

Module 1: Introduction to drug use; depressants

On completion of this module, the learner will be able to:

- Show a basic understanding of the history of drug use
- Understand some drug terms used
- Demonstrate knowledge and understanding of the main drugs laws
- Describe how drugs are broadly categorised and how various substances fall into these categories
- Understand the general effects of the so-called 'depressants', as well as specific effects, risks and other issues relating to these substances

The history of drug use

Drugs have been used in all societies at least since records began. The desire to achieve altered states of mind by using a vast range of different substances seems to be almost universal. Different societies and cultures throughout history have experimented widely with different drugs, often with religious or ceremonial significance having been attached to their use.

The earliest records include descriptions of opium amongst the Sumerians (Mesopotamia; 5000–4000 BC), of Noah getting drunk of alcohol after the Flood in the Bible and the use of varieties of hallucinogenic fungi in India. Traces of opium have been found in Cyprus in a bronze-age vase shaped like an opium poppy. The ancient Greeks used opium widely in medicine from the time of Hippocrates (c. 400 BC), the Chinese from even around 700 BC.

Over the past 200 years, significant changes have taken place in the availability and legal status of almost all drugs that have an effect on the mind. In the 19th century cocaine and morphine could be freely bought in the UK, as well as opium (from which morphine and heroin are derived) which was thought of as a general 'cure all' drug, in the same way paracetamol and aspirin are today.

The routine use of drugs that would be thought of as seriously worrying today is famously reflected in literature of the 19th century. For instance, Dr Watson asked Sherlock Holmes, seeing him injecting, "Which is it today, morphine or cocaine?" Holmes testified to the power of cocaine to stimulate and clarify his mind.¹

However, the sale of some drugs became restricted to only Pharmacists during the second half of the 19th century. From the beginning of the 20th century, legal controls gradually came into being for the sale, and the use, of almost all mind-altering drugs.

¹ Sir Arthur Conan Doyle, "The Sign of Four" (1890).

Recent history of drug use – some important events

<p>TOBACCO ARRIVES IN BRITAIN Sir Walter Raleigh brings tobacco from America, which originally was only used by the wealthy but then gradually spread wider.</p>	16 th Century
<p>NAPOLEONIC SOLDIERS GET STONED Napoleon's army brings cannabis back from Egypt.</p>	1798
<p>SYRINGE INVENTED Alexander Wood invents a new device for getting drugs into the body, the hypodermic syringe.</p>	1843
<p>THINGS GO BETTER WITH COKE? Coca-Cola (originally containing cocaine) introduced in Britain.</p>	1885
<p>CIGARETTES IN BRITAIN Late 19th Century, machine-made cigarettes became widely available in Britain, after the self-roll version was first introduced here by troops returning from the Crimean War (1854-86).</p>	1880s & 1890s
<p>HEROIN FIRST MARKETED Originally, heroin was described as a non-addictive safe treatment for morphine dependency!</p>	1898
<p>HEROIN ON THE STATE In Britain, the Rolleston committee decided that there were circumstances in which heroin addicts should be given the drug on prescription.</p>	1926
<p>METHADONE PATENTED Although it was not used to treat drug dependency until the 1960's.</p>	1940
<p>LSD FIRST EXPERIENCED Albert Hofmann, a Swiss chemist, gave himself the first ever dose of LSD while working on compounds intended to control blood pressure. First produced in 1938.</p>	1943
<p>MOTHERS' LITTLE HELPERS Valium and Librium, the first benzodiazepines were introduced. Originally described as safe and non-addictive!</p>	1963
<p>DRUG DEPENDENCY UNITS The first drug treatment clinics were opened in the UK.</p>	1968
<p>RISING HEROIN USE For a variety of reasons cheap heroin became widely available in the UK and its use became more widespread.</p>	1980's
<p>FIRST UK NEEDLE EXCHANGE ESTABLISHED Concerns about the spread of HIV through the shared use of injecting equipment, led to the establishment of needle exchange schemes.</p>	1986
<p>FEARS OF HIV A government-sponsored committee says that HIV is a greater threat to public health than drug misuse. Community Drug Teams developed and expanded.</p>	1988
<p>THE LOVE DRUG Ecstasy use becomes widespread on the dance scene and it becomes a Class A drug.</p>	1990's

Activity 1 relates to the above

Drug terms used

Abstinence

Abstinence means 'not using drugs'. Approaches to helping drug users that place the emphasis on the avoidance of drug use above all other objectives are called abstinence-based approaches.

