



# NOTES & QUERIES

**Kate O'Brien and Peter Francis discuss drugs, their use and misuse.**

## *How many people use drugs in UK?*

No one knows. The only figures we can go on are those produced by the police, or those collated from self report surveys, and these are likely to be wholly inaccurate as indicators of the number of drug users in Great Britain. In 1994 for example Criminal Statistics estimated that around 100,000 people in Britain were arrested by the police for drug offences. Over ninety per cent of these were for possession of cannabis. The British Crime Survey estimated that during 1991 of those aged 16-29 years at least one million had used cannabis, 400,000 had taken amphetamines, 300,000 had taken Ecstasy and a further 300,000 had taken LSD. However, it must be remembered that poly-drug use is a major characteristic of Britain's drug culture. Both injecting and 'recreational' drug users alike are increasingly able, and willing, to choose from a larger repertoire of drugs.

## *How are drugs classified and what are the penalties if caught in possession?*

In crude terms, drugs are divided into three classes - A, B or C. The classification of particular drugs is dependent upon their perceived potential for harm. Class A drugs which include Ecstasy, LSD, Heroin and Cocaine, are thought to be the most harmful when misused, so penalties are highest. Class B drugs include amphetamine, cannabis and barbiturates, although cannabis oil and Class B drugs prepared for injection carry Class A status. Class C drugs include the misuse of prescribed drugs like tranquillisers, valium and temazepam, with the least potential for harm and the lowest maximum penalties. It is interesting to note that 'magic mushrooms' which have hallucinogenic qualities similar to LSD, are legal if eaten raw but carry Class A status if boiled, stewed or dried. The maximum penalty for possession of a Class A drug if tried in a Crown court is seven years, for a Class B drug five years and Class C, two years. Each penalty can also carry an 'unlimited' fine.

## *What is the most commonly used illicit drug in Britain?*

**Cannabis** continue to be the most frequently used drug. It has been estimated that 7 million people will have tried cannabis, many using on a regular basis. Recent evidence suggests that

amongst young people, one in three will have used the drug before they leave school.

## *So why is it so popular?*

Users say that cannabis induces a state of relaxation together with heightened appreciation of sound and colour and many say that cannabis does not have 'hangover' effects associated with alcohol. Cannabis has definite medical benefits for some people. It has been found to relieve painful spasms in people with multiple sclerosis and sufferers of glaucoma have found that it reduces pressure in the eye.

## *What form does it take?*

Cannabis is available in many forms, the most common being block or slate which is compressed resin. Grass, in some forms can produce a stronger effect, particularly that which comes from the buds of the plant. It is usually smoked with tobacco though it can be brewed into a drink or eaten. Its harmful effects are associated more with the tobacco that it is usually mixed with, although regular use can cause paranoia and anxiety.



## *Do all drugs have similar effects to cannabis?*

Cannabis is a depressant or a 'downer' and a relaxed state is thus induced. However, most other popular drugs are stimulants or 'uppers' which arouse the body, producing a sense of energy and excitement. Amphetamine or 'speed', Ecstasy and Cocaine are all stimulants yet their effects vary. 'Speed' is perhaps the most commonly used. Its physical effects include faster breathing and heart beat, increased energy, feeling fidgety, di-

lated pupils, sweating and loss of appetite. In fact amphetamine was widely prescribed during the 1960s for depression and weight control. Today, the drug has become popular within the club scene, often used in conjunction with Ecstasy or LSD to prolong and increase the 'high'. Using 'speed' will also cancel out the effects of alcohol and this has appeal to some users. Amphetamine comes in a powder form and is usually sold in 1 gram wraps. Most users will swallow or dilute speed in a drink though it is commonly snorted, it can also be prepared for injection. Its effects can last for several hours but its intensity will depend upon the purity. By the time a wrap of speed is purchased, it will probably be only 5% pure having been adulterated or 'cut' with caffeine, glucose or paracetamol etc. The down side to amphetamine use is the 'come down' when tiredness replaces the energy. Anxiety, feelings of depression and lethargy are usually experienced after taking speed and can last for several hours.

**Cocaine** like speed usually comes in powder form, but 'coke' has a more subtle effect with a short duration of action. In its powder form and snorted, the effects take about 15 minutes to be felt. Users report experiences of mild rushes of exhilaration followed by feelings of euphoria, confidence and excitement, wearing off after about an hour. If injected, the effects come on within minutes and are more intense. Because the 'high' is short lived, repeated use is normal. **Crack cocaine** or 'freebase' is the alkaloidal level of cocaine and consists of small rocks. Crack is smoked and its effects are stronger because the purity is higher.

## *And what about Ecstasy? I've heard so much about that lately.*

Like amphetamine and cocaine, the effects of **Ecstasy** induce feelings of excitement and energy, but 'E' which is typically MDMA produces a more happy, calm, exhilarated, warm, and loving effect. The effects of 'E' usually begin about 30 minutes after swallowing the pill or capsule and can last several hours. As the 'E' starts to take effect the user feels a tingling sensation all over the body, the mouth may go dry and the limbs and jaw may feel stiffened. The heart beats faster and the pupils dilate; 'rushes' of excitement can occur at its most intense stage. The specific pharmacological effects of Ecstasy have made it central to the dance or 'rave' scene. It induces dance energy and feelings of blissful empathy and euphoria, which in turn incites feelings



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of friendliness and an appreciation of the shared experience. Its use originated in the gay club scene during the mid 1980s and it has now achieved a high profile within mainstream dance clubs.

