

**HEALTH AND SOCIAL SERVICE  
PROFESSIONALS'**

**ALCOHOL AND OTHER DRUGS**

**2008 RESOURCE KIT**

**PRODUCED BY NELSON MARLBOROUGH ALCOHOL AND OTHER DRUGS SERVICES**

## WHAKATAUKI

Kei hea te ara oranga?  
Kei roto I te kotahitana o nga Iwi.

Where are the pathways to our wellness?  
They are within our togetherness as people.

## **INTRODUCTION**

Greetings. This resource is intended to provide health and social service providers with sufficient information to help you recognise likely alcohol and other drug problems among clients, and to respond appropriately, as well as knowing when and where to refer on. It is also provided so that providers are able to offer up-to-date advice to clients who are using, or are planning to use recreational drugs.

The resource only covers substances used recreationally or abusively and apart from some short comments on the use of benzodiazepines, does not give information on medical use.

Alcohol remains the major drug of abuse in the country, and so this section is covered in the most detail.

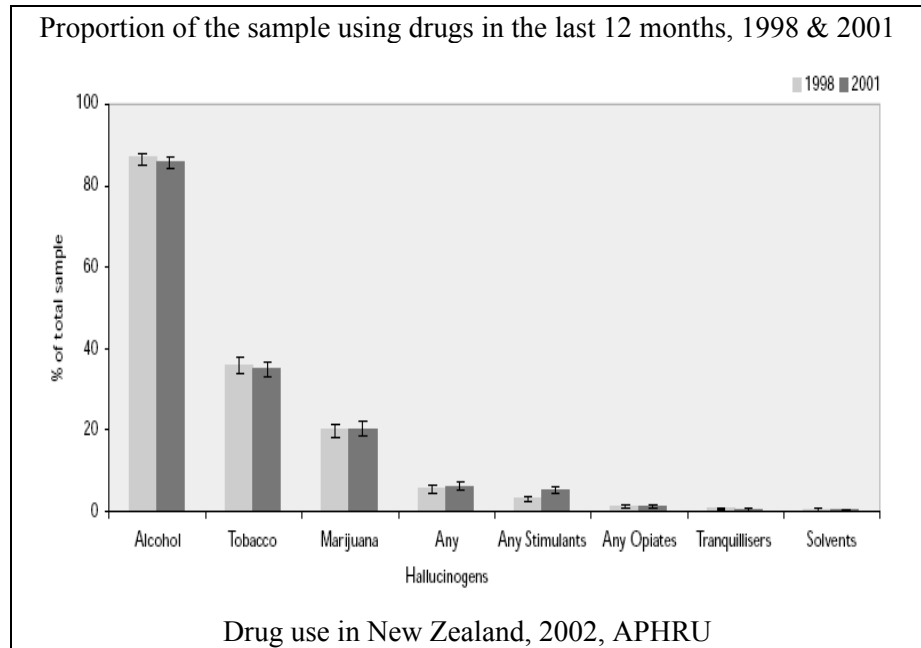
Cannabis use rates are also high, and this also warrants significant attention

Increased use of amphetamine based drugs means that this group also has its own section, and the recent emergence of the ‘herbal highs’ and ‘party pills’ phenomenon means that there have been increased requests of front-line workers for information on these.

Tranquillisers, analgesics and narcotics cause significant problems for some groups of people, and are covered, and we also include basic information about less commonly used drugs and their effects.

Other sections are included which cover areas such as detox and other treatment services, working with family members, safe needle use, and dealing with drug seekers.

Tobacco is not included, as we believe that there are other materials in existence that provide more than adequate information.



We are grateful to our colleagues in our local community, and in other centres who have assisted us in the preparation of this document; in particular, the resources of CADS in Auckland, and of ADANZ, and the Rodger Wright Centre in Christchurch have been especially helpful.

We hope that you find this resource of assistance in dealing with alcohol and other drug issues in your practice. For further assistance, please refer to the sections on treatment and family members, and to the mini-directory on the back page.

### **Nelson-Marlborough Alcohol and other Drug Treatment Providers**

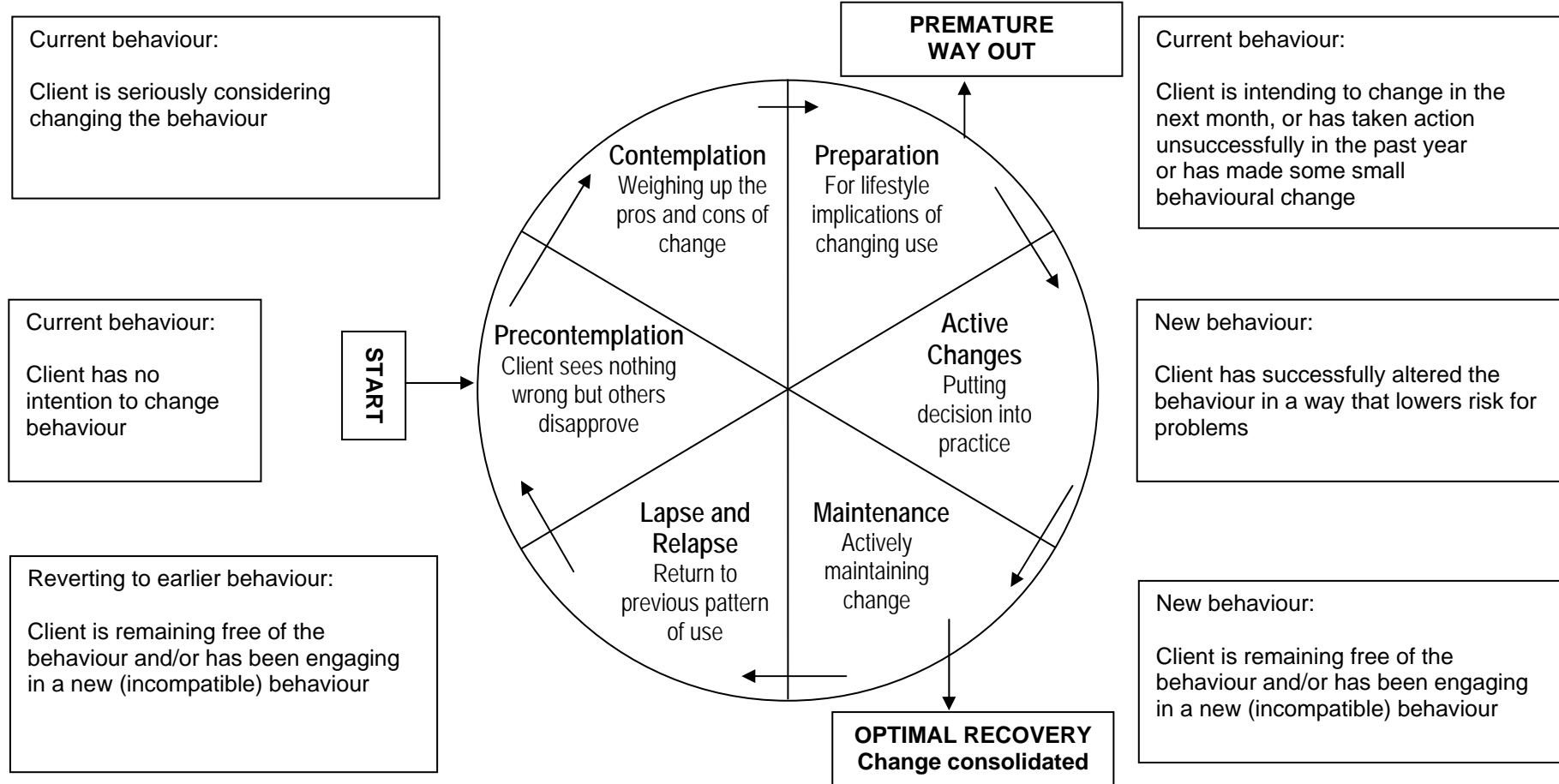
**HARMFUL SUBSTANCE USE, DEPENDENCE, AND ADDICTION**

<p align="center"><b>AA / DISEASE MODEL</b></p> <ul style="list-style-type: none"> <li>• People are or are not alcoholics or addicts</li> <li>• Addiction is a permanent illness</li> <li>• Abstinence is essential to overcome</li> </ul>	<p align="center"><b>CONTINUUM OF ABUSE AND DEPENDENCY</b></p> <ul style="list-style-type: none"> <li>• There is a continuum of dependency: No problems At-risk use Some problems Dependency</li> <li>• People can move back and forth on the scale</li> <li>• Choice between abstinence and controlled use</li> </ul>	<p align="center"><b>NEURO-BIOLOGICAL MODEL</b></p> <ul style="list-style-type: none"> <li>• The Reward Pathway means that many drugs lead to the release of extra, ‘pleasurable’ Dopamine.</li> <li>• Once the brain is trained by repetition to expect this then the person will feel discomfort or cravings when not using.</li> <li>• Some people have a different neurological response to substances because of genetic background.</li> </ul>
<p align="center"><b>ABSTINENCE APPROACH TO TREATMENT</b></p> <ul style="list-style-type: none"> <li>• Abstinence is essential to overcome</li> <li>• Commitment to recovery process through 12-Step (AA) programme, with emphasis on a spiritual higher power</li> <li>• Used at most inpatient treatment settings</li> </ul>	<p align="center"><b>HARM REDUCTION APPROACH TO TREATMENT</b></p> <ul style="list-style-type: none"> <li>• Avoids sickness / disease labels</li> <li>• Focus on socio-environmental influences</li> <li>• Individual approach</li> <li>• Motivation a key factor</li> <li>• Community approach to harm reduction <ul style="list-style-type: none"> <li>○ Alcohol / drug education</li> <li>○ Needle exchange</li> </ul> </li> </ul>	<p align="center"><b>MEDICATION APPROACHES TO TREATMENT</b></p> <ul style="list-style-type: none"> <li>• Medication is provided to: <ul style="list-style-type: none"> <li>• relieve cravings</li> <li>• relieve withdrawals</li> <li>• block actions of the substance</li> <li>• replace the substance with a similar chemical in controlled amounts with known effects.</li> </ul> </li> </ul>
<p align="center"><b>PLUSES AND MINUSES</b></p> <p>+ Founded on real-life experience + Strong self-help movement + Includes spiritual focus</p> <p>- assumes everyone with probs is addicted - black and white approach can be off-putting - labelling can stigmatise</p>	<p align="center"><b>PLUSES AND MINUSES</b></p> <p>+ fits research and clinical experience + allows for change during drinking ‘career’ + allows for ‘controlled use’ option</p> <p>- cuts across AA culture - not common at treatment centres - doesn’t affirm place of spirituality in change</p>	<p align="center"><b>PLUSES AND MINUSES</b></p> <p>+ fits research and clinical experience + quick + de-stigmatises addiction</p> <p>- reduces people to chemical responses - quick - potential for swapping addictions</p>

**CHANGING ADDICTIVE BEHAVIOUR – ‘THE WHEEL OF CHANGE’**

Motivational Interviewing: Prochaska and DiClemente’s six stages of change

There are many approaches to treating addictive behaviour. The Motivational Interviewing approach is useful for a general practitioner or counsellor to use for a range of problems, including smoking, diet, substance abuse. It involves accurately assessing a person’s state of readiness to change, and responding appropriately for that stage. People move around between stages of change.

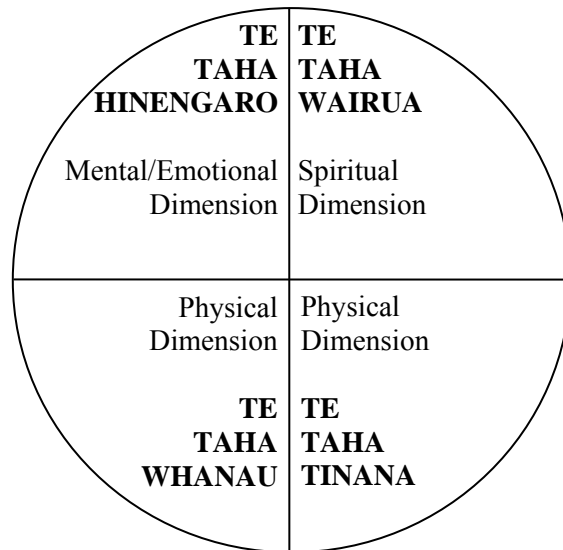


## MAORI MODELS OF HEALTH AND WELLBEING

Health service delivery to Maori from within mainstream organisations is sometimes undertaken as a joint exercise between that organisation and a relevant Maori one.

