

Linell
publications



THE BIG BLUE BOOK OF
DRUGS

A HISTORY OF DRUGS

Natures Bounty

The use of what we now call **drugs** began when humans discovered that some plants have 'magical' properties.

The word 'drug' has been used for about 500 years. It probably originates from the Old Dutch word *droog* (meaning 'dry'), as in the past drugs were simply these 'magical' plants that had been preserved by drying.

Plants had evolved that contained **toxins** (poisons) for protection from predators. For example the '*Pituri*' shrub contains **nicotine**, as it wards off insects. The Australian Aboriginal people found a practical use for this toxin, chewing *pituri* to help them endure desert travel without the need for food or rest.

The most important of these magical plants were those that caused 'visions' or **hallucinations**. The ritual use of hallucinogenic substances – *plants, bark, insects, bugs, dried frogs, live toads, the organs of a fish* (the '*Dream Fish*') and most famously, mushrooms – occurred all over the ancient world.



A simple definition of a drug is "any substance which when taken, affects the functioning of the mind and the body".

The Witches Brew

Several species of '**Magic mushroom**' grow in Britain and were probably used by our ancestors. Some tribal societies still use hallucinogenic plants, but this practice died out in Europe centuries ago. The '*folk healers*' who used *magic potions* were branded *witches* by the Christian Church and burned at the stake. The *King James Bible* (1611) had the Greek word "*pharmakeia*" translated into English as "*witchcraft*" instead of the word's main meaning '*the use of drugs*'.

The first evidence of British drug use is the arrival of **alcohol** with the '*Beaker Folk*' some 5,000 years ago. **Cannabis** and **opium** came with the *Romans* – who used them as medicines and '*recreational drugs*'. However, it is unlikely native Britons used these drugs until the 19th century.

Unlike other magic potions, the Church adopted alcohol, using it for religious ceremony and for centuries had a monopoly on making and selling booze. Drinking alcohol was respectable, however, drinking too much (*drunkenness*) was seen as a sin.



Opium and the people

From the 19th century a mixture of alcohol and opium called *'laudanum'* became popular. By the 1850s up to 26,000 drug shops (*'druggists'*) sold drugs like opium in Britain – anyone could sell, buy or use any drug they wanted to. Babies were even given opium to help them sleep.

Technological developments led to more powerful drugs. **Coca** was made into **cocaine** (1860). Opium was made into **morphine** (1804), then morphine made into **heroin** (1874). Heroin was at first advertised as a 'cure' for morphine addiction. Indeed the first British heroin 'addicts' were middle class doctors who 'got high from their own supply'. From 1868 a series of laws were introduced that restricted sales of drugs to licensed 'chemist shops'.

Prohibition

At the start of the 20th century Britain came under pressure to sign international treaties banning drugs, including alcohol (as happened in the USA). At that time even posh

shop *Harrods* was selling cocaine-taking kits and heroin gel. However, it wasn't until the government became worried that soldiers returning from the War were getting too high to fight, that laws were introduced. From 1916 to 1928 new laws banned cocaine, opium, morphine, heroin and cannabis. The drug laws were made into one act in 1971 – *The Misuse of Drugs Act*.

An all time high

Despite (some say because of) these laws, the number of people using natural drugs like cannabis and new synthetic ones like **amphetamines**, **ecstasy** and **LSD** rose dramatically, peaking at an all time high around the year 2000. Most people don't take illegal drugs, most who do are not regular users. However, despite facing stigma, punishment and the risk of harm or death – more than 12 million British people have used an illegal drug, whilst nearly all of us have drunk alcohol. The drugs we have used have changed over time, but our desire for magical substances remains as strong as it ever was.



A HISTORY OF DRUG USE IN THE BRITISH

FAMOUS BRITISH PEOPLE WITH OPIUM HABITS INCLUDED CHARLES DICKENS, LORD NELSON, PRIME MINISTER WILLIAM GLADSTONE, LADY OF THE LAMP FLORENCE NIGHTINGALE AND EVEN FICTIONAL DETECTIVE SHERLOCK HOLMES WHO INJECTED COCAINE AND MORPHINE.

SWISS CHEMIST ALBERT HOFFMAN BECAME THE FIRST PERSON TO GO ON AN 'ACID TRIP', WHEN ON THE 19TH APRIL 1943, HE TRIED THE DRUG ON HIMSELF AND CYCLED HOME.

IN THE EARLY 1950S ELVIS IS SAID TO HAVE SCORED HIS FIRST SPEED FROM SOLDIERS. ELVIS DIED ON THE TOILET IN 1977 HIGH ON QUALUDES, VALIUM, AND VARIOUS BARBITURATES.

THE 'ACID HOUSE' SCENE BECAME A CATALYST FOR THE 'ACID HOUSE' SCENE IN DRUG USE.

"IT IS COCAINE," HE SAID, "A SEVEN-PER-CENT SOLUTION. WOULD YOU CARE TO TRY IT?" SHERLOCK HOLMES – THE SIGN OF THE FOUR (1890).

IN 1883 U.S. DOCTOR J. B. MATTISON SUGGESTED 30%-40% OF DOCTORS WERE ADDICTED TO OPIATE DRUGS.

MDMA (ECSTASY) AND A NUMBER OF OTHER AMPHETAMINE TYPE DRUGS WERE DEVELOPED TO ALLOW TROOPS TO MARCH FURTHER WITHOUT THE NEED OF FOOD OR SLEEP. BRITAIN ISSUED MILLIONS OF AMPHETAMINE TABLETS TO OUR SOLDIERS.

ALL OUR DRUG LAWS WERE INTRODUCED TOGETHER UNDER THE MISUSE OF DRUGS ACT 1971.

GIN

COCA

MORPHINE

AMPHETAMINE

ECSTASY

LSD

THE COCAINE WAS REMOVED FROM COCA-COLA IN 1903, ALTHOUGH IT STILL CONTAINS COCA FLAVOURING TODAY.

USERS OF ILLEGAL DRUGS ARE FOUND IN ALL SECTIONS OF OUR SOCIETY

MEN ARE TWICE AS LIKELY TO USE AS WOMEN, WHITE AND MIXED-RACE YOUNG ADULTS FIVE TIMES AS LIKELY TO USE AS BLACK AND ASIAN PEOPLE.

THE MOST 'SOCIALY EXCLUDED' ARE MORE LIKELY TO INJECT CRACK AND HEROIN AND END UP HOMELESS OR IN PRISON AS A RESULT.

AMONG SECONDARY SCHOOLCHILDREN, DRUG USERS ARE MORE LIKELY TO HAVE SMOKED CIGARETTES, TRUANTED AND BEEN EXCLUDED FROM SCHOOL.

How Drugs Work

The Incredible Journey

To affect our mind drugs have to get into our brain. This incredible journey starts when a drug gets into the body by one of four methods: **Swallowing; Smoking or inhaling; Sniffing or absorbing; Injecting.**

Each method takes a different route through the body and into the *blood stream* before arriving at the *heart* and then on up to the *brain*.

The longest, slowest route is when drugs are swallowed, whilst smoking is one of the fastest ways of delivering a drug to your brain – for instance, the effect of smoking a **cigarette** or **crack cocaine** can be felt almost instantly.

Injecting drugs into a vein (called an *intravenous* or *IV* injection) is by far the most dangerous method of use. When drugs are injected, nearly the full dose goes straight to the heart and up to the brain in a matter of seconds. This produces an intense burst of effects called a 'rush', but is far more likely to lead to an accidental *overdose*.

Injecting also carries the risk of serious damage to your veins and body and if injection equipment is shared the risk of catching blood borne viruses like *HIV* and *Hepatitis C*.

Drugs in the Brain

However a drug gets into your body, it travels in the bloodstream to the heart, then passes through a barrier (called the *blood brain barrier*) into the brain.

Once inside the brain a drug temporarily attaches itself to specific areas, called *receptor sites*. Each drug attaches itself to its own receptor sites – for instance *cannabis* attaches itself to *cannabinoid receptors*, *opiates* to *opiate receptors* etc.

The temporary attachment of a drug to its receptor site has an effect on the brain's natural chemicals. These chemicals are called *neurotransmitters*. There are over 80 different types of neurotransmitter. Each type (in combination with each other) has a different effect on your mood, feelings, thought process etc.

The brain constantly adjusts this mix of neurotransmitters in response to events in our lives and its in built desire for survival – for instance flooding the brain with chemicals that make us fall in love to encourage us to reproduce.

The effects you feel from a drug occur because the drug has artificially altered this mix of neurotransmitters in your brain.

Methods of use

Swallowed drugs take a while to work – so wait at least half an hour before taking any more.

Sniffing. Chop powders as fine as possible before sniffing. Don't share straws/bank notes – this can spread viruses such as hepatitis. Rinse your nose with water after sniffing.

Smoking. Don't hold smoke in, you won't get a better hit. Water pipes cool the smoke, but smoking anything will eventually cause harm.