Blood-borne viral infections (BBVs)

Blood-borne viral infections are mainly passed on by contact between the blood of an infected person and that of an uninfected person. The main viruses that are passed on in this way amongst injecting drug users are HIV, Hepatitis B and Hepatitis C. These viruses can sometimes be passed on in other ways, including through unsafe sex and from a mother to her unborn child. The risks of transmission by each route are different for each virus.

Harm reduction

Approaches to helping drug users that place an emphasis on reducing the harm associated with drug use above the achievement of abstinence.

Drug

Any substance that is taken for the effects that it produces on the brain and/or the body (whether man-made or naturally occurring).

Incidence

Put simply, incidence means the frequency of occurrence, how often something happens.

Prevalence

Prevalence describes how widespread something is within a given population.

Paraphernalia

Paraphernalia includes any equipment that is associated with the preparation and use of a particular drug. Examples include: Cannabis use – cigarette papers, tobacco, torn cardboard for making a 'roach' (placed in the end of a joint), pipes such as 'chillums' or water pipes (often known as 'bongs'). Heroin use for smoking ('chasing the dragon') – tinfoil and pen tubes; for injecting – needles, syringes, spoons, filters, water, lighter, tourniquet etc. However, many items of paraphernalia have other uses which are completely unconnected to drug use.

Psychoactive

Having an effect on the brain/mind, usually altering perceptions of the outside world via the five senses of sight, hearing, touch, taste and smell. In the case of most drugs taken for such effects, the objective for most people is to experience pleasure, or gain relief from withdrawal symptoms.

Tolerance

Tolerance is the process by which the body compensates for the regular presence of a drug. With most drugs, the process of developing tolerance means that increasing amounts of a drug are needed to achieve a similar effect.

Dependence

Dependence can be split into two parts:

- **Physical dependence**, which happens after the body has become tolerant to a drug. This process is not instant and usually requires regular use over several weeks. The main substances that cause physical dependence are depressants, such as alcohol, opiates (e.g. heroin and methadone) and benzodiazepines (e.g. Valium and temazepam).
- **Psychological dependence** describes a powerful attachment to the way a particular drug makes a person feel. It is driven by a number of factors including the benefits the person feels that they get from using a drug, weighed against the costs of continuing the behaviour. The psychological rewards offered by use of some substances mean that some people are prepared to tolerate enormous costs as a result of their continued use.

Self Assessment 1 relates to the above

The main drugs laws

The Misuse of Drugs Act 1971 (MDA)

In 1971 the Misuse of Drugs Act was passed – referred to below as MDA. This law consolidated earlier legislation with the stated aim of preventing the unauthorised use of drugs 'capable of having harmful effects sufficient to constitute a social problem'.

The drugs listed are called 'controlled drugs', which are divided into three categories with different penalties – Class A being considered the most dangerous category, with the highest penalties.

Additional regulations divide the same 'controlled drugs' into five schedules, governing for each drug, who can legally possess or supply it and under what conditions.

In respect of controlled drugs, offences include:

- Possession (of small amounts for personal use)
- Possession with intent to supply another person
- Offering to supply another person
- Production, cultivation or manufacture
- Import or export
- Allowing premises you own, occupy or manage to be used for the use, supply or production of controlled drugs (Section 8)

Maximum possible penalties for illegal use

Possession (of small amounts for personal use), maximum:

- Class A Seven years imprisonment and an unlimited fine
- Class B Five years imprisonment and an unlimited fine
- Class C Two years imprisonment and an unlimited fine

Please note that some 'controlled drugs' can be legitimately obtained with a doctor's prescription. Where this is the case, possession is not illegal.

