

# 1 HOW DRUGS AFFECT YOU

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## what is a drug?

A drug is any substance, solid, liquid or gas that changes the functions or structures of the body in some way. This excludes food and water, which are required to maintain normal body functioning.

The drugs of most concern to the community are those that affect a person's central nervous system. These are the *psychoactive* drugs. They act on the brain and can change the way a person thinks, feels or behaves.

## where do drugs come from?

Drugs are derived from a range of sources. Many are found in plants, for example nicotine in tobacco; caffeine in coffee beans; and cocaine from the coca plant. Morphine and codeine are derived from the opium poppy, while heroin is produced by the chemical modification of morphine. Marijuana is the leaf, buds and seed heads of the cannabis plant, while hashish and hash oil are the plant's resin.

Alcohol is produced by the natural process of fermentation that happens when fruit, grain or vegetables decompose. Certain fungi, such as magic mushrooms and cactus plants, are considered drugs because of their hallucinogenic properties. Medicines can be manufactured from both natural and artificial chemicals.

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## who uses drugs?

A number of state and national surveys have been conducted to assess the extent of drug use in Australia. These surveys provide clear evidence that Australia is a nation of drug users.

The 2004 National Drug Strategy Household Survey<sup>1</sup> estimates that of the Australian population aged 14 years and over, at some time in their lives:

- 90.71% had used alcohol;
- 47.1% had used tobacco;
- 33.61% had used marijuana;
- 5.5% had used analgesics (pain-killers);<sup>(a)</sup>
- 2.8% had used tranquillisers/sleeping pills;<sup>(a)</sup>
- 7.5% had used hallucinogens;
- 9.1% had used methamphetamine (speed);<sup>(a)</sup>
- 7.5% had used ecstasy;<sup>(c)</sup>
- 4.7% had used cocaine;
- 2.5% had used inhalants;
- 1.4% had used heroin;
- 0.3% had used steroids;<sup>(a)</sup> and
- 0.3% had used methadone.<sup>(b)</sup>

<sup>(a)</sup> For non-medical purposes.

<sup>(b)</sup> Non-maintenance.

<sup>(c)</sup> This category included substances known as 'designer drugs' prior to 2004.

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## harm caused by drugs

The most devastating drug-related harm to the community is the death toll. Drug use is a factor in about one in five of all deaths in Australia. In 2000 there were approximately 5,000 deaths attributed to drug use — corresponding to 88,400 years of life lost. Of these total years lost through premature death, more than 60% were associated with tobacco use, 20% with alcohol use and 17% with the use of illicit drugs. The economic costs of drug abuse nationally in 1998–9 were estimated to be \$34 billion per annum.

There are a range of harms that can result from excessive or inappropriate use of psychoactive substances. Loss of life is one extreme and tragic possibility. Negative health effects, family and social problems, psychological and emotional difficulties, legal

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1 2004 National Drug Strategy Household Survey, Australian Institute of Health and Welfare 2005: Canberra.

and financial problems are more common experiences. It should be kept in mind that many people start, and continue, to use drugs to find relief or escape from these types of problems.

There is a prevailing community fear that if a person uses drugs they will become dependent or 'addicted'. No drug leads to an immediate physical or psychological dependence. However, drug-related harm can happen at all levels of use, including experimental, recreational and dependent use.

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## effects of drugs

The physical and psychological effects of psychoactive drugs depend on how they act on the central nervous system that, in turn, affects our thoughts, feelings and actions. Psychoactive substances include legal, illegal and prescription drugs.

It is impossible to predict exactly how a drug will affect any one person. Effects usually relate to how much is used, how often it is used and what other drugs are used. The following factors also influence drug effects.

### how much of the drug is taken and how often

The dosage level of a drug is a major factor influencing drug effect. Generally, the larger the dose or higher the purity, the greater the effect of the drug. Overdose occurs when the amount of the drug taken exceeds the body's capacity to effectively cope with the drug. Depending on the drug taken, the central nervous system is either over-stimulated or slowed down so much that life is threatened.