## *Isn't Ecstasy associated with the death of young people?*

Most of the deaths associated with Ecstasy have been caused by heat-stroke, usually a combination of exhaustion, a hot environment and the rise in body temperature. More users are now aware of the ways Ecstasy can be used as safely as possible, but many continue to mix 'E' with other drugs. The high profile that Ecstasy has been given by the media seems to have distorted the truth that lies behind recent 'drug' deaths.

## *Can British drug users guarantee quality?*

The simple answer is no. All non-prescribed drugs will more than likely have been adulterated in some way. As drugs are passed down the hierarchy of dealers, those that are prepared in powdered form in particular, will have been 'cut' several times. Others, like Ecstasy, LSD or cannabis resin will probably have been adulterated to some extent, at point of manufacture. To take Ecstasy as an example, few pills today contain pure MDMA - it has been estimated that only about one third of Ecstasy tablets will have contained MDMA during 1995. Because Ecstasy tablets come in different shapes, sizes and colours it is difficult to know what they contain. Some consist of other drugs from the MDMA family, such as MDA which has a heavier effect and lasts longer, or MDEA. Today it is quite common to purchase an 'E' which will be made up of a mixture of drugs such as speed, LSD or ketamine, or may contain no active ingredients at all.

## *What about Europe?*

In Holland for example, 'quality assurance' can often be guaranteed through services set up for 'E' users where their pills can be tested for chemical content. It has been suggested that the Dutch policy on drugs coupled with their cheap testing service, has caused the British underground drug market to be flooded with inferior, often contaminated versions of the drug.

## *What about LSD and why do some users say they like it?*

LSD is also known as 'acid' or 'trips'

and is particularly popular amongst younger people. It is a hallucinogenic or 'psychedelic' drug which alters the way a person perceives and experiences what is around them. Trips usually come in the form of small designs printed on blotting paper containing LSD. Effects are mostly in the mind and begin with an hour of swallowing but the nature of the LSD experience is dependent upon the state of mind and mood of the user before the trip is taken. Strengths vary and it is impossible to know how strong the dose taken will be. Visual effects such as intensified colours, distorted images and shapes are normal but many



LSD-impregnated paper

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users report distortions in sense of touch and hearing as well as changes in the sense of time and place. Some users have reported 'out of the body' or mystical experiences. LSD is a cheap yet powerful drug and the loss of control often associated with the LSD experience can be dangerous and frightening. A 'trip' can last up to 12 hours and it cannot be stopped.

## *Last time I was out I was offered poppers. What are they and are they illegal?*

Poppers are amyl or butyl nitrates, they are gold coloured, volatile liquids that give off powerful vapours that are inhaled. They are legal to use and sold in clubs, joke and sex shops. Inhaling Poppers causes an immediate 'rush' of blood to the brain, the heart rate increases as blood vessels are opened and blood pressure reduces. The effect lasts only a matter of minutes, and is commonly used to heighten the effects from Ecstasy. Contrary to popular opinion Poppers are not exclusive to the 'gay scene', they are commonly used all over Britain.

## *Why and how are prescribed drugs like Temazepam misused?*

Temazepam, or 'Jellies' as capsules are commonly known, is a Benzodiazepine, usually prescribed for anxiety or sleeplessness. It has become increasingly used

by people to relax, or 'come down' and reduce the after-effects of acid, speed or Ecstasy. When used as a 'downer', anxiety and muscular tension are reduced and fatigue develops. However, Temazepam, like other Benzodiazepines can be used to get 'high'. Jellies can be obtained on the streets cheaply and if a few are taken the effects are similar to alcohol. They reduce inhibitions and users can become talkative and excitable. Becoming hostile or aggressive is common if Temazepam is taken in this way and risky behaviour is more likely. Under its influence, people are often not fully aware of what they are doing and memory loss can be acute. Jellies are usually taken orally, but some will prepare them for injection.

## *I remember in the 1980s talk of 'chasing the dragon'. Do people still use heroin?*

Heroin continues to be a popular drug for some people in some areas of Britain. Heroin is an opiate, made by boiling equal amounts of morphine with acetic anhydride, a colourless heavy liquid used in the manufacture of synthetic fibres and celluloid film. This combination produces a raw base which is then prepared and adulterated to produce common street heroin known as 'brown'. Originating in Pakistan, purity levels generally range from 25-45%. Street heroin or 'smack' can be smoked, 'chased', snorted or prepared for injection. Users report that the numbing sensation induces feelings of contentment and euphoria, that 'nothing matters any more in their beautiful bubble'. Higher doses can produce an increasing sense of calmness culminating in unconsciousness. Most users, particularly those who inject, will use heroin in conjunction with many drugs including other opiates, barbiturates and benzodiazepines.

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