Supplying/trafficking, maximum:

- Class A Life imprisonment and an unlimited fine
- Class B 14 years imprisonment and an unlimited fine
- Class C 14 years imprisonment and an unlimited fine ²

Controlled drugs under Class A

Class A drugs include: opium (raw and medicinal), morphine, heroin (diamorphine), LSD, cocaine, crack-cocaine, methadone, magic mushrooms, ecstasy (MDMA), pethidine, methylamphetamine. ³

² Increased on 29-1-2004 (from maximum 5 years).

³ Including 'fresh' Magic Mushrooms from 18-7-2005; Methylamphetamine from 18-1-2007.

Controlled drugs under Class B

Class B drugs include: amphetamines, barbiturates, codeine, dihydrocodeine (DF118), methylphenidate (Ritalin).

It is important to understand that any Class B drug prepared for injection becomes a Class A drug.

Controlled drugs under Class C

Class C drugs include: anabolic steroids, minor tranquillisers (benzodiazepines, such as Librium, diazepam/Valium, nitrazepam/Mogadon, temazepam, flunitrazepam/Rohypnol), GHB,⁴ all forms of cannabis,⁵ ketamine.⁶

The Medicines Act 1968

This Act controls production and distribution of medicines, also dividing medical drugs into three categories: prescription only, pharmacy medicines and general sales.

- **Prescription only** – can only be supplied/sold by a pharmacist when in receipt of a doctors prescription
- **Pharmacy medicines** – can be purchased without a prescription but only from a pharmacist
- **General sales list** – can be purchased from any shop without a prescription; over the counter medicines (o.t.c.)

Even if a drug is not covered by the MDA (Misuse of Drugs Act) but is a 'prescription only' drug under the Medicines Act, unauthorised supply is still an offence but penalties are likely to be lower.

Other legislation

Although the main legislation regarding supply and possession of drugs is found in the two laws mentioned above, other laws also have an impact on drugs offences. These include:

- Criminal Justice and Public Order Act
- Roads Traffic Act 1988 (*driving under the influence of drink or drugs*)
- Drug Trafficking Offences Act 1986

Self-assessment 2 relates to the above

⁴ GHB added from 1-7-2003.

⁵ Cannabis was reclassified to Class C per 29-1-2004 (from Class B).

⁶ Ketamine added from 1-1-2006.

Broad drug categories

Although most drugs are taken for their perceived pleasurable effects, resulting from their psychoactive properties, many have also physical effects that cannot be ignored. Most drugs can be broadly categorised in the following.

Depressants

- Alcohol
- Heroin
- Methadone
- GHB

Stimulants

- Caffeine
- Amphetamine
- Cocaine
- Crack-cocaine
- Methylamphetamine (methamphetamine)
- Ecstasy

Hallucinogens

- Magic mushrooms
- LSD

Minor tranquillisers

(Benzodiazepines) which include:

Diazepam (Valium)

Nitrazepam (Mogadon)

Chlordiazepoxide (Librium)

Temazepam

Flunitrazepam (Rohypnol)

*However, not all drugs are easily categorised, e.g. **cannabis** has both mild hallucinogenic and mild depressant properties; **ecstasy** is a stimulant with also mild hallucinogenic properties.*

Working through the various details of each drug on the following pages, you will find explanations of their individual properties, their effects, methods of use and legal status.

Depressants are largely covered in the remainder of this module. Stimulants, hallucinogens and minor tranquillisers largely follow in Module 2. However, more substances can be found in Module 3.

Self-assessment 3 relates to the above

Depressants

Depressants are drugs that slow the body down and have a calming effect. In smaller quantities, their effect is usually mainly psychological, lowering inhibitions and helping people to become more confident in social situations. In larger doses, depressants are likely to have a pronounced physical effect causing loss of co-ordination, depressing breathing and in some cases causing death.

