

BZP (Benzylpiperazine)

What is it known as?

Party Pills, The Substance, BZP, Piperazine, A2, D5, D10, D15.

What is it?

BZP is a stimulant which gained popularity as a legal alternative to drugs such as Speed and XTC.

Where does it come from?

New Zealand. It is commonly found in 'Head Shops' and at Gigs and Festivals etc.



Positive	Neutral	Negative
Rapid mood elevation	Changes in body temperature	Reduced sexual sensation
Skin tingling	Flushing	Mild headache
Feelings of euphoria, wonder, amazement, elation	Dilation of pupils	Hangover-like symptoms
Increased desire to move	Decreased appetite	Fatigue
Closed-eye hallucinations with music		Insomnia
Time Dysmorphia		Increased heart rate
		Confusion
		Mild memory loss
		Nausea

Miscellaneous Substances

Gammahydroxybutyrate (GHB)

Street name

GHB, GBH, liquid Ecstasy.

Drug effect

Euphoric sedative effect. Effects noticeable within 10 minutes to one hour and can last up to 24 hours.

Description

Colourless liquid (purchased in small bottles), coloured capsules.

Therapeutic use

Anaesthetic with a sedative quality. GHB has been used as a premedication to surgery and more recently, it has been used in treatment for sleep disorders.

Method of use

Taken orally, some reports of injection (rare).

Dependency

Physical and psychological dependence.

Withdrawal

Withdrawal produces an agitated state, as with other types of sedative drugs, though little has been recorded on the true nature of the withdrawal.

Long-term use

There is also little evidence concerning the effects of long-term use, therefore the consequences of such use are unknown.

Overdose Risk

Similar to barbiturates, there is a fine line between the amount that is required to achieve the desired effect and that which will lead to coma. There is also high risk of overdose should GHB be mixed with similar substances such as alcohol or other central nervous system depressants.



Miscellaneous Substances

Kratom (*Mitragyna speciosa*)

What is it known as?

Kratom; Ketum; Kakuam; Ithang; Thom

What is it?

Kratom (*Mitragyna Speciosa*) is a leafy tree that grows from 3-15 meters tall. Its leaves are chewed as an opiate substitute and stimulant in Thailand and South-East Asia, primarily among the working class. It has a relatively long history of human use.



Where does it come from?

Thailand and S.E Asia

What are the effects?

<i>Positive</i>	<i>Neutral</i>	<i>Negative</i>
Simultaneous stimulation & sedation	Relatively short duration	Very bitter taste
Feelings of empathy	Change in ability to focus eyes	Dizziness, nausea and/or vomiting at higher doses
Feelings of euphoria		Mild depression
Vivid waking dreams		Feeling hot and sweaty
Useful with physical labor		Hangover similar to alcohol



Miscellaneous Substances

Over-the counter (OTC) medicines

Description

There are many medicines that can be bought without prescription (OTC) and have potential for abuse. These mood-altering preparations fall into three categories corresponding to their similarity to opiates, stimulants or sedatives. Only the most commonly used are mentioned here.



Opiate type

These OTC medicines contain opiate-like substances.

They are designed to suppress the coughing reflex. Some drug users will buy these drugs to help with withdrawal, while others will use them to supplement the effects of illicit drugs.

These preparations are made from a syrupy base, so injection is unlikely. A danger that remains is the injection of powder or tablet formulations. Usually these are a combination of codeine and aspirin, which can result in aspirin poisoning. Another danger is paracetamol poisoning and Codeine dependency may also occur.

Stimulant type

These OTC medicines contain either caffeine or ephedrine and act in a similar way to amphetamine. They are found in nasal decongestants, cough syrups and cold remedies. They have long been misused by drivers to keep them awake when travelling long distances.

Sedative type

Many OTC cough and cold remedies contain antihistamines, which can have a noticeable sedative effect, the danger of which may be increased by its combined use with alcohol.

Cyclizine is probably the most misused antihistamine, and more often than not is injected in large quantities with opiates in an attempt to reproduce the effects of diconal (an opiate which contains cyclizine).

Miscellaneous Substances

Sally D (*Salvia Divinorum*)

What is it known as?

Pastora, Shepherdess's Herb, Maria Pastora, yerba de Maria, Sally-D

What is it?

Salvia divinorum is a soft-leaved green plant. Modern use includes both smoking and chewing the leaves. When the leaves are chewed, the quid and bitter juice are held in the mouth to increase absorption.

Where does it come from?

Sierra Mazatec region of Mexico



What are the effects?

Positive	Neutral	Negative
short duration (when smoked)	powerful open and closed eye visuals	overly-intense experiences
radical perspective shifting	general change in consciousness	feeling of 'presence' or entity contact
increase in sensual and aesthetic appreciation	altered perceptions	fear, terror and panic
creative dreamlike experience	flushing	increased perspiration
insight into personal issues	sensation of physical push, pressure, or wind	possible difficulty integrating experiences
	sensation of alternate realities	

Miscellaneous Substances

Various Other Drugs

Amiltriptyline

This is a tricyclic anti-depressant with sedative properties and is used for the treatment of depression with associated anxiety. It is prescribed both as a generic medicine and under the brand names Lentizol (Park Davies), Triptafen (Farley), Triptifen M (A and H) and Tryptizol (Morson). It is available in tablet and capsule form.



Prothiadine/Dothiopin

This is a drug dispensed for the treatment of depression and anxiety.

Chlormethiazole

This is used mainly in the treatment of alcohol withdrawal syndrome but also for insomnia and status epilepticus. It is prescribed under the brand name Heminevrin (Astra), usually as a linctus. It is also available as a capsule and as an intravenous preparation.

Thioridazine

This is an antipsychotic and belongs to the phenothiazines (group two). It has moderate sedative effects and is used in the treatment of schizophrenia and other psychosis. It is prescribed under the brand name Melleril (Sandoz) as a white tablet, syrup or suspension. In small doses, it is used for the treatment of restlessness and agitation in the elderly.



Barbiturates

General information on Barbiturates

Barbiturates are prescribed for severe sleep problems and to control epilepsy. Their use for insomnia has been largely replaced by the benzodiazepines (minor tranquillisers) although a few elderly people are still prescribed barbiturates.



Drugs include:

DRUG NAME	BRAND NAME	COMMON STREET NAME	THERAPEUTIC DOSE RANGE
Amylobarbitone	Amytal and Amytal Sodium		60-200mg
Butobarbitone	Soneryl		100-200mg
Methyl phenobarbitone	Prominal		100-600mg
Pentobarbitone	Nembutal	Nembies	100-200mg
Phenobarbitone	Luminal		60-180mg
Quinalbarbitone	Seconal Sodium	Seggies	50-100mg
Quinalbarbitone and Amylobarbitone	Tuinal	Chewies	100-200mg

Barbiturates

Street Use

Barbiturates can be swallowed but more often among heavy users they are dissolved in water and injected.

Drug Effect

Barbiturates are depressants or downers. They work on the whole nervous system producing a generalised sedation. Respiration and heart rate are reduced and there is a general lowering of anxiety levels. There is also some disruption of thought processes and memory. Higher doses lead to loss of physical coordination and there is "drunken" and sometimes aggressive behaviour.

Dependency

Tolerance and dependence develop very rapidly as the level of drug use increases. Withdrawal symptoms appear within 24 hours of the last dose, peak about the second day and then fade over the next week to 10 days. Symptoms include restlessness, anxiety, increased heart rate, tremor and insomnia. Among heavy users, there may be delirium and seizure, especially following sudden withdrawal, and so doses should be reduced gradually over time.

Long-term Use

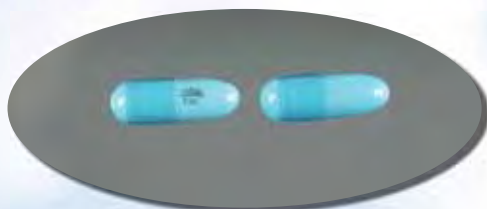
Long-term use of barbiturates can lead to chronic inebriation, aggressive behaviour, impaired memory, judgement and coordination, and insomnia.

Overdose Risk

Although tolerance to barbiturates develops rapidly, the gap between a safe (for a heavy user) and lethal dose is very narrow and so accidental overdoses are very common with these drugs. Large doses can lead to respiratory failure, coma and eventual death. Heavy users are also at risk from hypothermia because, while sedated there is poor heat retention. Deaths due to hypothermia are not uncommon.

Risks in Pregnancy

Large doses of some barbiturates during pregnancy have been associated with congenital malformations. However, it is important that the drugs are not stopped immediately because of the risk of seizure. The withdrawal period need not be extended because of the pregnancy and detoxification over eight days is common.



Amytal Sodium Capsules

Benzodiazepine

General information on Benzodiazepines

There are two groups of benzodiazepines - the “anxiolytics” which are prescribed for anxiety and mild depression, and the “hypnotics” which are prescribed for insomnia (severe sleep problems).



Drugs include:

DRUG NAME	STREET NAME	MAIN USE	THERAPEUTIC DOSE RANGE
Diazepam	Vallies	Anxiety	5-20mg
Lorazepam		Anxiety	1-4mg
Flurazepam		Insomnia	15-30mg
Nitrazepam	Moggies	Insomnia	5-10mg
Temazepam	Rugby Balls	Insomnia	10-20mg
Flunitrazepam	Roofies	Insomnia	0.5-1mg



Valium Tablets

Benzodiazepine

Street Use

Benzodiazepines are swallowed in large numbers or can be injected by crushing tablets or injecting jelly from capsules. Dose levels vary but daily doses of 20 times the normal therapeutic range have been reported. Benzodiazepines are often mixed with other drugs. In Scotland, for example, a recent trend has been the use of temgesic (an opiate) and temazepam (a benzodiazepine) in combination.

Drug Effect

Benzodiazepines are depressants or “downers”. They act on the part of the brain associated with anxiety, reduce tension and induce sleep. Even at low doses, benzodiazepines can affect mental and physical functioning, but less so than alcohol. At higher doses, they produce “drunken” and sometimes aggressive behaviour. Surprisingly, mixing benzodiazepines with other “downers” such as barbiturates, alcohol or opiates produces a stimulant effect which increases alertness and confidence.

Dependence

At low doses within the therapeutic range, tolerance does not develop to any great extent and only small increases in doses are reported over time. But among street users who are using large amounts, tolerance to the sedative effects (but not to the calming effects) develops rapidly and doses escalate. Dependence can also develop quickly and some people report withdrawal symptoms after only four weeks’ use at therapeutic (low) doses. People vary in the severity of symptoms they experience. Among long-term and heavy users, panic attacks, feelings of unreality, distortion of perception, sweating, restlessness and tremor are common. Sudden withdrawal from benzodiazepines is dangerous as seizures can occur. Therefore withdrawal from the drug should be gradual and conducted under medical supervision. Withdrawal from benzodiazepines can be distressing because symptoms often last for many months.