### how the drug is taken or administered

Drugs can get into the body in a number of ways including ingestion (drinking, eating); smoking; injecting; snorting; inhaling and inserting. Drugs that are injected or inhaled act very quickly and the effects are more intense compared to when they are ingested.

### physical characteristics of the user

A person's height, weight, gender, proportion of body fat, rate of metabolism and stage of the menstrual cycle can all influence the intensity and duration of the drug effects.

### the mood and environment of the user

How a person is feeling can have a significant impact on drug effects, as can the social setting of drug use. If it is a comfortable social atmosphere, users are more likely to have a good time. If it is a threatening environment or the person feels alienated from the group, they may become fearful, anxious, paranoid or depressed.

## tolerance of the substance

Tolerance to a drug can develop if a person uses it frequently. The first time a person uses a drug, they have a very low tolerance and are more likely to feel the effects very strongly, or overdose. The more often the drug is used, the less intense the effects will be. This results in the need to take larger amounts to get the desired effects. When you stop using a drug, or have a break of even a few days, tolerance will reduce.

This corresponds with the experience of withdrawal symptoms. After detoxification from heroin, tolerance drops considerably and the first use of heroin after detox is a high risk time for overdose. Release from prison is another example of a high risk time for heroin overdose due to the reduction of tolerance.

Tolerance often develops rapidly in people who have been tolerant to a substance in the past. The brain appears to have a memory of past drug use, although the process for this is not well understood. People with alcohol dependence, for example, often find that even after a break in alcohol consumption of months or years, tolerance can return in a couple of days. A tobacco smoking habit is quickly re-established even after years of not smoking.

## polydrug use

Polydrug use refers to the use of more than one drug. Users often have a primary drug of choice (for example alcohol, marijuana, speed or heroin) but will use one or more drugs to top up, come down or as a substitute. Combining drugs can increase or alter their effects, often in unpredictable ways.

Despite the risks, polydrug use is quite common. For example, tranquillisers or marijuana may be used to help a person come down from speed or an LSD trip. Using two or more drugs simultaneously or within a relatively short timeframe can be hazardous. There is a real risk of overdose if, for example, two drugs that are both central nervous system depressants are present in the body at the same time. Taking heroin, minor tranquillisers, methadone and alcohol (in any combination) can be fatal.

## alcohol

Harmful drug use remains a major health concern for Australian society, and the principal drug of concern, apart from tobacco, is alcohol. Most members of the community drink at 'low-risk' levels with little or no consequences, save for the occasional hangover or an inappropriate word dropped here or there.

Alcohol affects each individual differently, so it is impossible to say who will be affected by what amount of alcohol. However, there are well-established guidelines for 'low-risk' drinking. For the average man, drinking more than four standard drinks a day (28 standard drinks a week) is drinking too much. For the average woman, drinking more than two standard drinks a day (14 standard drinks a week) is drinking too much. A 'low-risk' drinking pattern should include two or three alcohol-free days a week.

These levels are different for men and women because women's bodies are more vulnerable to the affects of alcohol than are men's. Women are often of smaller build than men, have more fat content and less water than men, and break down alcohol more slowly.

Drinking at above these levels increases the risk for physical, social and emotional harm for the drinker and for those associated with the drinker. It is estimated that at least 10% of the population drink at problematic levels, and that for every problematic drinker five other people are affected. It is estimated that 25% of all hospital admissions are alcohol related.<sup>2</sup>

Physical harm from alcohol can include brain damage, heart disease, liver disease, gastro-intestinal illness and sexual dysfunction. Social problems include traffic accidents, domestic and community related violence, diminished work performance and industrial accidents, crime, family breakdown and financial issues. Emotional problems include depression, isolation, anger, guilt and low self-esteem. Prolonged excessive drinking can sometimes lead to severe mental illness.

## **tobacco**

Each year diseases caused by smoking tobacco kill about 19,000 Australians. Of lifetime smokers, half will die from their addiction, with 50% of these deaths occurring by middle age.

