

Drugs and Alcohol at a Glance

Alcohol

Alcohol is a depressant which slows down parts of the brain and nervous system. Drinking in moderation does not harm most people, but regular excessive drinking can contribute to a variety of health, personal, and social problems.

Alcohol passes into the bloodstream from the stomach and intestine, making the drinker feel relaxed and less inhibited. Depending on the size of the person, as well as how much and how quickly they drink, alcohol may cause reduced concentration, slurred speech, and blurred vision. Alcohol also effects coordination and judgement and can trigger aggression.

Binge drinkers (more than 5 drinks in a row, or drinking to get drunk) can risk internal physical damage, including brain damage, as well as overdose/unconsciousness. Alcohol can also increase risk-taking behaviour such as mixing drugs and having unsafe sex, and may lead to car accidents, fights, or other criminal behaviour.

Regular heavy drinkers will probably experience some physical problems, including liver damage, heart and blood disorders, stomach inflammation, and brain damage. Impotence and menstrual irregularity can also occur. Depression or relationship and family problems may also result, as may poor work performance, financial difficulties, and legal problems.

The loss of control and judgement that comes from mixing alcohol with other drugs can lead to unsafe sex, unsafe injection practices, experimentation, or overdose. Overdose is more likely if mixing alcohol with other central nervous system depressants such as heroin or methadone. Mixing over-the-counter or prescription drugs with alcohol can reduce their effectiveness.

The liver can only break down and get rid of about one standard drink an hour (a glass of wine, a shot of spirits, or a beer all contain about the same amount of alcohol). Sobering up takes time. No amount of black coffee, cold showers, exercise, or vomiting speeds up the work of the liver or reduces the blood alcohol content. People who regularly drink can develop tolerance and will need to drink larger amounts of alcohol to get the same effects as before. Regular drinkers can also become alcohol dependent.

*“Alcohol
in combination
with testosterone
is still the most
potent cause of
harm.”*

Risks

- ◆ There is no known safe level of alcohol consumption for pregnant women. Alcohol use during pregnancy has been linked with higher risk of miscarriage, stillbirth, premature birth, and low birth weight. The most serious outcome is foetal alcohol syndrome.
- ◆ Overdose. Alcohol is a central nervous system depressant, and drinking too much can cause the body and nervous system to shut down to the point of unconsciousness, and in severe cases, coma, with the accompanying risk of brain damage or death.
- ◆ If someone is drinking and passes out or becomes unable to speak or move, but is breathing and has a pulse, lay them on their left side and call an ambulance immediately.
- ◆ If breathing stops but a pulse can be felt, call an ambulance, and commence mouth to mouth resuscitation (if a pulse is evident do not attempt CPR).
- ◆ If no pulse or breathing is evident, call an ambulance and commence CPR (Cardio-Pulmonary Resuscitation).
- ◆ If a person is unconscious, they might vomit and choke to death, so turn them on their left side, make sure the airways are clear, and do not leave them alone.


Treatment

Withdrawal/detox from alcohol is extremely stressful physically and mentally, and carries higher risks than withdrawal from many other drugs. Detox should be closely supervised, whether at home or at a detox centre. Withdrawal takes up to a week, and psychological dependency continues for some time (some say forever) after physical detox.

Treatment/rehabilitation ranges from the 12-step abstinence-based model to controlled drinking programs being offered at many outpatient counselling centres. Different treatments and approaches will suit different people, and more than one may have to be tried.

Cannabis (Marijuana)

Cannabis is the short name for the hemp plant *Cannabis Sativa*. Marijuana (weed, pot, dope, grass, ganja) and hashish (hash) come from this plant. The



chemical in cannabis that makes the user high is THC (tetrahydrocannabinol), and the higher the level of THC, the stronger the marijuana.

Cannabis is generally smoked in water pipes (bongs, hookahs) or rolled into cigarettes (joints, doobies). Hash, sold in oil form or compressed blocks, is smoked, sometimes mixed with tobacco, and its higher concentration of THC makes it more potent. Both hash and grass can be cooked in foods.

The effects are most intense during the first hour after taking the drug, although they may persist for three to five hours. Small amounts of cannabis can produce a feeling of well-being and lethargy, a tendency to talk and laugh more than usual, redden the whites of the eyes, impair coordination, and reduce concentration. Cannabis can also affect one's ability to drive. Higher doses make these effects stronger. A person's perception of time, sound, and colour may become distorted or sharpened. Feelings of excitement, anxiety, or paranoia and confusion may also increase.