Injecting. Don't start injecting. If you do, get some advice and clean equipment from your local Needle exchange.

arsb

Which drugs affect which neurotransmitters?

NEUROTRANSMITTER

WHAT THEY DO

DRUGS WHICH AFFECT THEM

MOST POPULAR DRUGS

SEROTONIN EMOTIONS, DRIVES, PERCEPTION

NORADRENALINE MENTAL ENERGY & BODILY RESPONSES

COCAINE AMPHETAMINES

DOPAMINE FEEL PLEASURABLE, AFFECT MOVEMENT & THINKING

ANANDAMIDE CONTROLLING GABA & GLUTAMATE

GLUTAMATE ACCELERATING OTHER NEUROTRANSMITTERS

GABA BREAKS ON OTHER NEUROTRANSMITTERS, RELAXATION

HEROIN & OTHER OPIATES PAIN RELIEF

ALCOHOL BENZODIAZEPINES

KETAMINE ANESTHETIC, OTHER DRUGS

CANNABIS GABA & GLUTAMATE

EFFECTS ON THE MIND

Effects on The Body

Although drugs are mainly taken for their effects on the mind, physical effects make up a large part of the experience. For instance:

- The pupils (black bits) of your eyes can shrink (e.g. *heroin*) or get bigger (e.g. *cocaine*, *LSD*)
 - Muscles of the face and body can tense up (e.g. *ecstasy*) or go more relaxed (e.g. *diazepam*)
 - Breathing and heart-rate may be slowed down (e.g. *heroin*) or increased (e.g. *cocaine*)
- Your reflexes can become faster (e.g. *amphetamine*) or much slower (e.g. *alcohol*)

- Effects on digestion include vomiting (e.g. *alcohol*) and constipation (e.g. *heroin*). Eat something (at least an hour) before you start using, avoid taking other drugs after you've drunk a lot of alcohol.
- Pregnancy: A large number of unplanned pregnancies are a result of using drink or drugs. Alcohol, cigarettes, nearly all other drugs can be harmful to take if you are pregnant.
- If male, your erection can be enhanced (e.g. *Viagra*) or adversely affected (e.g. *alcohol*).

Best & worst effects

DRUG	Best effect	Worst effect
CANNABIS	Euphoria Relaxation Sociability	Paranoia Dizziness Nausea
ECSTASY	Euphoria Energy Loving/friendly	Paranoia Come-down Blurred vision
AMPHETAMINE	Euphoria Energy Confidence	Paranoia Come-down Insomnia
LSD (ACID)	Euphoria Hallucinations Raised awareness	Paranoia Bad trip Anxiety/panic

The chart shows that the main positive effect produced by most drugs is euphoria (intense happiness), while the most common negative effect is paranoia (intense fear/anxiety)

Up, Down and Sideways

Drugs effect chemicals in our brain which makes us feel many different things. We can feel good when our life is bad or not feel pain when we are severely hurt. Drugs can take us up, down or even sideways.

Stimulant drugs (like *cocaine* or *ecstasy*) speed up the brain, producing feelings of energy, along with clearer thinking, improved concentration and added confidence.

Drugs can take us down – **Depressant** drugs (like *heroin* or *alcohol*) slow down the workings of the brain, producing feelings of relaxation or sedation (sleepiness).

Drugs can take us sideways – **Psychedelic** drugs (like *LSD* or *ketamine*) can take us into another reality and cause *delusions* and *hallucinations*.

Drugs can make us feel happy (called *euphoria*), or even unhappy (called *dysphoria*): **alcohol** makes us feel more sociably (even if we sometimes act less sociable); **ecstasy** affects our emotions and increases loving and friendly feelings; **cocaine** speeds up our thinking and boosts our confidence, while **cannabis** affects our memory.

Drugs can also affect our motivation, from our desire for food or sex to our desire – or lack of it – to get up for school or work in the morning.

Paranoia

The main positive effect produced by most drugs is *euphoria* (intense happiness), while the most common negative effect that users of drugs mention is *paranoia*.

Both **stimulant** drugs and **cannabis** can cause us to have false beliefs (called *delusions*) – the most common is called **paranoia** (intense fear/anxiety and often the delusion that people are out to get you). Nobody seems sure how or why paranoia occurs, but like hallucinations it can be caused by drugs or can also occur 'naturally'.

If you are experiencing paranoia while using a drug, go somewhere quite, where you feel safe.

If you or a friend is experiencing paranoia after the effect of the drug has worn off, you may need to see a doctor or drug service. At the very least lay off the drugs until the paranoia has gone.



RISKS & HARMS

Drug, Set and Setting

Both the effects and the risks involved in using drugs depend on what is known as 'Drug, Set and Setting'.

The Drug – which drug; its strength (purity); how much you take (the dose) and the method of use (smoking, injecting etc).

The Set – you: your weight and sex (drugs have a more powerful effect on smaller people); your personality, your genes; your previous drug experience (what you expect to happen) and the mood you're in.

The Setting – where you are and who you are with when you take a drug.

For instance: using with friends in a safe private place, is less likely to lead to paranoia than taking it in a public place with strangers. Equally, taking drugs and then sitting in an armchair is safer (for everybody) than taking drugs then driving a car.

The Most Dangerous Drug?

There is no such thing as a *safe drug*, as using any drug involves some risk, but using some drugs is far riskier than using others.

Death is obviously the most serious harm. Some drugs such as **tobacco** may kill lots of people (over 100,000 a year in the UK), but unless you accidentally start a fire, you won't die from smoking one cigarette, it takes many years of dedicated fag smoking to kill you. On the other hand **solvents** (glues, gases etc) kill far fewer people (about 50 a year), but can kill the first time you use and deaths tend to involve very young people.

Alcohol kills about 9,000 people a year in the UK, while **Heroin** kills just under 2,000. However, alcohol is used by far more people. Heroin (and other opiates) account for 2 in 3 of the 2,000 to 3,000 from illegal drugs.

The chart opposite compares the harm from drugs based on their potential to cause physical harm, and the likelihood of dependence (addiction). Based on Prof. David Nutt's scale of the harmfulness of 20 popular drugs.

The Most Dangerous Drug?

Most harmful drug at the top least harmful at the bottom.



DEPENDENCE (ADDICTION)

Craving

When you do something you find pleasurable (take a drug, bet on the horses etc), the feeling comes from a boost of *dopamine* and other *neurotransmitters* in your brain. The intense desire to repeat this experience is known as 'craving'.

Tolerance

The pleasurable effect you get when first using a drug, decreases the more of that drug you use. If you use a drug regularly you build up what is known as a *tolerance*. This means that you need an increasing higher dose to get the desired effect. Tolerance is a warning sign that you may be becoming *dependent*.

With a drug like **heroin**, an increased tolerance can mean you are using a dose that would have killed you when you first started. If you stop using heroin (e.g. when in treatment or prison) your tolerance drops back down again. If you then go back to using at the same dose, you may overdose and die.

Psychological Dependence

Regular use can mean you start to rely on a drug in social or other situations – your drug use becomes a '*habit*', which is known as *psychological dependence*. Any drug can cause psychological dependency.

Physical Dependence

Regular use of some drugs can cause '*physical dependence*'. This means that your brain has effectively 're-wired' itself to expect a dose of a drug. If you stop using, you become physically ill (called a *withdrawal*). Not all drugs cause physical dependence.

Most **cigarette** smokers and **heroin** users get unpleasant symptoms when they stop, while with **GHB** and some heavy **alcohol** use, sudden withdrawal can be life threatening.

Addiction

Not everyone who uses drugs becomes *addicted* to them, in fact most users wouldn't describe themselves that way. Nearly every **cigarette** smoker becomes addicted, but it is fairly easy to live a 'normal' life as a *cigarette addict*. Most **alcohol** users don't become addicted. Of those that do, some manage to live 'normal' lives, whereas for others alcohol takes over their whole life, becoming more important than health, friends, family, self-respect etc. This is what we generally mean when we use the word 'addiction'.



ALCOHOL & CIGARETTES

Alcohol & Cigarettes are the most popular drugs and the drugs that cause the most health problems.

Alcohol is used by more than 9 in 10 of us. It kills around 9,000 of us a year. Alcohol is often involved in deaths where more than one drug is used – this is because alcohol is by far the most common drug that is taken with other drugs.

The first drug used by nearly all drug users are **cigarettes** (nicotine). Young cigarette smokers are up to 12 times more likely to go on to use illegal drugs than those who don't smoke – and drug users are far more likely to smoke than those who don't use drugs.

The number of cigarette smokers has halved over the last 30 years, and yet their are still 10 million adult smokers in Britain, of whom 100,000 a year die as a result of their habit. Despite the harm caused by booze and fags, they are not treated the same as far less harmful drugs and remain legal.

Both **alcohol** and **Tobacco** (nicotine) are drugs that can cause physical dependence (addiction).