Long-term Use

The effects of long-term use of benzodiazepines include mental confusion, memory loss, depression, aggressive behaviour and loss of physical coordination. Injecting with dirty or used needles can cause serious infections like hepatitis B, blood poisoning and HIV infection. Injecting crushed tablets or jelly (from green capsules) can cause serious circulation problems and in some cases, loss of limbs.

Overdose Risk

Death from overdose of the substance itself is rare with this group of drugs because large doses are needed but the risk increases if benzodiazepines are mixed with other “downers” like opiates, barbiturates or alcohol. However benzodiazepines interaction with other substances has been linked with a significant number of fatal overdoses.

Risks in Pregnancy

Babies born to mothers who continue to take benzodiazepines during pregnancy may have withdrawal symptoms which include tremor, irritability, hyperactivity and frantic sucking and seizures. Withdrawal symptoms may be more severe than expected from the mother’s dose, as the drugs build up in the baby over time. Withdrawal from benzodiazepines should be gradual over a few weeks.

Depressant

Alcohol

General information on Alcohol

The term "Alcohol" has been synonymous with "spirituous" liquids for the past 300 years while the history of alcohol consumption, along with codes limiting its consumption, go back to 1700 B.C. There are basically four types of alcohol, Methyl Alcohol, Ethyl Alcohol, Propyl Alcohol and Butyl Alcohol. Ethyl Alcohol is the type used in the production of alcoholic beverages. The other three types of alcohol, Methyl, Propyl and Butyl Alcohol, if consumed can result in blindness and death - even in relatively small doses.



Alcohol, and its consumption can cause a number of marked changes in behaviour. Even low doses significantly impair judgment and coordination. In small amounts, it can induce feelings of relaxation and tranquillity, suppress anxiety, and in some, inspire feelings of confidence. However, as the dose is increased, normally beyond 6 ounces, the pleasant euphoric feelings begin to give way to feelings of depression. Intoxication occurs because the liver is unable to metabolize more than one ounce of alcohol every hour. Therefore, when a person consumes more alcohol than the body can metabolize, intoxication occurs. Intoxication can generally last anywhere from one to 12 hours. Repeated use of alcohol can lead to increased tolerance to the drug that in turn leads to greater and greater amounts required to achieve its desired effects. Once the body develops a dependence to alcohol, a sudden cessation of its intake is likely to produce withdrawal symptoms.

DRUG NAME	STREET NAME
Alcohol	Booze, Liquour,



Depressant

Alcohol

What are the short-term effects of alcohol?

Drinking alcohol can have the following effects, varying with the amount the person drinks, their reaction times and their reflexes:

- Heavy sweating.
- Blurry or double vision.
- Nausea and vomiting.
- Lowered reasoning ability.
- Lower inhibitions.
- Poor motor coordination.
- Inability to drive a car.
- Slowed heart rate.
- Slowed breathing rate.
- Reduced blood pressure.
- Anxiety, restlessness.
- Mental confusion.
- Memory loss.
- Coma Death from respiratory arrest.



What are the long-term effects of alcohol?

Years of heavy drinking can cause major, permanent damage to your body. The type and extent of damage that alcohol causes depends on many factors, including the duration and severity of the abuse. The gender and age of the drinker also come into play. Men are more likely than women to develop an alcohol abuse or dependence problem. In fact, two-thirds of alcohol-abusing or alcohol-dependent individuals are men. Interestingly, even though they make up only a third of problem drinkers, women experience more alcohol-related diseases than men; they experience greater physical damage after fewer years of heavy drinking; and those diseases progress more rapidly in women than in men. Female alcoholics have death rates 50 to 100 percent higher than those of male alcoholics. Liver disease in particular is more rapidly severe in women.

Alcohol is also especially dangerous for young people. Recent brain imaging studies in teens and young adults who drank heavily have shown shrinkage in an area of the brain that is responsible for memory and learning, which indicates that these young people's ability to learn and remember suffers. Alcohol can also prevent teens from growing to full-size. Heavy drinking in teens has been shown to interfere with muscle and bone growth. In addition, people who drink as teenagers have a greater chance of osteoporosis later in life. Mixing alcohol with other drugs, including acetaminophen (Tylenol,) heroin, cocaine, and barbiturates doubles the damaging effects of alcohol. This can cause slowed breathing, heart attack, and death.

Alcohol

The physical damage caused by heavy drinking includes:

- Birth Defects — Drinking any alcohol while pregnant can do severe, permanent damage to the child. A woman who could be pregnant must not drink any alcohol! The child may exhibit lifelong hyperactive behaviour and learning disabilities.
- Liver Damage — The liver processes nutrients and filters the blood, among other things. The liver suffers the most life-threatening damage from alcohol:
 - Fatty liver — Accumulation of fat in the liver slows its function.
 - Alcoholic hepatitis — Liver cells swell and cause blockage. This is 10 —30% fatal.
 - Cirrhosis — Heavy scarring of the liver prevents bloodflow. Cirrhosis is usually fatal.
 - Liver cancer.
- Pancreas Damage — The pancreas helps to regulate the body's blood sugar levels by producing insulin, and has a role in digesting the food we eat.
- Pancreatitis — Inflammation of the pancreas causes severe abdominal pain, unwanted weight loss, and can cause death.
- Heart Disease
- Hypertension (high blood pressure.)
- Enlarged heart — cannot be repaired.
- Coronary heart disease — narrowed arteries lead to heart attack and death. Irregular heartbeat, which can lead to heart attack and death.
- Decreased bloodflow to the arms and legs.
- Stroke — Blocked bloodflow to the brain or bleeding in the brain. Stroke is a major killer.
- Bone Damage — The rapid bone growth that should be taking place in the teenage years is limited by alcohol. Older people who have been heavy drinkers suffer from severe back pain, spine deformity, and increased risk of wrist and hip fractures caused by osteoporosis.
- Cancer — Alcoholism may increase a person's chances of having any of the following cancers: Mouth, Pharynx, and Esophagus; Breast; Pancreas and liver; Colon and rectum.
- Brain Damage — Lowered cognitive (thinking) abilities – even with moderate drinking! Destruction of brain cells, producing brain deterioration and atrophy (shrinking).
- Mental disorders — increased aggression, antisocial behaviour, depression, and anxiety. Heavy drinkers have more accidental injuries due to damage to the sense of balance.

Other health problems caused by drinking alcohol:

- Weakened vision.
- Malnutrition (because heavy drinkers often drink rather than eat.)
- Water retention (resulting in weight gain and bloating.)
- Skin disorders (such as middle-age acne).
- Dilated blood vessels near the skin causing "brandy nose."
- Heartburn, nausea, gastritis, and ulcers.
- Poor digestion and inflammation of the small and large intestines.
- Sexual problems in men and women.
- Reduced sperm count, less motile (active and quick) sperm, and abnormal sperm cells.
- Menstrual difficulties, irregular or absent cycles, and decreased fertility.
- Early menopause

Section Two

Recognising Drug Use

- *Physical Signs*
- *Behavioural Signs*
- *Possible signs of alcohol and drug misuse in the workplace*
- *Recognising Drug Use*
- *Risk factor analysis*
- *How long do drugs stay in your system?*

Recognising Drug Use

Physical signs

These can differ depending on the type of drug taken, e.g. stimulant or hallucinogenic. Below are some of the physical signs related to those illicit drugs. Drug use can often result in behavioural changes and you may need some prior knowledge of the person to make an accurate comparison. Such changes can be obvious or very subtle and may be due to another reason totally unconnected with drug use.



Behavioural signs.

Behavioural signs can include efforts to hide drug use through lying, evasiveness and secretive behaviour; sudden and regular changes of mood; bouts of talkative, excitable and overactive behaviour; unsatisfactory reasons for unexpected absences or broken promises; more time spent away from home; changes in friendships; loss of appetite; unusually tired; unable to sleep at night; changes in priorities, including less concern with school/college work, training scheme or paid employment, less care of personal appearance, non-attendance at usual recreational/leisure activities; efforts to get money for drug use, ranging from saving dinner or allowance money, borrowing from friends and relatives and selling own possessions, stealing from friends and home and involvement in petty crime; secretive telephone calls.

Other possible signs include being very knowledgeable about drugs and the local drug scene; a defensive attitude towards drugs and drug taking; unusual outbreaks of temper; absence from school, training scheme, college or work on days following attendance at nightclubs, parties, etc; poor performance at school, training scheme, college or work.

Possible signs of alcohol and drug misuse in the workplace.

Reduced work performance (characterised by e.g. confusion; lack of judgement; impaired memory; difficulty in concentrating on work; periods of high and low productivity).

Absenteeism and time-keeping (e.g. poor time-keeping; increased absence; peculiar and increasingly improbable excuses for lateness and absence).

Personality change (e.g. sudden mood changes; irritability and aggression; over-reaction to criticism; friction with colleagues).

Physical signs (e.g. smelling of alcohol; loss of appetite; unkempt appearance; lack of hygiene)
Feeding the addiction (e.g. attempting to borrow money from colleagues, dishonesty).

Recognising drug use

Drug-taking paraphernalia (items used for drug use)

Objects that may indicate drug use include:

- small bottles, pill boxes
- twists of paper
- cigarette lighters
- spent matches
- aerosols, butane gas refills
- cigarette papers
- roaches (ends of rolled-up cigarettes)
- needles



Risk factor analysis

If there is a suspicion of drug use, this may be further indicated or confirmed by looking for certain behavioural characteristics. The likelihood of drug taking can be assessed by looking for a history or signs in the young person of:

- peer group drug use
- serious school misbehaviour
- other forms of 'delinquent' behaviour
- truancy
- conflict with parents.

Weekly alcohol use and daily cigarette smoking are important additional factors or markers.

How long do drugs stay in your system?

The length of time any drug (illicit or prescribed) stays in the system will vary. In large part, it depends on the physiological makeup of the person (e.g., Their physical height, weight, the amount of body fat, the age, current state of health, whether or not they exercise mildly, aggressively or at all). Whether or not they are undergoing any degree of stress (i.e., the "state of mind") at the time they ingest drugs can play a part as well.

Still other considerations include:

- The "frequency" of use (1x per day / 3-5x per day)
- The "quantity" of drug they used each time
- The "length of time" (days/ weeks/months) of the person's consistent drug-use prior to the drug test.

Even the quality ("potency") of the drug that's ingested determines "how long" the drug is detectable in the system when the urine is analyzed (tested) at the lab. However, for most people, detectable levels (i.e.: shows up as a "positive" in a laboratory drug test) of the following drugs stay in the body for these approximate periods of time.

How long do drugs stay in your system?