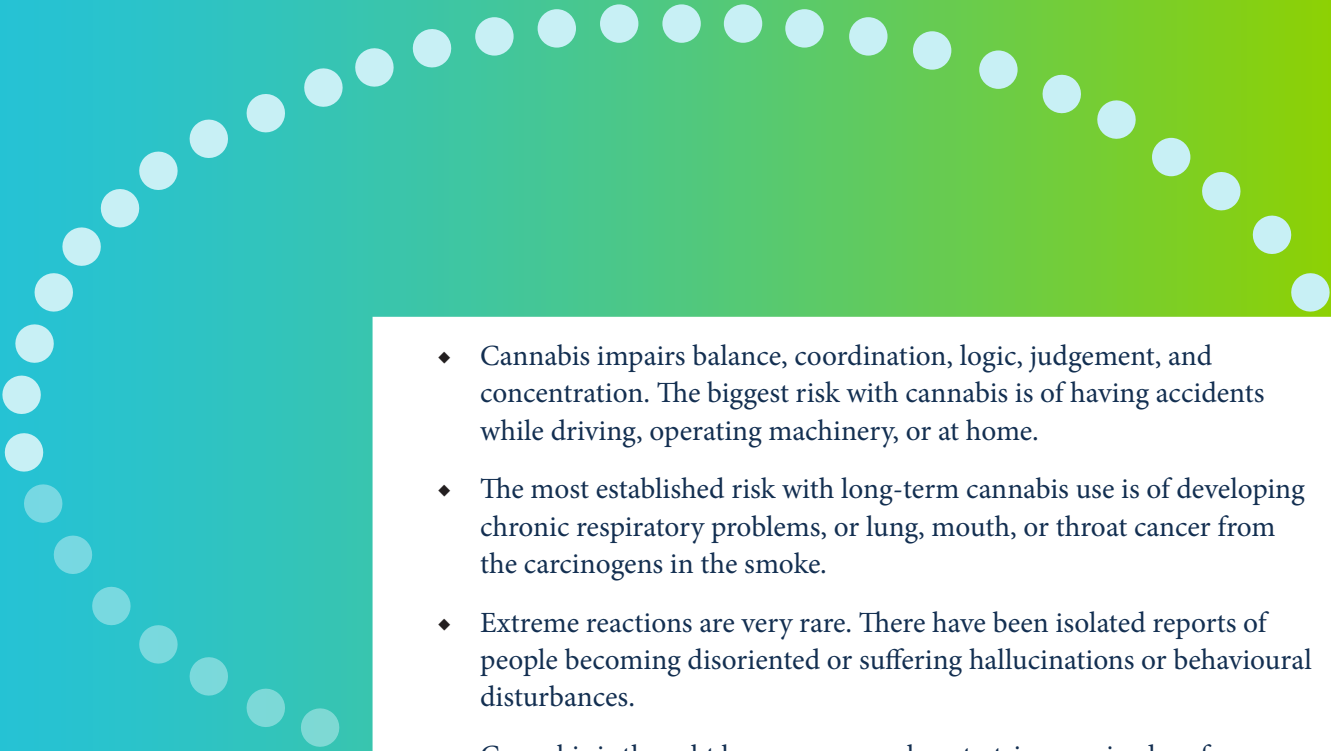
The first known mention of cannabis was in a Chinese medical text of 2737 BC, and it has been used for many thousands of years in the manufacture of products such as clothing and rope, as well as for medicinal and spiritual purposes. Despite this long history, it remains a poorly understood drug.

Risks

- ◆ Dependence on cannabis is possible, not inevitable, with prolonged heavy use, but doesn't resemble dependence on other psychoactive drugs in that it generally consists of chain smoking joints from morning to night, much like cigarette addicts. Regular users can also develop a tolerance for the drug, but need only to cut back on use to reduce tolerance.
- ◆ Small amounts of cannabis do not appear to produce lasting harmful effects, and withdrawal is minimal or nonexistent from all but heavy continuous use. However, frequent or heavy smokers commonly report some long term effects, including apathy, decreased motivation and ambition, reduced memory and learning abilities, decreased sex drive, and deterioration of social and communication skills. All these faculties will recover once the person stops or reduces use of cannabis.
- ◆ Some regular users develop a psychological dependence on cannabis. This means they need cannabis because it has become important in their daily lives, usually to relax, unwind, counter stress, or to make them feel at ease in social situations.

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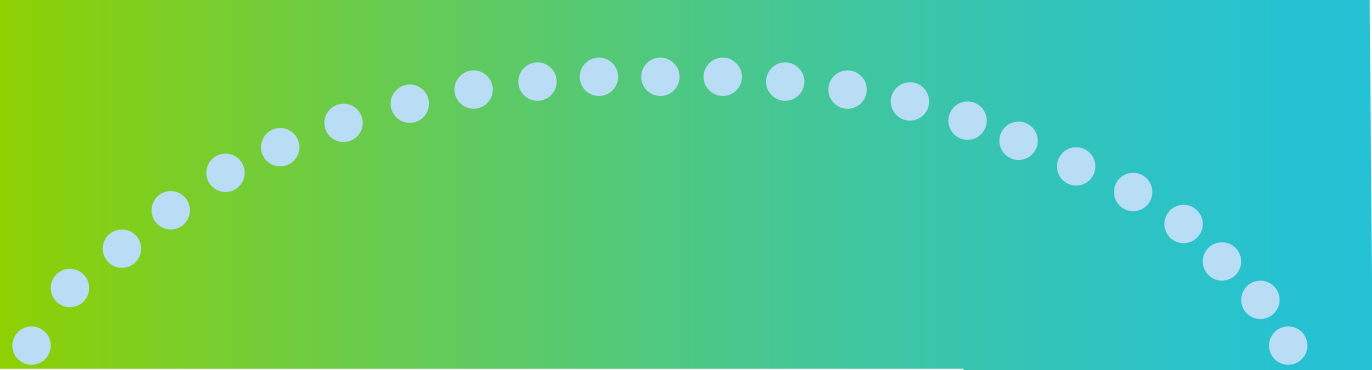
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- ◆ Cannabis impairs balance, coordination, logic, judgement, and concentration. The biggest risk with cannabis is of having accidents while driving, operating machinery, or at home.
 - ◆ The most established risk with long-term cannabis use is of developing chronic respiratory problems, or lung, mouth, or throat cancer from the carcinogens in the smoke.
 - ◆ Extreme reactions are very rare. There have been isolated reports of people becoming disoriented or suffering hallucinations or behavioural disturbances.
 - ◆ Cannabis is thought by some researchers to trigger episodes of preexisting bipolar disorder (manic depression) or psychosis. People suffering from depression may have a bad reaction to cannabis, and those with a family history of mental illness should steer clear of cannabis - or any other drug.
 - ◆ An overdose of cannabis is all but impossible. However, ingesting huge amounts has been known to cause people to fall into a coma, and smoking or eating too much can make a user feel nauseated, paranoid, panicky, and generally unwell.
 - ◆ Those withdrawing from cannabis may experience sleeping problems, anxiety, sweating, loss of appetite, and an upset stomach. These symptoms usually disappear within a few days, although sleep disturbances may last longer.

Cocaine

Cocaine (coke, blow, snow, flake) is a central nervous system stimulant derived from the leaves of the coca plant, comes in the form of a white powder, and has the scientific name of cocaine hydrochloride. Cocaine can be snorted, injected, ingested, or converted to a free-base form (crack) and smoked. Most street cocaine is heavily cut with various additives. Smoking crack gives quicker effects than soluble cocaine because it is more concentrated. Pure cocaine is rarely found on the street.

Cocaine acts on the brain's pleasure/reward system, flooding the brain with the naturally occurring neurotransmitter, dopamine, which is normally associated with pleasurable feelings such as having sex or satisfying hunger or thirst.



