



Drug Information

Problems with drugs can take many different forms and can affect many different people, some knowingly and some unwittingly.

(Alcohol is also a drug but please refer to the Alcohol Information sheet for more detailed information on this).

The main four main groups are: -

- **Illicit drugs** (street drugs) such as heroin, crack cocaine, amphetamines, cocaine, cannabis, ecstasy, LSD
- **Harm reduction medications** such as Methadone, Subutex
- **Prescribed medication** such as codeine based painkillers, Diazepam and other benzodiazepine type medication, tranquillisers, sleeping tablets
- **Over the counter medication** such as painkillers containing codeine, some cold and flu preparations, some cough medicines

As you will see from this list “a problem drug user” does not have to be a person injecting heroin and living on the street. It might be that someone has been prescribed painkillers after an injury and has built up a dependence on them. Maybe a businessman finds that an over the counter product enables him to get through his working day much better and starts to use more and more to get the same effect. A housewife might have been prescribed sleeping tablets in a time of emotional difficulty but finds that she is having extra tablets through the day..

How Do I Know If I Have A Problem?

How do we define addiction?

A good definition of addiction is ‘psychological, emotional and physical reliance on a substance or behaviour, typically characterised by cravings and compulsive use and withdrawal symptoms. This behaviour is repeated despite clear evidence of negative consequences’.

There can be different opinions around whether a person is dependent upon a particular drug or medication. A person’s use of the drug may have come about in different ways: -

- They may have a genetic link (a family member has/had a problem with a substance) and therefore a pre-disposition to addiction
- A tolerance may have developed with more of the drug/medication needed to get the effect

They may be using drugs/medication to cope with: -

- a traumatic childhood
- a traumatic event in their life
- bullying
- abuse
- grief and loss
- self esteem / confidence issues
- insomnia
- divorce
- retirement
- financial difficulties
- stress and anxiety

Am I Dependent On Alcohol?

How do we define addiction?

A good definition of addiction is 'psychological, emotional and physical reliance on a substance or behaviour, typically characterised by cravings and compulsive use and withdrawal symptoms. This behaviour is repeated despite clear evidence of negative consequences'.

If you or your family member/friend has ticked yes to more than a couple of the questions in '**AM I DRINKING TOO MUCH**' / '**ARE THEY DRINKING TOO MUCH?**' – it may be advisable to seek a professional opinion.

There can be different opinions around whether a person is either abusing alcohol or is dependent upon alcohol. A person's problematic drinking may have come about in different ways: - They may have a genetic link (family member has/had a problem with a substance) and therefore a pre-disposition to addiction

They may be using alcohol to cope with: -

- a traumatic childhood
- a traumatic event in their life
- bullying
- abuse
- grief and loss
- self esteem/confidence issues
- insomnia
- divorce
- retirement
- financial difficulties
- stress and anxiety
- A gradual increase in alcohol intake with no particular reason

Some drinkers may drink on a daily basis, sometimes called top up drinkers. They will drink to alleviate their withdrawal symptoms and to feel "normal". Others may binge drink, perhaps once every month or couple of weeks, but when they do drink they lose control of their consumption and drink until they physically cannot drink any more. Binges may last a couple of days but in a dependent drinker will become longer and closer together. There can be a real risk of "overdosing" on alcohol this way and as most women cannot tolerate alcohol as much as men, this can be a dangerous practice.

Alcoholism has been classified as an illness by the World Health Organisation – affecting the physical, psychological and social elements of the drinker.

Problematic drinkers may well deny they have a problem and will rationalise and make it OK for themselves to continue to drink. They may blame others around them for "making" them drink. This is when it becomes important for the family to get some help for themselves as they can very easily be drawn into the drinkers cycle of destruction. Family members can also become "enablers" and by covering up for them, adapting their own behaviour around the drinker and by providing a home, money or security, they enable the drinker to carry on drinking.

At this stage consequences of their drinking may begin to impact: -

- Health issues
- Lack of appetite
- Absenteeism from college/work
- Arguments within the family
- Loss of driving licence
- Avoiding friends
- Financial cost of drinking
- Domestic violence



Illicit Drugs

Some people are able to use drugs street drugs "recreationally" and do not become addicted. However some drugs have a very high risk of physical or psychological addiction and even after a few times an addiction develops. Because of the cost of street drugs the drug user sometimes resorts to criminal activity to fund their habit.