Tobacco smoke contains more than 4,000 chemicals, at least 43 of which are known to cause cancers, including of the lung, throat, mouth, bladder and kidneys. Tobacco smoke also causes other diseases, such as stomach ulcers, emphysema, strokes and heart disease, possibly contributes to osteoporosis, and can lead to fertility problems for both men and women.

During pregnancy, nicotine and other poisons in cigarette smoke reach the baby through the mother's bloodstream and can contribute to miscarriage and complications with the pregnancy and the birth. Babies of smokers are more likely to have a low birthweight and to be born early or to die around the time of birth. Smoking during pregnancy and after the birth is considered a major risk factor for sudden infant death syndrome (SIDS or cot death). Children of smokers are also more likely to have asthma and lung problems.

**Nicotine**, the addictive drug in tobacco, stimulates the nervous system but also makes the smoker feel relaxed. Mixed with carbon monoxide, it temporarily increases heart rate and blood pressure, and narrows small blood vessels under the skin. It slows blood flow, reducing oxygen to the feet and hands, resulting in some smokers having limbs amputated.

**Tar** is made up of many chemicals, including gases and carcinogens (substances that cause cancer) that coat the lungs like soot in a chimney. Smoking low-tar cigarettes may be of some help, but smokers tend to take deeper puffs and hold the smoke in for longer.

**Carbon monoxide** reduces the supply of oxygen to the muscles, brain and body tissue, making the entire body — especially the heart — work harder. Gradually, airways swell up and allow less air into the lungs.

New smokers often feel dizzy and sick from tobacco smoke; if they continue to smoke, their bodies come to depend on nicotine and they can smoke more and more. There is no 'safe' level of tobacco smoking.

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2 Chikritzhs T, Jonas H, Heale P, et al. 'Alcohol caused deaths and hospitalisations in Australia, 1990–1997', *National Alcohol Indicators Bulletin* No. 1, December 1999, cited in Whelan G & Gijssbers, A T, 'Alcohol: the good, the bad and the ugly', an article published on the Internet by *The Medical Journal of Australia* at <[www.mja.com.au/public/issues/173\\_05\\_040900/whelan/whelan.html](http://www.mja.com.au/public/issues/173_05_040900/whelan/whelan.html)> (accessed 15/01/07).

## types of drugs

The three main types of drugs, classified by their effects on the central nervous system are:

- depressants;
- stimulants; and
- hallucinogens.

### depressants

Depressant drugs slow down, or depress, the functions of the central nervous system (however, they don't necessarily make you feel depressed). Depressant drugs include:

- alcohol;
- opiates and opioids: including heroin (also known as 'H', 'hammer', 'smack' and 'gear'), morphine, codeine, methadone and buprenorphine;
- cannabis: (also known as 'green', 'smoke', 'weed', 'pot', 'dope', 'cone' and 'mull'), including marijuana, hashish and hash oil. In stronger concentrations, such as in hashish and resin, cannabis can also act as an hallucinogen in addition to being a central nervous system depressant;
- minor tranquillisers/benzodiazepines (benzos): including diazepam (Valium), oxazepam (Serepax), nitrazepam (Mogadon), temazepam (Normison and Euhypnos); and
- some solvents and inhalants: including vapours from petrol, glue, chrome paint and lighter fluid.

In moderate doses, depressants can make you feel relaxed. Some depressants cause euphoria and a sense of calm and well-being. They may be used to 'wind down' or to reduce anxiety, stress or inhibition. Because they slow you down, depressants affect coordination, concentration and judgment. This makes driving and operating machinery hazardous.

In larger doses, depressants can cause unconsciousness by reducing breathing and heart rate. A person's speech may become slurred and their movements sluggish and uncoordinated. Other effects of larger doses including nausea, vomiting and, in extreme cases, death. When taken in combination, depressants increase their effects and increase the danger of overdose.