Cocaine is now known to be extremely psychologically addictive. The brain quickly associates the memory of taking cocaine with the stimulation of its pleasure centres, and even recreational users can find themselves smelling cocaine for no reason, or experiencing a rush if they see a rolled-up bank note. Heavy cocaine users commonly report the desire to keep using continuously.

Short-term effects can occur rapidly after a single dose of cocaine, and can last anywhere from a few minutes to a few hours. Immediate effects include a feeling of euphoria, wellbeing, increased alertness, and energy.

An effect which contributes greatly to the addictive nature of cocaine is the feeling of increased confidence in oneself and one's abilities. Other immediate effects may include reduced appetite, increase in heart rate, increase in body temperature, and enlarged pupils. Short-term cocaine use can also bring on aggressive behaviour and an inability to judge risks.

The effects of cocaine tend to wear off quickly so people often take a number of small doses in quick succession. Higher doses can produce headaches, dizziness, restlessness, and violent behaviour. Other effects may include a loss of concentration, a lack of motivation, heart pain, and even heart attack.

Risks

- ◆ Long-term use of cocaine can produce behavioural problems and psychosis, including long-term depression, mood swings, and other disorders similar to those found in people with Parkinson's disease, even after cessation of use.
- ◆ Cocaine psychosis is usually of short duration, but is extremely unpleasant. Common manifestations include hyperactivity, delusions (often of insects crawling under the skin), increased aggression, and visual hallucinations such as bright lights or floating spots. Heavy users have been known to develop a longer lasting or permanent type of psychosis, or to exhibit repetitive behaviour or facial tics.
- ◆ If cocaine is snorted, nosebleeds are common, and damage to blood vessels may lead to holes in the supporting tissue of the nose.
- ◆ Cardiac problems and angina are thought to be a possible result of long-term cocaine use.
- ◆ Breathing difficulties and lung damage can occur from smoking freebase cocaine.

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- ◆ Skin sores are also common in heavy cocaine users. People tend to pick at the skin as a result of the insects delusion, or just have an urge to fiddle or scratch at pimples or spots.
- ◆ When cocaine is taken in conjunction with alcohol, the two drugs combine in the bloodstream to produce cocaethylene, which is addictive. This explains why people often want a line of coke after a few drinks, a combination far more harmful to the brain than either cocaine or alcohol individually.
- ◆ Cocaine can also cause the user to take risks when driving, having sex, or using drugs.
- ◆ Cocaine users who inject are at risk of contracting infectious diseases such as Hepatitis C and HIV/AIDS. This is particularly so as users may feel the need to inject continuously to maintain the effects.
- ◆ Deaths arising directly from cocaine use are rare, but possible, with most due to secondary conditions such as heart attacks or brain damage.
- ◆ Using cocaine with other drugs can severely increase the risk of overdose, especially with heroin or alcohol
- ◆ Overdose can cause irregular and weak heartbeats, lung failure, heart failure, and burst blood vessels in the brain. Lay the person on their left side and **call an ambulance. DIAL 911** if someone:
 - ◆ has heart palpitations, shortness of breath, wheezing, fitting, severe headache, blurred vision, or collapses into unconsciousness following the use of cocaine
 - ◆ passes out or becomes unable to speak or move although is breathing and has a pulse
 - ◆ lacks one or more vital signs. That is –
 - ◆ If the person has stopped breathing but still has a pulse, **commence mouth to mouth resuscitation** - not CPR (Cardio-Pulmonary Resuscitation, which has the purpose of restoring the pulse).
 - ◆ If the person has no pulse and is not breathing, **commence CPR.**



Withdrawal

- ◆ The cocaine crash or comedown — known as cocaine dysphoria — may include irritability, extremes of hunger, anorexia, exhaustion, deep depression, and suicidal feelings. Nausea and vomiting, fatigue, weakness, and muscle pain may also be experienced during withdrawal.
- ◆ Home detox from cocaine is possible, but must be closely supervised as it can be very difficult to manage and reactions can be unpredictable and sudden. If the person has a history of mental illness, heart disease, fits, high blood pressure or angina, detox should be carried out in a clinical setting.
- ◆ Inform a health or drug and alcohol professional that a home detox is planned, and ensure you can contact them for advice or assistance if necessary.
- ◆ Keep a close watch for depression and suicidal thoughts which could lead to suicide attempts.
- ◆ Following detox, psychological dependency is common, and is thought to be the most severe of any illegal drug. Ongoing treatment and counselling can help with psychological dependency.

Ecstasy

Ecstasy (MetheleneDioxyMethAmphetamine), or MDMA, is a synthetic drug which stimulates the central nervous system. Also known as XTC, MDM, E, and X, it is usually sold as small tablets in a variety of colours and sizes, in capsule form, or as powder which can be snorted or injected. Its euphoric, mood-altering effects make it a popular party drug. The effects generally appear in about an hour, commonly last up to six, but may last as long as 32 hours.

Ecstasy can generate a number of responses, including: increased feelings of self-confidence, wellbeing, and feeling close to others; a rise in blood pressure, body temperature, and pulse rate; jaw clenching and teeth grinding; sweating and dehydration; and, nausea and anxiety. Higher doses can produce hallucinations, irrational behaviour, vomiting, and convulsions.

Many ecstasy users experience a “hangover” effect — including loss of appetite, insomnia, depression, and muscle aches — and find it difficult to concentrate

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the day after. Regular users may feel run down, and be more susceptible to colds and other illness.

It is unclear whether physical dependence can develop, but psychological dependence is a risk for those accustomed to partying and socialising only while on ecstasy. Counselling and support may help.

Risks

- ◆ The unreliable quality of the chemical makes Ecstasy dangerous, since a user cannot know either what chemicals are in the pill or the strength of the dose. One pill can be fatal.
- ◆ The most common risk associated with pure Ecstasy is overheating and ignoring it. Sipping water doesn't reduce the drug's effects but does prevent dehydration. Beware that drinking too much water may lead to brain swelling in some.
- ◆ Ecstasy is known as the love drug because it commonly makes users feel warm and loving. Ecstasy can also heighten sexual desire, intensify sexual experience, and decrease inhibitions, making unprotected/unsafe sex more likely.
- ◆ Those with high blood pressure, a heart condition, hypertension, diabetes, asthma, epilepsy, and depression or other mental illness should avoid MDMA or similar drugs. In general, little is known of ecstasy's long term effects, but liver damage has been reported among regular users.
- ◆ Injecting ecstasy is risky because of the risk of Hepatitis C or HIV/AIDS, and because there is no quality control in the composition of the drug itself.