Depressants include opiates (such as morphine, heroin and codeine) and tranquillisers, which are covered in a separate section of this programme.

Alcohol

Common names: booze, drink, spirits, bevvy

Alcoholic drinks contain the colourless flammable liquid called ethyl alcohol or ethanol in varying amounts. Spirits such as whisky and vodka have much greater alcohol content than beers, although the amount of alcohol contained within different types of beer varies considerably. Extra strength lagers can contain up to twice the amount of alcohol as weaker varieties of beer.

Alcohol for consumption is measured in 'units'; one unit is equivalent to half a pint of normal strength beer, a regular glass (125ML) of weaker wine (9%) or one measure of spirits (25ML).

Effects

Alcohol is a depressant drug, which slows down the brain and body. In smaller quantities this can have the effect of releasing inhibitions and helping people to relax.

Problems associated with using alcohol

In larger quantities it leads to 'drunkenness', whereby co-ordination, speech and the ability to make rational decisions are impaired resulting in many accidents – especially when people drink and drive. If taken in very large quantities it can cause unconsciousness and death. This is particularly true when combined with other depressant drugs such as minor tranquillisers (benzodiazepines), or by people who are not used to drinking and so have not developed tolerance to its effects.

It is estimated that there are around 30,000 deaths every year in the UK in which the use of alcohol is implicated. Also, when used by pregnant women, alcohol (more than any other drug) can adversely affect unborn children. The advice has long been that pregnant women should not drink more than two units of alcohol once or twice per week, but more recent research suggests that no safe limits can be determined. This would suggest that only abstinence can be classed as fully safe.⁷

⁷ Foetal Alcohol Syndrome Disorder issues are explained at www.fasaware.co.uk.

Alcohol is addictive when used in large amounts and over time. Withdrawal from alcohol dependence can be severely unpleasant and occasionally life threatening. Long-term use of large quantities of alcohol leads to severe problems with the digestive tract and liver.

The law

It is legal for anyone over five years old to drink alcohol. However, this does not mean that it is always OK to give alcohol to children over five years old; this would depend on the amount given and how often. Giving too much alcohol to a young child would probably be considered a 'child protection issue' by social services.

It is illegal for Public Houses and Off-Licences to sell alcohol to anyone under 18, although 16–17 year olds are allowed to drink alcohol in a pub if they are also having a meal.

The use of alcohol in public is controlled in some places by local by-laws. Being intoxicated in public can lead to being charged with the offence of being 'drunk and disorderly'.

Heroin

Common names: H, brown, smack, gear.

Heroin is a strong pain-killing opiate drug that is derived from opium (opium is obtained from the opium poppy). It was first produced in 1898, replacing morphine as the medical 'drug of choice' to relieve pain. Interestingly, at the time heroin was introduced it was thought to cause fewer problems of addiction and dependence than morphine or opium.

Heroin manufactured for medical use (diamorphine) is white in colour and dissolves easily in water, making it simple to prepare for injection.

Methods of use

Heroin can be smoked or injected. The form of heroin most likely to be bought illegally on the streets in the UK is usually from off-white to brown in colour and does not dissolve easily in water. This means that an acid has to be added in order to get it to dissolve into an injectable solution. The same form of heroin is often smoked. This is called 'chasing the dragon' and involves heating the substance on foil whereby it changes from powder to sticky liquid that runs across the foil, giving off heroin fumes, which are breathed in through a tube. The name is thought to come from the appearance of the fumes, which are said to resemble a dragon's tail.

Effects

Effects for first time users are likely to involve vomiting. As with many drugs (common examples include cigarettes and beer), many people do not like it very much the first time they use it.

For those people that continue to use it, it has the effect of temporarily taking away anxieties, problems and fears – some people talk of ‘feeling wrapped in cotton wool’. The effects of one ‘dose’ of heroin last for about six hours.