Alcohol	1 hour to perhaps 10 or 12 hours
Amphetamines (Biphphetamine, Black Beauties, Crosses, Dexedrine, Hearts)	1-2 days
Anabolic steroids (Stanzolol, Stanzolol, Nandrolone; Steroids, Roids, Juice)	Oral- up to 3 weeks; injected- up to 3-6 months and more
Barbituates (Amytal, Nembutal, Seconal, Phenobarbital; Barbs)	2-3 days
Benzodiazepines (e.g. Ativan, Halcion, Librium, Rohypnol, Valium; Roofies, Tranks, Xanax)	2-3 days
Cocaine (Candy, Coke, Crack, Flake, Rocks, Snow, Whitecoat)	1-2 days
Codeine (e.g. Fiorinal w/codeine, Robitussin A-C, Empirin w/codeine, Tylenol w/codeine)	1-2 days
GHB (G, Grievous Bodily Harm, Goob, Liquid Ecstasy, Liquid X)	1-2 days
Heroin (Horse, Smack)	1-2 days
Inhalents,	Just a few hours
Ketamine (K, Kit Kat, Special K, Vitamin K)	2-4 days
LSD (Acid, Blotter, Microdot, Yellow sunshine)	A few hours or up to 5 days
Marijuana (Bud, Blunt, Grass, Herb, Pot, Reefer, Sinsemilla, Smoke, Weed)	2-5 days (the daily, heavy user can sometimes be detected up to 30+ days)
MDMA (Ecstasy)	1-5 days
Methadone	1-7 days
Methamphetamines (Crank, Crystal, Desoxyn, Glass, Ice, Speed)	2-4 days
Methaqualone (Ludes, Quaaludes)	10-15 days
Nicotine (Cigarettes, Cigars, Habitrol patch, Nicorette gum, Nicotrol spray, Prostap patch; Smokeless tobacco, Snuff, Spit tobacco)	1-2 days
Opiates (i.e., Opium: China, Dreams, Laudanum, Paregoric; Dover's Powder)	1-2 days
Oxycodone (OxyContin, Percolone, Roxicodone)	1-2 days
PCP (Angel Dust, Boat, Hog, Love Boat)	1-8 days

Section Three

Facts about Drugs

- *Definition Of A Drug*
- *What Are Drugs?*
- *Legal Drug Use*
- *So How Did Drugs Become Street Drugs?*
- *How Long Have Drugs Been Around?*
- *Why Do People Take Drugs?*
- *So, What's The Problem?*
- *The Epidemiological Triangle*
- *Stages Of Drug Use*
- *Factors Associated With Illicit Drug Use*
- *Reasons For Illicit Drug Use*
- *Correlates Of Drug Use*
- *Misuse Of Drugs: Psychosocial & Environmental Influences*
- *How Is Social And Community Harm Determined?*

Definition of a Drug

A Drug is any Substance that changes the way a body feels, acts and/or thinks.

There are Seven Drug Categories which include:

- Caffeine (e.g.: tea coffee, red bull caffeine pills etc. . .)
- Volatile Substances (e.g.: gases , glues petrol etc...)
- Alcohol
- Over the counter medication
- Illegal use of prescription medication
- Legal Pills (not listed under the Misuse of Drugs Act 1977-84)
- Any other substances listed under the Misuse of Drugs Act (1977-1984) including:
Cannabis, Amphetamines, Cocaine, Heroin, Magic Mushrooms and LSD

What Are Drugs?

Drugs are not new to Ireland or the world. Man has been experimenting with them for thousands of years for escapism and fun as well as for healing purposes, spiritual enlightenment and ritualistic ceremonies. People today are looking for exactly the same form of escape, but now there's a new twist with new refinements of time-honoured, mind-altering chemicals both legal and illegal. Nowadays when most people use the word "drug" they're thinking of illegal substances like cannabis, cocaine, crack or acid. Some use the word "poisons" to describe illegal drugs in order to demonise them but then alcohol, over the counter medications and tobacco are poisons too. Even water "poisons" the body when drunk to excess.

Legal Drug Use

We don't have to use the so-called "street" drugs in order to be a drug user. Tea drinkers and smokers are drug users too. Alcohol, the caffeine in tea and coffee and the nicotine in cigarettes are all drugs – and they're legal. There is also a new trend of legal substances being sold in particular shops across Ireland as legal party drugs. Drugs that do have consequences and can have negative reactions for the user. We also have to keep reiterating the point that drinking alcohol and smoking cigarettes cause far more deaths in Ireland each year than the use of illegal drugs.

So, How Did Drugs Become Street Drugs?

The traditional use of the word "drug" refers to substances that are taken for medical reasons. In fact it wasn't until the 19th century that a distinction began to grow between "medical" and "recreational" drug use. Various plants and household substances are being tucked under the drugs umbrella if they're used in certain ways. A common wild fungus called the Liberty Cup (one of the "magic mushrooms") contains a chemical that causes hallucinations when eaten, and butane gas lighter refills and paint thinners give a quick, cheap and dangerous buzz when sniffed. Most illegal street drugs started life in the laboratory as legitimate, respectable medicines; the medical profession developed them as possible remedies for various conditions. Ecstasy started life as an appetite suppressant. Speed was also designed as an appetite suppressant and stimulant. LSD (acid) was discovered by mistake by a Swiss chemist in 1943. It was hoped that heroin would prove to be a powerful non-addictive painkiller when it was discovered in 1874.

How Long Have Drugs Been Around?

It's a safe bet that ancient man began to smoke plants as soon as he'd discovered fire; and long before the invention of modern mind-altering chemicals like acid and ecstasy, he'd certainly discovered some natural alternatives of his own. Historical evidence suggests that people have been using cannabis for 8000 years; it was used by many early civilizations as a medicine for anything from anxiety to digestive problems, even period pains. Ancient Sumerian texts (from the Middle East) hailed the opium poppy as a "joy plant" 6000 years ago. The chewing of coca leaves by natives of South America dates back to at least 2500 BC. Bolivians still use coca leaves as a remedy for altitude sickness. Mescaline (from a Mexican cactus plant) and magic mushrooms – both of which can be hallucinogenic – were used thousands of years ago in an attempt to raise the consciousness and spark off some kind of cosmic "inner journey". Both substances are as central to mystical tribal rituals as ecstasy is to the dance experience.

Why Do People Take Drugs?

Whether people are using fire, drums, chanting, flickering lights or music, their aims are the same – to escape feelings of isolation, and to feel a sense of unity with everything and everyone around them.

People take drugs to:

- *have fun and feel happy*
- *loosen up and be free of inhibitions*
- *feel confident and good about themselves*
- *be accepted by a group of friends*
- *feel sociable and enjoy people more*
- *forget problems and escape from worries*
- *enjoy music more*
- *enjoy dancing more*
- *stay up all night*
- *experiment and feel the thrill*
- *be rebellious*
- *relax and chill out*
- *reduce the effects of other drugs*
- *speed up the effects of other drugs*
- *ease "coming down"*
- *get some sleep*

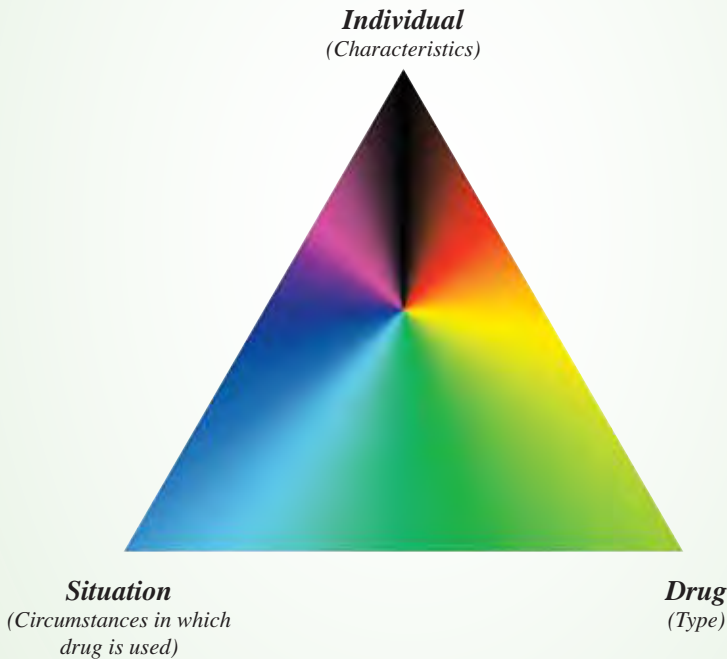
So, What's The Problem?

A substance that's sufficiently active to change your brain chemistry, so that your perception is altered and you see the world differently, is bound to have serious after-effects. Everyone knows about the hangover after drinking alcohol. But people who drink alcohol are prepared to go for the short-term thrill and suffer the longer-term after-effects, that's the trade off. Other drugs are no different; they all trade an immediate high for a downer some time or later.

The Epidemiological Triangle

The Epidemiological Triangle should be taken into account in any discussion of the issues surrounding drug use. The epidemiological triangle identifies three key factors involved in drug use: the individual, the drug chosen and the situation or context where the drug is taken.

Facts About Drugs



The three factors are interrelated, i.e. they should not be considered in isolation. This is important in understanding the effects of drug use and the reasons for drug taking.

Stages Of Drug Use

There are five stages of drug use. A person using drugs can move between the different types:–

- Drug Free
- Experimental
- Recreational
- Dependent
- Problem use

Drug Free

In western culture it is very difficult from a very early age to maintain a drug free state.

Experimental Use

This is a short-term, often group activity. It tends to be exploratory in nature. The drug taken and the way it is taken is often influenced by the availability of the drug, where it is taken, the company of the user, subcultures and current fashion. Such choices tend to be indiscriminate and the pattern of drug taking is usually irregular. Experimental use carries specific risks, e.g.: lack of knowledge about the effects of the drug taken. It may develop into recreational drug use or it may simply stop.

Recreational Use

Recreational use refers to the use of drugs where enjoyment is a key factor. Such use can occur on a regular basis. A significant factor is that the user often feels they have established a degree of control over the drug in terms of what is taken, the amount taken and the location of the drug use.

Dependent Use

This type of drug use is more likely to be a long-term activity. With dependent use, there is a compulsion - either physical or psychological - to use the drug. In most respects, the user has lost control of their drug use. It is often characterised by the taking of increased amounts of drugs and a very chaotic pattern of drug taking. Use becomes frequent, less controlled, but still regular. Obtaining the drug becomes more important to the user than the quality of the drug or the quality of the experience. Dependent drug use is usually a solitary or small group practice. Such use will often be accompanied by emotional, psychological and social problems. Continued high levels can lead to severe physiological and psychological problems occasional to heavy use, but where the user is not dependent on the drug. There is also a view that recreational drug use is, to some extent, a 'normal' activity, conforming to various social and sub-cultural rules and expectations.

Problem Use

This type of use can be either recreational or dependent. In other words, it is not necessarily the frequency of the use which is the main issue or problem, but the effects that the drug-taking has on the life of the user. That is to say, a person may experience social, psychological, physical or legal problems as a result of drug use, but not necessarily dependence.

Factors Associated With Illicit Drug Use

Individual Factors	Environmental Factors	Biological factors
Personality	Socio/economic status	Biological/genetic predisposition to use/misuse drugs
Gender	Poverty	
Anxiety	Delinquency	
Stress	Family background/ disturbance	
Power needs	Peer pressure	
Age	Ideology/religion	
Intelligence	Educational opportunities	
Life events	Truancy	
Predisposition to take risks	Drug availability	
Hedonism	Drug price	
Self-destructiveness	Unemployment/job opportunities	
Curiosity	Anomie (lack of social/moral standards) Alienation (rebelliousness) Tradition Legal arrangements Historical factors	

Reproduced with permission of Routledge

There is no single cause or reason for a person to use drugs. The causes of drug misuse are multiple, varied and interrelated. It is more correct to refer to influences or associated factors when assessing the reasons why people choose to take illicit drugs. Some of the factors and theories associated with illicit drug use are considered here in more detail.