Cigarettes and alcohol do not feature prominently in this book, not because they are less important than illegal drugs – quite simply, because there is limited room and both these drugs have Big Blue Books of their own.



GETTING CAUGHT



*You can refuse to be drug tested at school, or your parents can refuse, but they will just treat you like the test was positive.



*Hair tests can detect some drugs taken up to 18 months ago. Use takes 7+ days to show up (4+ weeks to peak). These tests need laboratory analysis, so are too expensive to be widely used.

Drug testing

Drug testing has become big business. You can be tested in *schools, police stations, prisons*, while *driving* and a number of jobs where *safety* is an issue (and others where it's not). Testing positive may get you the sack, but it is not an offence to have an illegal drug in your bloodstream unless you are in *prison* – where you can get extra days on your sentence if you test positive.

Driving (along with flying an aircraft etc) while intoxicated on drugs is already an offence, but there are plans to introduce 'drugalizers', hand held devices similar to those used for roadside alcohol tests.

Most standard drug tests indicate only whether or not particular drugs have been taken recently – they cannot distinguish whether a drug was illicit or prescribed, what amount was taken, how often it was taken, or exactly when it was taken. The science is not foolproof, false results are common – for instance just being in a room where cannabis has been smoked could lead to a positive result, as can using certain medicines or foods.

*Most methods of testing (saliva, urine, blood, sweat) can only detect what drugs have been used in the last few days or longer in a few cases (see chart below).

Getting caught at school

Getting caught with drugs in school can get you in more hassle than being caught by the police. Schools are not just bothered about illegal drugs either – getting caught using **cigarettes, alcohol, or solvents** in school can all land you in trouble.

Supply is treated more seriously than *possession* – so get caught selling drugs and it will almost always lead to school exclusion, your parents being told and your arrest by the police. Possession can still lead to all of the above, but it's more likely that you will be seen to have a 'problem' – rather than being one.

Despite lack of evidence and against government advice, some schools are still paying for **sniffer dog** raids and demanding that pupils be drug tested.

Getting caught by parents

For many people this is the most serious of all. Many young people find that even talking about drugs with parents is a nightmare and getting caught is well... use your imagination. If you do get caught, don't expect them to understand or agree with you, but explain that you have thought about what you are doing and are aware of the risks. Remember that should your drug use become a problem, your parents can be your greatest allies and source of help.



Number of days in which drugs are detectable in urine.

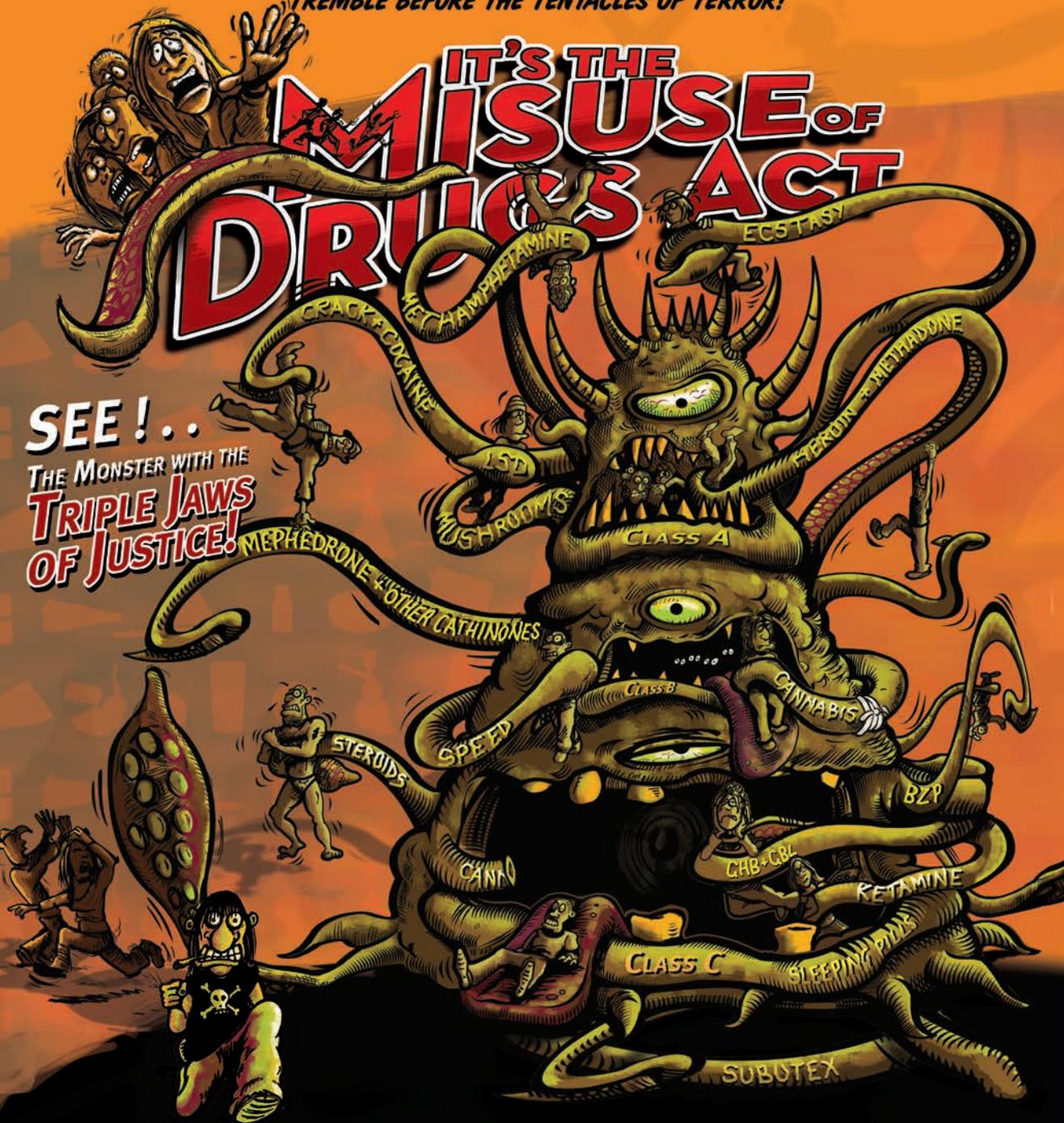
Drug	Days
Alcohol (beer/wine/spirits/etc.)	1
Nicotine (tobacco/gum/patch/etc.)	2
Methamphetamine	2
MDMA/MDA/MDEA (ecstasy, E)	2
Psilocybin (magic mushrooms)	3
Heroin/Morphine (smack, brown)	3
Amphetamine (speed, wiz)	4
LSD (lysergic acid, blotters, trips)	4
Cocaine (coke powder, crack)	4
Methadone (meth, green)	9
Cannabis (herbal or resin)	36+
Benzodiazepines (e.g. Valium)	40
Steroids	90+

Psychedelic drugs are rarely tested for by standard drug tests.

TREMBLE BEFORE THE TENTACLES OF TERROR!

IT'S THE MISUSE OF DRUGS ACT

SEE!...
THE MONSTER WITH THE
TRIPLE JAWS OF JUSTICE!



The 1971 Misuse of Drugs Act:

The main drug law is the 1971 Misuse of Drugs Act (MoDA). This is a list of illegal drugs, known as controlled drugs. Drugs are assigned to one of three classes depending on how harmful they are thought to be. Class A drugs have the most serious punishments and class C the least serious punishments.

Class A drugs include:

heroin, morphine, opium, methadone, ecstasy (MDMA, MDA etc.), cocaine & 'crack', methamphetamine, LSD, some 'magic' mushrooms.

Class B drugs include:

ketamine, cannabis, amphetamine sulphate, mephedrone and similar drugs, barbiturates, codeine.

Any class B drug prepared for injection count as Class A.

Class C drugs include:

Buprenorphine (Subutex & Suboxone), steroids, benzodiazepines & some z-drugs GHB and GBL, BZP. Steroids are legal to possess in some circumstances.

"THE MISUSE OF DRUGS ACT - NOW SHOWING AT A POLICE STATION NEAR YOU"

DRUG LAWS

There are two main type of drugs offence – possession and supply.

Possession

Around 9 out of 10 drug offences involve **possession**. About 2 out of 3 of these involve small amounts of **cannabis**. How you are dealt with will depend on your age, if you admit the offence (or not) and your *attitude* with the police. If you are stopped by the police, be *reasonable* with them and you are more likely to be treated *reasonably*.

Possession – if over 18

Possession is where the police find a small amount of a drug in your coat, pocket, bag, car, home etc, and accept that the drugs are for your own personal use.

Cannabis Warnings

For a first offence you will usually receive a **Cannabis Warning**. This means the cannabis is confiscated and you get a verbal warning. Your name and address will be taken but you will not be arrested.

If you are caught in possession of cannabis again you may receive an £90 spot-fine – called a **Penalty Notice for Disorder**, or PND.

If you are caught more than twice or with any other controlled drug you will either be **cautioned** or **charged**.