Harm reduction

- ◆ Watch for signs of dehydration or heat stroke. Suddenly feeling irritable, giddy, or faint, cramps in the back of the legs, arms, and back, passing little or dark-coloured urine, vomiting, or inability to sweat are all warning signs. Those with these symptoms should tell a friend what's happening, sit down in a cool quiet area, and sip fluids such as fruit juice. If the symptoms continue, worsen, or the user or their friends are worried, they should immediately seek medical help.

How to help:

- ◆ If after using Ecstasy, a person has heart palpitations, shortness of breath, wheezing, seizures, severe headache, or blurred vision, or collapses into unconsciousness (a severe headache and vomiting can indicate serious damage from injecting), call an ambulance immediately.
- ◆ If a person passes out or becomes unable to speak or move but is breathing and has a pulse, lay them on their left side and call an ambulance.
- ◆ If breathing stops but a pulse can be felt, call an ambulance, and commence mouth-to-mouth resuscitation (not CPR, since the purpose of Cardio-Pulmonary Resuscitation is to restore the pulse).
- ◆ If **no** pulse or breathing is evident, call an ambulance and start CPR (Cardio-Pulmonary Resuscitation).

Other party drugs

- ◆ Ketamine (Special K, Super K, K, sometimes sold as or mixed with Ecstasy) and PCP (Angel Dust) are both anaesthetics with hallucinogenic effects. Since K blocks out pain, the main risk with it is being injured.
- ◆ GHB (GBH, Fantasy, Liquid E, or Liquid X) is an anaesthetic about which we know little. Low doses induce feelings of calm, relaxation, and mild euphoria. High doses can cause sedation, nausea, vomiting, muscle stiffness, confusion, convulsions, and, in some cases, coma or respiratory collapse.

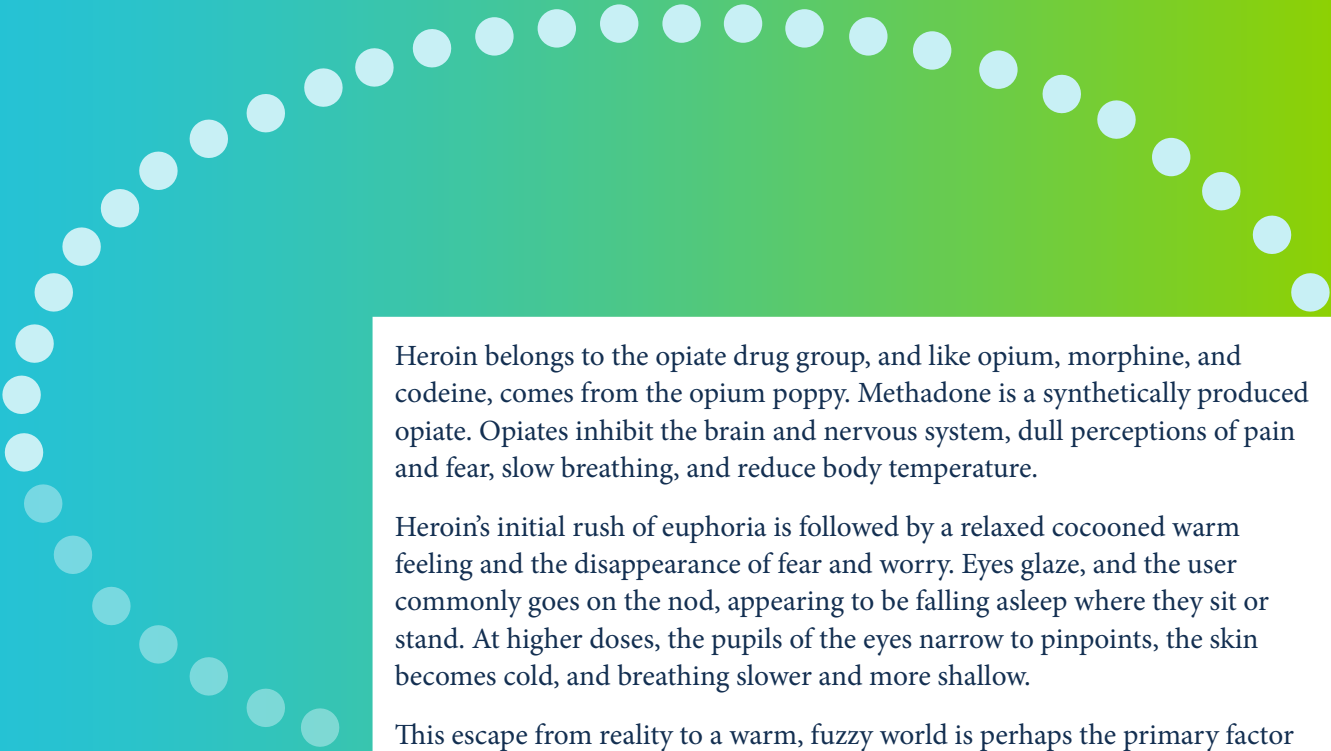
Heroin

Heroin (smack, horse, dope, rocks, shit, down, and gear), which comes from the opium poppy, is a central nervous system depressant which can be injected, snorted, or smoked by heating and inhaling the fumes (chasing the dragon). It usually comes in powder form.

Street heroin is cut or mixed with a cheap substance such as glucose, lactose, or sucrose, and can be cut with harmful contaminants.

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Heroin belongs to the opiate drug group, and like opium, morphine, and codeine, comes from the opium poppy. Methadone is a synthetically produced opiate. Opiates inhibit the brain and nervous system, dull perceptions of pain and fear, slow breathing, and reduce body temperature.

Heroin's initial rush of euphoria is followed by a relaxed cocooned warm feeling and the disappearance of fear and worry. Eyes glaze, and the user commonly goes on the nod, appearing to be falling asleep where they sit or stand. At higher doses, the pupils of the eyes narrow to pinpoints, the skin becomes cold, and breathing slower and more shallow.