Where this is the case, or where the mainstream provider wishes to deliver services in a way that makes the service more accessible to Maori, to encourage uptake and engagement, and to work towards outcomes that are at least as effective for Maori as they are for other groupings, the organisation can adopt particular frameworks for service delivery to Maori.

One such framework which is very well-known is called Te Whare Tapa Wha – the Four Cornerstones of Health. Services can plan their assessment and service delivery activities for Maori based upon Te Whare Tapa Wha.



Te Whare Tapā Whā model includes four distinct dimensions (taha) of Te Ao Māori (the Māori world) working together to achieve well-being. They are:

- taha wairua – spiritual health and wellbeing
- taha tinana – physical health and wellbeing
- taha hinengaro – mental and emotional health and wellbeing
- taha whānau – the health and wellbeing of the whanau (extended family) as the core focus of identity and belonging, and the main environment in which the individual is nurtured and supported.

According to Te Whare Tapa Whā, these four dimensions are seen as intrinsically inter-related and indivisible, They are what makes up the ‘whole’ person and are not isolated from each other.

The dimension of whānau, and particularly whānau involvement in the rehabilitation and reintegration of the client are therefore considered critical to a Māori cultural approach. It is also consistent with the any responsivity principle that an organisation may have, and is held to be consistent with the principles of best practice.

A basic principle that is understood in the model is that the dimensions are all totally inter-related, so that an illness or disorder that impacts primarily on one dimension is also likely to have impacts on other dimensions. As such, a physical illness may have physical consequences, or an infringement of a spiritual principle may ripple out it the dimension of mental well-being.

Clients who present with a disorder may be reticent in sharing information about their situation do to a sense of whakamā (loosely translated as ‘shame’ or ‘feeling at a disadvantage’) and this may impact upon the client’s willingness to engage in assessment of treatment.

Training in the basics of cultural interaction is seen by many as a necessity for clinical competence for working with Maori clients.

## ISSUES IN ASSESSMENT, RECOGNISING RISK, AND EARLY INTERVENTION

There are some key issues for primary health practitioners with respect to alcohol and other drug issues in working with people in their practices.

The key ones are:

- Assessment
- Recognising Risk
- Early Intervention
- Where to go for further assistance

### 1. Assessment

The primary practitioner is often not in a position to undertake a comprehensive assessment of alcohol and drug issues with a patient, however, you shouldn't be afraid of asking people basic questions such as:

- what they're using?
- how much?
- and how often?
- Is it causing any problems in your life?

The answers to these questions will offer an indicator as to whether or not further investigation is likely to be useful.

### 2. Recognising risk

If the practitioner is concerned, then the brief alcohol drug screening tool on the following can be used to confirm any concerns.

### 3. Early intervention

The provision of appropriate accurate health information about the consequences of continuing to use substances in a harmful way has been proven to be an effective intervention. The rest of this document may assist you in providing this information.

### 4. Where to go for further assistance

The information in this document, including the directory and links in the latter part of it, will offer some guidance as to where further assistance may be sought for the patient.

## BRIEF ALCOHOL/DRUG SCREENING

This is a tool that can be used to get a quick clinical picture of a client's alcohol and drug presentation

“Over the past six months how frequently, if at all, have you used:

***Alcohol:***

Never            Once/twice        Monthly Weekly        Daily

***Cannabis (Pot, Skunk, Weed, Oil):***

Never            Once/twice        Monthly Weekly        Daily

***Benzodiazepines ( Valium, Halcion, Mogadon, Diazepam, Temazepam, Clonazepam, Rivotril):***

Never            Once/twice        Monthly Weekly        Daily

***Hallucinogens (LSD, Magic Mushrooms, Datura):***

Never            Once/twice        Monthly Weekly        Daily

***Opioids (Morphine, DHC, Codeine, Methadone, Opium):***

Never            Once/twice        Monthly Weekly        Daily

***Stimulants (P, Ice, Speed, Crank, Ecstasy, BZP, Party Pills):***

Never            Once/twice        Monthly Weekly        Daily

***Solvents (Paint, Glue, Petrol, LPG)***

Never            Once/twice        Monthly Weekly        Daily

**Have you had any of the following happen after using alcohol/drugs:**

- Blackouts/memory gaps**
- Injuries or Hospitalisation**
- Legal problems**
- Overdose/loss of consciousness**
- Inpatient/outpatient A&D treatment**
- Relationship problems, arguments or break ups**
- Stood down or fired from work**
- Withdrawals/cravings**
- Money problems**
- Worrying about your use of alcohol and/or other drugs.**

**If use of anything is daily or near daily and/or the answer is “Yes” to any of the above questions and use continues then this is an indicator of more serious issues, and a referral for a specialist assessment ought to be seriously considered.**

**NB: This tool is not validated through research.**

## **SUBSTANCES AND THEIR EFFECTS**

### **ALCOHOL** (booze, piss, grog, drink, sauce, turps)

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Alcohol can loosen up social situations, and make someone the life and soul of the party. It is cheap compared to some drugs. Just because alcohol is readily available and accessible doesn't mean it's harmless. Alcohol can wreck your body, your mind and your life.

Alcohol works on the brain's nerve cells, interfering with communication with other cells in the body. The higher the concentration of alcohol in the drink, the quicker the body absorbs it. The liver breaks down about 90 per cent of alcohol, with the remainder leaving via the kidneys and lungs. Food slows down the absorption, while caffeinated drinks are believed to increase it. As a guide, it takes about an hour for the body to expel the alcohol contained in one can of beer, but this depends on a person's size. Studies suggest about eight per cent of the population have severe drinking problems, and more than a quarter exceed safe drinking guidelines.

#### **Drinking – the short-term effects:**

- Euphoria, over confidence.
- Clumsiness and excessive talking, saying the first thing that comes into your head.
- Confusion, dizziness.
- Aggressiveness.
- Being withdrawn.
- Over-friendly, over-affectionate behaviour.
- Physical pain not felt as much, if at all.
- Loss of inhibitions and good judgement.
- Loss of balance, vomiting.
- Increased sexual behaviour, although decreased performance.
- In extreme cases – coma, death.

After heavy drinking, most people suffer hangovers which can involve headaches, dry mouth, trembling, vomiting, depression, diarrhoea, tiredness, or muscle aches.

#### **Long-term effects include:**

- Cirrhosis of the liver and reduction in brain mass.
- Stomach ulcers.
- High blood pressure.
- A decrease in male sperm count.
- Anaemia and general sickness.
- Injuries from constant falling.
- Emotional, social and financial problems.
- Premature death from medical problems.
- Depression, leading to death by suicide.

#### **Harm Reduction Advice**

- No use is the safest choice.
- Set a limit before going out, and keep track of what you've drunk (see Low-risk Drinking Guidelines below)
- Eat before drinking, and snack during it – especially high fat and carbohydrate food.
- Sip drinks, don't guzzle.
- Alternate alcoholic and non-alcoholic drinks, especially water.
- It is unwise to indulge in drinking games.
- Be prepared to say no to offers of drinks.
- To prevent spiking, don't leave your drinks unattended.

- It is unwise to drink if you have medical conditions such as diabetes, epilepsy or asthma, if you're on medication i.e. anti-depressants. Don't drink if you're planning to be pregnant.
- Don't mix with other drugs, especially GHB, Benzos and Opioids
- Remember that caffeine based energy drinks (guarana is caffeine) DO NOT sober you up!

## ALCOHOL – STANDARD DRINKS

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### What's in a Standard Drink

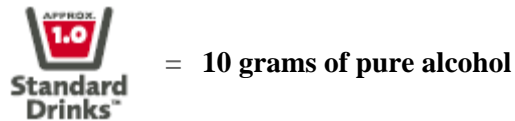
The Standard Drinks measure is a simple way to work out how much alcohol you are drinking. It measures the **amount of pure alcohol in a drink**. One standard drink equals 10 grams of pure alcohol.

#### Guide to Standard Drinks

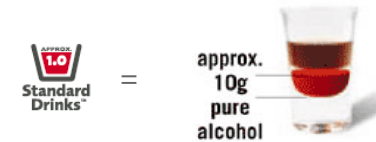
If you drink a 330 ml can of beer or a 100 ml glass of table wine or a 30 ml of straight spirits you are drinking approximately 10 grams of alcohol, depending on the alcohol percentage (see table below).

All alcohol containers now have a Standard Drinks content on the label.

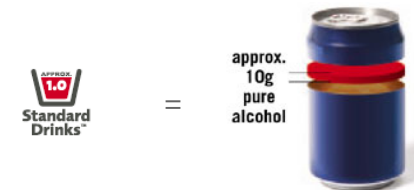
One Standard Drink is approximately 10 grams of alcohol



#### 30 ml straight spirits:



#### 330 ml can of beer:



#### 100 ml glass of table wine:



**STANDARD DRINK MEASURES FOR SOME COMMON DRINKS**



330 ml can of  
beer @ 4%  
alcohol



440 ml can of  
beer @ 4.2%  
alcohol



330 ml bottle of  
beer @ 5%  
alcohol



330 ml bottle of  
lite beer @ 2.5%  
alcohol



750 ml bottle of  
beer @ 4%  
alcohol



750 ml bottle of  
wine @ 13%  
alcohol



750 ml bottle of  
sparkling wine  
@ 12% alcohol



750 ml bottle of  
wine @ 14%  
alcohol



**STANDARD DRINK MEASURES FOR SOME COMMON DRINKS**



3 litre cask of wine @ 12.5% alcohol



1125 ml bottle of spirits @ 45% alcohol



1000 ml bottle of spirits @ 47% alcohol



700 ml bottle of spirits @ 40% alcohol



500 ml bottle of spirits @ 37.5% alcohol



375 ml bottle of spirits @ 37.5% alcohol



275 ml bottle of RTD spirits @ 5% alcohol



335 ml bottle of RTD spirits @ 8% alcohol



## **LOW-RISK DRINKING GUIDELINES**

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<http://www.alac.org.nz/>*

Here are some guidelines to help people decide whether the amount you drink is safe for their particular situation. There's a set of "safer drinking levels" for men and for women, based on medical and scientific research from here and overseas.

It must be remembered, that there is no level of drinking that is safe for all people all the time. Factors like health, age, and weight, directly affect how much it is safe to drink. For some, no alcohol is the only safe option.

These limits are based on a measurement called the 'standard drink'. Each standard drink contains 10 grams of alcohol.

One Standard Drink is approximately 10 grams of alcohol:



= 10 grams of pure alcohol

### **For men**

In any one week,  
drink no more than **21** standard drinks;

On any one drinking occasion  
drink no more than **6** standard drinks

### **For women**

In any one week,  
drink no more than **14** standard drinks;

On any one drinking occasion  
drink no more than **4** standard drinks

### **For everyone**

When drinking alcohol, eat some food as well

### **CANNABIS (marijuana, pot, grass, dope, dak, herb, weed, hooch)**

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Smoking or eating dope can put people in a cruisy mood, make them feel euphoric and may even give them new ways of thinking. It also makes them lethargic, lazy, vague and smoking it exposes them to all the dangers associated with smoking tobacco.

Cannabis is the most accessible and commonly used illegal drug in New Zealand. It is highlighted here because of its popularity and it is often taken for granted by people who regularly use other drugs.

Cannabis contains THC, which acts on receptors in the brain and immune system. If smoked, the effect may last three or four hours. Eating cannabis produces a different stone which lasts much longer. The effect can change depending on mood, strength etc.