Facts About Drugs

Reasons For Illicit Drug Use:

Predisposition

Some theory suggests that there is a genetic factor within an individual which may predispose that individual to use or misuse drugs. This can also be referred to as a person having particular biological or psychological traits. It is generally felt that such theories need to be considered in relation to other associated factors, both individual and social.

Personality/psychological factors

This is concerned with what is referred to as the addictive personality. Research has often involved looking at institutionalised drug users, i.e. in a hospital or rehabilitation unit, many of whom appear to have personality problems. Examples of these personality characteristics include neuroticism, hostility or extroversion. The results of research into this issue are contradictory and inconsistent. It has been argued that those aspects of personality interpreted as the cause of drug use may perhaps be, on occasion, a consequence of it. However, this is not to deny the importance of personality as a factor when viewed in combination with environmental factors. Almost any aspect of personality which makes it less easy for an individual to find ordinary rewards in life and ordinary happiness. To fit in with his/her peer group may predispose a person to drug-taking as a short-term answer to such problems.

Hedonism (enjoyment)

A powerful stimulus for many recreational drug users is that they derive enjoyment from the effects of the drug of their choice. It is important to recognise this factor, as most recreational drug users will put forward positive reasons for their deciding to take drugs, e.g. it makes them feel good.

Age

Age may well be a factor in that young people are more likely to be curious and take risks. Early adolescence is associated with experimental use. Age can also be a factor in the type of drug chosen.

Curiosity

This is important in experimental drug use. Some individuals, however, may be more curious or inquisitive than others. Such curiosity may be strongly influenced by other factors such as peer pressure, mass media coverage of drug issues and the availability of drugs.

Risk-taking

Risk-taking is normal among some people and it would appear that some individuals take more risks than others. Risky behaviours are fostered by a variety of powerful factors, most of which are difficult to counter. Some people are influenced more by their perception of risk rather than the reality of the risk. People may often perceive themselves to be invulnerable. That is to say, many people feel they have a personal immunity from adverse consequences.

Peer pressure

Peer pressure is a complex concept. It has been identified as a cause of initial drug use. Young people with low self-esteem and a need to secure the acknowledgement of their peers can be influenced or pressured by the encouragement of their friends and peers to engage in drug use. Encouragement often appears to be an important factor in relation to initial or experimental use

because people need to be convinced that such use is attractive, safe, beneficial and prestigious before they are likely to engage in it. This view of peer pressure as a major causal factor in the onset of illicit drug use has been challenged in recent years.

Locus of control

Locus of control refers to the extent to which people believe that events are shaped by forces over which they exercise some control. The degree to which they feel they have control is referred to as ranging from internal, that is a high degree of perceived self-control, to external, where a person feels they have little control over events. For example, an "external person" could perceive events as being influenced by fate, luck, chance or powerful others.

Peer preference

A more accurate analysis may be to talk of peer 'preference', i.e. that individuals may make a conscious choice to seek the company of others who share the same norms and values as themselves - without the element of compulsion or social inadequacy implicit in the notion of people unable to resist peer pressure as described above.

Availability

The availability of drugs is an important factor as to whether drugs are used or misused. In addition, availability may also influence or dictate patterns of drug use in a given area or sub-culture at a given time. However, the fact that drugs are available does not explain why only some people actually use the drugs or go on to become dependent upon them.

Social, economic and cultural & environmental factors

Illicit drug use is partly a response to alienation. It puts forward reasons such as educational failure and economic and social deprivation, including lack of employment, poor job prospects, poor housing and environmental conditions. It is also correct to say that illicit drug use occurs at all socio-economic levels.

Educational disturbance

Those whose drug use is heavy or problematic frequently have educational problems which include truancy and leaving full-time education early. However, this is not to suggest any causal significance, but to point out associated factors.

Family disruption

Illicit drug use has been attributed to family problems, including early separation from one or both parents, parental problem drug use. It should be emphasised that people experiencing family disruption do not necessarily turn to illicit drug use, while those from seemingly stable homes may become involved in drug taking.

Self-medication

Some people will use drugs because they meet a specific need for them. Drugs may, in fact, alleviate unpleasant feelings and experiences. Such use is sometimes referred to as self-medication.

Correlates Of Drug Use

A **Positive** correlation indicates that drug use tends to occur when certain specific factors or variables are present. E.g.:

- *knowledge of drugs*
- *intentions to use*
- *impulsive behaviour*
- *excessive personal stress*
- *boredom*
- *anti-social tendencies*
- *peer pro-drug attitudes and behaviour*
- *lack of parental concern*

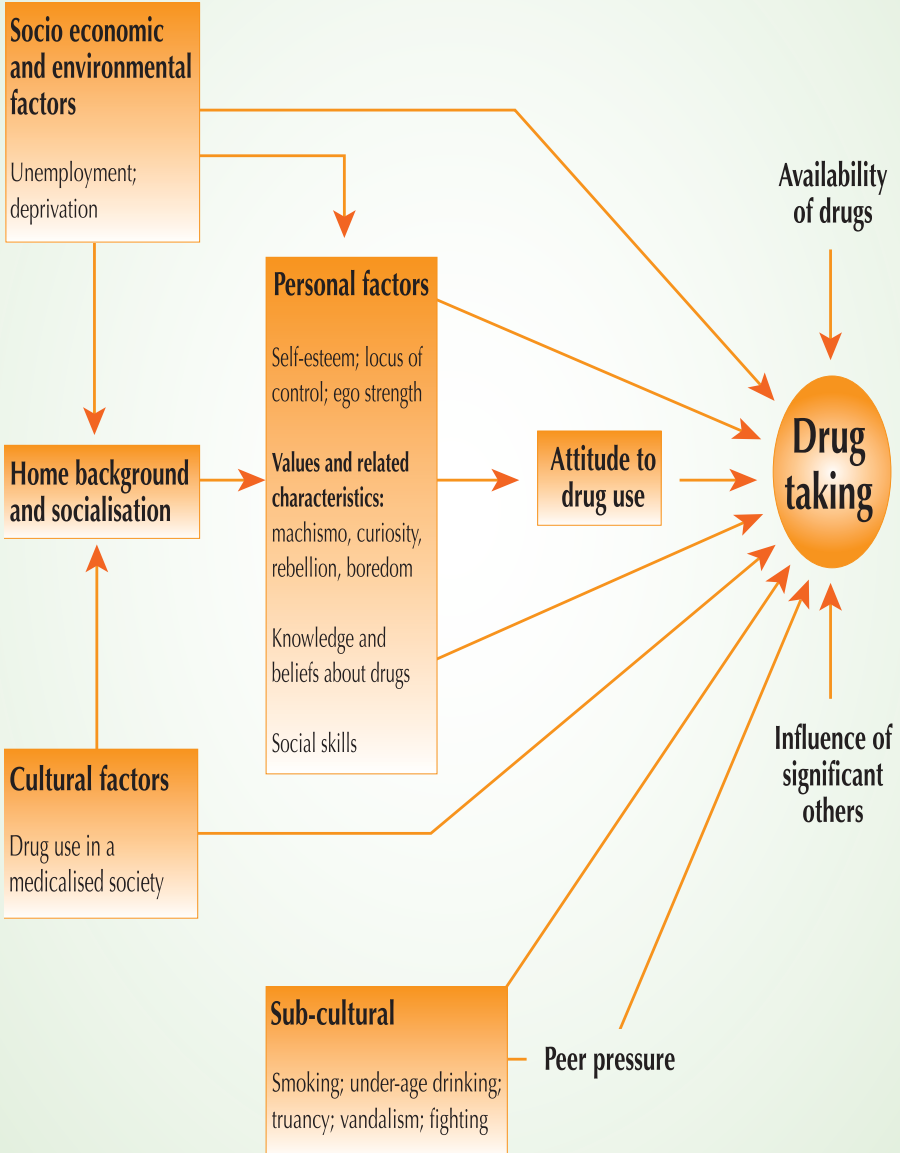
A **Negative** correlation indicates that drug misuse tends not to occur when other specified factors or variables are present. E.g.:

- *self-esteem*
- *liking school*
- *achievement*
- *religious beliefs*
- *optimism about future*
- *parental intolerance of deviance*
- *presence of controls and regulations in the home*



Misuse Of Drugs:

Psychosocial & Environmental influences



Facts About Drugs

How is social and community harm determined?

This is determined by the type and method of drug misuse. Examples of harm to the community include:

- theft;
- Cost of Garda, court system, prisons, probation orders, health and personal social services HSE;
- Violence between drug users;
- Poor or under-performance at school, college or work;
- Discarded needles
- Risk of spread of blood borne viruses.

What is Individual harm?

Harm to the individual can take the form of ill health, social, personal or legal harm. Besides the actual nature and type of drug, the harm or risk to health can depend on:

- exactly how much is taken
- the strength of the dose
- how often it is taken
- possible impurities in the drugs
- possible mixing of drugs together
- the person taking the drug

Each individual will be affected in different ways by the same drug and the same amount of the drug. This is due to a number of factors, including: make-up of individual (e.g. physiology; personality traits; physical and psychological health problems; weight; tolerance to drug; gender; family history; novice or regular user; method of use); method of taking the drug (injecting, smoking, eating, sniffing, swallowing); where the drug is taken (e.g. alone; at a party; at a club; outdoors; in the company of others).

Health-related harm

The types of health-related harm that can be attributed to drug use include:

- Accidental overdosing - physical harm or death
- Long-term excessive use - physical and psychological harm
- Idiosyncratic reaction - physical and psychological harm
- Novice use - physical and psychological harm.
- The nature of the physical harm can range from increased blood pressure to collapse or death.
- Psychological harm can also range from feelings of anxiety through to acute psychotic behaviour and long-term mental illness.

Although a high proportion of those who take drugs do not come to any great harm, there is no guarantee. All drugs carry the risk of dependence.

How can social and personal harm be determined?

Drug users can be viewed negatively and be generally stigmatised by society. This in turn can lead to feelings of low self-esteem and difficulties with various relationships. e.g.:

- Relationships with friends, family and employers may be harmed;
- Employment prospects can be damaged by having a criminal record or by poor or non-attendance at work or training scheme
- Academic achievement and educational prospects may be harmed through poor performance or by poor or non-attendance
- Exclusion from school or college could affect educational prospects & reputation may be hard to live down, leading to a person having to move.