Unwanted physical effects include: constipation, pinpoint pupils, women may stop having periods (although they can still become pregnant).

Problems associated with the use of heroin

Various serious problems associated with the use of heroin include:

- Heroin is very potent and very addictive – tolerance levels build up very quickly if used regularly
- Tolerance equally quickly drops when the use is stopped, creating the risk of overdose after use was interrupted for some weeks
- Overdose is more likely to occur when used in combination with other depressant drugs
- Becoming an injector – many people who become dependent on heroin start off by smoking it, but eventually end up injecting
- Involvement in crime to pay for a ‘habit’ (although by no means all heroin users become involved in crime, many do)

The law

Heroin is a Class A drug under the MDA. Any doctor can prescribe it for people who are suffering from severe pain. In special circumstances, it can also be prescribed to people who are dependent on it – to do this a doctor needs to have a special licence.

The maximum penalties for illegal use are:

- Possession for personal use – seven years imprisonment and an unlimited fine
- Supplying to someone else – Life imprisonment and an unlimited fine.

Methadone

A heroin substitute.

Methadone is a man-made opiate drug, which has effects that are similar to heroin.⁸ It is usually available as a green sticky liquid and is swallowed as part of a treatment programme for people who have become dependent on heroin. It is not the only substitute drug treatment for heroin dependence, but it is by far the most common.

It enables people who are prescribed it as part of their treatment to:

- Move away from injecting drug use and all associated risks
- Maintain their health
- Move away from the use of street drugs of uncertain quality
- Stabilise their drug use

⁸ Methadone was patented in 1940 and used for drug treatment from the 1960s.

- Stabilise their lives – problems of housing, employment and relationships are often more easily addressed.

Methods of use

Swallowing or injecting – some people are prescribed an injectable form of methadone, although this is not very common.

Effects

Regular methadone use prevents withdrawals and cravings for heroin. The effects are similar to those of heroin, except that:

- The 'high' is less intense
- It lasts for about 24 hours, rather than the six hours of heroin. This means that it usually only needs to be used once a day.
- Unwanted physical effects of methadone can include: constipation, excessive sweating, and pinned pupils.

Problems associated with the use of methadone

One of the biggest drawbacks of methadone treatment is that it can be very long-term for people who become stabilised on it. For this reason, it is probably better to measure its success in terms of people's improvements in health and social situation, rather than in terms of the numbers of people who come off it quickly.

Some methadone is sold on the streets, although the prices obtained for it when sold illegally are usually low. This has led to the creation of 'supervised consumption' schemes in some areas. Supervised consumption means that the person attends at a pharmacy every day and is watched while they drink the methadone.

Other problems include:

Overdose is more likely when used in combination with other depressants such as alcohol and benzodiazepines. In terms of dependency, methadone is at least as hard to withdraw from as heroin, but it is much safer to use.

The law

Methadone is a Class A drug under the MDA. Any doctor can prescribe it to someone who is dependent on opiates.

The maximum penalties for illegal use are:

- Possession for personal use – seven years imprisonment and an unlimited fine
- Supplying to someone else – Life imprisonment and an unlimited fine.

GHB (gammahydroxybutyrate)

Common names: liquid X, liquid E, G, GBH

GHB (or 'GBH' as it is often called) was developed in the early 1960s as a human anaesthetic. It is a colourless liquid and is sold in small bottles or capsules. The liquid is usually measured out in capsules and then swallowed. It has no smell but does have a salty taste.

At lower doses GHB has a euphoric effect similar to alcohol and can make the user feel relaxed, happy and sociable. Higher doses can make the user feel dizzy and sleepy and can sometimes cause vomiting, muscle spasms and loss of consciousness. Overdoses will always cause loss of consciousness (temporary coma) and will slow breathing.

The National Drugs Intelligence Service reported in May 1994 that around 200 people had been hospitalised after taking the drug. GHB has been implicated in a number of drug-assisted sexual assaults.