Cautions

A **caution** is a written warning. If you go to court at another time the caution may be mentioned – but there are no embarrassing court appearances or fines if you accept a caution. You may be cautioned more than once, but if you carry on getting caught you will end up in court. To get a caution you must **admit the offence**. In practice this amounts to saying something like:

“These are my drugs but they are just for my personal use”

If you are charged with possession you may end up in court. If you're found guilty you will most probably receive a fine. It is *unlikely* you will go to prison for a charge of possession.

In all cases where you are arrested you have the right to say nothing and can be provided with a solicitor for free.

Possession – if under 18

If you are under 18 and caught in possession of drugs – including **cannabis** – you will be arrested. Your parents or guardians will be contacted. You will be taken to a police station and put in a cell. Your parents or guardians or an *'appropriate adult'* have a right to be present the whole time you are questioned.

Once you have been arrested the police can do a number of things:

- * They may decide that you're **innocent** and take no further action;
- * They may decide to issue a **Youth Caution**. This is similar to an adult caution, but usually involves you agreeing to be seen by the **Youth Offending Service (YOS)**. This is a service who will look at all aspects of your life and behaviour and decide with the police what, if any, further help or action is required;
- * They may issue a **Youth Conditional Caution**. This is more formal than a Youth Caution, involving the YOS monitoring you to make sure you comply with the conditions of the caution. Failure to comply can result in you being charged with the original offence;
- * They may decide to **charge you with an offence**, which means going to court. If the offence is more serious you can be held overnight (in local authority accommodation) until you appear before the court.

Supply/Dealing

If the police can prove that you sold or gave the drugs to someone else, or that you intended to do this, then you could be charged with **supply** or **possession with intent to supply**. These offences are considered very serious. Whether or not the charge is simple drug possession or intent to supply will depend on how much the person is caught with (quantity), the style of packaging, whether anything else is found (e.g. Scales, bags, wads of cash).

Official statistics show that about six in ten people dealt with for supply are sent to prison, compared with about one in 20 people dealt with for possession. The average prison sentence for supply cases is around three years, for class A drugs like cocaine, crack, heroin and ecstasy, to just less than a year for class B drugs like amphetamines and cannabis.

BEWARE THE WRATH OF MODA

It is estimated that UK law enforcement agencies deal with up to two million people each year for drug offences. Among these, over half a million are stopped and searched for drugs in public by the police – amounting to over 1,500 drug-related stops and searches every day – about one a minute.

Less than one in five 'drug busts' ends up with a criminal conviction in court (about 50,000 people a year), and of these, about one in five (10,000) cases are sent to prison.



The Psychoactive Substance Act

A psychoactive substance is any substance that affects the brain. Over the last decade a number of drugs that were not covered by the Misuse of Drugs Act were sold as 'legal highs'. A new law is due to be introduced in April 2016* that will make it an offence to sell, traffic or import any psychoactive substance. The only exceptions are alcohol, nicotine, caffeine (found in tea, coffee and chocolate) and medicines.

This new law is designed to stop sales of 'legal highs', including 'poppers' and nitrous oxide if it is sold to get high. Possession of a psychoactive substance will not be an offence under this act unless you are in prison, however importing a psychoactive substance from a foreign website may be an offence.

*Accurate at time of writing, but details may be amended before the law is introduced.

CANNABIS

Cannabis won't kill you, but that doesn't mean it is harmless.

'Stoned Agin'

Cannabis affects over half a dozen different neurotransmitters which is why it has a wide range of effects (known as getting 'stoned'). Very strong cannabis can seem like a mild 'trip' while lower strength cannabis may make you feel dreamy, relaxed and mellow. Things all seem a bit strange and different, music sounds better, you have odd thoughts, dry mouth, pink eyes and a strange desire for chocolate or pizza (the 'munchies'). Many first time users feel as though the drug has had no effect on them at all, as they giggle at the wallpaper. The effects start a few minutes after smoking and usually peak after about half an hour and gradually wear off over the next hour or so.



Cannabis is mainly smoked with tobacco, like a hand rolled cigarette (called spliffs, joints, etc). Some smokers prefer pipes or bongs. A vaporizer is less damaging to the lungs than smoking cannabis. A minority of cannabis users prefer to eat it, either neat, or cooked into food – particularly space-cakes and cannabis cookies. THC is not water-soluble, so cannot be injected or sniffed.

Paranoia and memory

The main negative effect reported by users is 'pot paranoia' – you can become convinced that other people are laughing at you, or are undercover police etc, although this should only last while you are stoned.

Other negative effects include 'whities' (feeling dizzy or sick), and memory problems (poor concentration, forgetfulness) – which is why cannabis use should be avoided when studying or revising for exams.

Dependence

Most cannabis users smoke it occasionally (weekly to monthly), but about one in ten use more regularly and may develop a *habit*. This means that they crave cannabis and may experience fairly minor withdrawal symptoms if they stop using – including losing your appetite, becoming anxious and moody,



*After Henri Rousseau's
The Snake Charmer*

Types of cannabis

Of the thousands of chemicals in cannabis about 60 of them are known as **cannabinoids**. The three most important cannabinoids are **THC** (tetrahydrocannabinol) – which produces most of the effects – **CBD** (cannabidiol) and **CBN** (cannabinol) – which modify the effects of THC.



Cannabis comes as two main types: **herbal cannabis** (weed, bud), which is simply bits of dried plant; and **cannabis resin** (hash, solid), which is the sticky stuff scraped off the buds and leaves and pressed into blocks. Both types come in standard and stronger forms. **Skunk** is the strongest type of cannabis. It is grown under artificial conditions to produce a plant with much more THC, and has many varieties and brands (e.g. White Widow, Cheese, Redbeard).



The four main types along with typical THC purities.

Herbal grass/bush (5%–12%)
skunk/bud (10%–20%)

Resin soap-bar/formula (1%–5%)
pollen/pollum (5%–10%)



Synthetic cannabinoids

Synthetic cannabinoids are chemicals sprayed onto the dried leaves of an ordinary plant, or available as a powder or as a 'C' liquid for use in vaporizers. Synthetic Cannabinoids are active in very small doses and are far more potent and cause far more problems than 'real' cannabis including breathing difficulties, racing erratic heartbeat, severe rashes, kidney problems, vomiting and unconsciousness. Synthetic cannabinoids lead to frequent hospitalisations and in rare cases even death. Synthetic cannabinoids are highly 'addictive', causing both psychological and physical dependence and withdrawal.

Tips for Safer cannabis use

* **Avoid using cannabis before you are 18. If you do use before this age, don't use regularly or heavily.**

* **Have days when you don't use, or restrict smoking to evenings or weekends.**

* **Avoid using stronger brands like skunk all the time.**

* **Avoid paranoia: don't go out stoned to places or with people you are uncomfortable with or are likely to make you anxious.**

* **A vaporizer is less damaging to the lungs than smoking joints and bongs.**

* **Be discreet when buying, carrying or using cannabis.**

* **Avoid friendship networks based entirely around the use of cannabis.**

* **Be honest with yourself; if your use of cannabis is getting to be a problem, try and cut down or stop for a while; if you have a problem doing this look for help.**



having trouble sleeping and getting weird dreams and night sweats. These withdrawals usually last a few days up to few weeks.

Risks and harm

A recent study suggest that those 'dependent' on cannabis before the age of 18 may have lower scores on IQ tests later in life – in other words heavy use when young might make you *dumber*. This effect seems to be permanent, even for those who stop using however, like most other cannabis research, the evidence for this has been disputed.

There is no evidence that cannabis is a 'gateway' to 'harder' drugs – in fact there is a much stronger case that cigarettes are a 'gateway' to other drugs.

Cannabis causes a slight increase in blood pressure and heart rate and may increase the risk of heart problems and *strokes* in long term users.

Long-term heavy cannabis smoking can cause anything from a sticky cough to *asthma* or *bronchitis*.

Claims that cannabis can cause cancer are far from proven, with some evidence suggesting that unlike tobacco, cannabis may even switch off cancer cells – preventing cancer.

Getting caught remains by far the most common problem faced by cannabis users.

