

REVISED
2008 EDITION

drugs



what every parent should know

All parents worry about their children. They want to keep them from harm. But while many parents are concerned about drugs, they may not feel that they know much about them. Some parents are not sure what to say about drugs and they don't have much confidence that their children will want to listen.

'I know what Mum got up to when she was my age because she told me. Now I'm going out with my friends she doesn't seem to trust me. I wish she could see I do have some sense.'

15-year-old girl.

Often parents are doing better than they realise.

Most teenagers do care what their parents think even if they do not show it. But what matters even more is being able to tell their parents what they think and feel too.

This guide lets you know the facts about drugs and

how they are used. A companion guide, *Alcohol: What every parent should know* gives facts about alcohol. The information in both guides can help you decide what you want to discuss with your teenagers and how and when to do it. The quotations come from parents and young people —people just like you.

car

Talking and listening

Talk some ...

Talking can be difficult if serious discussions often seem to end up in a row. But you don't always have to confront difficult topics head on. Two-way conversations happen when both people are ready to listen to each other at the same time. It is difficult to talk in a crisis.

Your children probably already have a good idea of what you feel about drugs and alcohol, even if you hardly ever talk about them. Ideas of right and wrong come across through what you say and do at home — how you feel about work, what you do for fun and how you get on with friends and family.

But teenagers do not always know as much as you think and they want to know where you stand. You might not always agree but knowing what you believe can help them make their own decisions.

straight talk

- **Most young people will be exposed to drugs in some form at some point.**
- **Some do experiment but most of them do not become regular drug users.**
- **Some develop serious problems but help is available for both young people and their parents.**



... listen more

Children of all ages say they want their parents to listen to them and understand them more. Teenagers most of all. Some suffer in silence because they think their parents will not understand their problems (you might be concerned about drugs, alcohol or solvents while they are worrying about something different). Young people's views can be a surprise—what their friends say and do does not always influence them.

- Don't force the issue. Some of the best conversations come out of the blue when you are clearing up after a meal, or at the end of a TV programme.
- Do listen with an open mind.
- Do say what you believe.
- Do show you care.
- Don't preach.
- Don't use scare tactics.




Facts about drugs

In 2006, a national survey of school children was conducted in Scotland. This anonymous survey asked young people about drinking, smoking and their experience of drug use. The survey found:

- **23% of 13 year olds said they had been offered a drug. 9% said they had used a drug.**
- **53% of 15 year olds said they had been offered a drug. 27% said they had used a drug.**
- **Cannabis was the most commonly used drug. 19% of 15 year olds said they had taken it in the last year.**
- **Over half of 13 year olds said they have been drunk at least once.**
- **Use of drugs like heroin was very rare in this age group (in fact, more 13 and 15 year olds said they had been offered, or had used, solvents).**
- **Girls and boys who smoked and drank alcohol regularly were more likely to take drugs.**

Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey 2006.



'Parents don't talk to you; they tell you stuff, and I don't think that's right. I want them to listen to me too.'

15-year-old girl.

'I guess I'm guilty of double standards. I know I enjoy a drink and that. I just worry more about drugs and what they might get up to when they are out.'

Father of 17-year-old boy.

How much do I really need to know about drugs?

You don't have to be an expert to talk with your children about drugs. If you think you know less than they do, there is no harm in admitting that from the start. Perhaps the best way to start an open discussion is simply to show an interest in the subject.

Secondary schools often run projects on drugs—helping your son or daughter with research is a very good way for both of you to learn the facts and to discuss them together. It is also a good opportunity to involve younger or older brothers and sisters in the discussion.

When talking, plain facts speak for themselves and over-emphasising the dangers can make drugs seem more glamorous. However, all drugs are potentially harmful and young people need to be aware of this. Discussing the facts can help dispel some of the myths and misunderstandings.

Why do young people become involved in drugs?

Although many school children are likely to be offered drugs, the majority still refuse. Some will however choose to ignore the warnings. They may do this out of simple curiosity or as part of a desire to take risks. In other cases, the decision to experiment with drugs may reflect personal or family problems.

