and can be carried out in a number of ways, e.g. relapse prevention, therapeutic community support.

Sedative is a depressant which acts on the central nervous system to relieve anxiety and induce calmness and sleep, e.g. barbiturates, benzodiazepines.

Smart Drugs are drugs which are supposed to increase mental performance.

Soft Drugs is a term usually used to refer to drugs which are deemed to be 'less dangerous', e.g. cannabis. Because this term is a value judgement it is best avoided. See **Hard Drugs**.

Stimulant refers to a drug which acts on the central nervous system to increase neural activity in the brain, e.g. amphetamine, cocaine, caffeine.

Tolerance refers to the way the body reacts to the repeated presence of a drug; meaning higher doses are needed to maintain the effect.

Tranquillisers are calming drugs used to treat various mental disorders. They can be differentiated from sedatives in that they do not send the user to sleep (except in high doses).

Volatile Substances refers to all solvents and inhalants.

Withdrawal is the body's reaction to the absence of a drug to which it has adapted. The symptoms of withdrawal can be stopped either by taking more of the drug, or by controlled support.

drug language

drug terms

The Advisory Council on the Misuse of Drugs (ACMD) was set up under the Misuse of Drugs Act 1971 to advise the government on drug misuse policy and on amending the Act and its regulations.

Community Drug Team (CDT)/ Substance Misuse Service is a statutory drugs agency which works at a local level to help drug users and offers a range of services, particularly prescribing.

Community Safety combines crime prevention, victim support and measures to tackle the fear of crime. Community safety is developed, in lieu of crime and disorder legislation, by local authorities working in partnership with the police, probation services, the voluntary sector, and community groups.

Decriminalisation/Legislation - Decriminalisation is effectively the more neutral of the two terms. It refers to removing references to drugs (usually those referring to possession) from criminal law. Legislation means allowing drugs to become commercial products, and may involve setting up a licensing system, i.e. putting drugs on a par with alcohol.

Demand Reduction occupies the middle ground between harm reduction and supply reduction. The term refers to policies and programmes aimed at reducing consumer demand for drugs. It can include educational, treatment and rehabilitation strategies.

Drug Action Team (DAT or DAAT Drug and Alcohol Action Team) is a government backed partnership for ensuring effective delivery of the national drug strategy at the local level. DAT's/DAAT's are made up of senior representatives from health and local authorities and the criminal justice agencies.

Harm Reduction or Harm Minimisation programmes aimed at reducing the risks of drugs and drug using for individuals and society. This can range from advice on safer drug use to community action programmes. See Demand Reduction and Supply Reduction.

Illegal/Illicit are two words that are often used interchangeably to describe drugs and drug taking behaviour. There is a slight difference however, illegal means prohibited by law, while illicit is a wider term, taking in actions which offend against common codes of accepted behaviour.

Legalisation - See Decriminalisation

Maintenance Therapy is the treatment of drug dependence by prescribing a substitute drug for which 'cross tolerance' exists. The goal is to reduce the use of a particular drug, or to reduce the harm caused by a particular method of administration. The most well known form of maintenance therapy is the prescribing of methadone to wean people off opioids.

Minnesota Model - See Twelve step programme/group/method

NDTMS - National Drug Treatment Monitoring System. This is the national system for the recording of drug use treatment.

Needle Exchange Schemes are services offered either by a drugs agency or a pharmacy whereby users can obtain free syringes and needles in exchange for used injecting equipment.

Outreach - work carried out by a drug agency in the community, away from agency premises. Some outreach work is 'detached' in that the worker is taking the service to the users, rather than necessarily encouraging them to come to the agency.

Peer Education refers to (ex)-drug users giving advice to other drug users with a harm reduction and prevention emphasis. See Self Help Groups.

Relapse Prevention is a form of therapeutic rehabilitation which aims to help people avoid returning to uncontrolled drug use. Patients are rehearsed in how to cope with 'tempting' situations, and how to minimise drug use if they do 'lapse' occasionally.