Section Four

Drug Dangers

- *Injection*
- *Overdoing it*
- *Doubling up*
- *Individual Differences*
- *Adulteration and Mistaken Identity*
- *Pregnancy*
- *The way Drugs are Taken*
- *Dependence*
- *Detoxification*
- *Drug Effects*

Drug Dangers

Drug Dangers

Injection

Injecting puts drugs straight into the bloodstream – along with any impurities, adulterants and infections. It is by far the most dangerous way of taking drugs. Overdose is more likely. Commonly the whole dose is injected at once. There is no chance of stopping when you've 'had enough'. Abscesses, gangrene, clotting, other forms of damage to veins and skin ulcers are among the consequences of injecting. HIV, Hepatitis and other diseases can be transmitted when injecting equipment is shared or re-used by someone else.

Overdoing it

The adage about moderation applies to drugs in two different ways. First, taking too much in one go risks an experience that gets out of control and causes distress or even fatal overdose. Obviously, the more that is taken, the greater the risk of accidents due to intoxication, including choking on vomit while unconscious. Secondly, anyone taking a psychoactive (affecting the mind) drug frequently and for an extended period, is likely to experience a distortion in their perception of and response to their environment. Social relationships may narrow down to a small group of people with similar habits, and finding or keeping work and housing may be difficult. As tolerance/dependence develops, the problems of financing drug purchases can add to the deterioration of diet, housing and lifestyles, and may result in revenue-raising crimes. Indirect damage arising from the lifestyle associated with heavy and especially illegal drug use, rather than a direct effect of the drug on the body, is often the most significant. Even in moderate doses most drugs (except stimulants) impair motor control, reaction time and the ability to maintain concentration. No matter how the person feels, they are not as capable as before and activities such as driving, operating machinery and crossing roads, become more hazardous to themselves and to others. They may also be less effective at their job. Stimulants may impair delicate skills and the learning of new skills and, in high doses, will impair performance on tasks they previously enhanced. Many drugs amplify mood such that if someone is feeling - or is in a situation that makes them feel – depressed, anxious or aggressive, they could make things a lot worse. Drugs (like alcohol and tranquillisers) we think of as calming people down can also release aggressive impulses because they weaken the grip of social and personal inhibitions

Doubling Up

People who attempt suicide using large amounts of benzodiazepines almost invariably wake up unharmed. But the same dose on top of a large dose of alcohol could easily prove fatal. This example illustrates the point that effects of drugs which individually depress body functions (alcohol, solvents, sedatives, hypnotics, opiates, tranquillizers) will add up if they are taken together, so that much lower doses of each will be fatally depressant than would normally be the case. Since drugs remain effective for varying periods, often many hours, the two substances don't even have to be taken at the same time. Doubling up on depressant drugs is probably the most dangerous but complex interactions can occur between other drugs.

Individual Differences

Statements about drug effects are often generalisations. But not everyone is affected in the same way. For instance, some people develop a toxic reaction to a single cup of coffee, and the normally insignificant elevation of heart-rate caused by cannabis can be painful for people suffering from angina pectoris. Glaucoma patients on the other hand may find cannabis beneficial, but three strong cups of coffee will aggravate the condition. Individuals with pre-existing psychotic tendencies may be 'pushed over the brink' by their experiences under the influence of powerful hallucinogens like LSD and Magic Mushrooms.

Adulteration and mistaken identity

Drugs offered on the illicit market are not always what they are claimed to be, and if illicitly manufactured they may contain a range of impurities or adulterants. Also the buyers can rarely be sure how strong the substance is and even if they did know they wouldn't necessarily know how much to take.

Pregnancy

There are several ways in which drugs might damage the foetus. Firstly, heavy use may affect the mother's health either directly or through self-neglect and poor nutrition. Secondly, drugs may directly affect the foetus through the mother's bloodstream. Very rarely do they cause malformations; this risk is at its greatest in the first months of pregnancy. More significantly, some of the drugs listed affect the foetus in the same way as they affect adults, but the baby's immature body is less able to cope. Thus drugs like alcohol, opioids, sedatives and tranquillizers, which depress the adult's respiration and other body functions, will also depress these functions in the foetus and in the newborn. There is also the possibility that babies born to mothers dependent on opiates or opioids, barbiturates, benzodiazepines, alcohol or cocaine, will need medical care to avoid or alleviate withdrawal symptoms. These risks are by no means the same for all drugs, and are best established for drugs with depressant effects. But in general, heavy drug use in pregnancy is associated, probably for a variety of reasons, with premature birth and low birth – weight, and an increased risk of losing the baby around the time of birth.

The way drugs are taken

Drugs may be absorbed into the bloodstream before they can have an effect. There are four main ways of achieving this:

By mouth (oral):

For this to work the drug must be soluble in stomach/intestinal fluids and be able to pass through the lining of the gut into the bloodstream. The slowness of the absorption process means there is no sudden intense effect and limits the maximum blood concentration achieved.

Sniffing

Drugs sniffed are absorbed through the mucous membranes of the nose – not through the lungs. Most drugs cannot be absorbed this way – but for those that can it is a very effective method and the effects are very rapid. Cocaine hydrochloride and amphetamine are drugs commonly taken this way. Other mucous membranes (in the mouth and in the rectum, for example) can also absorb drugs.

Inhalation

Inhaled drugs are absorbed into the bloodstream across the lining of the lung. For this to be effective the drug must be a gas (e.g. solvent vapours) or in the form of tiny particles suspended in a gas (e.g. cannabis or tobacco smoke). For these drugs inhalation can be effective and produce effects almost as quickly as after intravenous injection. The main 'drawback' is that only small amounts of the drug can be taken at one time, so inhalation is commonly repeated. Effects on the lung (e.g. with tobacco) can be severe.

Injection

Injecting can be done by:

- Inserting the needle under the skin (popping);
- inserting the needle into muscle tissue;
- Inserting the needle into a vein (shooting up, mainlining, banging up).

Most rapid effects are achieved by injecting into a vein (intravenous injection) and large amounts of drugs can be taken. Because it bypasses the filtering mechanisms of the gut and mucous membranes, injection into a vein maximises the impact of the drug and results in almost immediate effects. For these same reasons it affords little protection against infections.

Dependence

Drug dependence is the compulsion to continue taking a drug as a result of its repeated administration. Insofar as this is to avoid the physical discomfort of the withdrawal, we speak of physical dependence; insofar as the compulsion has a psychological basis – the need for stimulation or pleasure, need for a chemical 'crutch' desire to obliterate reality, etc. – then it is referred to as psychological dependence. In practice, these two forms of dependence may be difficult to distinguish: fear of doing without the drug can aggravate physical symptoms; exaggerated expectations of physical withdrawal effects can be a feature of psychological dependence. There are many users whose 'need' to continue regular drug taking has less to do with the effects of the drug than with having built a lifestyle around financing, acquiring and taking drugs. Tolerance refers to the way the body usually adapts to the repeated presence of a drug, meaning that it takes higher doses to maintain the same effect. Withdrawal effects are also common, and can be thought of as the body's reaction to the sudden absence of a drug to which it has adapted. The effects can be abolished by taking more of the drug, but generally fade after 2 or 3 weeks. They can vary from headaches after stopping drinking coffee to convulsions and possibly death after stopping barbiturates.

Detoxification

Detoxification is the controlled withdrawal from a substance such as heroin or alcohol that has resulted in physiological and/or psychological dependence.

It is a procedure that aims to

- alleviate withdrawal signs and subjective discomfort,
- prevent the risks inherent to suddenly stopping use of a substance that has resulted in dependence.

Detoxification is a carefully planned procedure that follows a thorough assessment of the client. However, it is not a distinct form of treatment for addiction in its own right. Detoxification is one step of an ongoing process – it needs to be supported by a period of aftercare for the client to produce long-lasting changes in behaviour.

Home detoxification

Home detoxification (detox) involves the systematic withdrawal from an addictive drug in the comfort and security of the client's home, typically under the care of an appropriately trained drug worker and with support of a local primary healthcare team (GP, nurse). Home detoxification provides a safe, efficient and cost effective intervention. Given the relative scarcity of residential detoxification places, it is essential that communities provide a home detoxification programme linked in to other drug services. Available literature suggests that most people can be detoxified at home. There are a number of advantages of home detoxification over residential detoxification.

- Clients staying in their home environment can remain in contact with family and friends.
- Less stigma is associated with a home detoxification
- Continuity of care by the family doctor.
- It is also easier for the client to receive a more comprehensive package of treatment services when linked into a local treatment agency via the detoxification program.

Needless to say, home detoxification is a much less costly alternative to residential detoxification.

Drug Effects

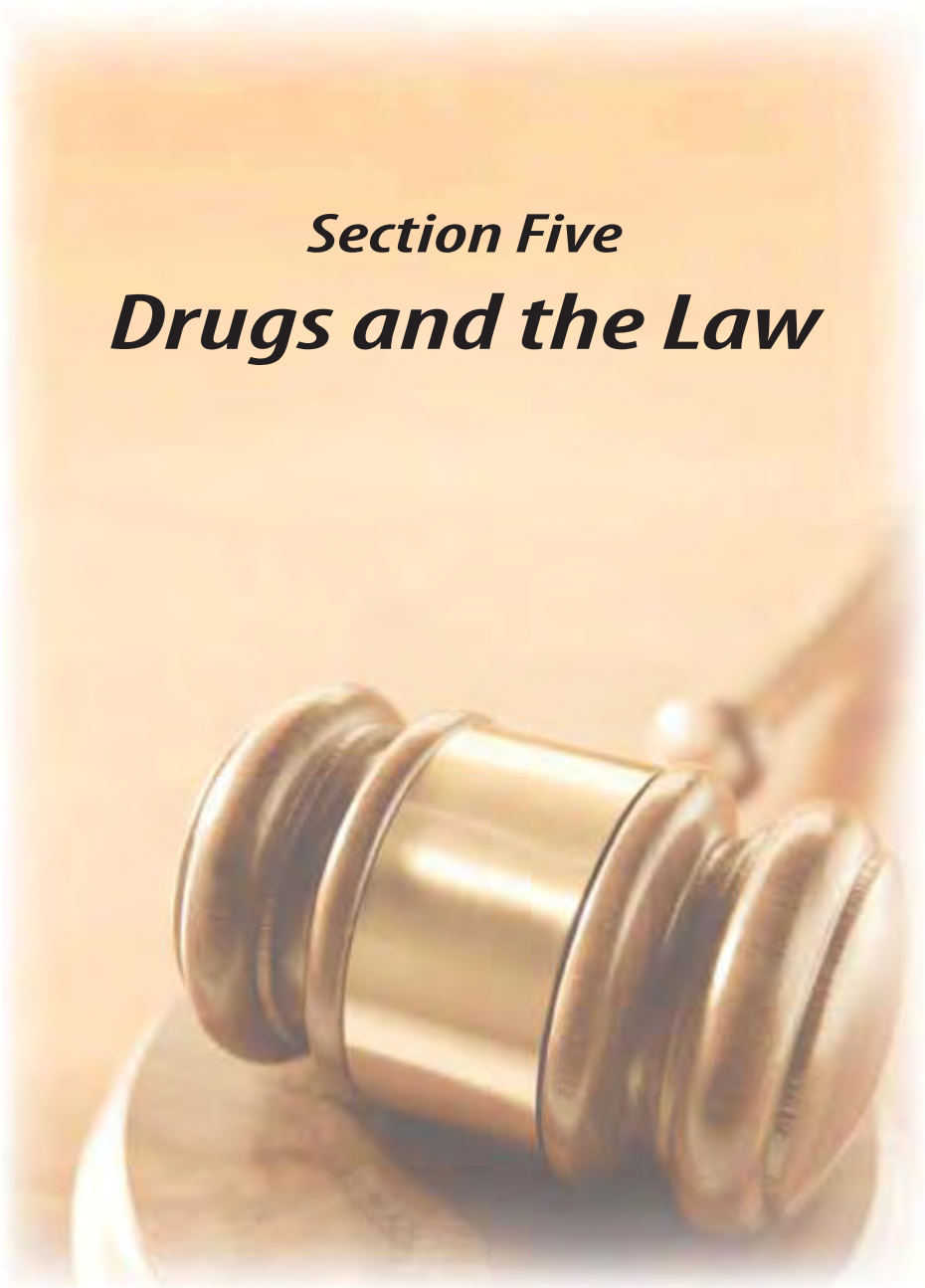
Drug effects are strongly influenced by

- the amount taken
- Polydrug use
- Drug tolerance
- what the user wants and expects to happen
- the surroundings in which it is taken
- the reactions of other people
- Physical state e.g. Height, weight & diet
- Psychological state
- Gender