Young people's experience of drugs can vary a lot depending on where they live. In some urban areas, drug misuse is common; but drugs are also available in rural areas.

**'We used to be great pals.
Now she's always out
with her friends.'**

Mother of 16-year-old girl.

What happens to young people who take drugs?

Possession of a controlled drug is against the law and could lead to a criminal record. In addition, some young people are more vulnerable to addiction and do go on to develop serious problems which they may need help with to overcome. See 'How do drugs work and what are their effects?' (below) and the 'A-Z of drugs' (page 16).

The so-called 'gateway theory' (which suggests that the use of drugs such as cannabis leads on to the use of other drugs such as heroin

and cocaine) is a hotly debated and controversial topic. We know that many of the people who come into contact with drug services as a result of serious problems with drugs such as heroin, began their drug taking by experimenting with cannabis. We also know that dealers who sell cannabis may also offer, or try to persuade customers to experiment with, other drugs.

But we also know that some young people will give up drugs of their own accord, without experiencing major

problems. They may well be able to quote examples of friends who have either tried cannabis and given it up, or who continue to use cannabis occasionally, without any obvious signs of developing an addiction or moving on to other drugs. But recent research has highlighted the physical risks of cannabis use (for example, the respiratory effects of smoking the drug). Cannabis has also been associated with conditions such as schizophrenia, psychosis, depression and anxiety.

The bottom line is that whilst some young people appear to be more vulnerable to addiction than others, all drug taking is potentially dangerous and carries serious risks to physical and mental health.

How do drugs work and what are their effects?

All drugs (including alcohol and tobacco) affect the brain. Different drugs act on different areas and alter the chemical balance. These changes are responsible for the feelings and sensations associated with drug taking.

Different drugs have different effects but it is not possible to say exactly how any one particular drug will affect someone.

However, drugs may be more harmful for young people because their bodies and brains are still developing. The same drug can also have very different effects at different times, depending on its purity (which can vary a great deal) and the person's emotional mood, health, circumstances and surroundings.

Some drugs are more addictive than others. And some people are much more likely than others to become addicted. Some drugs can also trigger underlying mental health problems and make existing ones worse.

Different drugs are taken for different effects. Generally speaking, drugs are split into three groups: **stimulants**, **depressants** and **hallucinogens**. Some examples are:

Drug group	Drug	Effects
Stimulants (Uppers)	Amphetamine Cocaine	Increase energy, activity, heart rate, blood pressure.
Depressants (Downers)	Alcohol Heroin Solvents	Slow down reactions, heart rate, breathing.
Hallucinogens	Cannabis LSD Magic mushrooms	Cause hallucinations (see, hear and feel things differently).

'Mum came into my bedroom really worried because she was afraid I was sniffing glue. I had to explain that it was the cleaner for my drum kit! I was really mad with her but I sort of understood that she was worried because she cares.'