Mental Illness

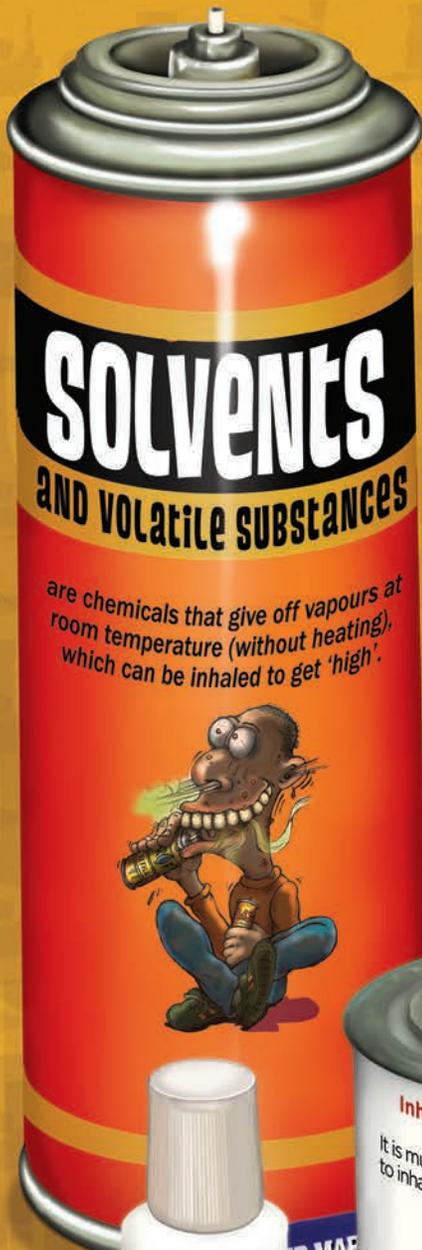
There is no clear evidence that cannabis causes **psychosis** (see *mental health section p.7*) which would not otherwise have occurred. People with a history of psychotic illness can have the illness made worse or triggered by cannabis.

Cannabis users are about twice as likely to experience psychosis as non users, although those experiencing psychosis are more likely to use cannabis to help them cope.

A psychosis triggered by cannabis (often called **cannabis psychosis**) is usually easier and quicker to treat than general psychosis (weeks rather than months) – though such cases are fairly rare, affecting around one in 10,000 cannabis users over a year. The risk may have been exaggerated by the media, but there is still a risk even it is a relatively small one.

Swallowed cannabis can feel very strong and overpowering when it kicks in, so should be avoided by people with mental illness.

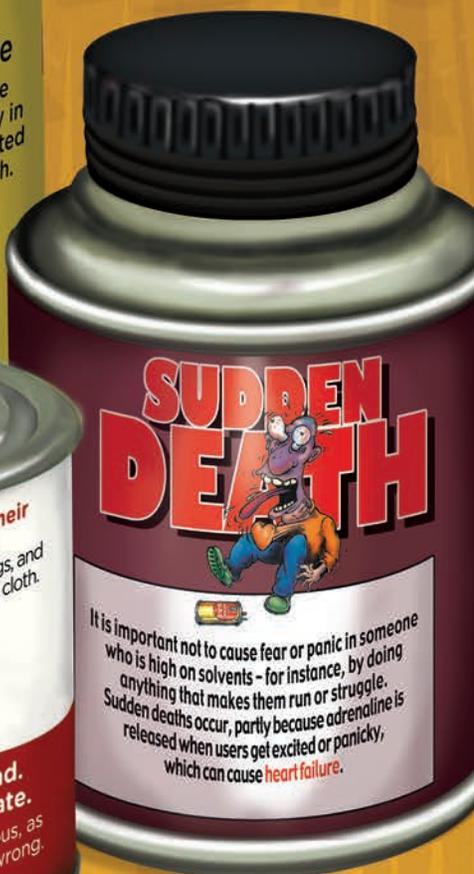
It is thought that because it has much higher levels of THC, *Skunk* is more likely to trigger a psychosis than *cannabis resin*.



are chemicals that give off vapours at room temperature (without heating), which can be inhaled to get 'high'.



Solvents are highly flammable
Smoking cigarettes while using solvents, particularly in enclosed spaces, has resulted in serious burns and death.



SUDDEN DEATH

It is important not to cause fear or panic in someone who is high on solvents - for instance, by doing anything that makes them run or struggle. Sudden deaths occur, partly because adrenaline is released when users get excited or panicky, which can cause heart failure.



Inhaling solvent vapours directly from their containers is very risky, and can kill.
It is much safer to transfer the solvents into plastic bags, and to inhale their vapours from these or soak them into a cloth.



Don't place a bag over your head. If you pass out you could suffocate.
This is why using solvents alone is so dangerous, as there is no-one to look after you if things go wrong.



The Law
There are restrictions on the sale of solvents and lighter fuel (butane) to children, but they are not controlled under the Misuse of Drugs Act, and so it is legal to possess them.

SOLVENTS (VOLATILE SUBSTANCES)

Solvents or 'Volatile Substances' are chemicals that give off vapours at room temperature, which can be inhaled to get you 'high'.

The most popular solvents are glues (containing toluene) and lighter gas (containing butane), but there are many other solvents, including aerosols, varnishes, polishes, and even petrol.

Effects

When solvent vapours are inhaled the effect is usually felt straight away. The effects last from a few minutes to half an hour (longer with repeat doses). Getting high on solvents feels similar to being drunk. Higher doses can feel 'trippy' including altered awareness and hallucinations. Physical effects include slurred speech and loss of co-ordination which often results in accidents.

Risks

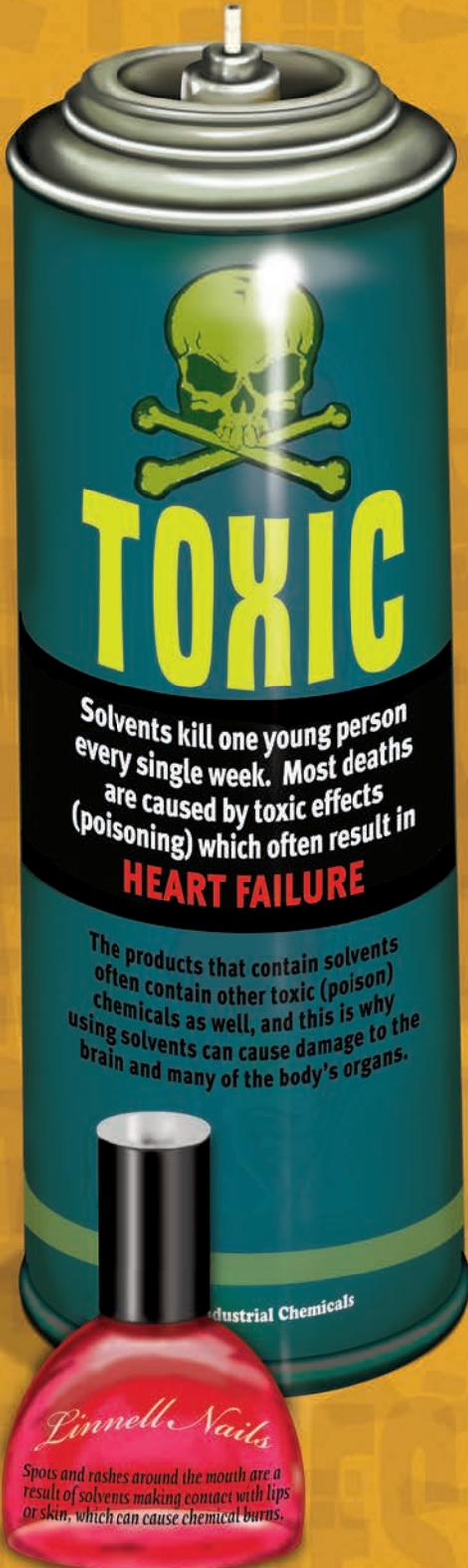
Solvents kill around one young person every week. They can kill you the first time you use them or the 500th time you use them. Most deaths are due to the toxic (poisonous) effects of the chemicals, which often leads to heart failure.

Inhaling vapours directly from their containers can kill. It is safer to either soak the solvent into a cloth and inhale the vapours through that, or put the solvents into small plastic bag (covering the mouth only) and inhale from this. Avoid putting large plastic bags over the whole head as this can cause death from suffocation.

Passing out and choking on your own vomit can also kill, which is why using solvents alone is more dangerous than doing it in a group, as there is no-one to look after you if things go wrong (see 'Looking after your mates' p.23).

Young people often use solvents because they can't afford or get hold of other drugs. Regular use is often about trying to cope with problems like depression or anxiety – 1 in 5 solvent-related deaths are suicides.

Although not physically dependent, users can become isolated and lonely and some can carry on using until they are in their 20s or 30s.





PSYCHEDELIC DRUGS (HALLUCINOGENIC/MIND-BENDING, TRIPPY)

Psychedelic drugs change the way we normally think, feel and perceive the world around us.

Our awareness of the world around us comes from our **senses** (sight, sound, smell, taste and touch). Some drugs can have an effect on the information our brains are receiving from our senses, which together with the effect they have on the way we think and process information can profoundly change the way we sense the world.

When drugs cause minor changes to how we sense the world, like seeing brighter colours – the effects are usually called **illusions**.

Major changes to how we sense the world – such as someone appearing to have two mouths – are called **hallucinations**. Although real hallucinations are rare, distortions in the way you feel and see things are fairly common.

A number of drugs cause hallucinations and distort reality. Some – like **peyote** (mescaline) and **DMT** – are fairly rare in Britain. The most common are **ketamine**, **LSD**, 'magic' **mushrooms** and **salvia divinorum**.