#### **Short-term effects (of being stoned):**

- A feeling of relaxation, well-being and maybe elation.
- The munchies – an uncontrollable desire to eat.
- The giggles.
- Altered perception of music etc.
- Failure to take in information, feeling ‘vacant’ and short-term memory loss.
- Making silly mistakes, poor co-ordination.
- Disorientation, confusion and rapid shifts of thought.
- Increased heart rate, bloodshot eyes.
- Lethargy.
- Paranoia.

#### **Long-term effects of heavy use:**

- Respiratory diseases amongst regular dope smokers.
- Lethargy, lack of energy and reduced motivation.
- Learning disabilities.
- Increased tolerance.
- Anxiety, distress and paranoia.
- Difficulties communicating and relating to others.
- Addiction

There are no currently recorded deaths from cannabis overdose, nor is there any compelling evidence to show cannabis leads to the use of other illicit drugs.

Research suggests that the following people should be especially careful because of increased health and emotional risks:

- Adolescents who are still developing mentally.
- Women who are or are planning to become pregnant.
- People with family or personal history of schizophrenia or other mental illnesses.
- People with heart conditions.

### **Harm Reduction Advice:**

- No use is the safest choice. If people choose to use cannabis then moderate, occasional use is safer than continual use.
- If a friend is spinning out, reassure them and get them to focus on relaxed breathing.
- Avoid using cannabis to deal with bad trips, since this often intensifies the experience.
- Mixing with depressants such as alcohol can get you way more out of it.
- Mixing tobacco with pot increases lung damage and risk of nicotine dependency.
- Cannabis strength varies, but in some varieties has increased. Try a small quantity of any new smoke first. Although uncommon, cannabis can trigger psychosis in some individuals. If having delusional thoughts or other distorted sensory experiences when not stoned, advice should be sought from a GP or local mental health service (refer Hospitals section of phone book).
- Taking deep tokes and holding smoke down for a long time is very harmful to the lungs and is not necessary to get the full effects!
- Cannabis burns at a much higher temperature than tobacco – ‘spotting’ can be especially harsh. Using a bong or pipe especially with iced water reduces damage from hot unfiltered smoke. Ensure that droplets of water do not come up as well (not good for the lungs). However, bongs can increase the area of the lung reached creating more damage. Avoid inhaling deeply.
- Replace bong water each time to avoid bugs and bacteria. Adding a Milton’s tablet (available at chemists) helps sterilise bongs. Plastic or rubber equipment can give off toxic fumes – glass is best. A pipe for sucking in smoke is less damaging than a wide opening. A long glass or stainless steel pipe kept cold (in a plastic bag in the freezer) will cool smoke effectively.
- Using cannabis as a way to deal with unpleasant feelings or life’s problems can make things even worse or stop you getting these issues sorted.
- Avoid drug use and driving.

## **AMPHETAMINES (speed, whiz, go-fast, crank, P, burn, crystal, ice) AND OTHER STIMULANTS**

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Speed can be the ultimate party drug. You'll fly through the night with the greatest of ease. While you're having a great time, your body will be drained of vital ingredients, which could turn out to be the least of your problems.

There are three different types of amphetamine type stimulants (ATS): amphetamine sulphate (strong), dextroamphetamine (stronger) and methamphetamine (the strongest). Increasingly, amphetamine is being sold in its pure form, i.e. methamphetamine 'P', and is sold by the 'point' (0.1 of a gram; 10 points = 1 gram). 'P' is more harmful and more addictive than other amphetamines as it is ten times more potent.

Locally manufactured methamphetamine is usually referred to as Pure, P or Burn. Higher quality methamphetamine is usually imported and is referred to as Ice because the purer the methamphetamine is, the more it looks like crystals or ice.

Illegally manufactured amphetamines are usually sold as a powder or crystals, though they are also available as pills. Yaba (Thai for 'crazy medicine', also known as 'reds') are small red methamphetamine pills of high potency, usually imported from Asia.

Also available on the black market are amphetamine-like pills which are manufactured by legitimate pharmaceutical companies for the treatment of various medical conditions (e.g. Ritalin, Tenuate, Ponderax and Duromine).

Illegally manufactured amphetamines are often adulterated/cut with other substances such as caffeine or glucose. Any illegally manufactured drugs can contain traces of other drugs or the very toxic chemicals used in the manufacturing process.

Illegal use, possession or supply of amphetamines can carry heavy fines and/or prison sentences.

### **Speeding – the immediate effects**

This depends on a person's tolerance, the dose and how it's taken (snorted, eaten, shelved, smoked or injected). Speed works like cocaine.

Neurotransmitters, natural substances that influence the brain's functioning such as dopamine, acetylcholine and serotonin, are affected and adrenaline and noradrenaline are released increasing brain activity.

### **With a moderate dose the short-term effects include:**

- Euphoria.
- Reduced appetite.
- Increased heart and breathing rates.
- Increased blood pressure.
- Brain and nervous system activity is stimulated – pupils become enlarged, increased alertness, hyperactivity, talkativeness, anxiety, irritability, suspiciousness, increased energy or sense of well-being, panic attacks, and inability to sleep.
- Dehydration.

### **Possible additional effects include:**

- Jaw clenching.
- Excessive sweating (clammy hands and feet) and/or pale skin.
- Headaches.
- Irregular breathing.
- Rapid or irregular heart beat.
- Feelings of superiority, delusions and paranoia.
- In males, temporary impotency.

### **An overdose can result in:**

- Muscle spasms, fits (convulsions, seizures), irregular heartbeat, high blood pressure and high temperature.
- A chance of burst blood vessels in the brain, a heart attack or stroke and sometimes death.

### **Long-term effects – possible from regular use (or minimal use in vulnerable people),**

- Insomnia, frequent waking, lethargy and irritability.
- Depression, anxiety,
- Weight loss, nutritional deficiencies, especially calcium, causing receding gums, skin rashes etc.
- Scratching or picking at your skin.
- Irregular heartbeat and high blood pressure (increased chance of heart attack or strokes).
- Women can experience interrupted or irregular periods (menstrual cycles).
- Weakened immune system (get sick easier).
- Obsessive, repetitive behaviour and thoughts, even after use is discontinued.
- Extreme jealousy, paranoia.
- Psychotic episodes (e.g. hallucinations, paranoia, belief in having special powers). Particularly dangerous for those with a history of violence.
- After one psychotic episode even small doses may trigger another psychotic episode.
- Methamphetamine is more likely to cause brain damage than other speed.

### **Harm Reduction Advice**

- No use is the safest choice.
- Eat well beforehand for energy reserves. Drink plenty of water (600ml per hour), especially if dancing. Avoid alcohol and caffeinated drinks, which further dehydrate you. Catch up on fluids, food and sleep the next day to help recovery.
- Combining speed with alcohol or other drugs overworks the system – especially the liver – and the effects are unpredictable.
- Don't use with medication like antidepressants etc.
- If snorting speed, ensure it is finely chopped with a razor or knife and use alternate nostrils.
- Putting speed in empty pill capsules or wrapped in cigarette papers and drinking plenty of water reduces the damage if swallowing. Taking speed orally is generally safer than smoking, injecting, or snorting it because the stomach can handle acidic substances better than your lungs, veins, or nose.
- IV use carries increased risks of HIV and hepatitis if needles (and other equipment) are shared, plus potential damage to veins, organs etc. See IV drug use.
- Avoid IV Ritalin use completely as it can cause serious blood vessel damage.
- Sex on speed can be rough and long, with sore bits, broken condoms and a greater chance of Sexually Transmitted Infections. Using lube with condoms is safest.
- If you're taking medication to treat HIV or AIDS this can react adversely to speed. Contact your local New Zealand AIDS Foundation branch, or Burnett Clinic if in Auckland, for specific info.
- Brush and floss teeth regularly and sip water. When using amphetamines the blood flow to the gums is reduced and the mouth becomes dry. Also, chewing gum is a good idea if you grind your teeth when speeding.
- Avoid drug use and driving.

P has proven to be a fast ride to addiction for many people. In a very short space of time, marriages, relationships, houses and careers are lost. Users resort to crimes such as stealing from employers to fuel their habit. Some users report spending up to \$3000 a week. Even the old hippie drug guru Allen Ginsberg felt compelled to issue a general warning about speed in the 1960s, describing it as “anti-social... paranoid-making... bad for your body and bad for your mind.”

### **COCAINE (Coke, snow, big “C”, stardust, flake, crack)**

Cocaine is also a central nervous system stimulant and is in addition a topical anaesthetic. It is found in the leaves of the *Erythroxylum coca* plant, found in South America. The traditional method of coca use is to "chew" the leaves (the leaves are actually not chewed so much as sucked, producing a mild stimulation). Outside of South America it is generally used in its more refined and extracted forms: either powder cocaine, or freebase cocaine which produce much stronger effects than "chewing" the leaves. The term "Crack" is alternately used to refer to street quality freebase cocaine. Powdered cocaine is generally insufflated (snorted) and crack / freebase cocaine is generally smoked. Smoking freebase cocaine causes a strong, short-lived peak of about 3-5 minutes, while snorting cocaine provides a lower high with major effects lasting closer to 15 - 30 minutes.

Cocaine is a stimulant similar to speed, with a more intense but short-lived buzz. It has the potential to be very addictive and is very expensive. It's also likely to be cut (mixed) with impurities. The most common form is a white powder, which is snorted or injected.

#### **The Coke Hit (immediate effects):**

- Depends on the individual's size, mood, health, etc., their experience with cocaine or similar drugs, the amount taken and

how it is used.

- Intravenous (IV) use is more harmful than other methods of use because some impurities can get into the body. Also you need to blast more often because its high effects are short-lived.
- A coke hit comes on fast, with an euphoric buzz that makes users feel totally on to it. However, it usually lasts only about 20 to 30 minutes before the comedown. Coke acts on brain chemicals (dopamine and other neurotransmitters) in a similar way to speed. It also temporarily increases adrenaline levels.

#### **This results in:**

- Widened pupils.
- Dry mouth.
- Increased heart rate and body temperature.
- Euphoria with increased energy and confidence. These feelings can become more unpredictable after a few hours of use and some users can become chaotic/panicky.
- For males, possible temporary impotency.

Crack is a more potent form of cocaine that is sold as small crystals or rocks. It is usually heated and the vapour inhaled. Crack produces a more intense but shorter-lasting buzz, with a harder crash than snorting cocaine. Crack is very addictive and is more likely to create psychotic reactions. Side effects from smoking include black phlegm, chest pains and lung damage.

#### **The Crash (coming down):**

It's common to feel tired, irritable, depressed, anxious, and sometimes a bit paranoid. You may experience headaches and have a sore nose. The usual trap is to continue using to avoid the comedown. This makes the final crash longer and more intense, and can create \$ problems.

### **A Coke overdose:**

- Fits, heatstroke, lung failure, heart attack or burst blood vessels in the brain (stroke), and death.
- Dizziness, short blackouts, increased temperature without sweating, fast and irregular heartbeats, muscle cramps and stiffness in arms and legs.

If symptoms occur seek medical advice quickly. Towels soaked with ice and water can help reduce temperature. Drink water, but sip rather than gulp.

### **Long-term effects:**

Using coke can lead to general ill-health, mental or emotional disturbances and, occasionally, death. Injection of cocaine leads to greater health risks including the spread of HIV and hepatitis if needles (and other equipment) are shared. Other circulation or organ damage results from the substances mixed with cocaine. Damage to the septum (the bit separating your nostrils) can cause blood in your snot (mucus) and nosebleeds. Not only does this look really ugly, but it needs surgery to fix.

### **Regular use of coke over a long period can lead to:**

- Apathy, low mood, insomnia, increased irritability, poor concentration and aggression. These are usually caused by changes in brain chemistry (e.g. depletion of dopamine levels). Symptoms can improve with a period of abstinence.
- Heart pain (angina) or other heart problems.
- Insomnia.
- Weight loss.