This escape from reality to a warm, fuzzy world is perhaps the primary factor in continued heroin use and dependence, and the fear of returning to reality is a common barrier to cessation or reduction of use.

Risks

- ◆ Tolerance to heroin increases rapidly, and users quickly find themselves using higher and higher doses just to feel normal, or to avoid withdrawal.
- ◆ Adverse effects include nausea, vomiting, and itching. Constipation which can last for days and weeks is another effect, and can lead to hospitalization and serious illness.
- ◆ Long-term use may result in damage to the veins, heart, and lungs. Women may experience irregular menstruation and possible infertility, while men may experience impotence. Sexual activity commonly becomes non-existent for regular heroin users, as the sexual drive fades along with pain, fear, and anxiety.
- ◆ Heroin users who inject are at particular risk for Hepatitis C and HIV/AIDS.
- ◆ The unknown strength of street heroin can be a factor in accidental overdose.
- ◆ Heroin can be dangerous when combined with other drugs, especially depressants like alcohol, or minor tranquilizers like rohypnol, valium, and the like. These combinations can lead to coma or even death.

- ◆ Overdose. Too much heroin, morphine, methadone, or opium causes the blood pressure to drop so low that oxygen does not get to vital organs, the body shuts down, and breathing slows and stops. Most overdoses occur when drugs are mixed, but can also be caused by changes in the purity of the heroin.
- ◆ Most overdoses are accidental. The majority of fatalities with overdoses occur when the person is alone.

Signs of overdose

- ◆ Being unable to wake up. If they don't respond to shaking and calling their name, they are in danger.
- ◆ Gurgling or choking sounds when breathing.
- ◆ Heavy snoring while asleep. Try to wake the person up. If they don't respond, **call 911**.
- ◆ Cold clammy skin and/or sweating profusely
- ◆ Eyes are open, but they are like dolls' eyes – staring or vacant

Overdose intervention

- ◆ If someone passes out or becomes unable to speak or move but is still breathing and has a pulse, lay them on their left side and **call an ambulance**.
- ◆ If breathing stops but a pulse can be felt, call an ambulance and **commence mouth to mouth resuscitation** - not CPR (Cardio-Pulmonary Resuscitation), which has the purpose of restoring the pulse.
- ◆ If no pulse or breathing is evident, call an ambulance and **commence CPR**.
- ◆ Paramedics or other medical staff will administer a dose of Narcan, which reverses the effects of the heroin. However, the effects of Narcan are temporary, and it does not clean the system of heroin. Using again immediately after, or for some time after, could lead to another overdose. Similarly, if the user has other drugs in their system when the Narcan is administered, they will still be affected by those drugs. Narcan only works on opiates.

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Withdrawal

- ◆ Withdrawal from heroin, while less dangerous than withdrawal from alcohol or minor tranquilizers, is characterized by restlessness, followed by yawning, a runny nose, a craving for the drug, stomach cramps, diarrhea, nausea, aching muscles, back pain, trembling, sweating, and body spasms. These symptoms can be quite prolonged, but usually peak in 2 or 3 days.
- ◆ Sudden withdrawal from heroin very rarely causes death unless the person has other medical complications or is withdrawing from another drug at the same time.

Inhalants

People become affected from breathing in the fumes (sniffing) from various volatile substances, including glues, aerosols, liquid paper thinners, butane gas, nitrous oxide, or gasoline. Solvents depress the central nervous system, as does alcohol, and act quite similarly to alcohol. However, because they are inhaled and go directly into the bloodstream, solvents act much more quickly.


Glues and aerosol can contents are commonly inhaled from a small plastic bag held over the mouth and nose. Others are inhaled directly from their containers or soaked into a piece of cloth. Sometimes substances are sprayed directly into the nose or mouth – an extremely dangerous practice which can paralyze the airways, freeze the throat, and cause suffocation.

The initial effects occur within 2 to 5 minutes and include feelings of excitement and relaxation. Repeated sniffing sustains these feelings. Loss of coordination also occurs. Some users become disoriented and frightened, and some experience other effects, like blackouts and mild hallucinations.

Solvents are a cheap and easy to obtain substitute for alcohol for the young people who use them. Although this doesn't usually last long, some do go on to become long term or dependent users of inhalants. Generally speaking, this category of users have more problems in their lives, and less support and ability to deal with those problems. They may sniff alone or with other users, and are also likely to be using a variety of other drugs, including alcohol.

Risks

- ◆ A rare occurrence with substances such as correcting fluid, butane gas, and aerosol sprays, is sudden sniffing death, where the user's heart can



be caused to beat irregularly. These deaths are often associated with stress during or soon after sniffing. Sniffers should never be chased or frightened.

- ◆ The main danger in inhalants comes from accidents arising from being high and losing inhibitions and judgement.
- ◆ Short term use of most products rarely leads to serious damage to the body. Some users have been admitted to hospital with convulsions or inability to control their movements or speak properly, but most of these symptoms clear within a few hours. Others experience problems with airways and breathing, which may improve over time.

Harm reduction – conduct for inhalant users

- ◆ Do not put plastic bags over your head.
- ◆ To concentrate the inhalant, use small rather than large plastic bags to reduce the risk of suffocation.
- ◆ Don't smoke while sniffing, as the substances are highly flammable.
- ◆ Call an ambulance if you are worried about a friend for any reason.
- ◆ Know how to help in an emergency. The basics are:
 - ◆ Lay the person on their side to prevent choking if they vomit.
 - ◆ Take away what they have been sniffing and make sure they are breathing clean air.
 - ◆ If the person is conscious, keep them calm and relaxed until they have completely sobered up. Don't chase them or get them stressed or panicked.


Methadone

Methadone is a depressant drug that slows brain or central nervous system activity, and is in the same family of drugs as heroin. Because it does not produce a “high,” this manufactured opiate is used to help stabilize those dependent on heroin-like opiates, enabling them to become abstinent, or reduce their use. It does not work for cocaine.

Methadone is a cheap, pure, legal drug dispensed in hospitals, clinics, or

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pharmacies, which lasts longer than morphine and heroin, with a single dose being effective for 24 hours or longer. Since it is taken orally, it is cleaner than injecting street drugs. It has to be taken under supervision every day.