Ketamine

In lower doses ketamine feels 'buzzy' and 'wobbly'. But in higher doses it is a powerful hallucinogenic; you feel unable to move; your mind enters a dream world (called a 'K-hole'), and you have bizarre experiences – including floating out of the body.



If sniffed or injected the effects are more intense, lasting 30 mins to an hour, as opposed to 2 to 3 hours if swallowed.

There are a number of other drugs which are chemically similar to ketamine.

LSD and Mushrooms

The psilocybin mushroom trip lasts 4 to 6 hours is similar to LSD, which lasts 8 to 12 hours. Effects range from a heightened sense of colour and sound, to major changes in the way other people and things appear (e.g. seeing someone else in the mirror).

The red and white capped Fly Agaric mushrooms grow wild and are legal, but need careful preparation before use.



Long and short acting psychedelic drugs

Smoking salvia divinorum causes a very intense psychedelic experience, often involving 'time shifts', but is short acting, 5 to 10 minutes. There are lots of other NPS (New Psychoactive Substances) that produce psychedelic effects which can last for 12 hours or more. Before you take any psychedelic / hallucinogenic drug find out as much as you can about it.

Pick a safe place

Talking to 'normal' people can be hard when you have taken a *hallucinogenic drug* (often called 'tripping'). Tripping with friends is one thing, but if you have to go home and see your parents – or deal with a doctor or police officer things can become extremely difficult. This is why trips should only be taken when in a good mood, and with friends in a location where you feel safe. Avoid 'tripping' anywhere risky, like by water or main roads.

Tripping on your own

Avoid tripping on your own – its best to do it with friends, including at least one person who is not tripping (called a 'ground controller' or 'sitter') to look after you, should it all go horribly wrong.

Physical Harm

Any activity more demanding than opening a packet of biscuits should be avoided when tripping as the main risks to health are injuries arising from accidents.

Avoid baths: as a number of people have drowned in their own baths while tripping on hallucinogenic drugs (particularly **ketamine**).

There is now clear evidence that heavy, regular **ketamine** use can cause serious bladder problems.

Mental Health

Regular users of **ketamine** may develop *psychosis*, particularly people *predisposed* to mental disorder. If you suffer from mental health problems like *anxiety* or *depression*, you should avoid psychedelic drugs altogether, as you are far more likely to have a 'bad trip'.

Dependence

With **LSD**, **mushrooms** and most other hallucinogenic drugs, regular use leads to the effects quickly becoming much weaker, so they aren't really habit forming. Regular use of **Ketamine** does not cause physical dependence but can cause psychological dependence.

The Lethal Dose

The lethal dose of **ketamine** is about 35 times higher than the effective dose, while the lethal dose of **LSD** is 1,000 times higher than the effective dose – so fatal overdoses are rare. Risks increase if they are mixed with alcohol or other drugs.

Spiking

Spiking – giving someone drugs without their consent – is very dangerous, as well as a criminal offence. They may think they have gone insane or could have a serious accident.

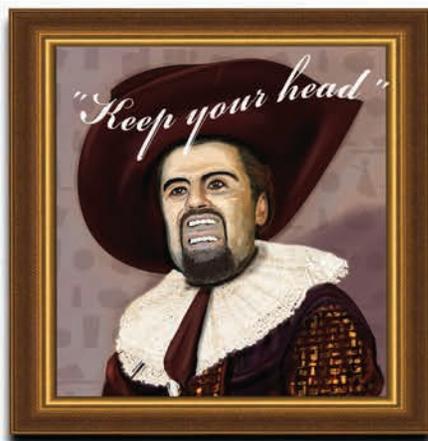
Picking Mushrooms

Picking the wrong **mushroom** can be dangerous, because though many look quite similar, some are very poisonous. To pick magic mushrooms safely you need an experienced guide (like an old hippie), or at least a good book with pictures.

Bad Trips

A 'bad trip' is where the experience gets frightening or you don't like it. This is less of a problem for short acting drugs like **salvia**, but more serious for long acting psychedelic drugs. Try and stay calm and remember that the effects will wear off.

Some experienced trippers, use a small dose of benzodiazepine to 'turn off' the trip, but these drugs have their own risks (page 20.)



If a friend is experiencing a 'bad trip', take them to a place that is quiet and safe (not a dance floor in a nightclub). Try to calm and reassure them. This can take hours, so be prepared to be patient or take it in shifts. If they become panicky and you notice them breathing very fast, get them to control their breathing by slowing it down or breathing into a paper bag.

STIMULANT DRUGS

Stimulant drugs share similar effects and similar problems.

The main differences between stimulant drugs are: how high you get; how long the effects last for and if they have **mainly stimulant effects** (like *amphetamine*) or **stimulant and 'trippy' effects** (like *ecstasy*).

The Stimulant Effect

When faced with a danger, our in-built survival mechanism, known as the 'fight or flight response', kicks in. Within seconds the neurotransmitter *noradrenaline* is released. This makes you feel wide-awake and alert to everything going on around you: the pupils of your eyes enlarge so you can see more clearly in the dark; you don't feel the need to eat and your heart beats faster to pump more oxygen to your muscles so you are ready to run away or fight off that *Sabre Tooth Tiger* (next doors cat etc). The stimulating effects of drugs like **amphetamine**, **cocaine** and **ecstasy** mimic this 'fight or flight' response in our brains and bodies.

The Trippy Effect

The best known 'trippy' stimulant is **ecstasy** (MDMA), which, like LSD affects the neurotransmitter *serotonin*. Ecstasy type drugs affect your mood and emotions, increasing feelings of friendliness, openness, and empathy (feeling close to other people). They also change the way you perceive the world around you. Vision becomes more colourful, music sounds better, and skin becomes more sensitive. Distortions in reality can occur, although hallucinations are rarer.

How high, how long?

The duration and intensity of the stimulant 'high' depends on the drug, how much you take and the way you take it. Effects can last minutes or more than 24 hours (see chart opposite), although users often go on binges (*missions*), repeating the dose over a night or days in some cases.

The Come-Down

When stimulants wear off, the 'come-down' starts – you feel tired, achy, moody and sorry for yourself. Most people use stimulants at weekends, so they have time to recover, although MDMA can trigger a moody comedown days after using. Some use **alcohol**, **cannabis** or **benzodiazepines** to help with the come down, but this can start you on

a slippery slope to dependency. It is better to drink a glass of water before sleep, take a couple of **paracetamol** (if needed) and put up with it if you can. The come-down is the price you pay for getting high. As the old saying goes **"There is no such thing as a free buzz"**

Dependence

Stimulants do not cause *physical dependence* in the same way as **alcohol** or **heroin**, but can cause severe *psychological dependence*:

Stick to occasional use. Once a month is more than enough for most people. If you start to need more, it is time to cut down or stop. Your chances of becoming dependent increase dramatically if you are using powerful stimulants, notably, **Crack cocaine** or **Crystal Meth**.

Mental health

Stimulants can cause *paranoia* (see p.5). Heavy stimulant use can lead to *parasitosis* (the delusion 'bugs' are on or under your skin). Regular users can become mentally exhausted, depressed, and especially with **cocaine** and **alcohol**, prone to violent outbursts. Regular use of **ecstasy** (MDMA) may cause memory problems for weeks or months after regular use.

Stimulant drug use can trigger *psychotic illness*, particularly in those people with existing mental health problems (page 8).

Don't use too often: If you start to experience psychotic symptoms or other mental issues – stop using and see if the problems disappear, if they don't, get help.

People usually recover from drug induced psychosis in a few weeks (sometimes with medical help) but only if they stop using.

The Heart

Heart attacks kill over 200 stimulant users every year. Cocaine in particular causes heart problems, even in small amounts. People with existing heart problems should avoid all stimulant drugs: If you do feel chest pains and shortness of breath when using, sit down and rest for at least 15 minutes. If the pain hasn't gone or is severe – call an ambulance.

Heatstroke

Stimulants drugs can make you very hot. Heatstroke (hyperthermia) can kill. A body temperature of over 40 degrees for two hours is fatal in most cases. Some people seem to be more at risk than others and heatstroke may also be related to how much you take: Take regular rests from dancing: sip water or soft drinks at regular intervals – no more than about a pint (half-litre) an hour. Avoid alcohol as it dehydrating. If you are very hot remove outer clothes and hat; If you can't cool down, have trouble peeing or stop sweating – ring for an ambulance.

Alcohol

Stimulants keep you awake, so more time for drinking. Alcohol and cocaine, make violence more likely and produce another drug in your body – *cocaethylene*, which is more damaging to your heart and liver than either drug on their own:

It is a good idea to drink non-alcoholic drinks, for some of the night.

Teeth Grinding

Tense muscles and dry mouth are common with ecstasy type drugs: Try chewing sugar free gum.



CRYSTAL METHAMPHETAMINE
Smoking or injecting, crystal meth gives a high that is as intense as smoking crack. The effects can last a day or more.