### **Harm Reduction:**

- No use is the safest choice.
- Using a water nasal spray or sniffing up water immediately after snorting dissolves the residual coke and will significantly reduce the potential damage to your nose.
- IV coke numbs the injection site, so any damage done there is not felt immediately. Avoid using the same injection site when having several blasts in the same night, to reduce vein damage. Getting advice and filters (to remove impurities) from your local needle exchange is also advisable.
- The combined effects of coke with other drugs become more unpredictable and will often increase health risks. Speedballs (IV coke and opiates) can increase the chance of an OD. If you use other stimulants then reduce your usual dose of each substance by at least half.
- Avoid drinking alcohol when using coke as they combine in the body to form cocaethylene which is more dangerous than coke or booze.
- Although tempting, avoid continual using to prevent the crash as it makes the eventual comedown worse.
- Heavy use increases the chances of psychotic episodes.
- Use lube during sex. Coke can cause shrinkage guys and makes it harder to cum. Also, putting coke on genitals is not good for anyone's bits!
- If you have mental health, respiratory or heart problems or sensitivity to other stimulants avoid using coke at all.
- Avoid drug use and driving.

Long-term use can also result in cocaine psychosis (similar to schizophrenia) where the user will hear voices, have delusions, be suspicious and have a fear of persecution. This can be permanent, but usually improves or goes away if coke use is avoided.

## **PARTY PILLS (Herbals, frenzy, exodus, pills)**

Party pills are popular and readily available. Although often not as strong as other popular partying favourites, party pills can keep you pumping on the dance floor. They cost less and don't involve the risk of legal consequences. However, there are risks in believing that because something is legal it's safe.

### **BZP:**

(Benzylpiperazine) and TFMPP (Trifluoromethylphenylpiperazine) are the two most common ingredients in what is known as 'herbal highs' or 'party pills'. Some examples are: Frenzy, Exodus – The Journey, Nemesis, Nemi, Euphoria, Zoom, Blast, Shotgun, Rapture and Charge. Although these pills are called 'herbal highs' the active ingredients (BZP and TFMPP) are not herbal – they're synthetically produced. Some are even called dietary supplements, implying that they replace something that's missing in your diet – however, no normal balanced diet contains these chemicals.

BZP has stimulant-type properties and affects the dopamine and noradrenaline neurotransmitter systems, resulting in similar effects to those caused by amphetamine (NOT methamphetamine). Taking 100 mg of BZP is like taking an oral dose of 7.5 mg of dexamphetamine – the effects of a 100 mg dose last 6 to 8 hours.

### **TFMPP:**

When combined with BZP has a mild hallucinogenic effect. The different products have varying amounts of active ingredient – the typical dose is 70 -175 mg of BZP. Examples are 'Frenzy' per tablet contains 75 mg of BZP and 'Exodus' contains 50 mg TFMPP and BZP – the recommended dose being 2 tablets.

### **Other ingredients in party pills (e.g. kandi):**

Party pills often contain a number of other ingredients. Some of these are 'active' and can have an effect on the central nervous system.

#### **Piper Nigrum**

(Black Pepper) extract – used for its gastro-intestinal stimulatory qualities and anti-nausea properties.

#### **Phenylalanine**

Plays a key role in the absorption of other amino acids and some neurotransmitters. It also is reported as having mild stimulant qualities and is dangerous to those who suffer from Phenylketonuria (PKU) a hereditary disease which results in people being unable to metabolise phenylalanine.

#### **Tryptophan**

An amino acid - is sold as a nutritional supplement and is used by the body to start the cellular manufacture of serotonin.

Tryptophan is used by some people to help stabilize mood, as a sleeping aid, and by some ecstasy and psychedelic users because they are known to both increase the effects of substances as well as to ease the comedown.

#### **Tyrosine –**

An amino acid which may elevate mood. Used by the body to help produce both dopamine and noradrenalin neurotransmitters, Tyrosine may have a mild stimulatory effect.

### **Common effects of Party Pills:**

- General stimulation of the brain and nervous system.
- Euphoria and alertness.

- Increased heart rate and increased blood pressure.
- Reduced appetite.
- In high doses – hallucinations, fits/convulsions, slowed breathing.
- Sore throat or nasal passages if snorting powder or crushed tablets.
- Dehydration or water retention problems can occur, especially if used with alcohol.
- If being drug tested it gives a positive result for amphetamines.
- Significant hang over effects that can last up to 4 days.

### **Harm Reduction Advice:**

Harm reduction methods are similar to other stimulants like ecstasy and speed and include:

- No use is the safest choice.
- Be cautious about mixing drugs, as the combined effects become more unpredictable and risks to health are increased.
- Avoid alcohol which can add to dehydration and puts extra strain on the liver.
- If you are going to drink alcohol, make sure you also drink equal amounts of water.
- Eat well before taking the pills. This gives the body the fuel it needs to keep partying and helps minimise the ‘crash’ the next day.
- Try to eat the next day – especially foods like bananas as they can ease the effects. Some people find smoothies easier to consume.
- Stick to the recommended dose and safe use guide on the packaging.
- Avoid drug use and driving.

### **ECSTACY (E, eckies, biscuits, pills)**

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Ecstasy can make you feel great increasing your energy and turning total strangers into your best friends. It can also cause depression long term.

The greatest danger might even come from the amount of water you drink to keep cool.

Methylene-Dioxy-Meth-Amphetamine (MDMA), known as ecstasy, was patented in the early 1900s as an appetite suppressant. It is a Phenethylamine, having hallucinogenic (trippy) and stimulant (speedy) effects.

E is most available as pills, but also comes in capsules or powder. E is not always pure MDMA, it may contain MDA, MDEA, 2-CB etc, and often contains Ketamine, speed etc. The abundance of crap E in England has turned a lot of people off the drug (also see Ketamine and GHB re fake Es).

#### **Loved up on E (immediate effects):**

The effect of E depends on the individual person (size, mood, health, etc), their experience with E or similar drugs, the amount taken and the actual make-up of the drug.

For example:

- MDA is much longer lasting, far more trippy and less speedy than MDMA. Users report stiff joints and limbs.
- MDEA is similar to MDMA in effect and duration, but more disorientating, speedier and not as blissful.
- MBDB usually gives a very relaxing milder buzz, and is less speedy or visual than MDMA.

Anal suppository (shelving) or crushed and then snorted or smoked E can result in an intense, but short-lived, experience. If injected, E is very full-on and dangerous, especially if you don't know exactly what's in it!

Women generally need less E to feel the effects, due to their smaller body weight.

The effects of orally taking a good quality E usually come on within 20 to 60 minutes. Initially you may be a bit sick, uneasy or spaced out, but this passes. The buzz then shifts to feelings of euphoria and being connected with others (loved up) with energy to party. The effects peak after about 2 hours and body rushes are often experienced. Feelings of lesser intensity usually last 4 to 6 hours. Some residual effects may last longer.

Because E is manufactured illegally, it's likely to be mixed with other substances or may have toxic by-products from the manufacturing process. This can cause a range of unpleasant or harmful effects.

#### **Common effects of E (MDMA) include:**

General stimulation of brain and nervous system (e.g. widened pupils, increased body temperature, increased blood pressure and heart rate, increased sweating, and initial anxiety).

- Feelings of euphoria.
- Heightened sense of touch.
- Jaw clenching and/or teeth gritting (if speed has been added to E).
- Decreased awareness of fatigue, hunger and thirst.
- Dehydration or water retention problems.
- Increased sense of empathy or connection with others.

## **Overdose**

Rare, but can occur if you have too many MDMA pills or an allergic reaction. Symptoms can include:

- Hallucinations (including a sense of floating).
- Fits (convulsions, seizures) can also be caused by strobe lights.
- Vomiting (sometimes people can vomit in early stages and this is not serious by itself, if it passes).
- Irrational behaviour.
- Collapsing, fainting.
- Very high blood pressure.
- Fast heartbeat.
- Very high body temperature.

## **Long-Term Effects**

Although research has been done into the long-term risks of E use, there's no consensus yet on whether E damages short or long-term memory or learning ability. If you use E regularly (i.e. every weekend) you're likely to get emotionally and physically run down; as your natural immunity weakens you become susceptible to infections, colds, flu, etc. Taking a break from E use should help you regain your emotional and physical well-being.

NB. Ecstasy can be detected in the urine up to 2 to 4 days after use at common levels.

## **Tolerance and dependence**

Ecstasy might not be physically addictive but some people do get psychologically addicted to the euphoric effect. Overseas research suggests people do develop tolerance to ecstasy, with the positive effects of using decreasing while the negative effects increase. In other words, the highs get smaller and shorter while the comedowns get harder to deal with. Keeping use to less than once every 4 to 6 weeks can help reduce both tolerance and chances of long-term negative impact as a serious reduction of serotonin.

## **Dehydration and water intoxication**

- Deaths from E overdoses are very rare, but deaths from related dehydration, heat-stroke or water intoxication are more common and can be avoided.
- Overheating/hyperthermia is reported to be the most common cause of ecstasy-related death because MDMA interferes with the regulation of body temperature. Overheating can cause internal bleeding, and liver and kidney failure.
- Ecstasy triggers the release of ADH, a hormone that slows the action of the kidneys, so rather than excreting fluids you continue to fill up. This can lead to 'water intoxication' causing headache, nausea, vomiting, and in rare cases, coma and death due to the blood becoming diluted, low plasma sodium levels, and water being sucked into the brain cells causing increased pressure on the brain stem.
- Symptoms of overheating include vomiting, hallucinations, really fast heartbeat and very high body temperature, dizziness, fainting, head pains and strong muscle cramps.

## Harm Reduction Advice

- No use is the safe choice.
  - Sip, not gulp, 600ml of water over every hour. The potassium in isotonic sports drinks can increase blood pressure to unsafe levels. Avoid alcohol, caffeine and sugary drinks, which increase dehydration. Gulping water once you are already thirsty can be a risk.
  - If you're not dancing and not sweating, you will not need a lot of fluids.
  - Avoid E if you have heart, liver or kidney problems, epilepsy or asthma.
  - Avoid mixing drugs because this produces unpredictable effects and is a greater health risk, putting a huge strain on the heart and liver. Combining with alcohol and other stimulants puts extra strain on the heart and liver.
  - Avoid taking E if you are taking drugs such as beta blockers. Consult your doctor about taking E with medication.
  - If you're diabetic, insulin levels can be affected and you may need to monitor blood sugar levels more regularly.
  - E can cause a bad reaction if you have an anxiety or psychotic disorder or suffer panic attacks.
  - If you're taking more and more to get up, it's safer to take a break for a few months.
  - E can make you feel in love with a stranger. Remember basic safety issues including safe sex.
  - Ecstasy testing kits can reveal what drugs E pills may contain (e.g. dangerous DXM and PMA). However, the tests will not show up all drugs or chemicals present.
  - For more info on what specific pills may contain, see [www.ecstasydata.org](http://www.ecstasydata.org) and the Australia/NZ section of [www.pillreports.com](http://www.pillreports.com)
- Avoid drug use and driving.

### **GBH (G, GBH, one4b, liquid ecstasy, fantasy)**

A hypnotic sedative drug that is cheap and easy to make. It's a clear, salty liquid sold in small bottles or as a powder in a capsule. Sometimes referred to as 'liquid E' but its effects are more similar to alcohol than E.

#### **GHB (immediate effects):**

Comes on in about 15 minutes and usually lasts 1 to 3 hours, but may last a lot longer, depending on the dose and the individual.

GBL (gamma butyrolactone), 14B or One4b (1, 4, butanediol), and sodium oxybate have similar effects to GHB and are metabolised in the body into GHB after being consumed. The experience may differ amongst individuals, but may include the following:

- Euphoria,
- drowsiness,
- nausea,
- dizziness,
- increased confidence.

A hangover effect is often experienced for up to 72 hours afterwards.

**It is very easy to overdose on GHB, making it potentially very dangerous, especially if used with alcohol. Make sure clients know what you they are doing!**

#### **Overdose:**

With an overdose a person may experience:

- Confusion, hallucinations, disorientation, blurred vision, vomiting, agitation, stiff muscles, fits (convulsions, seizures).