Heroin

- Class A drug (know as smack, brown, gear, H)
- Can be smoked or injected and is made from the opium poppy
- Has a sedative effect and makes the user feel calm and relaxed
- Risk of overdose
- If injected, bigger risk of overdose, infections, blood borne viruses such as HIV. Hepatitis C
- High risk of dependence

Cocaine Powder and Crack Cocaine

- Class A drug (powder known as Charlie, snow and crack is known as rocks)
- Powder can be snorted or injected and crack is smoked - is made from the coca plant
- Has a stimulant effect and can give the user feelings of confidence, alertness and exhilaration
- Use can quickly become compulsive
- Can cause depression, agitation, anxiety and paranoia.
- Smoking crack can lead to breathing difficulties and lung problems
- Heavy use can cause epileptic fits, nasal deformities, cardiac problems and strokes

Amphetamines

- Class B drug (known as speed, whizz)
- Powder can be snorted, swallowed and also sometimes smoked or injected
- Has a stimulant effect and gives the user increased levels of energy and stamina. They lessen the desire to eat and sleep.
- Regular use can cause craving and compulsive use
- It may lead to depression, lethargy, paranoia and psychosis

Ecstasy

- Class A drug (known as E's, MDMA)
- Powder or tablet form, usually swallowed as a tablet
- Produces a relaxed and euphoric effect.
- Can cause death – the majority by ecstasy induced heatstroke
- Possibility of altering the brain's chemistry

Cannabis

- Class C Drug (resin known as hash, draw, and herbal cannabis as grass, weed)
- Resin is prepared for smoking by and using in a pipe or joint
- Herbal cannabis is made from the leaves and flowers of the plant
- In small quantities it can be relaxing and stimulating
- Smoking can cause chest, throat and lung problems and possibly cancer
- May cause nausea, paranoia, anxiety, panic attacks and paranoia.
- May cause depression in the long term.
- Psychologically addictive



There are several other drugs which may be used each with their own problems and concerns: -

- Solvents (glue or gas)
- LSD
- Magic Mushrooms
- Nitrates (poppers)
- Steroids
- Ketamine
- GHB

Harm Minimisation Medication:

This type of medication is prescribed to dependent drug users as a harm minimisation tool – they take prescribed medication (Subutex or Methadone) to try to make their drug taking safer. They should have no need to buy heroin and therefore it aims to reduce the criminal aspect of their life to fund a drug habit. It also cuts down the infection risk if they are an injecting drug user.

Prescribed Medication:

Many commonly prescribed sleeping tablets or pain killers are not intended to be used for long periods of time, however sometimes for one reason or another, patients are still being prescribed beyond the recommended use. What may then happen is that the patient builds a dependency and tolerance on this medication and needs more to create the same effect. They may then abuse their prescription and try to get more of that medication from their GP or even buying them over the internet. Some painkillers and anti-depressants are also highly addictive and can lead to problems.

Over The Counter Medication:

Some medications which can be bought at a pharmacy only, do have addictive properties. These can take the form of painkilling medication usually containing codeine, some cough medicines and some cold and flu preparations.

Treatment Options:

Once the drug user has accepted that they need help, (which may be long after the family member has recognised this), unfortunately it may then be a long time before they actually do anything about it. Therefore it's important that they have options and know just what help they can access when they are ready to get it.

Help and support can come in different ways: -

- Narcotics Anonymous Meetings
- Community Drug Services
- Support Groups
- General Practitioners
- Counselling
- Home detoxification
- In patient Treatment Programmes

Useful Numbers/Contacts

CITA	www.citawithdrawal.org.uk	Tranquilliser issues
ADFAM	www.adfam.org.uk	Advice for families
Families Anonymous	www.famanon.org.uk 0845 1200 660	Advice for families
FRANK	www.talktofrank.com 0800 776600	Drugs awareness and information
Narcotics Anonymous	www.na.org 0845 373 3456	Drug support
NHS	www.NHS.uk/LiveWell	Information about drugs