### stimulants

In contrast to depressant drugs, stimulant drugs speed up the functions of the central nervous system. Millions of Australians use the following stimulants every day:

- caffeine: most coffee, tea and cola drinks contain caffeine, which is a mild stimulant;
- nicotine: the nicotine in tobacco is a stimulant, despite many smokers using it to relax; and
- ephedrine: used in medicines for bronchitis, hay fever and asthma.

Stronger stimulant drugs include:

- amphetamines and methamphetamines: also known as 'speed', 'ice' and 'crystal meth';
- cocaine: also known as 'coke' and 'snow';
- slimming tablets: e.g. Duromine and Tenuate; and
- dexamphetamine: prescribed to treat attention-deficit disorder in children and narcolepsy, which is an uncontrollable urge to fall asleep.

Stimulants speed up or stimulate the central nervous system and can make the users feel more awake, alert or confident. Stimulants increase heart rate, body temperature and blood pressure. Other physical effects include reduced appetite, dilated pupils, talkativeness, agitation and sleep disturbance.

Higher doses of stimulants can 'over stimulate' the users, causing anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia. They can also cause heart problems such as arrhythmia. Prolonged or sustained use of strong stimulants can also cause these effects.

Strong stimulants can mask the effects of depressant drugs, such as alcohol. This can increase the potential for aggression, and poses an obvious hazard if the person is driving.

## hallucinogens

Hallucinogenic drugs distort the user's perceptions of reality. These drugs include:

- LSD (lysergic acid diethylamide): also known as 'trips', 'acid' and 'microdots';
- magic mushrooms (psilocybin): also known as 'mushies';
- mescaline (peyote cactus); and
- ecstasy (MDMA/methylenedioxymethamphetamine): also known as 'E', 'XTC' and 'Eccies', produces a combination of hallucinogenic and stimulant effects; and
- ketamine: also known as 'K' and 'Special K'.

The main physical effects of hallucinogenic drugs are dilation of pupils, loss of appetite, increased activity, talking or laughing, jaw clenching, sweating and sometimes stomach cramps or nausea. Drug effects can include a sense of emotional and psychological euphoria and well-being. Visual, auditory and tactile hallucinations may occur, causing users to see or hear things that do not actually exist. The effects of hallucinogens are not easy to predict and the person may behave in ways that appear irrational or bizarre. Psychological effects often depend on the mood of the users and the context of use.

Negative effects of hallucinogens can include panic, paranoia and loss of contact with reality. In extreme cases, this can result in dangerous behaviour that can put the user and others at great risk. Driving while under the influence of hallucinogens is extremely hazardous. It is common for users to take minor tranquillisers or marijuana to help them come down from a hallucinogenic drug.

## testing for drug use

Most drugs are detectable in urine for one to three days after their use. It is difficult to predict whether a urine test will be positive for drug use, as this can vary a lot between people and depends on a number of factors including the amount of drug taken, the rate of metabolism for that drug, the length of time the urine has been in the bladder, and the amount of water consumed. Some drugs are detectable over longer periods of time, such as benzodiazepines (diazepam, temazepam, oxazepam etc.), which can be detected up to a week later, and cannabis, which can be detected up to a month later. Drinking large amounts of water can dilute the urine sample, making it less likely that any drugs will be detected; however, most laboratories also test how diluted the urine sample is.

Since very many factors can affect how long a drug is detectable in urine, the following figures (based on information from the Department of Corrective Services (1997) *Operations Procedures Manual*) are only a rough guide. Testing is becoming progressively more sophisticated and accurate.

<b>Drug</b>	<b>Detectable for</b>	
Alcohol	8–12 hours	
Amphetamines	2–4 days	
Barbiturates	(short-acting, e.g. seconal)	1 day
	(long-acting, e.g. phenobarbital)	2–3 weeks
Benzodiazepines	3–7 days	
Cannabis	(first-time users)	1 week
	(long-term users)	up to 66 days
Cocaine	2–4 days	
Codeine	2–5 days	
Ecstasy (MDA/MDMA)	1–3 days	
LSD	1–4 days	
Methadone	3–5 days	
Opiates	(e.g. heroin/morphine)	2–4 days
PCP	10–14 days	
Steroids	(anabolic) (taken orally)	14 days
	(taken other ways)	30 days

Hair samples can contain traces of drugs if the drugs were used when the hair was being formed in the scalp or if drugs come into contact with the hair externally. Hair grows at the rate of approximately one centimetre per month and dividing the hair into one centimetre fragments can be used to plot the pattern of drug use over an extended period.