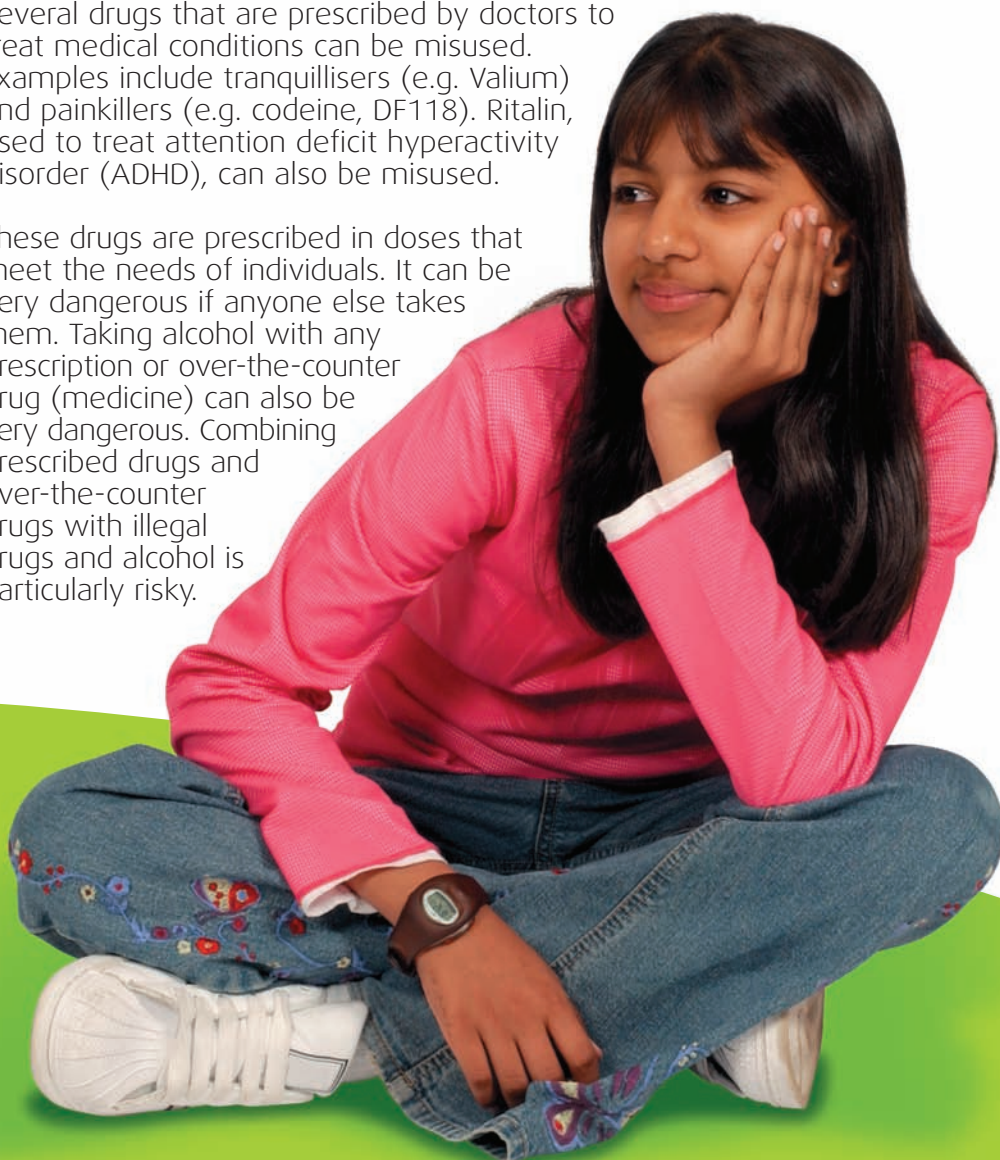
While some argue that those who experiment with drugs might come to no long-term harm, some drugs like heroin are particularly addictive and dangerous, and can occasionally cause very serious physical reactions, including drug overdose. It is also very dangerous to take several drugs at once. Many people who have died from a drug overdose did so because they had taken a cocktail of drugs, often combined with alcohol.

The chart on page 16 gives a quick guide to the most commonly used drugs, their effects, risks and legal status.

Prescribed drugs

Several drugs that are prescribed by doctors to treat medical conditions can be misused. Examples include tranquillisers (e.g. Valium) and painkillers (e.g. codeine, DF118). Ritalin, used to treat attention deficit hyperactivity disorder (ADHD), can also be misused.

These drugs are prescribed in doses that meet the needs of individuals. It can be very dangerous if anyone else takes them. Taking alcohol with any prescription or over-the-counter drug (medicine) can also be very dangerous. Combining prescribed drugs and over-the-counter drugs with illegal drugs and alcohol is particularly risky.



Parents should keep all medicines in the home secure, and make sure that children are aware of the potential dangers. Children who are taking medication should be told that passing on or selling their prescribed medicines to others may affect their own health, as well as risking the health of others. Several prescribed drugs are classified as controlled substances and possession (if not prescribed to the individual), and supply, may be regarded as criminal offences.

'If found dealing Class A drugs, you can be put in jail for life.'

12-year-old boy.

Drugs and the law

The law divides drugs into three classes: A, B and C. Classification is based on the harm that specific drugs may cause to individuals, families and society. Class A drugs include the most dangerous drugs like heroin and cocaine, Class B includes amphetamines and barbiturates, and Class C includes drugs like tranquillisers and some steroids.