METHAMPHETAMINE
The effects of amphetamine and methamphetamine are fairly similar, though methamphetamine lasts longer, between 12 to 24 hours



DEXAMPHETAMINE
Dexamphetamine is a purified version of amphetamine.



BASE AMPHETAMINE
Base amphetamine is usually twice as strong as the powder



AMPHETAMINE SULPHATE
The effects of amphetamine sulphate last around six to twelve hours.



CRACK COCAINE
If Crack is smoked or injected the high lasts about 5 to 15 minutes before wearing off.



COCAINE POWDER
The high from snorting powdered cocaine is much less intense than crack, lasting about 20 to 30 minutes per dose, before gradually wearing off.



Ecstasy (MDMA) last about four to six hours. Ecstasy is also sold as crystals or powder. A large number of other drugs, such as mephedrone have similar effects to ecstasy.

MEPHEDRONE



MDMA POWDER

ECSTASY (MDMA)



CRYSTAL MDMA



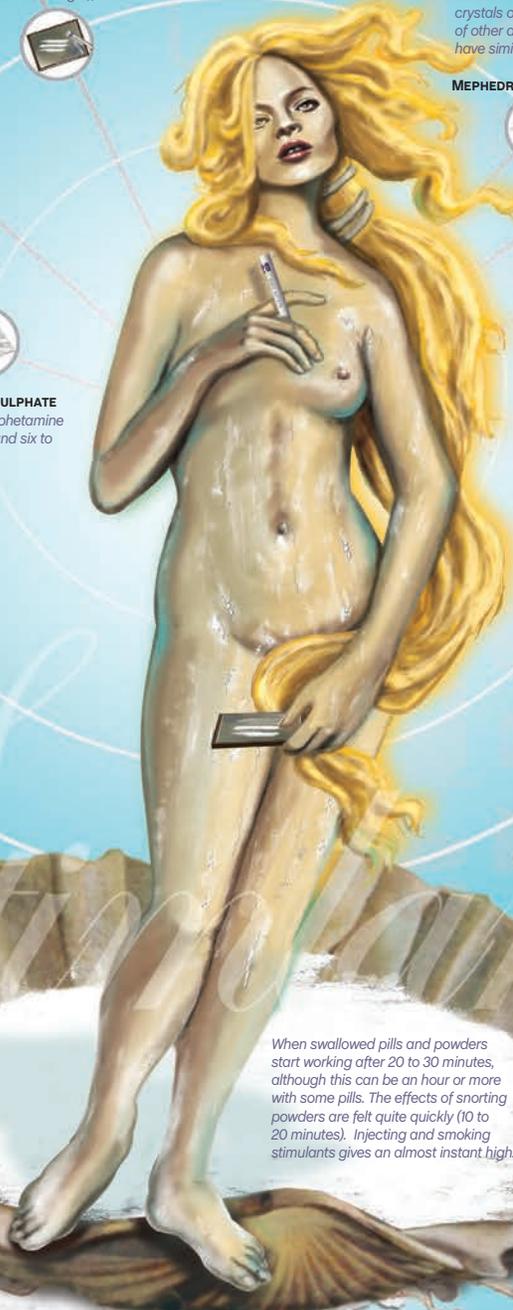
PSYCHEDELIC STIMULANTS

There are a number of different psychedelic (trippy) stimulants. Some are similar in effect to ecstasy, while others may be longer lasting and or much trippier.



Mainly Stimulant Effect

Trippy & Stimulant Effect



When swallowed pills and powders start working after 20 to 30 minutes, although this can be an hour or more with some pills. The effects of snorting powders are felt quite quickly (10 to 20 minutes). Injecting and smoking stimulants gives an almost instant high.

Aphrodite (lightly dusted in cocaine powder) after Botticelli

DEPRESSANT DRUGS

Opiates, benzodiazepines, Z-drugs

Heroin & other Opiates

Drugs that are made from the *opium poppy*, such as **heroin**, are known as **opiates** – as are any man-made drugs with a similar chemical structure.

Regular heroin users say the effect is a bit like being ‘wrapped in cotton wool’ – problems don’t seem to matter, you feel detached and happier – which is why heroin is attractive to people who are in emotional or physical pain.

The sedative effects of heroin make users look like they are dropping off to sleep – which is known as *gouching*. Other opiates have similar although milder effects to heroin.

Heroin produces both *psychical and psychological dependence* – it is the most addictive of addictive drugs. Anyone who uses heroin every day for a month or two will almost certainly become addicted to it. This means that unless they take it at least once every eight hours, they will experience withdrawals – called ‘cold turkey’ or a ‘rattle’.

While smoking heroin can cause *respiratory* (breathing) disorders such as *asthma*, injection carries a far greater risk of death from overdose and diseases spread by sharing injection equipment. About 1 in 100 British heroin injectors have *HIV*, the virus that leads to AIDS, but about 4 in every 10 have *hepatitis C* and about 2 in 10 have *hepatitis B*.

More than half of all **overdose** deaths from illegal drugs involve heroin. Death is usually caused by *respiratory failure* or choking on vomit while unconscious. Overdose almost always involves injecting, and is much more likely when users have stopped for a while and lost their **tolerance** (for instance when coming out of prison or rehab).

Heroin affects three brain chemicals (neurotransmitters): it mimics endorphins (which reduce pain); it boosts dopamine (which increases pleasure); and it reduces noradrenaline (which causes sedation (sleepiness)). So its main effects include more pleasure, less pain, and sedation.



Heroin



Diazepam



Barbiturate



Z-drugs

Benzodiazepines & Z-drugs

Benzodiazepines are drugs prescribed by doctors to reduce anxiety and stress or to aid sleep. The most common ‘benzo’s’ are **diazepam** (once called *Valium*) and **temazepam**. **Z-drugs** (*zopiclone* and *zolpidem*) were introduced as a “safer alternative” to benzodiazepines, but are now known to be just as habit-forming and harmful.

The effects of benzodiazepines and z-drugs are a bit like being drunk, and are often mixed with alcohol to get the completely ‘off your face’ experience. They slow down mental processes and bodily responses, making people feel calm and relaxed, or making them fall asleep.

Daily use of benzodiazepines can lead to physical addiction within just a few weeks, some research also suggests that *zopiclone* has an even greater addictive potential than benzodiazepines.

Unlike **barbiturates**, the withdrawal from benzodiazepine does not carry a risk of death, but the symptoms are so unpleasant – including nightmares and anxiety attacks – that it can take years to slowly come off them. However, the vast majority of deaths involve benzodiazepines or Z-drugs being mixed with other drugs (particularly alcohol). Regular use of **zopiclone** may also cause cancer.

Because they reduce concentration, make thinking fuzzy, and slow down reaction time, benzodiazepines and Z-drugs can make even simple tasks like boiling a kettle potentially hazardous, so should not be used when driving or doing anything else that could lead to accidents.

Barbiturates (*barbs*) killed so many drug users in the 1970s – doctors started prescribing a ‘safer’ alternative – **benzodiazepines** (*benzo’s*), but this drug also became widely misused. The most common benzo’s are **diazepam** (once called *Valium*) and **temazepam**. Other common benzodiazepines include **nitrazepam** (*Mogadon*), **flunitrazepam** (*Rohypnol*), **lorazepam** (*Ativan*), **chlordiazepoxide** (*Librium*), and **alprazolam** (*Xanax*). Just as benzo’s replaced barbs, **Z-drugs** (*zopiclone* and *zolpidem*) were seen as a safer alternative to benzo’s, but are now known to be just as habit-forming and harmful.



Subutex

Methadone

Methadone is prescribed to ‘addicts’ as a substitute for street heroin, as it stops withdrawals, but doesn’t give much of a high and is difficult to inject.

Buprenorphine (*Subutex* and *Suboxone*) are both used as substitute treatments, but also stop heroin from having an effect. *Subutex* does still give a high and is both used as a ‘street drug’ (it is very popular in prison) and carries a risk of overdose. Other milder opiates used both medically and as street drugs include **codeine**, **dihydrocodeine** (*DF118s*) and **Tramadol**.

OTHER DRUGS

Poppers, GHB/GBL, Laughing Gas, New Psychoactive Substances



Poppers

The main types available in Britain are butyl nitrite and isobutyl nitrite (and sometimes amyl nitrite). They are clear liquids which come in small bottles, and which smell fruity when fresh, and a bit like cat wee when stale.



Gammahydroxybutyrate or GHB (known as GHB or liquid E) is sold as a clear liquid in bottles, and is usually made illegally. GBL is a widely used industrial chemical (found in things like paint stripper), which, when swallowed, is turned into GHB by your liver and so has the same effect.



Laughing Gas

Recreational users often get it from whipped-cream chargers, sometimes called 'whippets', which are used to fill a balloon with gas, which can then be inhaled.

Poppers

Poppers is the slang name for chemicals called *alkyl nitrites*. The fumes are inhaled, by placing the bottle under the nose, and sniffing once or twice. The liquid is caustic, so if touches the nose or face, it can cause chemical burns and should never be swallowed.