All of these influences are themselves tied up with social and cultural attitudes and beliefs about drugs, as well as more general social conditions. Even the same person will react differently at different times. It is usually misleading to make simple cause-and-effect statements about drugs, such as 'drug X always causes condition 'Y''. Research on drugs not commonly used in medical practice is inadequate and in some areas totally lacking. In particular we usually know relatively little about the effects of taking these drugs over a long period of time or during pregnancy.



Section Five
Drugs and the Law



Drug Laws

Introduction

The availability of drugs in Ireland is legally controlled through a number of statutes. This chapter will give you an overview of the key statutes and their provisions.

The 1947 Health Act

The 1947 Health Act permits the Minister for Health to make regulations to control the sale of medical preparations. Several such regulations exist. The Medical Preparations (Control of Sale) Regulations restrict the sale of a wide range of drugs to pharmacists only. The regulations are comprised of five schedules. Drugs listed in either part of the first schedule may only be made available by retail sale on medical, dental or veterinary prescription. This schedule includes amphetamine-type stimulants and barbiturate sedatives, as well as various minor tranquillisers of the diazepam type, all of which are also subjected to other far more stringent controls. The second schedule lists substances such as oral contraceptives. The third schedule includes medicines that a pharmacist may not supply under the 'emergency supply' regulations for example barbiturates, which are controlled by the Misuse of Drugs Act. The fourth schedule lists cautionary warning notices that should appear on dispensed medicines. For example, various anti-histamine drugs used to combat hay fever, prevent travel sickness and included in some cough bottles may cause drowsiness. Accordingly, the latter type of product must bear a warning that 'this may cause drowsiness'. The fifth schedule contains substances which cannot be supplied by a pharmacist in an emergency at a patient's request but which may be supplied at the request of a G.P.

The 1961 Poisons Act

The 1961 Poisons Act controls the sale of poisons by confirming their sale to authorised sellers, which are mainly pharmacists. Most recognised drugs of misuse are controlled in this way, but are also subject to further more stringent legal controls.

Medical Preparations (Control of Amphetamines) Regulations 1970

The Medical Preparations (Control of Amphetamines) Regulations 1970 prohibit the manufacture, preparation, importation, sale or distribution of seven scheduled amphetamine ('speed') type drugs. The Minister for Health may grant licences for the manufacture, importation or sale of a specified quantity of controlled preparation when it is needed for certain medical conditions.

Misuse of Drugs Acts 1977 & 1984

The Misuse of Drugs Acts are intended to prevent the non-medical use of drugs. For this reason, they control not just medicinal drugs but also drugs with no current medical use. Offences involving the general public are covered under these Acts. The drugs to which the Acts apply are specified in the schedules to the Act, and are known as controlled drugs. The list includes, in addition to opiates such as heroin, other substances such as sedatives, stimulants and hallucinogenic drugs which are liable to misuse.

The Acts define a series of offences relating to controlled drugs including –

- unlawful supply
- intent to supply

- the import or export
- the unlawful production
- the growing of opium poppies, cannabis and coca plants
- the forging of prescriptions
- the occupiers of premises knowingly allowing illicit traffic in drugs
- the occupiers of premises permitting the use of controlled drugs on their premises.

The Acts also prohibit the unlawful possession of drugs, but makes a distinction between possession for one's own personal use and possession for illegal supply to another person ('pushing'). This latter offence carries much heavier penalties. It should be noted that the phrase used in Section 15 is "Sale or Supply", which can mean in effect sharing drugs with colleagues or friends. In other words the common perception is that to be guilty of pushing drugs, money has to change hands. This is not true from a legal point of view.

To enforce this law, the Gardai have special search powers to stop, detail, and search people and vehicles without a warrant if they have 'reasonable' cause to believe that someone is in possession of a controlled drug. Customs and Excise officers have similar powers under the Customs and Excise (Miscellaneous Provisions) to request searches by a medical practitioner acting at the request of a Customs Officer, in order to detect smuggling of drugs in body cavities by so-called 'stuffers and swallowers'.

The Misuse of Drugs Act 1984 prohibits the printing, or sale of books or magazines that encourage the use of drugs proscribed in the Act, or which contain advertisements for drug equipment, pipes or cocaine kits. Maximum sentences differ according to the nature of the offence. Sentences are greater for pushing, illegal production or for allowing premises to be used for producing or supplying drugs, but are less for possession for one's own use. For the more serious offences, maximum penalties include life imprisonment or an open-ended fine. In the case of cannabis, on the other hand, the maximum penalty for possession for personal use is restricted to a €381 fine for a first offence tried in the District Court, a €635 fine on indictment, €508 fine for a second offence with no option of imprisonment. If this second offence is tried before a judge and jury, the maximum fine is €1,270 or 12 months in jail or both. The penalty for a third offence tried by judge and jury is an open-ended fine or three years in jail, or both. It's only the possession of cannabis and marijuana that attracts a money fine for possession. The possession of any other illegal drug e.g. Cocaine, Ecstasy, Heroin, can carry a custodial sentence, even on a first offence.

The penalty for possession of all other drugs depends on the type of court. In the District Court, the penalty is a maximum fine of €1,270 or 12 months in jail, or both. In the case of a person found guilty before a judge and jury, the maximum fine for possession is left to the discretion of the court. In the recent past the law has introduced a mandatory 10-year prison sentence for possession of any 'illegal drug' valued at more than €10,000. There is a provision in the law that if the quantity of drugs found in your possession is currently not for immediate use, you are deemed to be dealing in those drugs. When a person is convicted of an offence under these Acts the Court may decide to obtain a written medical report on the convicted person, with recommendations about medical treatment which the person might require arising from his or her dependency on drugs, and also a report on the person's social background, vocational and educational circumstances. On the basis of these reports the Court may decide not to impose the stipulated penalty. It can decide to have the person detained in a custodial treatment centre or require them to undergo a course of medical treatment, a course of education and training,

or both, to improve their social and educational background with a view to facilitating social rehabilitation. This concept has rarely been implemented.

A refinement was introduced on a pilot basis in 2001 with the introduction of a Drugs Court system under the aegis of the District Court. The idea is that these Courts would be treatment focussed and that problem drug users charged with non-violent offences could be diverted to treatment programmes rather than being sent to jail. Regulations made under the Misuse of Drugs Acts divide the controlled drugs into five separate schedules to take account of medical practice. These schedules allow exceptions to the general prohibitions on the possession supply and use of controlled drugs.

Schedule 1.

Schedule 1 lists mainly hallucinogenic drugs that have no medical use at present. It also includes some of the 'designer drugs'. The drugs in this schedule cannot be prescribed by doctors or sold in pharmacies. The use of these drugs is limited to scientific research or forensic analysis. Production, supply, import and possession are subject to special licensing.

Schedule 2.

Schedule 2 lists those drugs which may be used for medical purposes but which are regarded as particularly dangerous if misused. The list consists mainly of the opiates, both naturally occurring ones such as morphine and synthetic ones such as pethidine. It also includes amphetamines and related stimulants. Any of these drugs can only be legally obtained when prescribed by a doctor, dentist or veterinary surgeon and supplied by a pharmacist. All aspects of the production and supply of Schedule 2 drugs are strictly controlled and licensed. These drugs are further subject to stringent storage conditions in pharmacies and to strict record keeping requirements.

Schedule 3.

Schedule 3 lists drugs to which less stringent controls and no record keeping requirements apply. It contains certain dependence-producing sedatives such as barbiturates, some painkillers and some appetite suppressants.

Schedule 4.

Schedule 4 lists various minor tranquillisers and preparations of phenobarbitone containing less than 100 milligrams. There are minimal misuse of drugs controls applied, since these medicines are already controlled under the Medical Preparations (Control of Sale) Regulations made under the 1947 Health Act.

Schedule 5.

Schedule 5 lists certain preparations of controlled drugs to which the restrictions on possession do not apply. These are usually very dilute non-injectable products some of which can be bought over the counter (OTC) without a prescription only from a pharmacy, for example some cough bottles and anti-diarrhoea products that contain opiates.

The Acts give the Minister for Health the power to give a direction prohibiting the prescribing of controlled drugs by a doctor, dentist or veterinary surgeon, who has been found, after investigation by a committee of inquiry, to have been prescribing, administering or supplying such drugs in an irresponsible manner.

A doctor, dentist or veterinary surgeon against whom such a direction is made is given an opportunity to answer the case made against him/her and also has the right of appeal to the Courts. The Minister for Health has served seven doctors with such directions, since 1979 when the Misuse of Drugs Act became law. There is a special procedure allowing the Minister to give a temporary direction in a case of urgency. A prohibition on prescribing under such a direction lasts for four weeks but may be extended for periods of 28 days at a time while a committee of inquiry investigates the case.

International and E.U. regulations

The processing of drugs from plants such as the Opium poppy and Coca plant, as well as the synthesis of L.S.D., Ecstasy, Amphetamines and the so-called 'designer drugs' requires the availability of various chemicals needed in different stages of their production.

Article 12 of the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances attempts to limit the supply of precursor and processing chemicals to illegal drugs producers.

Within the E.U., a number of Council Regulations and a Directive (92/109/EEC) have been introduced to give force to the provisions of the U.N. Convention. In Ireland, the E.U. provisions have been implemented by means of the European Communities (Monitoring of External Trade in Scheduled Substances) Regulations 1993. The controls in the Regulations require producers, importers, distributors and users of 22 different chemicals to maintain records of stock. Government authorisation is required before some chemicals can be exported, while for others, such authorisation is only required if they are being exported to certain key countries such as Colombia, Lebanon and Myanmar (Burma). Advance notification of sales of chemicals such as Ergotamine used to produce L.S.D. or Safrole used to produce Ecstasy, allow governments an opportunity to delay consignments pending investigation or to veto deliveries altogether. A person who commits an offence under these Regulations may be fined up to €1,270 or imprisoned for up to 1 year or may be fined and imprisoned. The Government has further strengthened the controls on these 22 precursor chemicals by designating them as controlled drugs under the Misuse of Drugs Acts.