The effects

GHB is a depressant with effects similar to those of alcohol. Mixing the drug with alcohol or other depressants can be extremely dangerous and is known to have caused death due to respiratory failure. The primary effects of GHB last approximately 1-2 hours. For many people there is an additional period of time of more subtle effects (for an extra 1-2 hrs).

Regular, daily use of GHB can cause physical dependency and harsh withdrawal symptoms. GHB incorrectly produced (usually through 'back street' chemical labs) can badly burn the mouth. The long-term effects of GHB are not yet fully known.

A major problem with GHB is that the difference between a recreational dose and a mild overdose can be very little.

The law

GHB is a Class C drug under the MDA.⁹ The maximum penalties for illegal use are:

- Possession for personal use – two years imprisonment and an unlimited fine
- Supplying to someone else – 14 years imprisonment and an unlimited fine¹⁰

Activity 2 relates to the above

Self-assessment 4 relates to the above

⁹ From 1-7-2003. Before that date it was only covered under the Medicines Act, with lower penalties for illegally supplying only.

¹⁰ Increased on 29-1-2004 (from maximum five years).

Module 2: Stimulants; hallucinogens; tranquilisers

On completion of this module, the learner will be able to:

- Understand the general effects of the so-called 'stimulants', as well as specific effects, risks and other issues relating to various substances within this category (caffeine, amphetamine, cocaine and crack, methylamphetamine, ecstasy)
- Understand the general effects of the so-called 'hallucinogens', as well as specific effects, risks and other issues relating to various substances within this category (magic mushrooms, LSD)
- Understand the general effects of the so-called 'minor tranquilisers', as well as specific effects, risks and other issues relating to the various tranquilisers (benzodiazepines, with a special mention of Rohypnol).

Stimulants

Stimulants are drugs that cause the body to speed up, increasing heart rate and breathing. They tend to have psychological effects of making people feel more confident and able to deal with stress. Physically they enable people to access their stored energy reserves and to undergo prolonged physical activity without feeling the effects until the drug begins to wear off, after which they may feel more tired as a result.

Continuous use of high doses of powerful stimulants such as cocaine and amphetamine can lead to the development of short-term mental health problems.

Caffeine

Caffeine is a natural (mild) stimulant drug found in varying concentrations in coffee, tea, chocolate and some fizzy drinks such as cola.

Methods of use

Swallowed as liquid in coffee and tea. Occasionally swallowed as a stimulant tablet such as 'Pro Plus'.

Effects

Caffeine increases the heart rate and blood pressure. It is often used to combat tiredness and increase concentration.

Problems associated with use of caffeine

People can become dependent on the effects of caffeine. This is most likely to happen in people who drink more than eight cups of normal strength tea and coffee

per day. Withdrawal effects include tiredness, irritability and headaches. Since caffeine is contained in soft drinks and chocolate, some people have expressed concern about the possible negative effects of caffeine on young children.

The law

There are no legal restrictions on the use or supply of caffeine.

Amphetamines

Common names: speed, uppers, (billy) whizz

Amphetamine can be snorted, swallowed or injected. Swallowing the drug, either mixed in a drink or wrapped in a cigarette paper is the safest method of using amphetamine. The effect comes on gradually and last longer than with other methods. Snorting amphetamine takes effect faster than swallowing but it can damage the nose membranes. Injecting is the riskiest method of using amphetamine.

Effects

Amphetamines are stimulants, belonging to the same 'family' of drugs with very similar properties. They produce sensations of alertness, confidence and well being, raising levels of energy and stamina. It lessens the desire to eat and sleep.

Behaviour can become more compulsive, as users chase 'the rush' that is produced by injecting. The effects of a normal dose may last for about four to eight hours. When the drug wears off, there can be an unpleasant 'comedown'. Users feel tired, lethargic and depressed, lasting up to a couple of days. This leads some people to take more speed to try to avoid the comedown. Although rare, high doses of amphetamine can cause seizures and death from overdose. Loss of appetite may lead to weight loss. Many users become physically run down, which leaves them susceptible to a wide range of infections.