**Unconsciousness or coma, respiratory collapse (stopping breathing) and death.**

#### **Harm Reduction Advice:**

- No use is the safest choice.
- Avoid mixing with alcohol
- Measure the amount you are taking accurately. Remember effects of this drug vary a lot from one person to the next: you may not be able to tolerate what someone else can.
- Be aware that concentration can vary a lot between batches.
- Avoid if you have heart or breathing problems, epilepsy, sensitivity to other central nervous system depressants, or general poor health.
- Avoid using with drugs that also have a sedative effect (e.g. benzos, opiates, alcohol or ketamine) because the combination greatly increases the chance of an overdose, and has the potential to stop your breathing.
- Taking GHB is safest with friends who have had previous experience with the drug and know what you're using in case medical attention is urgently required. Avoid taking it alone.
- If purchasing G, check if it's GHB or GBL, as GBL is usually 2 to 3 times stronger. However, individual batches of these drugs will also vary, and caution is advised if acquiring G from new sources.

- Avoid accepting GHB or similar drugs from people you don't fully trust due to the possible risk of rape, robbery or being left alone if you're too out of it, or unconscious.
- Phone an ambulance (111) if anyone falls unconscious after taking GHB or similar drugs.
- For information about GHB and related substances see [www.ndp.govt.nz](http://www.ndp.govt.nz)
- Avoid drug use and driving.

## **TRANQUILISERS – BENZODIAZEPINES (Benzos)**

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Benzodiazepines (sometimes called ‘benzos’) are also referred to as ‘minor tranquillisers’. They work by slowing down the activity of the central nervous system. They slow the messages going to and from the brain to the body, including physical, mental and emotional responses. Like alcohol, cannabis and heroin, they are depressants. Whether taken orally or intravenously, the drug is absorbed into the bloodstream and circulates through the body.

### **What are they used for?**

#### *Medical uses*

Medically, benzodiazepines are classified as sedatives/hypnotics (to induce sleep) or anxiolytics (to relieve anxiety). In practice, they perform all of these functions, although different ones are prescribed based on how quickly they work and how long they last. Some benzodiazepines are prescribed by doctors to relieve stress and anxiety and to help people sleep. They are also used to treat epilepsy (sometimes), to relax muscles, to help people withdraw from alcohol, or as an anaesthetic before surgery.

#### *Non-medical uses*

Some people use benzodiazepines to become intoxicated. People who use heroin sometimes use benzodiazepines when they can’t get heroin, when they are trying to get off heroin or to increase the effects of heroin. People who use amphetamines (speed) or MDMA (ecstasy) may use benzodiazepines to help when they are ‘coming down’ from a ‘high’, and to help them sleep.

### **Immediate effects**

#### *Low to moderate doses*

Short-term use (less than two weeks) of benzodiazepines may have the following effects:

- relaxation
- calmness
- relief from tension and anxiety.

Other effects can include drowsiness, tiredness, lethargy, dizziness, vertigo, blurred or double vision, slurred speech, stuttering, mild impairment of thought processes and memory, feelings of isolation and emotional depression.

#### *Higher doses*

The most probable effects of higher doses are:

- drowsiness
- over-sedation
- sleep.

Before the person falls asleep, or if they do not sleep, higher doses may produce an effect similar to alcohol intoxication. Effects could be confused, slurred speech, poor coordination, impaired judgement, difficulty thinking clearly, loss of memory, blurred or double vision and/or dizziness. Mood swings and aggressive outbursts may also occur. The symptoms intensify as the dose increases. Feelings of jitteriness and

excitability often become evident as the effects of large doses wear off.

### **Overdose**

Very high doses of benzodiazepines can cause unconsciousness or coma. Death rarely occurs from overdose of benzodiazepines alone, but some deaths have occurred when large doses were combined with alcohol or other drugs. Deaths have occurred due to the inhalation of mucus or vomit while the person has been unconscious.

### **Long-term effects**

The use of benzodiazepines over a long period of time (more than two to three weeks) is not recommended. Benzodiazepines can help to relieve anxiety in the short term. However, they do not solve the problem that caused the anxiety in the first place - they treat the symptoms but not the cause.

Long-term use of benzodiazepines may cause:

- addiction
- drowsiness
- lack of motivation
- difficulty thinking clearly
- memory loss
- personality change
- changes in emotional responses
- anxiety
- irritability
- aggression
- difficulty sleeping
- disturbing dreams
- nausea
- headaches
- skin rash

- menstrual problems
- sexual problems
- greater appetite
- weight gain
- increased risk of accidents
- increased risk of falling over (older people).

Very high doses of benzodiazepines over a long period of time may cause confusion, lack of coordination, depression and slurred speech, and may lead to increased aggressiveness.

### **Injecting benzodiazepines**

Benzodiazepines are intended for oral use only. Some people inject benzodiazepines to get 'high', or to increase the effects of other drugs. This practice is increasing, even though the effects are not very satisfying. Severe health problems can result from the injection of benzodiazepines, including:

- collapsed veins
- red, swollen, infected skin
- amputation of limbs due to poor circulation
- stroke, and even death.

Sharing needles, syringes and other injecting equipment can greatly increase the risk of contracting blood-borne viruses such as hepatitis B, hepatitis C and HIV (Human Immunodeficiency Virus - the virus that causes AIDS).

### **Benzodiazepines and other drugs**

Combining benzodiazepines with alcohol, barbiturates, antihistamines, antidepressants, cannabis or heroin can greatly increase the effects of the drugs taken. This can be very dangerous, especially if the person intends to

drive. Some combinations can be life threatening.

Taking benzodiazepines with alcohol greatly reduces alertness and judgement of time, space, and distance. When large amounts of alcohol and benzodiazepines are taken together, it can result in death.

Combining benzodiazepines with other sedatives, antihistamines (cough, cold and allergy remedies) or sleeping pills increases the effects on the brain, resulting in unconsciousness and failure to breathe, which can lead to death.

The combination of heroin and benzodiazepines can be deadly. With benzodiazepines in the system, it takes less heroin to overdose.

### **Withdrawal**

If a dependent person suddenly stops taking the benzodiazepines (or severely cuts down their dose), they will have physical withdrawal symptoms because their body has to readjust to functioning without the drug. Withdrawal symptoms vary from person to person, but can be quite severe. Some people have no symptoms at all, while others may have symptoms lasting a few weeks or months, or even up to one year. A small percentage of people have even longer-lasting symptoms. The symptoms are usually related to the length of time the person has taken benzodiazepines, and the type of benzodiazepines taken (whether its effects are slow or fast-acting), rather than the amount used.

Withdrawal symptoms can include:

- headaches
- sweating
- confusion
- nervousness
- tension
- anxiety and panic attacks

- dizziness
- heightening of the senses of sight, touch, hearing, smell and taste
- poor appetite
- nausea, vomiting and stomach pains
- inability to sleep properly
- depression
- feelings of isolation and unreality
- delirium and paranoia
- fits or seizures can occur

Withdrawal symptoms tend to come and go, but all withdrawal symptoms will eventually disappear as the body adjusts to functioning without the drug.

Medical experts advise that people who have been using benzodiazepines for more than two or three weeks should not suddenly stop taking them without consulting a doctor or health worker. Health experts usually recommend a slow reduction in dose over two or three months. This reduces the severity of the withdrawal symptoms.

### **Pregnancy and breastfeeding**

#### **Pregnancy**

Benzodiazepines taken during pregnancy cross the placental barrier and can affect the growth and development of the baby. Anyone taking a prescription of benzodiazepines should see a doctor before altering their dosage.

Benzodiazepines can produce withdrawal symptoms in newborn babies, which can last for a week or longer. Withdrawal symptoms can include breathing problems, poor body temperature control, poor muscle tone and sucking difficulties.

## **Breastfeeding**

Benzodiazepines can be passed from mother to baby through breast milk. The baby's body cannot process these drugs quickly, and they can accumulate in high doses. Anyone taking or planning to take any substances while pregnant or breastfeeding, including prescribed and over-the-counter medications, should be encouraged to seek medical advice beforehand.

## ANALGESICS

### **DEFINITION**

Central Nervous System Depressant drug used recreationally for euphoric/sedative qualities. High physical and psychological potential. Can be used orally or injected – usually injected for recreational purposes.

### (A) OPIATES

Naturally occurring or semi-synthetic narcotic analgesic originating from the opium poppy.

Includes morphine, heroin, opium from poppies, codeine

Common names: Misties (morphine sulphate tablets), smack, “H” (heroin), pops, poppies

### (B) OPIOIDS

Completely synthetic narcotic analgesic

Includes Homebake, (produced illegally from codeine-based products), Methadone (used as a maintenance drug to treat narcotic-dependent clients), pethidine, palfium

Common names: ‘bake, ‘done’ peth, palf.

### (C) Non-Narcotic Analgesics

Used as an alternative when narcotics are not available. Have some euphoric/sedative qualities and are often used to prevent withdrawal symptoms. Commonly sought by drug-seekers.

Includes Doloxene, Di-gesic (Paradex), subutex

Common names: Dollies

### Signs of Intoxication

Users with a high tolerance may not experience any of these effects

- euphoria, initial ‘rush’ when used intravenously
- drowsiness, stupor (‘on the nod’, ‘nodding’)
- decreased sensations and responses to pain
- small constricted or non-reactive pupils
- blurred vision, possible nausea / vomiting, sweating, constipation
- anxiety and hyperactivity in some people
- relaxation, decreased concentration
- effects will last a few hours

### Overdose

- cold or blue skin
- unconsciousness
- weak or no pulse
- stupor, disorientation, coma
- shallow and slowed breathing
- heart seizures, convulsions, fits
- nausea and vomiting, severe constipation
- increased overdose risk when combined with other depressants such as alcohol, tranquillisers

## Withdrawal

- may begin within a few hours of ceasing drug use for the dependent user. Peak symptoms occur 36-72 hours after ceasing use. Most observable symptoms are over in 7-10 days (except methadone withdrawal).
- Irritability, restlessness, depression
- Runny nose, sweating, yawning, tears
- Abdominal or muscle cramps, nausea, vomiting, diarrhoea
- Insomnia
- Crawling sensation on skin

## Long-term effects

- Dependency
- Infections from impurities in the drug
- Possible sterility
- Mood instability
- Decreased sexual desire, menstrual irregularities
- Infectious diseases resulting from unsafe needle use, such as HIV, Hepatitis B, Hepatitis C

## Narcotics and Pregnancy

Narcotics cross the placenta to the foetus

- Premature labour or stillborn foetus
- Baby experiencing withdrawal symptoms
- Possible death up to 12 weeks of age
- Growth retardation

Pregnant women addicted to narcotics are often placed on methadone maintenance for the duration of the pregnancy. This is safer as it ensures a stable environment for the foetus. Detox for the baby may be required after birth in some cases.

## Harm Reduction Advice

- No use is the safest choice.
- Avoid mixing with other Central Nervous System Depressants such as Alcohol, Benzodiazepines and other Opioids.
- Only use amounts you know the strength of and are used to.
- Do not use alone because of overdose risk.
- Oral use is safest and while not as quick onset will last longer.
- If injecting analgesics use new equipment every time.
- Use wheel filters if injecting to take out impurities and fillers.
- Dispose of equipment safely after one use.
- Regular use can lead to dependence so avoid using too often.
- Avoid using when unhappy or distressed to reduce risk of regular using.
- Have a bucket handy for the vomit.
- Learn CPR.
- If someone with you overdoses call an ambulance immediately, they will not give information to the police unless someone dies.
- Avoid drug use and driving.

## Treatment

The proven treatment of choice for narcotic drugs is long-term methadone maintenance treatment.

Methadone treatment involves stabilising a client on a daily oral dose of methadone. This gives consumers the choice to remove themselves from the illicit drug scene, to stop or significantly reduce injecting behaviour, and to establish a lifestyle free from the need to search for drugs. Methadone clients wanting to significantly reduce drug use are encouraged to attend inpatient treatment following withdrawal.

Methadone is addictive and most withdrawal programmes are gradual, taking place over several months, or up to 1-2 years. Methadone is a

controlled drug, and clients are closely monitored through restricted dispensing, random urines, and attendance at regular counselling.

## **HALLUCINOGENS**

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### **LSD (acid, trips tabs A)**

LSD can take a user on a joyful trip. They'll be able to 'see' sounds and 'hear' colours for half a day or so, after dropping a tab. The acid journey might also put you in the fear-filled grip of illusions and paranoia.