Class A drugs carry the heaviest penalties for both possession and dealing. Possession means being caught with drugs you intend to use. Dealing means selling or giving drugs to others or being caught with drugs you intend to sell or give to someone else. Those found guilty of possession or dealing can be fined, sent to prison or both.

It is an offence if you allow anyone to take, sell or supply drugs in your house. It is also illegal to supply or sell solvents such as cigarette lighter refills, glue or aerosol sprays to someone in the knowledge that they will be abused.

It is illegal to grow or produce drugs.

How can I tell if my child is using drugs?

It is very difficult to tell if your child is using drugs. This is because many of the signs of drug use are often regarded as also normal features of growing up—teenagers can be moody or unpredictable and may change their friends, stay up all night or sleep all day for reasons that have nothing to do with drugs. Sometimes these are signs of unhappiness, so it's still important to listen and talk with your son or daughter.

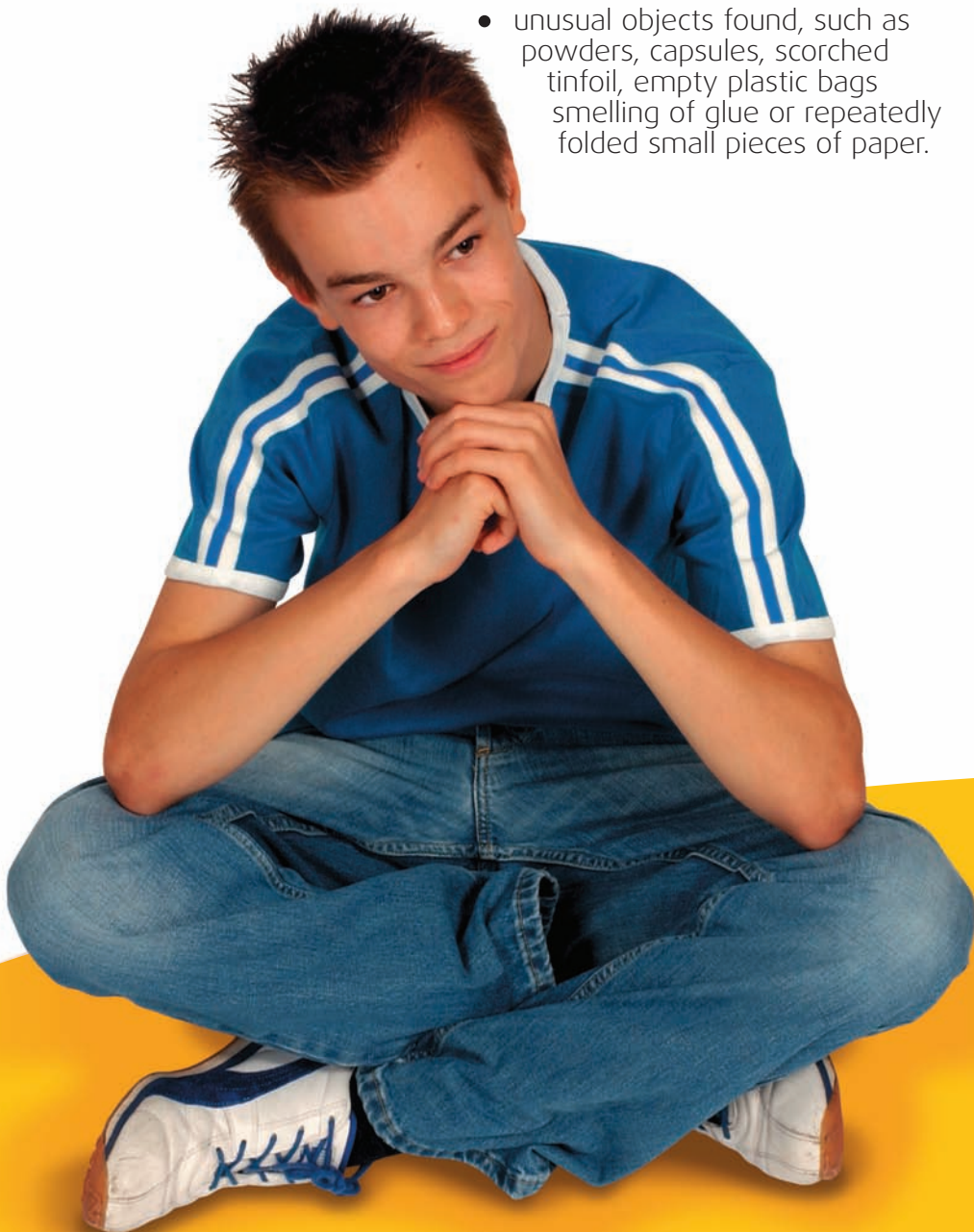
Class of drug	Possession	Dealing
A Ecstasy, LSD, heroin, cocaine and crack, magic mushrooms (if prepared for use), amphetamines (if prepared for injection).	Up to 7 years in prison or an unlimited fine. Or both.	Up to life in prison or an unlimited fine. Or both.
B Amphetamines (speed), Methylphenidate (Ritalin), Pholcodine.	Up to 5 years in prison or an unlimited fine. Or both.	Up to 14 years in prison or an unlimited fine. Or both.
C Cannabis**, Tranquillisers, some painkillers, GHB (Gamma hydroxybutyrate).	Up to 2 years in prison or an unlimited fine. Or both.	Up to 14 years in prison** or an unlimited fine. Or both.