Poppers have similar effects to solvents – they give an intense disorientating 'rush' lasting a couple of minutes. Some people find this pleasant, some just feel sick.

They increase blood pressure and heart-rate, so people with heart or blood pressure problems should avoid them. Like solvents, poppers are highly flammable, so users should not smoke at the same time.

Poppers are legal to possess but the Psychoactive Substances Act (see page 11) will make selling them an offence. **Amyl nitrite**, which is prescribed to people with heart problems is illegal to supply unless you are a doctor or pharmacist.

GHB and GBL

GHB (GBL is almost identical) is swallowed as a liquid. GHB is a sedative, though larger doses can produce ecstasy-like effects. It affects the same neurotransmitter as alcohol (GABA), and so feels a bit like being drunk. GHB enhances the effects of stimulant drugs like ecstasy and it is also used as a sex drug and to enhance muscle growth.

If too much GHB/GBL is taken, particularly mixed with alcohol, it can lead to collapse and deep unconsciousness – in this condition users can easily choke to death on their vomit. GHB has also been known to cause breathing and heart problems. The lethal dose is 16 grams – just eight times higher than the effective dose. GHB was involved in 20 deaths in Britain in 2014 – equal to the highest number ever recorded.

GHB/GBL can also lead to severe daily addiction in a minority of users. Stopping use when heavily addicted can be fatal, so anyone addicted should carry on using until they can get a medically supervised withdrawal from their local drug service.

Laughing Gas

Nitrous oxide, commonly known as *Laughing Gas*, is a mild anaesthetic commonly used by women in child birth.

Recreational users often get it from whipped-cream chargers, sometimes called 'whippets', which are used to fill a balloon with gas, which can then be inhaled.

Effects of a single inhalation peak after 10 to 20 seconds and it is usually all over within 2 minutes (although it is often used repeatedly over a short time). Effects include feeling dizzy, euphoric (some feel sick). It can cause hallucinogenic effects and (as the name suggests) giggling and laughing.

People with heart conditions or abnormal blood pressure should avoid Nitrous Oxide. Don't inhale directly from the canister as this can seriously damage the throat and lungs. Death from *Asphyxiation* can occur if the gas is inhaled continuously with no air breathed.

Do not use nitrous oxide with a bag over your head (even if mixed with air) or with a mask attached to cylinders of pure nitrous oxide. This will deprive the body of oxygen and several deaths have been associated with these methods of use.

New Psychoactive Substances (NPS)

Over the last decade a vast number of drugs, known as 'New Psychoactive Substances' (NPS), have appeared. These are drugs that are not controlled by the existing drug laws and were often called 'Legal Highs'. However, a new law is due to be introduced in April 2016 which will make it an offence to sell, traffic or import any psychoactive substance (see page 11). This will mean there will be no more 'legal highs' although it is likely that all sorts of NPS will still be used. NPS are drugs that are untested on humans. The people who are using them act as Guinea Pigs in an experiment where the risks involved are unknown. Do your research and try and find out as much as you can about an NPS before you ever use it (see page 22).



STERIODS

& Image Enhancing Drugs

A number of drugs claim to 'improve' the way we look and perform: increasing concentration and memory (smart drugs); smoothing out wrinkles when injected into the face (*Botox*); enhancing erections (*Viagra*) or even giving you a suntan like an *Umpa Lumpa* and acting as an *aphrodisiac* at the same time (*Melanotan2*).

The best known 'image enhancing drugs' are **anabolic steroids**. These are man-made versions of the male hormone *testosterone*. There are hundreds of different sorts (*clenbuterol*, *dianabol* etc) though many are fakes.

Some steroids have to be injected into muscles, some swallowed as tablets. They are used mainly by men as with a high-protein diet and body-building exercise they help build muscles.

Steroids can have side-effects – such as hair loss, acne, shrunken testicles, feminized breasts in men and aggression ('roid rage'). Teenagers should not use them at all because they may affect bones in those still growing.

Longer term use may cause heart problems and lead others to develop a severely distorted view of their own bodies (sometimes called '*bigorexia*' as the condition has similarities to *anorexia*).

The law around steroids is complicated. Many are class C drugs, so it is an offence to supply them – but possession is only an offence if the steroids have been made illegally. You can no longer (legally) buy them from foreign internet sites, although it is still legal to buy them in another country and bring them back with you.



DRUG INFORMATION

The first version of this booklet was written before the Internet. It is now far easier to find out about a drug before you use it. There is no shortage of information, even if some of it is unreliable.

For drug information we recommend 'The Vaults of Erowid' www.erowid.org. *Drug User forums* can also be useful, although don't believe everything people say – double check. If other people have taken the same drug, listen to what they say (e.g. if they say the drug is 'very strong' it is probably 'very strong') – but remember: no two people have

the same experience even if taking the same drug at the same time.

Of course, as your teacher will tell you, the best advice is: don't take drugs in the first place. However, if you are going to use a drug for the first time, we advise you find out as much as you can about it. Don't use alone. Use the smallest dose you can. It is better to build up the dose than taking it all in one go. Remember the old drug users saying . . .

"You can always take more, but you can never take less"

Sex and drugs

Drink and drugs can lower your inhibitions and affect your sense of right and wrong. It is a good idea to carry condoms . . . just in case.



LOOKING AFTER YOUR MATES

What to do if it all goes wrong.

The Golden Rule

Before you use drugs, it is best to talk through with your mates what you would do if it all goes horribly wrong. Make some rules about what you would do in an emergency and follow the Golden Rule:

“Look after your mates in the same way you would want them to look after you.”

If your mates are doing something dangerous or likely to get you or them into trouble, stop them. Don't let them drink or take any more drugs. Take them home or somewhere safe to sober up. Never let them drive when intoxicated or get into a car with someone who is.

Bad Trips

For information on dealing with bad trips – see *Psychedelic Drugs*, page 17.

Vomit

Vomiting is an occupational hazard among drug users. Vomiting is usually nature's way of telling you that you've had enough or taken something new that your body does not recognise. If somebody is unwell, don't give them anything to eat and only let them drink water (never force them to drink anything). If after vomiting your mate wants to sleep, let them, but keep your eye on them. Make sure they are lying on their side and still breathing.

Drowning in vomit

As unpleasant as it sounds, drowning in your own vomit is a common cause of death from drink or drugs. If somebody collapses and becomes unconscious (a deep sleep they

can't be woken from) and then vomits, and is lying on their back, they can swallow their vomit and literally drown in it. That is why you should put them in the **recovery position**.

Ambulances

If somebody is unconscious it is very dangerous. Your body performs lots of functions automatically without you having to think about them, like breathing and making your heart beat. If you slip into a state of deep unconsciousness, all these functions that you take for granted, may slow down or stop and you may die. That is why it is so important to ring for an **ambulance** if somebody is unconscious and you can't wake them.

When you call the ambulance you don't have to mention drugs, but tell them that the person is unconscious. When the ambulance arrives, it is important that you tell the ambulance crew what they have taken, as this information could save their life.

Ringin' for an ambulance

If somebody is unconscious and you have taken drugs yourself, panicking is a natural reaction. There is a temptation to run off and leave them in case you get into trouble. **WRONG!** Remember *the Golden Rule*, what kind of mate would leave you there? It's a bit like a hit-and-run driver. Running somebody over is serious, but driving away and leaving the injured person gets you into far more trouble with the police, it will be seen as cowardly by your friends and will haunt you for the rest of your life.

The Recovery Position

If your friend is unconscious put them in the recovery position – lying on their side with one knee out and their hands positioned as in the diagram (below). This is a position designed to stop them rolling on to their backs. If you know first aid stay with them and call for help. If there is more than one of you get someone to call an ambulance while one of you stays with the unconscious person.



1. Put the right hand by the head (as if they were waving).



2. Put the left arm across the chest, so that the back of the hand rests against the cheek.



3. Hold the hand in place and lift up the left knee.



4. Turn them on their side by pushing down on the knee.

For help, advice and information

Contact details of your local drug service available through the FRANK website. www.talktofrank.com

"If we could sniff or swallow something that would, for five or six hours each day, abolish our solitude as individuals, atone us with our fellows in a glowing exaltation of affection and make life in all its aspects seem not only worth living, but divinely beautiful and significant, and if this heavenly, world-transfiguring drug were of such a kind that we could wake up next morning with a clear head and an undamaged constitution - then, it seems to me, all our problems (and not merely the one small problem of discovering a novel pleasure) would be wholly solved and earth would become paradise."

Aldous Huxley (*Wanted, A New Pleasure*. 1949).



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[>] aims
To present the facts about commonly available drugs in a realistic down-to-earth way. It provides detailed information on specific drugs and clearly identifies associated risks and dangers. In addition it explains what getting caught will mean and gives detailed information on looking after your friends if things go wrong.

[>] audience
Young people aged 13+

[v] content
The occasional mild swear word.

[£] funding
Self-financed.



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