LSD (d-lysergic acid diethyl amide - 25) is a powerful hallucinogenic drug usually sold as small paper squares/tabs which was strongly associated with the hippie culture of the 1960s. LSD interferes with sensory processing and affects neurotransmitters in the brain (like serotonin). Other synthetic hallucinogens (e.g. DOB) are sometimes sold as acid.

The effects vary according to the user's previous experience of the drug, their mood, and the quantity and strength. The trip can be very unpredictable, even for experienced users. Some users describe LSD as a 'spiritual' experience.

### **Tripping (immediate effects):**

LSD changes one's perception of reality by causing a sensory overload. Most users take LSD orally, and the effects come on between 20 minutes and 2 hours and usually last 6 to 12 hours, with the strongest effects 3 to 5 hours after taking it. Tripping with good friends usually creates a much better time than doing it alone.

### **The most common effects of tripping are:**

- Heightened sensory experience where sound and images are intensified and distorted.
- Distorted awareness of ability.
- Thinking becomes more intense.

- Uncontrollable laughter.
- Unstable or changing emotions.
- Muscle twitches or numbness.
- Slight increase in pulse and blood pressure, pupils becoming dilated.
- Increased body temperature (sometimes hot/cold sweats).
- Blurring of boundaries between self and environment.
- With high doses users may lose their sense of self, or not feel connected to their bodies.
- Increased energy because of stimulation of the central nervous system.
- Nausea.

### **Long term effects and risks:**

- Flashbacks, though these are rare.
- Depression and other mental health problems, sometimes leading to death.
- Heart and blood pressure problems.
- Problems with memory and concentration.

### **Harm Reduction Advice:**

- No use is the safest choice with LSD. People with heart problems should never use.
- Consider your personal safety and plan a safe night before using. It's best to trip only if you're in a positive mood, and while with friends.
- Take less than a whole trip the first time to find your tolerance. Otherwise, you could easily lose it. Being with an experienced tripper and in a safe environment with trusted friends is vital.

- Take a small amount at first to gauge the strength, which tends to vary between tabs.
- Mixing with drugs and alcohol can increase health risks. Mixing LSD with stimulants (e.g. speed) increases the chance of a bad trip – sensory overload can lead to panic. Combining LSD with Ketamine can be extremely disorientating and should be avoided.
- The experience relates to your own thoughts, feelings and surroundings, so positive thinking can help if you're having a bad trip.
- Taking large doses of LSD can bring back suppressed memories. If you have a history of trauma, taking a trip should be avoided.
- The strength of LSD varies. The pictures (trademarks) can be used as rough guides to strength. Ask friends who have tried them. Remember, different batches of the same design can also vary in strength.
- Avoid taking LSD if you have a history of mental health problems.
- Avoid drug use and driving.

If you're having a bad trip – avoid dwelling on personal problems, use support, or change the scene or music. If you start to panic, reduce breathing to a steady rate and rationalise things. And remember – you'll eventually come down.

**MAGIC MUSHROOMS** (shrooms, blue meanies, 42 gold tops, liberty caps)

Magic Mushrooms are similar to LSD (see LSD for more info). There are many types of Magic Mushrooms. The most commonly used mushies contain psilocybin, and some also contain psilocin. Both have effects similar to LSD.

Magic Mushrooms are seasonally available (autumn); however, capsules of dried, powdered Magic Mushrooms are often around out of season.

#### ○ **Shrooming (immediate effects):**

- More cramps, sweats/chills and nausea/ vomiting than acid (LSD).
- Sometimes effects are unpredictable and intense, with an increased chance of panic attacks or bad trips. This is partly due to the difficulty in measuring dose and extent of other toxins.
- Effects occur within 15 to 45 minutes, and can include muscle weakness and twitches, nausea and vomiting, sweating, chills and shivering followed by heightened sensations which last for 4 to 5 hours. Different people however, will have different experiences.
- They can also have a strong hallucinogenic effect.

#### **Long-term Effects:**

See LSD due to the similarity of long-term effects.

#### **Harm Reduction Advice:**

- No use is the safest choice.
- To avoid a bad trip, it's best to take Magic Mushrooms only if feeling good, with trusted friends in a safe environment.
- Dropping a shroom trip while out clubbing could end up in disaster. Wait until the effects have peaked before deciding if you can deal with going out.
- It's best to go mushroom hunting with someone who knows what they're doing. Don't pick anything you cannot positively identify. There are very poisonous mushrooms that may be mistaken for psilocybin shrooms.
- The strength of Magic Mushrooms varies considerably depending on the type, age, recent rain and soil conditions. Mushrooms from the same batch vary and some are toxic. It's safer to take a small dose and wait 2 hours before having more (if required) than losing the plot big-time.
- Many people eat Magic Mushrooms in the forest as they find them. It's safest to stay in a group and plan to have water and

other essentials available, including a straight driver to get you home.

- Other synthetic hallucinogens such as LSD are generally more reliable and safer unless you have synthetically produced psilocybin. Some users binge in-season and put their mental health at risk.
- Avoid drug use and driving.

## VOLATILE SUBSTANCES (sniffing, huffing)

A **volatile substance** is a compound that gives off vapours or fumes at room temperature. Volatile substances are also commonly known as **solvents** or **inhalants**. They include:

- Butane gas
- Aerosol sprays
- Petrol and LPG
- Glue
- Correction fluids
- Paint thinners
- Amyl or butyl nitrates

**Amyl or butyl nitrates** (rush, amyl, kix, poppers) are usually inhaled from small bottles of liquid, often while dancing, or having sex. Inhalation causes a 'high' that lasts a few minutes.

The effects of volatile substances depend on

- The amount inhaled
- The person's experience with volatile substances
- The mood they are in
- The way in which the drug was taken

### Immediate Effects

The immediate effects are very similar to those of alcohol, and include

- Feeling of light-headedness and giddiness
- Feeling less inhibited
- Sense of disconnection or disorientation
- Uncoordination
- Irritation of the skin
- Headaches
- Vomiting

- Nose bleeds
- Loss of consciousness

The effects come on more quickly because the substances enter the bloodstream from the lungs instead of the stomach. The effects last for 1 to 5 minutes and are usually over within 30 to 60 minutes of sniffing

Hangovers and headaches often occur after the immediate effect wears off.

### Short-term effects

Research evidence suggests that **short-term use** of volatile substances rarely causes permanent damage and the effects are **reversible** if the person stops using inhalants.

### Overdose

Because of the quick onset of the effects, there is little concern regarding overdose with inhalants, however, **swallowing** of volatile substances can lead to **death**

**Death** may also occur if **amyl/butyl nitrates** are used in conjunction with **Viagra** or other **nitrate-based medications**.

### Long-term Effects

The long-term use of aerosols and cleaning fluids can damage the **kidneys, liver and (rarely) the brain**.

The long-term use of **leaded petrol** can cause **leukaemia** and other types of **cancers** because the lead accumulates in the body.

Other physical effects of petrol sniffing can also include **anorexia, seizures, and sudden sniffing syndrome**.

**Sudden Sniffing Syndrome** is caused by heart failure which may result if a person does strenuous exercise or has a sudden fright straight after sniffing. This is, however, rare – it is usually associated with aerosols, butane gas and cleaning fluid.

**Long-term use of amyl/butyl nitrates** can lead to the development of a reduced resistance to infections.

### **Tolerance and Dependence**

Regular users can become dependent on volatile substances, as the substances become important in their daily lives. A dependent person finds it very difficult to stop using

The possibility of developing tolerance, that is the need to use more to get the same effects as before, is very small.

It is also rare for withdrawal symptoms to occur when a person stops using. Very heavy users may experience headaches, muscular cramps and abdominal pain.

### **Risks of use of Volatile Substances**

- Possible suppression of the immune system
- Accidents while using
- Mixing volatile substances with alcohol – increases effects, and the likelihood of an accident
- Using higher-risk substances such as aerosol cans, petrol and methylated spirits – increased risk of unconsciousness due to lack of oxygen
- Suffocation because of sniffing from a plastic bag
- Spraying aerosols directly into the mouth
- Disinhibition, interfering with judgement and therefore possibly resulting in unsafe behaviours, such as other drug-related activities, or unsafe sex

- Increased risk of cancers (e.g. amyl/butyl nitrates are metabolised into nitrosamines, which are cancer-causing)

### **Harm Reduction Advice**

- Limited use (once per week or less) is better than regular heavy use
- Using glues is better than aerosols or petrol
- Do not use volatile substances with alcohol
- Do not use amyl/butyl nitrates with Viagra or other nitrate based medications
- Spraying or pouring the substance onto a cloth to sniff from, or using a container with a small opening will limit the possibility of unconsciousness
- Keeping the nose or mouth free for breathing will also limit the possibility of unconsciousness
- Sniffing with other people around, and sniffing in places where there is a low risk of an accident will help avoid accidents, and will mean you have help if things go wrong.
- Avoid drug use and driving.

## **TREATMENT**

### **Aims of treatments**

There is a wide range of interventions that can be applied in the treatment of alcohol and other drug disorders, and there continues to be much dialogue as to which models are effective in which situations. Treatments have often fallen into two schools of thought, namely

- Those based on abstinence as a primary goal, and
- Those based on harm reduction as a primary goal, which can include abstinence as a goal for particular individuals

There are also medical management and pharmacological interventions, and depending on the medication used, these can be applied to both abstinence and harm reduction goals.

Specific treatment programmes can be based upon a cultural platform that is other than that of the NZ European or Pakeha majority, the one being most relevant in the South Island being 'Kaupapa Maori' or Maori Philosophy programmes. These have the characteristic of operating from an holistic base, with re-connecting with or re-affirming cultural identity and practices as a core (but not sole) element to the work done with clients. Again, these sort of programmes can be applied to either abstinence or to harm reduction goals, depending either upon the specific philosophies of the programme, or upon the choice of the individual client.

### **Detox and Withdrawal Management**

The management of detoxification and withdrawal from alcohol and drug use can be a relatively simple process in mild to moderate cases, right through to a complex process with elements of risk in moderate to severe cases. Detox and withdrawal can be managed unsupervised, in a community setting with varying levels of nursing supervision, or in a short-term residential setting with full medical management available.

It is preferable that the process is managed at the lowest possible safe level, so the assessment of acuity is important in making these decisions. As such, a 'Comprehensive Assessment' needs to be completed by an agency registered to do these before a referral for Detox and Withdrawal can be accepted.

The following agencies are registered to offer such an assessment:

- Te Makatea Hauora Alcohol and Other Drug Service
- Te Kahui Hauora o Ngati Koata Alcohol and Other Drug Service
- Te Rapuora Health Service Alcohol and Other Drug Service
- Nelson Alcohol and Other Drug Service
- Blenheim Alcohol and Other Drug Service

Detox and Withdrawal are managed by

- Nelson Alcohol and Other Drug Service
- Blenheim Alcohol and Other Drug Service

Complex Detoxification is managed at

- Nelson public Hospital
- Wairau Hospital
- Kennedy Detoxification Unit at Hillmorton Hospital
- Thorpe House offers supported accommodation during detox.

### **Intensive Treatments**

Clients presenting with more severe cases of dependency can benefit from a medium-length period of intensive treatment, which can be offered in a range of settings.

Because an accurate assessment of acuity is needed for access to such services, a 'Comprehensive Assessment' needs to be completed by an agency registered to do these before a referral for Intensive Treatment can be accepted.

Intensive Treatment is offered in the following settings

- Residential
  - St Marks
  - Bridge Christchurch
  - Nova Trust
  - He Waka Tapu
  - Vincentian Centre
  - Odyssey House Christchurch
  - Odyssey Youth Christchurch
  - Odyssey Dual Diagnosis Auckland
  - Horizons
  - Circles of Change
  
- Kaupapa Maori Intensive Treatment – He Waka Tapu
  - This new Christchurch-based programme offers Intensive treatment in a programme which has a Kaupapa Maori base and which is also informed by current AOD practices within the sector. The setting is an intensive day programme and they are developing an optional supported accommodation component to broaden accessibility. See page 5 for further information on Kaupapa Maori models.
  