Sweat can also be used to detect drug use with sweat patches (like patches for giving up smoking), although commercial testing for sweat is not yet routinely available in Victoria.

Commercial tests exist for on-the-spot testing of saliva. The detection times for drugs in saliva are similar to detection times for drugs in urine.

## drug reference guide

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
<b>DEPRESSANTS</b>				
<i>1. Sedative hypnotics</i>				
Ethyl alcohol	<ul style="list-style-type: none"> <li>• alcohol</li> <li>• booze</li> <li>• grog</li> <li>• piss</li> <li>• beer, wine, etc...</li> </ul>	<ul style="list-style-type: none"> <li>• Relaxation</li> <li>• Feelings of happiness and well being</li> <li>• Unsteadiness in standing and walking</li> <li>• Slurred speech</li> <li>• Euphoria</li> <li>• Confusion</li> <li>• Impaired judgment</li> <li>• Disinhibition</li> <li>• Dry mouth</li> <li>• Mood swings</li> <li>• Low blood pressure</li> <li>• Hangover</li> </ul>	<ul style="list-style-type: none"> <li>• Brain and other nervous system damage</li> <li>• Heart, pancreas, stomach and liver damage</li> </ul>	<ul style="list-style-type: none"> <li>• Sweating</li> <li>• Tremor</li> <li>• Convulsions, seizures</li> <li>• Delirium tremens (may cause death)</li> <li>• Insomnia</li> <li>• Nausea and vomiting</li> <li>• Delusions and hallucinations</li> </ul>
Benzodiazepines	<ul style="list-style-type: none"> <li>• chlordiazepoxide (Librium)</li> <li>• diazepam (Valium, Vs, Ducene, Propam, Antenex)</li> <li>• nitrazepam (Mogadon, moggies, Alodorm, Dormicum, Nitepam)</li> <li>• oxazepam (Serapax, seras, Benzotran, Murelax, Alepam)</li> <li>• flunitrazepam (Rohypnol, rohies)</li> <li>• temazepam (Euhypnos, Normison, footballs)</li> <li>• clonazepam (Rivotril)</li> </ul>	<ul style="list-style-type: none"> <li>• Lasts 12 to 24 hours depending on half life</li> <li>• Relief of anxiety and tension</li> <li>• Large doses may cause drowsiness (possibly sleep)</li> <li>• Muscular incoordination</li> <li>• Blurred vision</li> <li>• Slurred speech</li> <li>• Unsteadiness in standing or walking</li> <li>• Persistent jerky eye movement</li> <li>• Low blood pressure</li> <li>• Drooling</li> <li>• Dilated pupils</li> <li>• In some cases, excitability</li> </ul>	<ul style="list-style-type: none"> <li>• Continued heavy use may cause depression or excitability</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Insomnia</li> <li>• Tremor</li> <li>• Convulsions / seizures</li> <li>• Perceptual disorders</li> <li>• Cramps</li> </ul>
Barbiturates	<ul style="list-style-type: none"> <li>• Nowadays, rarely used</li> <li>• methaqualone (Mandrax, mandies)</li> </ul>			