In methadone maintenance programs, clients are given a dose of methadone specifically designed to stop the user from going into withdrawal for 24 hours but not get them stoned, so that normal activities and functions can generally be maintained. Determining the right dosage can take days or weeks.

The effects of methadone depend on the amount taken, the person's experience, the size of the dose, and the frequency with which it is taken. The strength of the effects and how long they last differ for each person, but can include sweating, constipation, lowered sex drive, aching muscles and joints, itchy skin, suppression of appetite, stomach pain, nausea and vomiting. Adjusting the dose can help.

Methadone is very addictive and difficult to get off. However, slow withdrawal from methadone may be accomplished safely when the situation is appropriate for the individual. The process may take anywhere from several months to a year or more, depending on the level and duration of drug use as well as the circumstances of the individual.

Risks

- ◆ Breastfeeding women who are on methadone pass small quantities of the drug through the mother's milk. Little is known about the long term effects on a baby who has had regular doses of methadone in the early stages of development.
- ◆ Using other drugs with methadone can cause a fatal overdose. Alcohol and other depressants, valium, rohypnol and the like, as well as cannabis, interact with methadone causing drowsiness, unconsciousness, failure to breathe, and ultimately, death.
- ◆ Methadone can change the effectiveness of other drugs, or produce unexpected effects. Similarly, some drugs reduce methadone's effectiveness, or change its effects. Methadone users need to inform their doctor and dentist so that other medical treatments are safe.
- ◆ Methadone withdrawal symptoms, which can be worse than heroin withdrawal, are triggered if an individual suddenly stops methadone treatment. Usually a person wishing to come off methadone undergoes a gradual reduction in dosage under a doctor's supervision that can take as long as three to 12 months, or longer, depending on the regular dosage and the individual concerned.

- ◆ A person suddenly discontinuing treatment may experience desperate anxiety, yawning, tears, diarrhea, abdominal cramps, goosebumps, a runny nose, and a craving for the drug — feelings which peak after six days and last from six to 12 months.

Overdose intervention

- ◆ Overdosing on methadone can be fatal. The main risk is stopping breathing. Feelings of extreme tiredness, leading to a loss of consciousness and coma occur, often with a sudden collapse. Since oral methadone can be slow acting, it may take anywhere from three to 24 hours after the dose is administered for an overdose to occur.
- ◆ Lay the person on their left side and call an ambulance if:
 - ◆ the person stops breathing but has a pulse. Commence mouth to mouth resuscitation, not CPR (Cardio-Pulmonary-Resuscitation), since the purpose of CPR is to restore the pulse.
 - ◆ the person has no pulse but is breathing. Commence CPR.

Methamphetamine

What is it? Meth, crystal, jib, speed, ice, crank, glass, tweak, sketch, tina, yaba, shabu. A derivative of amphetamine, meth is a highly addictive, toxic, synthetic central nervous stimulant. It comes in tablets and capsules, chunks and powders, off-white crystals and glass shards. It is cheap, easily obtained and made in small illegal labs with toxic, over-the-counter ingredients. Analysis of samples seized at raves by RCMP between September 2001 and June 2002 show that over 58% of drugs contained methamphetamine.

How is it used? Meth is commonly snorted, smoked, injected, or swallowed. Snorting produces effects within 3 to 5 minutes, and swallowing takes 15 to 30 minutes to produce effects. These methods produce euphoria, but not the intense rush and instantaneous effects of smoking or injecting. In this way, routes of administration play a role in addictive potential. Once in the body, meth artificially triggers a massive release of neurotransmitters in the central and peripheral nervous systems:

- ◆ Dopamine, associated with pain suppression, appetite control, and the brain's self-reward centre.

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- ◆ Norepinephrine, which activates a body's fight-or-flight response in emergencies.

Effects

Effects can last from 4 to 24 hours, depending on the amount and purity of the drug. Users can become tolerant to the pleasurable effects but continue to feel the agitation associated with physical stimulant effects.

Short-term pleasurable effects of methamphetamine

- | | |
|------------------------------------|------------------------------------------|
| ◆ euphoria | ◆ confidence |
| ◆ talkativeness | ◆ sexual enhancement |
| ◆ restlessness | ◆ loss of appetite |
| ◆ excitability | ◆ decreased fatigue |
| ◆ increase in athletic performance | ◆ large increase in alertness and energy |

Stimulant effects

- | | |
|----------------------------------------------|------------------------|
| ◆ sweating | ◆ headache |
| ◆ jaw clenching | ◆ tooth grinding |
| ◆ incessant talking | ◆ increased heart rate |
| ◆ irritability | ◆ insomnia |
| ◆ elevated blood pressure and breathing rate | |
| ◆ anxiety | ◆ panic |

A meth run is a common pattern of binge use. A run can last a few days to over a week of continual topping up until the user is exhausted, too disorganized to continue, or runs out of the drug. At this point, the user will “sketch” or “tweak” until they crash and sleep, but not experience normal sleep patterns for several weeks

Physiological effects of chronic methamphetamine use

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|--------------------------------|--------------------------|
| ◆ extreme weight loss | ◆ liver disease |
| ◆ severe malnutrition | ◆ bronchitis |
| ◆ tooth-grinding and loss | ◆ seizures |
| ◆ brittle fingernails | ◆ convulsions |
| ◆ non-healing ulcers and sores | ◆ respiratory depression |

- ◆ chronic chest infections
- ◆ hepatitis
- ◆ heart failure
- ◆ hyperthermia
- ◆ HIV
- ◆ coma
- ◆ rupture of blood vessels in the brain
- ◆ kidney failure

Mental health concerns

Compared to heroin and cocaine, methamphetamine poses little danger of overdose. Hospitals report meth-related emergency-room admissions are almost all psychiatric. One psychotic episode can most likely be attributed to a severe lack of sleep, nutrition and hydration. Actual meth-induced psychosis means repeated episodes, persistent symptoms and patterns that continue after drug use.