Self Help Group is a group in which participants support each other through recovery from drug use. The most well-known self-help group in the drugs field is Narcotics Anonymous. See Twelve step programme/group/method and Minnesota Method.

Supply Reduction refers to law enforcement strategies developed to curtail drug production and distribution. See Demand Reduction and Harm Reduction.

Therapeutic Communities (often known as rehabs) are places where people with drug related problems try to work through them prior to returning to the community. These facilities tend to be organised in a highly structured way, run by ex-drug users, and geographically isolated.

Twelve Step Programme/Group/Method is a self-help group based on the Minnesota Model (so called because it originated in Minnesota), devised by Alcoholics Anonymous. The twelve steps involve the user admitting powerlessness over their life and drug use, surrendering to a 'higher power', making up for the past, and offering to help other 'addicts'.

drug language

drug slang

As with any list of slang terminology, what someone says in one part of the North West will differ from what someone says in a different part. Someone's age and surroundings also affect what slang people use; the list is forever changing and needs to be continually updated.

Acid LSD

Acid Head LSD taker

Bang Injection, or its effects

Barbs Barbiturates

Barrel Syringe

Base as in 'freebase' Cocaine

Blow To smoke Cannabis

Bong Water pipe for smoking cannabis

Brown Heroin

Buzz, Buzzin' Stimulant effect of drug

C Cocaine

Cabbaged Effect of drug

Caps Capsules

Charlie Cocaine

Chilling Out Relaxing

Coke Cocaine

Cold Turkey Untreated withdrawal of heroin

Come Down Unpleasant effects as drug wears off

Cook Up To prepare injection (usually heroin)

Crack Form of Cocaine

Crank, Dig To inject

Cut To adulterate drugs with sugar etc.

Dope Cannabis

Downers Depressant Drugs, usually Barbiturates

Draw Cannabis

Drying Out Stopping or reducing alcohol or drug usage

D.S. Drug Squad

DT's or

Delirium Tremens Having the 'shakes'

E Ecstasy

Fix Injection

Gas Solvent use

Ganga Cannabis

Grass Cannabis (usually leaf based)

H Heroin

H&C Heroin and Cocaine

Habit Dependence of a drug

Harm Reduction Philosophy of treatment and prevention

Hep B/C Virus

Hash Cannabis (usually resin)

High Effect of (stimulant) drug, also has more general use

Hit To inject

HIV The virus that can lead to AIDS

Hooked Dependent (usually to heroin)
Hot knife Method of inhaling cannabis smoke
Jack up To inject
Joint Cannabis cigarette
Junk Heroin, Morphine or other similar drug
Junkie Heroin addict
K Ketamine
Kicking in Effect of stimulant drug, Cocaine or Amphetamine
Kick Attempt to stop taking drugs
M Morphine
Meth Methadone
Munchies Craving for Food
Mushies Mushrooms (Magic)
Pills Ecstasy

Pins Needles
Pot Cannabis smoker
Pothead Cannabis smoker
Psychedelic
Experience Effect of LSD or other hallucinogen
Resin Cannabis Resin
Rocky Cannabis (type) resin
Rush Buzz, initial effect of a drug on the brain
Script Prescription for drugs
Shoot Up To inject drugs, usually into a vein
Shot Injection of drugs
Sick Withdrawal symptoms, usually (not exclusively) heroin
Scag Heroin
Smack Heroin
Skin Popping an injection under the skin (usually Heroin)
Skunk Cannabis
Sleepers Barbiturates/Tranquillisers
Smoke Cannabis cigarette
Speed Ball Combined injection - Heroin/Morphine with Cocaine
Spike Syringe or needle / adulterate a drink with a drug
Spliff Cannabis cigarette
Stoned Under the influence, usually of Cannabis
Tranx Tranquillisers
Trip Effect of LSD or other Hallucinogen
Turn On To start drug use
Turned On To be under drug influence
Uppers Stimulant drugs (usually Amphetamine)
Weed Cannabis
Works Syringe or needle

contact

If you would like any more information about drugs or are worried about your, or someone else's, drug use contact-

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