Non-barbiturates	<ul style="list-style-type: none"> <li>• chloral hydrate (Dormiel)</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Inability to sleep</li> <li>• Arrhythmias (erratic heart beat)</li> <li>• Tremors</li> <li>• Sweating</li> </ul>
GHB (gamma hydroxybutyrate)	<ul style="list-style-type: none"> <li>• Lasts 1–4 hours</li> <li>• Relaxation, well-being, euphoria</li> <li>• Unsteadiness in standing or walking</li> <li>• Slurred speech</li> <li>• Impaired judgment</li> <li>• Aphrodisia</li> <li>• Confusion</li> <li>• Disinhibition</li> <li>• Sleep</li> <li>• Coma</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Seizures</li> <li>• Overdose (particularly in combination with alcohol)</li> <li>• Death in some circumstances</li> </ul>
<b>2. Opiate analgesics</b>		
	<ul style="list-style-type: none"> <li>• opium</li> <li>• morphine</li> <li>• codeine</li> <li>• heroin (H, junk, scag, shit, smack)</li> <li>• pethidine</li> <li>• dextropropoxyphene (Doloxene, doliies)</li> <li>• methadone (and Physeptone, tablet form of methadone) (done)</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms are flu-like (vary in degree)</li> <li>• Sweating</li> <li>• Muscular and abdominal cramps</li> <li>• Runny nose and eyes</li> <li>• Vomiting</li> <li>• Insomnia</li> <li>• Joint pain</li> <li>• Insomnia</li> <li>• Seizures, twitches</li> </ul>
	<ul style="list-style-type: none"> <li>• Heroin lasts 4–6 hours: some opioids can last up to 24 hours</li> <li>• Relief of pain and anxiety</li> <li>• Feelings of well-being</li> <li>• Decreased awareness of outside world</li> <li>• Vomiting</li> <li>• Constipation</li> <li>• Drowsiness and sleep in some individuals</li> <li>• Pinpoint pupils</li> <li>• Itching/scratching</li> <li>• Slowed pulse</li> <li>• Low blood pressure</li> <li>• Respiratory depression (unconsciousness / death)</li> </ul>	<ul style="list-style-type: none"> <li>• Self-injecting with dirty syringes may cause abscesses and blood poisoning</li> <li>• Sharing of syringes carries a high risk of contracting blood borne viruses such as HIV and hepatitis</li> <li>• Risk of death by overdose</li> </ul>
<b>3. Cannabis (in low doses)</b>		
	<ul style="list-style-type: none"> <li>• grass</li> <li>• dope</li> <li>• hooch</li> <li>• green</li> <li>• skunk</li> </ul>	<ul style="list-style-type: none"> <li>• Respiratory complications</li> <li>• Can decrease concentration and memory</li> <li>• Psychiatric problems possible if schizophrenic condition already exists</li> <li>• Insomnia</li> <li>• Hypersensitivity</li> <li>• Cravings</li> <li>• Nightmares</li> <li>• Anxiety</li> </ul>
	<ul style="list-style-type: none"> <li>• Can last up to 5 hours</li> <li>• Relaxation, laughter, increased appetite, slowing down of time, loss of concentration, decreased coordination and bloodshot eyes</li> <li>• Can be hallucinogenic</li> </ul>	