- Day programme
  - This is less intensive non residential than inpatient option
  - Horizons
  
- Opioid Substitution Treatment (‘Methadone Maintenance’)
  - This is a long term programme in which users of Opioids are prescribed medication to manage the risks, withdrawals and behaviours associated with illicit drug use. The aims are firstly harm reduction, stabilisation and lifestyle changes. Many individuals will eventually choose to reduce off medication.
  - OST is available through:

- Nelson Alcohol and Other Drug Service
- Blenheim Alcohol and Other Drug Service

### **Less intensive treatments**

The majority of AOD clients require less intensive treatment.

Some of these are:

- Brief intervention counselling / Motivational interviewing
- Relapse Prevention
- Client and family education
- Longer-term one-on-one counselling
- Group work

### **Self-help and Support Groups**

Self-help groups have a long tradition in the addressing of AOD issues. Alcoholics Anonymous and Narcotics Anonymous are two of these. Members assist each other in the recovery journey with formal and informal support, and with the sharing of the story of their own journeys into recovery. There are a range of these groups in the communities of Nelson Marlborough.

- AA and NA are active most days of the week in the region. Lists of meeting times and location are available through the AOD Services or by calling 0800 229 6757.
- A Rational Recovery Group is available through Nelson Alcohol and Other Drug Service.

### **Medical treatments**

General “There was widespread agreement amongst researchers and medical clinicians that the development of new pharmacotherapies for addiction utilising drugs such as Naltrexone, Acamprosate and Buprenorphine offered significant opportunities for improving treatment outcomes. They were seen as particularly useful for people with problems with discontrol i.e. who engaged in binge drinking. The new pharmacotherapies help establish a pattern of abstinence and can

potentially reduce the level of recidivism and the length of intensive treatment required.<sup>1</sup>

- Naltrexone (ReVia)  
Naltrexone works by stopping people getting the "high" they normally expect from drinking alcohol and reducing the craving for alcohol somewhat. For most people it has fewer side effects than disulfiram, has been shown to get better compliance, and can help people better manage a reduction in their drinking.
- Acamprosate  
Acamprosate (Campral delayed-release tablet), a synthetic compound with a similar structure to that of the neurotransmitter GABA and the neuromodulator taurine, facilitates the maintenance of abstinence in detoxified alcohol-dependent patients. Limited data from a relatively well designed trial indicate that the drug has similar efficacy to that of naltrexone and that combination therapy with these two agents provides better efficacy than acamprosate monotherapy. The drug may be particularly useful in those with hepatic impairment and/or liver disease. Thus, in combination with psychosocial and behavioural management programmes, acamprosate is a promising option for the maintenance of abstinence in alcohol-dependent patients after alcohol withdrawal.<sup>2</sup>

## Buprenorphine

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<sup>1</sup> SI District Health Boards 'South Island Alcohol and Other Drug Services Review' May 2004, p10.

<sup>2</sup> [Scott LJ](#), [Figgitt DP](#), [Keam SJ](#), [Waugh J](#). Acamprosate: a review of its use in the maintenance of abstinence in patients with alcohol dependence. In [CNS Drugs](#). 2005;19(5):445-64

In New Zealand Buprenorphine is marketed under the brand name Suboxone.

Suboxone contains the active ingredients buprenorphine hydrochloride and naloxone hydrochloride. Buprenorphine acts as a substitute for opiate drugs like heroin and it helps withdrawal from opiate drugs over a period of time. When taken sublingually (under the tongue) as prescribed, naloxone has no effect, as it is very poorly absorbed. However, if Suboxone is injected, naloxone will act to block the effects of other opiates like heroin, methadone or morphine, leading to bad withdrawal symptoms. Therefore, naloxone is included in Suboxone to discourage misuse by injection, as it can cause very bad withdrawal symptoms.

Buprenorphine is an effective treatment for Opioid Dependence for those people for whom Methadone is not appropriate either because of side effects, low levels of use or for whom daily dispensing is not suitable.

- Antidepressant medication such as the Fluoxetine, Paroxetine, Citalopram and Serapax have been found to greatly assist the maintenance of abstinence or reduce risks of relapse to heavier drinking patterns amongst many Alcohol Dependent people. These medications act through managing some of the neurochemical changes in the brain that are associated with abstinence after prolonged dependent use. (just off the top of my head???) Doug, Simon Adamson, Alasdair Kerr
- Disulfiram  
Disulfiram interferes with ethanol metabolism at the aldehyde stage, leading to unpleasant or, at larger concentrations,

dangerous increase in aldehyde concentrations. When taken by someone who wishes to stop drinking it provides a safety net to prevent impulsive drinking as it will make drinking very unpleasant for two to three days after ingestion.

**RISKS ASSOCIATED WITH AOD USE AND PARTYING  
PREVENTION / CARE AROUND SPIKING OF DRINKS, AS  
WELL AS SEXUAL ASSAULT**

**Drink Spiking**

People spike drinks to sexually assault, rape or rob the victim, or even as a prank. Alcohol or other drugs – illegal and prescription – are used. If you think you have consumed a spiked drink, alert someone you know and trust, or the staff at the venue.

The drugs don't stay in your system for long, so even if you feel you cannot speak to anyone initially, at least get a sample of your urine and store it in a clean sealable container in the fridge until you decide what you want to do.

Consider calling the Police.

**To avoid having your drink spiked, ensure that you:**

- Don't leave your drink unattended, and get a friend to guard it if you go away.
- Don't accept drinks from strangers.
- Don't share drinks
- Watch the person behind the bar when they pour your drinks.
- Buy bottles with lids or sipper bottles, so you can store your drink in a bag if necessary.
- If you're out with someone you don't know, arrange for a friend to call you during the evening and/or pick you up. Meet in a public space. Arrange your own transport.

**Warning signs include:**

- Feeling dizzy, faint, sick, unusually tired or sleepy.
- Feeling too hot or cold or both at the same time.
- Feeling intoxicated or confused even if you have only had a little alcohol to drink.
- Passing out.
- Waking up feeling uncomfortable and disorientated, with memory blanks about the night before.

If someone is acting strangely, consider that they may have consumed a spiked drink. If you are very concerned call an ambulance or seek medical attention, otherwise:

- Keep an eye on them
- Ensure they are in the recovery position when lying down
- Make sure they leave with someone trustworthy or help them get home.
- Ask for photo identification and record their details.

**Drink spiking is illegal. It's an offence to endanger someone's life, or take sexual advantage of anyone too intoxicated or out of it to give consent. This can seriously traumatise people, land the person responsible in jail and is totally unacceptable. If the person has a serious reaction to the drug and dies, the person responsible could face a murder charge.**

## **Drug-Assisted Sexual Assault**

It is safest not to share drinks, accept drinks from anyone you don't fully trust, or leave drinks unattended e.g. whilst on the dance floor. Closed sipper bottles are safer than open bottles or glasses, but it's still safest not to leave them unattended.

If feeling unusually tired, sick, or intoxicated then ask a trusted friend to help get you home. Phone (or have someone else phone) someone you trust to pick you up. If very concerned, seek medical attention.

If taking a friend home, keep an eye on them, ensure they're in the recovery position when lying down and phone an ambulance if concerned or uncertain. Taking sexual advantage of anyone too intoxicated/out of it to give informed consent – even if you didn't give them alcohol or other drugs – is drug-assisted sexual assault. This can seriously traumatise people, land you in jail, and is totally unacceptable.

Local information as to where victims of drug-assisted sexual assault can seek support.

- **Nelson Rape & Sexual Abuse Network– 03 5482407**
- **Blenheim Womens Refuge And Sexual Assault Resource Centre –03 577 9939**

## **Harm Reduction**

If you feel your drug use is causing physical or mental problems, cease using. Try to get some sleep and eat well. Continuing to use will increase the bad experiences and make it difficult to think rationally. Seek medical assistance – go to the local Accident & Emergency Department (hospital, local clinic) or ring them (see Hospitals section of phone book).

If someone is in danger of harming themselves or others, contact a mental health crisis team (Hospitals section of phone book). Find out in this section about the effects of drugs and how to reduce risks from using them. Remember to watch out for your friends.

## **Intravenous (IV) Drug Use**

IV drug use carries increased risk of overdoses, contracting HIV, hepatitis and other serious medical conditions, and can damage blood vessels.

The substances used to cut gear can be more of a health hazard than the drugs, once injected into your veins. Using new fits, sterile water and equipment can prevent HIV/AIDS, hepatitis C and other infections.

### **DON'T share or re-use equipment:**

Needle exchanges (like xxx) can legally provide you with information, needles, filters (to get rid of the crap), sterile water, swabs and other equipment. See information pages for needle exchange details.

### **Especially AVOID:**

- Gear from people you don't know.
- Using IV for the first time in a party environment, or alone.

## **OVERDOSE / CRISIS INFO**

### **What to do in a crisis**

- If someone overdoses or has an adverse reaction while using substances, it is very important that they receive professional help as soon as possible. A quick response can save their life.
- Call an ambulance. Dial 111. Don't delay because you think you or the person might get into trouble. Ambulance officers are not obliged to involve the police.
- Stay with the person until the ambulance arrives. Find out if anyone at the scene knows mouth-to-mouth resuscitation or cardiopulmonary resuscitation (CPR).
- Ensure the person has adequate air by keeping crowds back and opening windows. Loosen tight clothing.
- If the person is unconscious, don't leave them on their back—they could choke. Turn them on their side and into the recovery position. Gently tilt their head back so their tongue does not block the airway.
- If the person has stopped breathing, give mouth-to-mouth resuscitation. If there is no pulse, apply CPR.
- Provide the ambulance officers with as much information as you can -what substances were taken, how long ago and any pre-existing medical conditions

## **PREGNANCY**

It is not safe to use drugs and/or alcohol if you are pregnant, or planning to become pregnant.

Drugs and alcohol can be harmful, or even extremely dangerous, to an unborn baby's health and development. Give your child its best chance of a happy and normal life. The greatest risk is during the first three months of pregnancy.

If you are pregnant and using alcohol and/or other drugs, it's important to contact a GP or midwife and receive regular antenatal care. If you're concerned about your alcohol and/or drug use, please contact your local alcohol and drug service for help.

Below are websites that provide information on the effects of drug use during pregnancy.

- ALAC – [www.alac.org.nz](http://www.alac.org.nz)
- New Zealand Drug Foundation -[www.nzdf.org.nz](http://www.nzdf.org.nz)

## **HIV POSITIVE**

People who are HIV positive and who are on drug therapies (especially protease inhibitors) could experience side effects if using any of the drugs in this publication (especially E). Drug use can also adversely affect the immune system.

Please consult NZ AIDS Foundation South / Te Toka, 03 379 1953, or the AIDS toll-free hotline, 0800-802-437 (nationwide).

## DRUG ABUSE CONTAINMENT ACTIVITIES

Medsafe's drug abuse containment activities are carried out by medicine control staff, who are part of the Compliance team. They are based in four regional offices, with overall co-ordination provided by staff at the head office in Wellington.

Medicine control advisors are experienced pharmacists with backgrounds in hospital and community pharmacy and the pharmaceutical industry. They are also trained in conducting an investigation, collecting evidence, interviewing suspects and preparing briefs for court, and have an understanding of the Bill of Rights and Judges rules.

The advisors are appointed as Officers under the Misuse of Drugs Act 1975 and the Medicines Act 1981. Their powers as officers under the Medicines Act are defined in Section 63 of the Act.

The activities of the medicines control staff in the drug abuse containment area include:

- liaising with alcohol and drug treatment centres and with doctors and pharmacists in relation to drug misuse issues;
- advising health professionals of current drug misuse issues;
- monitoring controlled drug prescribing;
- working with the national Medical Officers of Health in the preparation of Restriction Notices for drug seekers and Regulation 35 letters to practitioners when monitoring of prescribing suggests controlled drugs are being prescribed for dependent persons;
- liaising with Police and Customs locally and nationally on drug misuse and importation issues;
- preparing and presenting reports for the disciplinary processes of the Medical Council, Dental Council and Pharmaceutical Society of New Zealand;

- providing advice to clients on the requirements of the Misuse of Drugs Act and Medicines Act; and
- issuing controlled drug prescription pads to prescribers.