Amphetamine use may become compulsive or dependent. Extended use of amphetamine can cause psychosis. The user may think that everybody is out to get them, or they are being followed or watched.

Amphetamine use can also trigger underlying psychiatric problems. Some people can use only a single dose of the drug and may enter a psychotic state.

Methods of use

Amphetamines can be snorted up the nose, mixed in a drink or injected.

The law

All amphetamines are 'prescription only' drugs under the Medicines Act, while most amphetamines are also Class B drugs under the MDA. The maximum penalties for illegal use are:

- Possession for personal use – five years imprisonment and an unlimited fine
- Supplying to someone else – 14 years imprisonment and an unlimited fine.
- *However, preparing Class B drugs (such as amphetamines) for injection would bring them under Class A with higher penalties*

Cocaine and crack

Common names for (powdered) cocaine: coke, C, Charlie, lady, white

Common names for crack-cocaine: rocks, base, gravel, stones

Cocaine is a crystalline white powder that is obtained by processing the coca plant. The majority of cocaine comes from South American countries such as Colombia. Processing cocaine into 'rocks', small lumps of solid cocaine that look like limestone chippings, produces crack-cocaine. This is done because it enables cocaine to be smoked, which increases the immediacy of its effect. Cocaine has a more 'exclusive' image than amphetamine; this is partly because of its much higher cost.

Methods of use

Powdered cocaine can be snorted up the nose or injected. Crack-cocaine is usually smoked, although it is sometimes injected.

Effects

The effects of cocaine are very similar to those of amphetamine:

- Increased energy
- Increased confidence
- Increased alertness
- Decreased tiredness
- Decreased appetite

With similar negative effects of:

- Increased anxiety
- Irritability
- Restlessness
- Paranoid feelings

The main difference in effect between cocaine and amphetamine is the length of time that they each last for in the body. The effects of cocaine may last for up to 30 minutes without repeating the dose, where the effects of amphetamines last for several hours. This makes cocaine an expensive and short acting stimulant. The effects of crack-cocaine are even more short-lived, coming on within seconds and only lasting for 4-12 minutes.

Problems associated with use of cocaine and crack

There is some debate as to whether cocaine and crack cause physical dependence and whether the body develops tolerance to their effects. Any 'withdrawal

symptoms' are very different from those associated with heroin. Once chronic users stop, they will quickly feel tired, panicky and exhausted, often in extreme emotional and physical distress. These symptoms can be very severe making the regular user very reluctant to stop. However, both cocaine and crack cause severe psychological dependence, leading some people into compulsive use. This is particularly true of crack-cocaine, because of its powerful and very short duration of effect.

The fact that cocaine and crack use are both very expensive causes many people other problems as well. Vast sums of money can be spent very quickly on a cocaine habit. For those who are not wealthy, this can often lead them deeply into activities such as crime and prostitution.

Other problems include:

- Damage to membranes lining the nose if snorting
- The danger of getting and passing on HIV and hepatitis if injecting equipment is shared
- Adverse effects on babies because of their mother's cocaine use whilst pregnant – with symptoms of babies being irritable and feeding poorly.

The law

Cocaine (powdered or crack) is a Class A drug under the MDA. The maximum penalties for illegal use are:

- Possession for personal use – seven years imprisonment and an unlimited fine
- Supplying to someone else – life imprisonment and an unlimited fine

Methylamphetamine (Methamphetamine)

Common names: crystal meth, ice, crank, tina, yaba

Methylamphetamine (commonly referred to as 'methamphetamine') is a powerful stimulant which easily leads to misuse and dependence. This synthetic drug, firstly produced in 1887, is closely related to amphetamine ('speed') but produces much greater effects on the central nervous system. Its strong euphoric effects can be compared to those of cocaine but more intense and longer lasting.