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
<b>STIMULANTS</b>				
<i>1. Nicotine</i>				
	<ul style="list-style-type: none"> <li>cigarettes</li> <li>nicotine patches</li> <li>snuff</li> <li>smokeless tobacco</li> <li>tobacco</li> </ul>	<ul style="list-style-type: none"> <li>High blood pressure</li> <li>Rapid heart rate</li> <li>Insomnia</li> <li>Feeling of relaxation</li> <li>Increased alertness</li> <li>Decreased appetite</li> </ul>	<ul style="list-style-type: none"> <li>Hypertension</li> <li>Heart disease *</li> <li>Lung and other cancers *</li> <li>* Associated with smoking tobacco</li> </ul>	<ul style="list-style-type: none"> <li>Irritability</li> <li>Increased appetite</li> <li>Depression</li> </ul>
<i>2. Amphetamines and related drugs (speed)</i>				
	<ul style="list-style-type: none"> <li>dexamphetamine (Dexedrine)</li> <li>methamphetamine</li> <li>methylphenidate (Ritalin)</li> <li>methylendioxyamphetamine (MDMA, ecstasy)</li> <li>ephedrine / pseudoephedrine</li> <li>'diet pills': phentermine (Dutromine), diethylpropion (Tenuate)</li> <li>ice, shabu, crystal meth, base</li> <li>khat</li> </ul>	<ul style="list-style-type: none"> <li>Lasts 4–8 hours</li> <li>Hyperactive</li> <li>Excited state</li> <li>Disinhibited</li> <li>Sense of omnipotence and invincibility</li> <li>Decreased appetite</li> <li>Dilated pupils</li> <li>High blood pressure</li> <li>Rapid heart rate</li> <li>Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>Inability to sleep</li> <li>High degree of excitation</li> <li>Skin complaints</li> <li>Malnutrition</li> <li>Psychiatric disturbances</li> <li>Paranoia and hallucinations</li> <li>Depression</li> </ul>	<ul style="list-style-type: none"> <li>Voracious appetite</li> <li>Prolonged sleep</li> <li>Nightmares</li> <li>Anxiety</li> <li>Severe depression (often with suicidal intensity)</li> </ul>
<i>3. Cocaine</i>				
	<ul style="list-style-type: none"> <li>coke</li> <li>snow</li> <li>crack</li> </ul>	<ul style="list-style-type: none"> <li>Can last up to 4 hours</li> <li>Feeling of self-confidence and power, increased energy and decreased appetite</li> </ul>	<ul style="list-style-type: none"> <li>Loss of concentration and motivation</li> <li>Dizziness, aggression and mental disturbances</li> <li>Can cause psychiatric complications</li> <li>Inhalation can lead to tearing of the nasal wall</li> </ul>	<ul style="list-style-type: none"> <li>Craving</li> <li>Sleep disturbance</li> <li>Anxiety</li> <li>Depression</li> </ul>
<i>4. Caffeine</i>				
	<ul style="list-style-type: none"> <li>coffee</li> <li>CocaCola</li> <li>cocoa</li> <li>chocolate bars</li> </ul>	<ul style="list-style-type: none"> <li>Lasts 2–4 hours</li> <li>Increased alertness</li> <li>Larger doses can delay sleep</li> </ul>	<ul style="list-style-type: none"> <li>Restlessness</li> <li>Upset stomach</li> <li>Can be harmful for people with heart problems</li> </ul>	<ul style="list-style-type: none"> <li>Headaches</li> <li>Irritability</li> <li>Tiredness</li> </ul>

## HALUCINOGENS

### 1. LSD-type effects (*psychedelics acting on serotonin*)

- lysergic acid diethylamide or LSD (acid)
- dimethyltryptamine or DMT (businessman's LSD, businessman's lunch)
- bromo-DMA
- psilocybin (magic mushrooms)
- lysergic acid amide (active ingredient in morning glory plant)
- Lasts 6–12 hours
- Hallucinations (seeing, hearing, feeling or thinking things that don't exist)
- Anxious feelings, panic and nausea can occur
- Can increase the risk of severe mental disturbances
- Can cause 'flashbacks' (where drug experience can recur at any time)
- No physical withdrawal symptoms

### 2. Amphetamine-like in low doses, LSD-like in high doses (*psychedelics acting on norepinephrine*) (*speed, go, zoom, ice*)

- mescaline (peyote cactus)
- DOM or STP (a synthetic mescaline derivative)
- methylenedioxyamphetamines (MDMA, ecstasy, XTC, adam)
- myristin and elemicin (active ingredients in nutmeg and mace, similar in structure to mescaline)
- Lasts 4–8 hours
- Highly stimulating
- Excitement, increased activity and decreased appetite
- Large doses delay sleep
- Inability to sleep, restlessness, headaches, aggression
- Can cause severe mental and emotional disturbances
- Fatigue
- Hunger
- Depression
- Sleep disturbance
- Agitation
- Anxiety
- Cravings
- Irritability

### 3. Psychedelic anaesthetics

- phencyclidine (PCP, angel dust)
- ketamine (K, special K)
- Intense hallucinations
- Nausea / vomiting
- Numbness, loss of coordination
- Inability to move or feel pain
- Coma
- Psychiatric disturbance
- Possible brain damage
- Blackouts