Further information and advice can be obtained from the Central Medicines Control Office:

Postal Address:	PO Box 5013 Wellington
Street/Courier address:	Level 6 Deloitte House 10 Brandon Street Wellington
Telephone:	04 496 2437
Fax:	04 496 2229

**Nelson and Blenheim AOD Service act as a central distribution point for alerting local Health Workers, including GP's and Pharmacists, about people who are considered to be "Drug Seeking" in the community. Details about the person and what they are seeking are forwarded to the Services and this is then forwarded to all the relevant agencies within the limits of the Privacy Act. Clear notices about this probable response to perceived Drug Seeking are displayed in GP Surgeries.**

**Drug Seeking is defined as attempting to procure medication for "non-medical reasons to use for its psycho-active properties or to sell".**

## SAFE NEEDLE USE

### **Introduction**

Injecting drugs substantially increases the risks of drug use.

### **What Risks?**

#### **Overdose or Heart Attack**

By introducing substances directly into the body, either by injecting intravenously (into a vein) or intramuscularly (into a muscle) the body's natural defences are bypassed. The effects of the drugs are increased and therefore the risk of overdosing (opiates or slow drugs), or having a heart attack (stimulants) are increased.

#### **Infections**

The injecting drug user bypasses the natural defence systems and runs the risk of infecting him/herself with bacteria and viruses that would not normally enter the body. These infections can range from minor injection site inflammations through to diseases such as HIV and hepatitis C which will have a more permanent detrimental effect on health and may be fatal.

#### **Poisoning**

Many illicit drugs contain high levels of impurities or may be contaminated with dangerous by products of the manufacturing process. This can lead to systemic problems if they are injected straight into the body. This can range from phlebitis through to allergic seizures.

#### **Injection Mistakes**

Injecting drug straight into the body requires good technique and a knowledge of risks, such as the positions of nerves, the difference between a vein and an artery, and the effects of different substances on body tissue. For example injecting into nerves can cause paralysis, injecting into arteries can cause blockages which may lead to limb amputation. Some substances are very alkaline and may burn body tissues.

#### **Harm Reduction Advice**

There are ways of reducing these risks.

### **Safer Injection Techniques**

To reduce this risk of overdose or heart attack use half of the intended dose first, then wait for the drugs to take effect and top up if needed. Since many illicit drugs are concentrated in order to be smuggled, or of an unknown strength, a low dose can allow the user to gauge the strength of the gear first.

Bacteria and viruses are all around and the body has natural defences to them. If injecting into the body, the user should endeavour to try to minimise the risk of injecting these organisms.

**Clean hands** thoroughly before starting by washing them with soap and water. Use a clean towel to dry them.

In preparing drugs for injection **heat the liquid until it boils briefly**. This will kill many bacteria. Filter the drugs; having made a solution to inject, the drugs must be filtered to remove as many impurities as possible.

**Filtering drugs** will reduce the damage injecting drugs does to the body. Filtering removes impurities and means a cleaner, safer taste.

Most pharmaceutically prepared drugs are made in tablet form so they can be swallowed. Manufacturers add chalk, wax and other additives to make the tablets easy to swallow. If pills are going to be injected, as many of these as possible must be removed.

Homebake and speed are generally made to be injected, but because they're homemade they also contain a lot of impurities and by-products of the manufacturing process. Opium too, contains lots of unwanted plant matter.

By effectively filtering drugs you can reduce the amount of harmful contaminants in them, this will help avoid some of the secondary health problems associated with injecting drugs such as collapsed veins, injection site infections and dirty tastes.

**Wheel filters** are small filter units commonly used in medical and industrial laboratories which prepare solutions. These filters are designed to fit between the needle and syringe using the leur-lock common connection method.

The Needle Exchange Programme sell a variety of wheel filters. These products use the same type of filtering membranes which are housed in a small circular plastic moulding.

The plastic mouldings include screw on connections for a needle and syringe on either side. The key advantages to this method of filtration are:

- Low retention of filtrate
- No additional contamination from the filter material
- Cheap disposable solution

**Don't share drug preparation equipment** such as spoons, tourniquets, filters, rinsing water. Viruses particularly Hepatitis C virus require only tiny amounts of viral material to enter and infect the body. The amount of virus needed is not visible to the human eye.

**Make sure there is separate injection equipment for each person using.**

**Remember!**

- **Use a new fit every time,** and
- **Don't share needles and syringes,** and
- **If possible inject yourself** - Cross contamination with blood is highly probable when people inject each other.

**NICHE – The Needle Exchange for Nelson, Marlborough and the West Coast**

**In their own words:** "NICHE is a non-profit, harm reduction based organisation which aims to reduce the transmission of blood borne viral infections and minimise the harm caused to individuals who choose to inject drugs. We don't condone the use of drugs, but offer peer based education to ensure better health to those who choose to do so."

NICHE offers;

The sale and distribution of sterile injection equipment

The collection and safe disposal of used injection equipment

Information, help and advice about safer drug use techniques, safer sex practices, transmission of diseases and health issues that relate to injecting drug use.

Free distribution of safer sex products.

<b>Nelson and Golden Bay</b>				
NICHE		90 Collingwood St	NELSON	Ph (03) 546 8170
Golden Bay Pharmacy		17 Commercial St	TAKAKA	Ph (03) 525 9490
<b>Marlborough</b>				
Picton Pharmacy	Healthcare	6 High St	PICTON	Ph (03) 573 6420
Mortimer's and Fraser's Pharmacy		101 A Market St	BLENHEIM	Ph (03) 578 5228
Barnett's Pharmacy	Springlands	131 Middle Renwick Rd	RENWICK	Ph (03) 578 2271
John Poswillo Pharmacy		30/32 Scott St	BLENHEIM	Ph (03) 578 9022
<b>West Coast</b>				
Mason's Pharmacy		32-34 Tainui St	GREYMOUTH	Ph (03) 786 7470
Buller Pharmacy		160-162 Palmerston St	WESTPORT	Ph (03) 789 7629

## **ALCOHOLISM AND DRUG ADDICTION ACT (1966)**

This Act provides for the care and treatment of alcoholics and drug addicts.

**ALCOHOLIC:** This is defined in this Act as a person whose persistent and excessive use of alcoholic liquor is, or is likely to:

- Cause serious injury to his/her health
- Present a source of harm, suffering or annoyance to others, or
- Render him/her incapable of properly managing his/her affairs.

**COMMITTAL ORDER:** This is an order made by the courts requiring a person to be detained in an institution for the treatment of alcoholism or drug addiction.

A committal Order made under the A&D Addiction Act is valid for two years.

Persons placed under the Act retain all civil rights and are deemed responsible and accountable for their actions.

Following treatment, the patient can be placed on **LEAVE** for the balance of the two years – leave is usually applied for after 3-4 months.

When the committed person applies for leave or discharge, the judge or committee has three options:

1. The person can be released on trial leave for a period of up to one month. If they use they can be returned to the institution immediately
2. The person can be placed on leave. If an offence is committed while the patient is on leave, and alcohol has played a part, then the leave can be revoked, and the patient either returned to the original treatment centre, or confined in another institution.

The committing person has to present to the committee a copy of the original Order and has to satisfy the Judge why the patient cannot re-apply for leave for three months.

3. The third and final action is to discharge the patient from the Act.

Treatment institutions will **DISCHARGE** under the Act, any committed person who continues to drink or use drugs while in treatment.

### **APPLYING FOR A COMMITTAL ORDER**

There are two Sections in the Act where an Order can be applied for:

**Section 8:** This is termed a ‘voluntary admission’ as the patient personally applies to the Court to help with his/her problem. The individual has three weeks in which to decide if the Order under the Act stands. If he/she does not appeal, it stands for two years.

#### **Three people are involved:**

- The patient
- The Judge
- The Court Registrar who checks with the institution if the patient can be accepted and assists with the application.

**Section 9:** This is commonly referred to as a ‘family committal’ as the Order often originates from a concerned spouse or family member. Under this Section, however, any reputable person (a minister, the Police, etc) makes application to the Court to have a person committed. The process is as follows:

1. the person making the request provides a sworn affidavit
2. the Court Registrar checks with the Institution or liaises with the local Alcohol and Drug Service regarding referral to a treatment institution

3. if no bed is available in either Nova Lodge or the Salvation Army Bridge Programme then the Committal can not proceed until one becomes available
4. the Court issues a warrant
5. the person is taken before two independent doctors, who must have known the patient recently
6. the person is taken before the judge, who decides whether or not to make a committal order
7. if the patient chooses to appeal the committal, then a District Court hearing must take place before he/she is committed
8. once a Committal Order is made, the person is under police custody until transferred to the committal institution

#### **PARTICULAR PROVISIONS OF THE A&D ADDICTION ACT**

- i) Nurses cannot be involved in any legal matters
- ii) The doctor at the Treatment Centre cannot be involved in the committal procedure.
- iii) It is an offence under the A&D Addiction Act to supply an alcoholic or a drug addict with alcohol or drugs.
- iv) It is an offence under the Act to leave / abscond from treatment without permission or lawful cause.

## **9. CO-EXISTING DISORDERS**

The co-existence of substance use and mental health disorders has received increasing attention in the international literature and increasing clinical focus in both alcohol and drug and mental health sectors over recent years. The recognition that co-existing disorders are common, that use of traditional treatments is often associated with poor outcome, that patients with co-existing disorders generally experience severe dysfunction and that these patients sometimes bridge the "cracks" between services and sometimes fall through them, lies behind this increasing attention given to the issue of co-existing disorders.

The mental health disorders that are most frequently diagnosed together with AOD abuse or dependence are mood disorders, and anxiety disorders.

The sharing of expertise, in joint assessments and co-management are two strategies to ensure better identification, treatment and care coordination. Collaborating in joint approaches should be two-way, mutually beneficial and focused on delivering comprehensive health care. This process would improve consumer outcomes, help the development of ongoing partnerships and increase the knowledge and skills of the participating clinicians.

If this level of collaboration is for some reason not possible, then the community practitioner would do well to know that nature and availability of the various assessment and treatment services in the AOD and mental health sectors, in order that the most appropriate referrals are able to be made for clients with multiple facets to their presentation.

The NMDHB employs a Medical Officer who specialises in the assessment and treatment of Co-existing Disorders in conjunction with The AOD Service and the wider Mental Health Service.

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### **MINI-DIRECTORY OF HELP RESOURCES**

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- A Rational Recovery Group is available through Nelson Alcohol and Other Drug Service.
- List of all treatment services in New Zealand:  
[www.addictionshelp.org.nz](http://www.addictionshelp.org.nz)

### **REFERENCES AND LINKS**

- Alcohol Drug Association NZ: [www.adanz.org.nz](http://www.adanz.org.nz)
- Alcohol Advisory Council (ALAC) <http://www.alac.org.nz>
- CADS Auckland: [www.cads.org.nz/sorted](http://www.cads.org.nz/sorted)
- Drug Info Clearing House: <http://www.druginfo.adf.org.au/>
- Foundation for Alcohol and Drug Education: <http://www.fade.org.nz/>

### **New Zealand Drug Foundation**

### **LOCAL AND REGIONAL SERVICES**

- Te Makatea Hauora Alcohol and Other Drug Service
- Te Kahui Hauora o Ngati Koata Alcohol and Other Drug Service
- Horizon Youth Programme
- Te Rapuora Health Service Alcohol and Other Drug Service
- Nelson Alcohol and Other Drug Service
- Blenheim Alcohol and Other Drug Service
- Kennedy Detoxification Unit at Hillmorton Hospital
- Thorpe House offers supported accommodation during detox.
  - St Marks
  - Bridge Christchurch
  - Nova Trust

- He Waka Tapu
- Vincentian Centre
- Odyssey House Christchurch
- Circles of Change
- Odyssey Youth Christchurch