Psychotic symptoms

- ◆ confusion
- ◆ fear
- ◆ paranoia
- ◆ hallucinations
- ◆ increased aggressiveness
- ◆ hysteria
- ◆ antisocial behaviours
- ◆ mood disturbances
- ◆ disorganized thoughts, behaviours
- ◆ violence
- ◆ tactile hallucinosis/parasitosis (the sensation of insects crawling under the skin)

While psychosis is a risk, meth use is more commonly followed by prolonged anxiety and deep depression. High doses and extended use can also alter thinking patterns.

Cognitive impairments

- ◆ loss of insight into actions
- ◆ distractibility
- ◆ repetitive behaviour
- ◆ memory loss
- ◆ decreased ability to perform tasks such as following instructions
- ◆ impaired memory, learning, abstract thinking, logic

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Who uses methamphetamine?

In the 70's, "speed" was associated with white, male, blue-collar workers, athletes and bikers. Meth is now a popular drug among high school students, street youth, professionals, the gay/bisexual/lesbian/ transgendered (GLBT) population, and young mothers.

How can you tell if someone is using meth?

Any of these indicators, if they constitute a significant change:

- ♦ overly energized
- ♦ talkative
- ♦ hyperactive
- ♦ fidgeting
- ♦ very bad acne
- ♦ not sleeping for days, then sleeping for extreme lengths of time
- ♦ sudden loss of interest in hobbies
- ♦ extreme mood changes
- ♦ hostility or irritability
- ♦ difficulty focusing
- ♦ uninterested in sleep or food
- ♦ deep depression
- ♦ jumpy eyes
- ♦ seeing things that aren't there
- ♦ abnormal or semi-purposeful movements
- ♦ organizing and cleaning things
- ♦ missing school or work
- ♦ paranoia

Why methamphetamine?

The most common reasons for use are increased energy, performance and confidence. Enhanced social interaction, sex drive and performance, and lowered inhibitions are specific factors in use among gay and bisexual men. For street youth, the loss of appetite and decreased need for sleep solves the problem of a lack of food and shelter.

People with asthma or hyperactivity sometimes use meth to calm their moods and behaviour. Other reasons for this choice include:

- ♦ perceived to bring little stigma, compared to other drugs
- ♦ gives emotional distance from pain and struggle
- ♦ confers a sense of control
- ♦ eases social interactions, eliminates boredom
- ♦ assists weight loss
- ♦ convenient: easily concealed, smokeable

Withdrawal and detox

Methamphetamine withdrawal isn't as physically dangerous as with heroin or alcohol, but can be extremely difficult because it is more psychologically addictive. Chronic use depletes the brain's supply of dopamine, which can take years to be restored even when use is discontinued. The lack of dopamine contributes to prolonged depression and suicidality. Detox can take 1-2 weeks, and withdrawal symptoms—including suicide risk and high rates of reuse — can last for four months or longer.

Withdrawal symptoms

- ♦ extreme tiredness
- ♦ shakiness or nausea
- ♦ disturbed sleeping patterns
- ♦ dry mouth
- ♦ palpitations and sweating
- ♦ headaches
- ♦ disorientation
- ♦ confusion
- ♦ irritability
- ♦ itching
- ♦ boredom
- ♦ apathy
- ♦ extreme depression
- ♦ suicide
- ♦ anxiety
- ♦ paranoia
- ♦ hallucinations
- ♦ toxic psychosis
- ♦ craving
- ♦ inability to feel pleasure

Treatment

Treatment for methamphetamine use may take a long time, and the vast majority of users require lots of support. Because so many use other drugs, the polyuse pattern must also be treated. Success depends on finding a program that fits the individual, developing relapse prevention techniques, and keeping the user in the program.

Options

- ♦ one-on-one and/or group counselling
- ♦ acupuncture (available at daytox in Vancouver)
- ♦ hospital outpatient and inpatient treatment
- ♦ early psychiatric intervention
- ♦ cognitive behavioural therapy (works to modify thinking, expectations, behaviours, and increase life skills)
- ♦ recovery support groups in combination

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- ◆ the Matrix Model (combination of 12 step, counselling, CBT and medication treatment)
- ◆ For those with legal issues, the interactive, day-treatment approach of drug courts can be very effective.

Antidepressants can help those who recently have become abstinent. Extreme excitement or panic can be treated with anti-anxiety agents such as benzodiazepines. In cases of psychoses, short-term low doses of antipsychotic drugs have been effective. Work is still needed to provide context-specific treatment options, including methamphetamine-only treatment, dual-diagnosis treatment, and options that address the contexts of street youth and gay men. A street-involved young person may find it difficult to stay clean after a short detox when they do not have a home.

Finally, resolving an addiction requires putting multiple supports in place: various areas of stability to help withstand environmental triggers. Treatment should involve families where possible and should address reintegration into social groups, the workforce or volunteering, school, and any legal issues.

Methamphetamine information by MARC (Methamphetamine Response Committee) and Vancouver Coastal Health. FGTA members are part of MARC. For more information, go to MARC's website, www.methfacts.org.


Psychedelics

Psychedelics (sometimes known as hallucinogens) are a group of drugs which can change a person's perception, making them see or hear things that don't exist. They can also produce changes in thought, sense of time and mood. They vary widely in their origin and chemical composition.

Some psychedelics occur naturally. These include psilocybin, which is found in certain mushrooms (magic mushrooms), and mescaline from the peyote cactus. Others, such as LSD (commonly known as acid) are manufactured in laboratories. LSD is white, odourless, and tasteless. It is taken orally, often soaked into small squares of absorbent paper (blotter) or in tablet form.

Natural hallucinogens have been used by various cultures for their mystical and spiritual associations. Synthetic psychedelics were developed in the 20th century, becoming popular in the 1960s and early '70s. Effects of psychedelics usually begin within half an hour, and are at their strongest in 3 to 5 hours, with effects lasting for up to 16 hours.