Criminal Justice Act 1994

The Criminal Justice Act of 1994 made provision for the recovery of the proceeds of drug trafficking by making it possible for the Director of Public Prosecutions to ask a court, which has found a defendant guilty of such a charge, to determine whether the person has benefited from drug trafficking. If the court so determines, a confiscation order shall be made to recover the amount of money determined by the court.

The Act defines drug trafficking offences as including those under the Misuse of Drug Act 1977 (sections 5, 15 and 20), offences under the Customs Acts as well as planning of the production, supply, transportation, storage, import or export of a controlled drug both inside the State and elsewhere.

The Act requires that a mandatory minimum sentence of 10 years imprisonment be imposed on individuals found guilty of an offence under Section 15 of the Misuse of Drugs Act where the offence is considered to be drug dealing and the value of the drug or drugs amount to €12,700 or more. In the case of individuals who are addicted to drugs and where their addiction is a substantial factor in their drug dealing, the sentence may be reviewed after five years. This Act also created the offence of money laundering which involves concealing or disguising property representing the proceeds of drug trafficking, transferring or removing it from the State. Individuals who help drug traffickers and other criminals to launder money likewise come within the scope of this Act. Once found guilty, they may be fined €1,270 or sent to jail for 12 months (District Court). If tried in a higher court they are liable to penalties of a fine, 14 years in jail or both. Designated bodies such as financial institutions and their staff must establish the identity of those seeking to use their services, particularly where it involves sums of at least €12,700 and must report to the Gardai where they suspect that a money laundering offence is involved.

The Criminal Assets Bureau Act 1996

The Government established the Criminal Assets Bureau after the enactment of the Criminal

Assets Bureau Act 1996. The Criminal Assets Bureau identifies assets derived directly or indirectly from criminal activity and aims to deprive individuals of these assets by means of confiscation, restraint of use, freezing, preservation or seizure of all assets identified as deriving or suspected to derive from such activity. In addition, the Bureau aims to ensure that such individuals and their assets are subjected to the full rigours of the Revenue Acts including taxation. The profits arising from drug dealing as defined in the Misuse of Drugs Acts are a major target for the Criminal Assets Bureau. The Bureau consists of members of the Garda Síochána, Revenue Commissioners and of the Department of Social and Family Affairs, nominated by the respective organisations as well as legal and technical experts. Their identities cannot be revealed so as to protect them and their families from threats and intimidation. Any such attempt is punishable by means of a fine of €1,905 or 12 months in jail imposed by the District Court. Higher courts may impose fines of €127,000 or 10 years imprisonment or both.

The Criminal Justice (Drug Trafficking) Act 1996

The Criminal Justice (Drug Trafficking) Act 1996 gives Gardai additional powers of detention where they suspect someone is involved in drug trafficking or where they are suspected of concealing drugs within their body. Under the provision of the Act a person can be detained for up to 1 week (168 hours) initially upon the authority of a Chief Superintendent but subsequently by way of a warrant from a District or Circuit Court judge. The aim is to provide time for the Gardai to fully investigate any alleged trafficking offences. The Act further allows courts to draw inferences from the failure of an individual to mention facts to be relied on in their defence, either before or when being charged. It also gives Gardai power to enter and search dance halls.

Licensing (Combating Drug Abuse) Act 1997

The power to enter dance halls was extended further by the Licensing (Combating Drug Abuse) Act 1997 which made provision for measures to combat drug misuse in places used for public dancing in licensed premises and other entertainment venues. It also provided the Gardai with the power to prevent unlicensed dances such as open-air 'raves'. In the case of a 'rave' individuals involved in organising it can be directed to leave an area and remove any sound or lighting equipment. Failure to comply leads to a fine of up to €1,905 or 3 months imprisonment. The Gardai can also stop and turn back individuals planning to attend such an unlicensed dance. Gardai can seize sound equipment they suspect is to be used at an unlicensed dance and a court may order the confiscation of the sound equipment subsequently.

In relation to pub and dance hall licences, any person who has been convicted of a drug trafficking offence is disqualified from ever holding such a licence. A licence holder who permits the use of the licensed premises for the sale, supply or distribution of a controlled drug is likely to have the licence immediately revoked by Court Order and neither they nor the premises may obtain a licence for five years. The licence-holder must have been previously warned by a member of the Garda Síochána about the suspicion that the premises was being used for trafficking in drugs and the need to prevent such activity and have been given not less than 4 weeks to take appropriate action.

Housing (Miscellaneous Provisions) Act 1997

The Housing (Miscellaneous Provisions) Act 1997 allows housing authorities or their tenants to apply to the District Court for an excluding order against an individual engaged in anti-social behaviour. Such behaviour is defined as drug dealing and / or serious violence and intimidation. It should be noted that simple possession of drugs for personal use does not come under this heading. In such circumstances the District Court may order an individual to leave the house in

question and not to enter or be in the vicinity of the house or housing estate. Such excluding orders may be made on an interim basis and allow a more targeted approach that permits the eviction of an entire household in cases of anti-social behaviour. Orders may be made for a maximum period of three years but can be renewed or varied in length. Individuals who disobey the order may be fined a maximum of €1,905 or sentenced to 12 months in jail or to both a fine and jail by the Court. The Act also permits the housing authority to refuse to let or sell a dwelling to a person where the authority considers that the person is engaged in anti-social behaviour or that the letting would not be in the interest of good estate management. Health Boards may also refuse or withdraw rent and mortgage assistance to individuals who have been evicted, excluded or refused housing on grounds of antisocial behaviour.

Non Fatal Offences Against the Person Act 1992

The Non Fatal Offences against the Person Act 1992, made it an offence to attack someone with a syringe or to threaten them with a syringe. On conviction, the District Court may impose a fine of €1,905 or 12 months imprisonment or both. In higher courts someone found guilty may be fined or sentenced up to 10 years in jail. This Act also permits Gardai to seize syringes and penalise individuals who abandon syringes where others are likely to be endangered. In these cases the District Court penalties are the same as for attacks but on indictment the maximum jail sentence is 7 years. Section 12 of this Act involves poisoning offences of relevance to 'spiking' of drinks as well as to cases of drug-assisted sexual assault, so-called 'date rape'. Poisoning is interpreted as knowingly administering a substance to another person without their consent, which is capable of interfering substantially with the person's bodily functions. Such a substance may be one that is capable of causing unconsciousness or sleep. The penalty for someone found guilty in the District Court is a fine of €1,905 or 12 months or both. On indictment such as in the Circuit Court, there may be a fine or 3 years in jail or both fine and jail sentence.

Criminal Justice (Public Order) Act 1994

The Criminal Justice (Public Order) Act 1994 makes it an offence for a person to be intoxicated in a public place to such an extent as to be a danger to themselves or others. The penalty for such an offence is a fine of not more than €508. While the word 'intoxicated' mainly relates to drunkenness, the Act makes clear that it also refers to other drugs, to solvents or other substances or to combinations of substances. The Act also allows Gardai to seize any bottle or container that they have reasonable cause to suspect contains an intoxicating substance. They can also indicate, in relation to certain events, that those in possession of intoxicating liquor are liable to have that alcohol confiscated.

Road Traffic (Amendment) Act 1987

The Road Traffic (Amendment) Act 1987 makes it an offence to drive a car, motor bike, truck, pedal cycle or animal drawn vehicle while 'under the influence of an intoxicant to such an extent as to be incapable of having control of the vehicle'. Intoxicants include alcohol and drugs and any combination of drugs and alcohol.

The word 'drugs' here includes prescribed and over the counter (OTC) medicines.

Merchant Shipping Act 1992

The Merchant Shipping Act 1992 (Section 24 Subsection 2) makes it an offence for the master or a crew member of a ship to be under the influence of alcohol or any other drug while on duty, to such an extent that his ability to discharge his duties is impaired. The penalty is a maximum fine of €1,270.

Intoxicating Liquor Acts 1988 & 2000

The supply, possession and consumption of alcohol and tobacco by adults is permitted, but at the same time availability is affected by taxation and various laws, some of which are designed to discourage young people from drinking and smoking.

The Intoxicating Liquor Act 1988 not only prohibits the sale of alcohol to those under 18, but also makes it an offence for a person under 18 to buy alcohol or to drink alcohol in a public place. In an amendment to the 1988 Act the Intoxicating Liquor Act 2000 allows District Court Justices to order the temporary closure of licensed premises where an offence of illegal supply to a person under 18 is proven. The closure can be of 7 days for a first offence and up to a month for a second offence.

Tobacco (Health Promotion and Protection) Act 1988

The Tobacco (Health Promotion and Protection) Act 1988 reinforces the prohibition on the sale of cigarettes to those under 16. This Act also bans the sale of smokeless tobacco products such as Skoal Bandits and enabled the Minister for Health to introduce Regulations in 1990 prohibiting or restricting the use of tobacco in a large number of public areas including cinemas, theatres, trains, schools and public buildings. The Health (Miscellaneous Provisions) Act 2000 amended the 1988 Act by increasing the age limit of those to whom tobacco may be sold from 16 to 18 and increases the fine to €1,905.

Unrestricted Drugs

There are some 'drugs' that we often don't think of as drugs, whose availability is not subject to any legal controls on sale or consumption. Included in this group is caffeine contained in drinks such as tea, coffee and cola. The supply of organic solvents in the form of glues and aerosols is prohibited under Section 74 of the Child Care Act 1991, where there is reasonable cause to believe the substance will be inhaled by a person under 18 for the purpose of causing intoxication. The actual possession and misuse of these products is not an offence. However a member of the Gardai Síochána may seize a substance that is being inhaled by a person under 18. The penalty for supplying such products to those under 18 may include a fine of up to €1,270 or 12 months in jail.

Informal Controls

It is said that the non-medical use of all drugs is subject to informal controls arising from custom and culture and from the requirements of everyday life. These controls are more likely to be effective with drugs that are a familiar part of the culture. This may explain why coffee and tea are made available during the working day, while alcohol is generally reserved for after work. However, it has been pointed out that the level of acceptance of excessive alcohol consumption is very high in Ireland.

Strengthening of informal controls such as the increasing unacceptability of drunken driving or the hardening of attitudes to incompetence at work due to alcohol, may be as important as legal controls in preventing excessive, harmful or inappropriate use of drugs.

Section Six

The Jargon



The Jargon

Addiction

A condition that occurs when a person needs to take drugs to survive from day to day: also called dependence.

Cold Turkey

Term used to describe the physical withdrawal symptoms experienced when suddenly coming off drugs: commonly used in connection with heroin withdrawal.

Comedown

How a person feels as the effects of the drugs wear off.

Cut

Term used when dealers mix or “water down” drugs with other substances, for example, sugars like glucose and lactose.

Dance drugs

Stimulant drugs, such as ecstasy, that are commonly taken at clubs and discos.