The drug is relatively cheap and easy to manufacture from readily available chemicals. Methylamphetamine often takes the form of a white odourless and bitter tasting crystalline powder, readily soluble in water or alcohol, and can also be produced in tablet (often called 'yaba') or powder form. The crystalline form (commonly called 'crystal meth' or 'ice') can easily be smoked with much longer acting effects if compared to 'crack cocaine', which makes it an extremely powerful and addictive stimulant.

Methylamphetamine use and its spread is of great concern in various countries, particularly in South East Asia and the USA. For quite some time it was relatively uncommon in the UK but its use has been rising in recent years.

Methods of use

Powder and tablets can easily be snorted, consumed orally or injected. Its crystalline form can easily be smoked with powerful and long-lasting effects.

Effects

- The drug alters mood in different ways, depending on how it is taken.
- Even small amounts of methylamphetamine can produce euphoria, arousal, wakefulness, increased respiration and decreased appetite.
- Immediately after smoking or injecting the user experiences an intense rush similar to that produced by crack cocaine but longer lasting (4-12 hours).
- Common side effects include nausea, panic attacks, compulsive repetitive behaviour and jaw clenching.

Problems associated with the use of Methylamphetamine

Regular use of Methylamphetamine, in particular when smoked or injected, can lead to high dependency, with increased tolerance to the effects of the drug and physical and psychological withdrawal symptoms. Withdrawal symptoms can include depression, anxiety and craving for the drug.

Methylamphetamine-induced psychosis has been widely reported in countries where there's epidemic use, causing psychiatric problems with symptoms resembling those associated with paranoid schizophrenia, such as paranoia and hallucinations. Methylamphetamine induced psychosis can result in homicidal or suicidal thoughts. It is also associated with violent and aggressive behaviour and with acquisitive crime.

Risk of infection from HIV, hepatitis C and hepatitis B is increased for injecting users if they share needles and other injecting paraphernalia. Increased sexual arousal and loss of inhibition increase the likelihood of unsafe sexual practices, risking the same viral infections.

Heavy and regular users of the drug may suffer tooth loss and decay, a condition known as 'meth mouth'. There is some scientific debate as to whether this is a direct effect of methylamphetamine, a result of the route of administration or other behavioural issues. However, dentists are observing increased incidence of decay and tooth erosion among patients who are methylamphetamine users.

The law

Methylamphetamine is a Class A drug. The maximum penalties for illegal use are:

- Possession for personal use – seven years imprisonment and an unlimited fine
- Supplying to someone else – life imprisonment and an unlimited fine

Ecstasy

Common names: E, xtc, doves, mitsubishis, echos

MDMA (methylenedioxyamphetamine) is the proper name for ecstasy. Many tablets sold on the street as ecstasy do not contain MDMA, but can contain similar amphetamine-like substances (some contain no illegal drugs at all). They come in a variety of shapes and colours – often with different ‘brand’ designs.

Methods of use

Ecstasy is usually swallowed in tablet or capsule form, although it is possible to snort or inject it.

Effects

Ecstasy has effects that are similar to amphetamines, combined with mild hallucinogenic effects. People feel more empathic (they can more easily see things from the point of others). The effects begin about 30 minutes after taking it and last for about four hours. Some users have reported feelings of increased anxiety and unpleasant feelings.

Problems associated with use of ecstasy

The main concerns are in the area of overheating and dehydration. Some people experience a rise in body temperature, which can be made worse by dancing in a hot environment such as a club. Not drinking enough water makes this situation worse. However, it is important not to drink excessive amounts of water as this can overload the blood circulation system with serious consequences. Water should be regularly sipped.

Deaths associated with the use of ecstasy are rare (when compared to the probable numbers of people using the drugs). The long-term effects of ecstasy use on the brain are unknown. Some early research suggests that ecstasy may cause brain damage, other research is less clear.

The law

Ecstasy is a Class A drug under the MDA. Maximum penalties for illegal use are:

- Possession for personal use – seven years imprisonment and an unlimited fine.
- Supplying to someone else – life imprisonment and an unlimited fine.

Activity 3 relates to the above

Self-assessment 5 relates to the above