The psychedelic experience, or trip, varies from person to person, and can



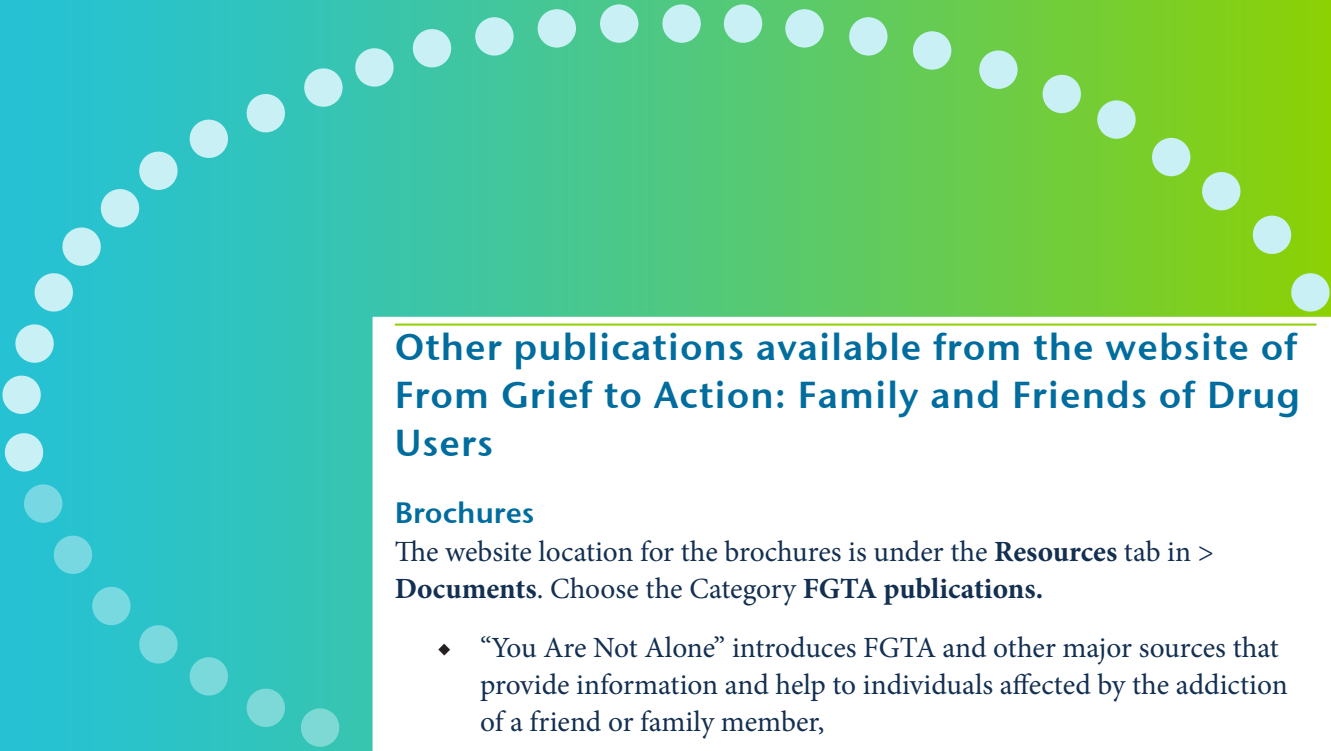
range from feeling good to an intensely unpleasant experience (bad trip) which can include feelings of anxiety, fear, or losing control. Other effects are a sense of time passing slowly, feelings of unreality, separation from the body, and an inability to concentrate. Intense sensory experiences, such as brighter colours, and a mixing of the senses (like hearing colours) may also be felt. Both positive and negative feelings may be felt during the same drug experience.

Risks

- ◆ LSD can cause an abnormally rapid heartbeat and raise blood pressure, and can pose a risk for those with cardiac problems.
- ◆ Some users experience unpredictable flashbacks where they relive the effects of the drug without actually using it, sometimes years after the trip, but mainly within the first year. Depression is also common following tripping, and there is evidence that existing mental illnesses such as psychosis, depression, and anxiety can be triggered or made very much worse by LSD.
- ◆ Fatalities or accidents can occur as a result of tripping in unsafe environments, for example near water or bridges, because someone on a euphoric trip may believe he or she can fly, and people on a bad trip can endanger themselves in other ways when frightened.
- ◆ People should never take LSD or other psychedelics alone, and one person should always remain straight to deal with any problems that may arise.
- ◆ Collecting and consuming wild magic mushrooms can be risky, as there is a high risk of accidentally ingesting a poisonous toadstool or species of mushroom.
- ◆ Psychedelics are rarely used daily or regularly, but when they are, tolerance develops quickly, so that higher amounts need to be taken to get the same effect as before.
- ◆ Some regular users develop a psychological dependence, but there appear to be no physical withdrawal symptoms from psychedelics.

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Other publications available from the website of From Grief to Action: Family and Friends of Drug Users

Brochures

The website location for the brochures is under the **Resources** tab in > **Documents**. Choose the Category **FGTA publications**.

- ◆ “You Are Not Alone” introduces FGTA and other major sources that provide information and help to individuals affected by the addiction of a friend or family member,
- ◆ “From Grief to Action” invites you to join the association, explaining what goals and policies your support will further.

Guidebook

To download the guidebook, click the button on the website home page.

Parents in Action helps you set up a peer support group if you are dealing with addiction in your family. FGTA members helped design the simple meeting process. The guide also includes the best information available from householders across Canada who have started mutual support groups of their own. (Most groups share information and create bonds among individuals who themselves have an affliction such as arthritis or bipolar disorder).

Meeting agendas and support materials are unique to FGTA concerns and offer an option to 12-step programs.

From Grief to Action

FGTA Association of Families and Friends of Drug Users is a non-profit society working to improve the lives of addicted youth and their families and friends.

From Grief To Action (FGTA) promotes recognition of drug addiction as a health issue and, for anyone with an addiction disorder, supports a comprehensive continuum of care including harm reduction, detoxification, treatment, and rehabilitation, in order that they may achieve and maintain healthy, productive lives.

Through PARENTS FOREVER, our self-help group, we offer regular, ongoing support for parents and family members dealing with the day-to-day challenges of having an addicted person in the family. Without giving direction or passing judgement, we share our experiences, offer understanding and caring, and provide support whenever it is needed. By focusing on issues such as supporting without enabling, and by sharing information on treatment options, we learn to take care of ourselves, and, most importantly, find ways to maintain a relationship with our loved ones.

FGTA also works to raise public awareness. In addition to writing letters and articles, appearing on talk shows, organizing public forums, providing speakers for group or public events, and working with schools and professionals on drug use education and prevention, our society produces educational materials, including informational videos.