Depressants

A drug that dulls the central nervous system, slowing down heart and breathing rates and making the user feel relaxed and drowsy.

Detoxification

The process of coming off a drug and getting it out of the body.

Flashbacks

A side effect of taking an hallucinogen whereby the hallucination that occurred during a trip are relived some time later.

Hallucinogen

A drug that affects the brain and causes the user to hallucinate i.e. see, hear and feel things that aren't there.

Hit

The first dizzying sensation when a drug reaches the brain, common with the first cigarette or the first alcoholic drink .

Joint

A hand rolled cigarette containing tobacco and cannabis also referred to as a spliff.

Munchies

The hunger pangs that are experienced after smoking cannabis.

Narcotics

Drug that causes sleepiness, dizziness, numbness and possible unconsciousness.

Opiate

A drug that dulls sensations and causes sleepiness. A natural opiate is opium, prepared from the opium poppy.

Over the counter

A drug that can be bought in a chemist without a prescription.

Psychoactive

Term used to describe the action of a drug that affects mood, altered perception and behaviour.

Rush

The first feeling of nervousness and anxiety from taking a stimulant

Sedative

A drug that affects the brain, slowing down bodily functions and inducing sleep.

Serotonin

A chemical found in the brain that regulates mood.

Set

The mood a person is in when taking a drug.

Scagging

A feeling of discontent after taking amphetamines.

Sledging

A life threatening condition brought on by certain drugs or cocktails of drugs whereby the user is unable to move or talk, and may fall into a coma and die.

Snort

When a drug is lined up and then sniffed up through a nostril via a tube or rolled up banknote.

Speedball

The practice of mixing heroin and cocaine, with potentially very dangerous side effects.

Spiked

When food or drink has had a drug added to it without the knowledge or consent of the user.

Stimulant

A drug that affects the central nervous system, increasing heart rate and blood pressure and making the user feel pumped up and energetic and act loud. These drugs are also known as uppers.

Street names

Colloquial name for a drug.

Trip

The experience under the influence of a hallucinogenic drug such as LSD. Sensations are intensified and perceptions altered. A trip can be good or bad.

Withdrawal

The unpleasant symptoms a person experiences when they stop using a drug they have become dependent on.

Works

Term used to describe the equipment needed to inject drugs.

Wrap

A carefully folded piece of paper that contains drugs like speed amphetamine, cocaine and/or heroin. Also called a bag or deal.



Dictionary of Terms

This list is to help you identify drugs whose slang, trade or scientific name might be unfamiliar to you. For this reason, some names which appear on the main chart like 'booze' and 'tobacco' have been omitted. Slang names change very frequently and are often localised. Thus the list is by no means comprehensive.

Slang	Classification/Drug Name
2 Cb	Hallucinogenic Amphetamines
2 C1	Hallucinogenic Amphetamines
4-mta	Hallucinogenic Amphetamines
A	
Acetone	Solvents and Gases
Acid	Lsd
Actifed	Opiates
Aerosol	Solvents and Gases
Amanita Muscaria	Hallucinogenic Mushrooms
B	
Base	Cocaine
Blow	Cannabis
Buprenorphine	Opiates
Butane	Solvents and Gases
C	
Cathinone	Khat
Catha Edulis	Khat
Charlie	Cocaine
Chlordiazepoxide	Minor Tranquillisers
Cleaning Fluid	Solvents and Gases
Co-codamol	Opiates
Cocaine Hydrochloride	Cocaine
Co-dydramol	Opiates
Codafen	Opiates
Codeine	Opiates
Coke	Cocaine
Cola Drinks	Caffeine
Crack	Cocaine
Cyclimorph	Opiates

Slang	Classification/Drug Name
D	
Dalmane	Minor Tranquillisers
Dexamphetamine	Amphetamines
Dexedrine	Amphetamines
Dexies	Amphetamines
Dextromoramide	Opiates
Dextropropoxyphene	Opiates
Df118	Opiates
Diacetylmorphine	Opiates
Diamorphine	Opiates
Dianabol	Anabolic Steroids
Diazemuls	Minor Tranquillisers
Diazepam	Minor Tranquillisers
Diconal	Opiates
Dihydrocodeine	Opiates
Dikes	Opiates
Dipipanone	Opiates
Dope	Cannabis
Doloxene	Opiates
Draw	Cannabis
Durabolin	Anabolic Steroids
Duromorph	Opiates
E	
E	Hallucinogenic Amphetamines
Ecstasy	Hallucinogenic Amphetamines
Eggs	Minor Tranquillisers
Ethanol	Alcohol
Ethyl Alcohol	Alcohol
F	
Flurazepam	Minor Tranquillisers
Flurocarbons	Solvents and Gases
Fly Agaric	Hallucinogenic Mushrooms
Freebase	Cocaine
G	
Gammahydroxybutyrate	Ghb (or Gbh)
Ganja	Cannabis
Glue	Hallucinogenic Mushrooms

Slang	Classification/Drug Name
Grass	Cannabis
H	
Hash	Cannabis
Hashish	Cannabis
Herb	Cannabis
Heroin	Opiates
I	
Ice	Amphetamines
J	
Jellies	Minor Tranquillisers
Junk	Opiates
K	
K	Ketamine
Kaodine	Opiates
Kaolin & Morphine	Opiates
L	
LAX	Hallucinogenic Amphetamines
Liberty Cap	Hallucinogenic Amphetamines
Librium	Minor Tranquillisers
Lighter fuel	Solvents and Gases
Liquid Ecstasy	GHB
Locker room	Alkyl Nitrites
Lorazepam	Minor Tranquillisers
Lysergic acid diethylamide	LSD
Lysergide	LSD
M	
Magic mushrooms	Hallucinogenic Mushrooms
Marijuana	Cannabis
MDA	Hallucinogenic Amphetamines
MDMA	Hallucinogenic Amphetamines
Methadone	Opiates
Methamphetamine	Amphetamines
Methylphenidate	Amphetamine-like Drugs
Mitsubishis	Hallucinogenic Amphetamines

Slang	Classification/Drug Name
Mogadon	Minor Tranquillisers
Morphine	Opiates
Mushies	Hallucinogenic Mushrooms
N	
Nandrolone	Anabolic Steroids
Nalbuphine Hydrochloride	Opiates
Nubain	Opiates
O	
Opium	Opiates
Oxazepam	Ativan
Oxycodone	Opiates
Oxycontin	Opiates
Oxynorm	Opiates
P	
Palfium	Opiates
Palfs	Opiates
Pamergan P100	Opiates
Pemoline	Amphetamines
Pethidine Hydrochloride	Opiates
Pethilorfan	Opiates
Phensedyl	Opiates
Phentermine	Amphetamines
Physeptone	Opiates
Pinkies	Opiates
Poppers	Alkyl Nitrites
Pot	Cannabis
Psilocybe Semilanceata	Hallucinogenic Mushrooms
Q	
Qat	Khat
Qaadka	Khat
R	
Ritalin	Amphetamine-like Drugs
Rock	Cocaine
Rohypnol	Minor Tranquillisers
Rush	Alkyl Nitrites

Slang	Classification/Drug Name
S	
Serenid	Minor Tranquillisers
Skag	Opiates
Skunk	Cannabis
Smack	Opiates
Smoke	Cannabis
Snow	Cocaine
Snuff	Tobacco
Special K	Ketamine
Speed	Amphetamines
Spliff	Cannabis
Stanozolol	Anabolic Steroids
Stesolid	Minor Tranquillisers
Sulph	Amphetamines
Sulphate	Amphetamines
T	
Tabs	Lsd
Trips	Lsd
Temazepam	Minor Tranquillisers
Temgesic	Opiates
Tems	Minor Tranquillisers
Toluene	Solvents and Gases
Tranx	Minor Tranquillisers
Trichloroethane	Solvents and Gases
Trichloroethylene	Solvents and Gases
Tropium	Minor Tranquillisers
U	
Uppers	Amphetamines
V	
Valium	Minor Tranquillisers
W	
Wash	Cocaine
Weed	Cannabis
Whiz	Amphetamines

Addiction Services Managers Group

<p>Tony Barden, Regional Drug Co-ordinator Health Service Executive Drug Co-ordination Unit 1st Floor, Beech House Cove Roundabout Dunmore Road Waterford</p> <p>Tel: 051 846720 Mob: 087 9969585 Fax: 051 846729 Email: tony.barden@hse.ie</p>	<p>David Lane, Coordinator of Services for Drug & Alcohol HSE Southern Area Community Services Office St. Finbarr's Hospital, Cork</p> <p>Tel: 021 4923135 Fax: 021 4923137 Email: david.lane1@hse.ie</p>
<p>Rory Keane Acting Regional Drug Co-ordinator HSE Mid-Western Area Regional Drug Co-ordination Unit Unit 4, Richmond Court Mount Kenneth Dock Road Limerick</p> <p>Tel: 061 483 571 Mob: 087 246 4393 Email: rory.keane1@hse.ie</p>	<p>Gerry Reid Area Operations Manager HSE Addiction Service LHO Dublin North Central Floor 2 Phibsboro Tower Dublin 7</p> <p>Tel: 01 882 0300 Mob 087 9175839 Email: gerry.reid@hse.ie PA: Caitriona Ni Chadhain Email: caitriona.nichadhain@hse.ie</p>
<p>Mr. Peter McEvoy Midland Health Board, Health Centre, Longford Road Mullingar</p> <p>Mobile: 086-3802629 Email: Peter.Mcevoy@hse.ie</p>	<p>Fiona Walsh Regional Drug Co-ordinator HSE Western Area West City Centre Seamus Quirke Road Galway</p> <p>Tel: 091-561299 Mobile: 087-6375815 Fax: 091-561499 Email: Fiona.walsh2@hse.ie John Fitzmaurice Tel: 091 535370 Email: john.fitzmaurice@hse.ie</p>

Addiction Services Managers Group (Cont.)

<p>Vivienne Fay Health Service Executive 1st Floor, Centenary House 35 York Road Dun Laoghaire Co. Dublin</p> <p>Tel: 01-2807852 Email: Vivienne.fay1@hse.ie</p>	<p>Paula Loughry Health Promotion Department HSE North East St. Brigid's Hospital Ardee Co. Louth</p> <p>Tel: 041-6850660 Mobile: 087-2888829 Email: paulaloughry@hse.ie</p>
<p>Jim Doyle Area Operations Manager HSE Dublin Mid Leinster Aids & Drugs Services Bridge House Cherry Orchard Hospital Dublin 10</p> <p>Tel: 01-6206420 Mobile: 087-2751688 Fax: 01-6206401 Email: jim.doyle@hse.ie</p>	<p>Patricia Garland HSE North West Charter House Old Market Street Sligo</p> <p>Tel: 071-9149100/071-9154041 Mob: 087-7976161 Email: Patricia.garland@hse.ie</p>



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

© July 2008

ISBN: 1-874218-72-2

Published by the Health Service Executive. Reference Number: 11-07-0028.

Communications Dept., HSE South

Tel. (056) 778 4100 Web: www.HSE.ie