Some drugs are not yet classified and are regulated through The Medicines Act. For example, Ketamine.

** Cannabis was reclassified from a Class B to a Class C drug early in 2004. This is not the same as legalisation or decriminalisation, and possession and supply of cannabis remain criminal offences. At the same time, the maximum penalty for dealing in Class C drugs was increased to 14 years in prison.

Warning signs of possible drug use include:

- sudden changes in mood from happy and alert to sullen and moody
- aggressive or irritable behaviour which is out of character
- a loss of interest in school, sport or other activities
- unusual sleep patterns or difficulty in sleeping
- unusually secretive behaviour or lying
- money going missing or belongings being sold
- unusual objects found, such as powders, capsules, scorched tinfoil, empty plastic bags smelling of glue or repeatedly folded small pieces of paper.



What do I do if I think my child is using drugs?

Try not to jump to conclusions. Your son or daughter may not show obvious signs of having taken drugs, so you can't always tell for sure.

The best thing you can do is find out the facts. You will need to be able to talk, listen and understand. But if your son or daughter is under the influence of drugs, wait until they recover before trying to talk.

'The truth is I don't know anything about drugs. I probably wouldn't know ecstasy from paracetamol. I wouldn't know what to do if my kids were taking drugs.'

Mother of
15-year-old girl

If you are worried, or you find drugs or any equipment to do with drugs, ask for help. You should not feel you have to deal with this on your own. The confidential **Know the Score Information Line 0800 587 587 9** and **website www.knowthescore.info** can give you the information you need about what to do next. Talking to someone who is trained to deal with your particular problem can make all the difference. With the help of a skilled and experienced drugs counsellor you may find that you and your child are able to talk and listen to each other more easily.

If your son or daughter comes home, or is found, in a highly distressed and confused state, don't automatically assume that they have drunk too much or taken drugs. Although incidents are rare, it could be that they have been drugged by a third party, and sexual assault may have taken place, even though they have no recollection of this happening.

If you think they may have been the victim of drug-assisted sexual assault, contact the police immediately. Always stress to older children that they should never leave drinks unattended, or accept drinks from strangers.

There is a list of useful contacts on the back cover of this guide.

'You must be seriously screwed up to try hard drugs. I'd rather spend my money on music and clothes.'

16-year-old boy.

First aid

If your child seems seriously ill or is very drowsy or unconscious, you need expert help at once: **Call 999.**

It is important not to panic. Tell the emergency services clearly what symptoms your child has and what alcohol or drugs they've had, if you know.

Vital steps to recovery:

- don't delay
- don't leave them on their own
- if the child is unconscious, lie them face upwards on the floor and check that they are breathing normally (below).

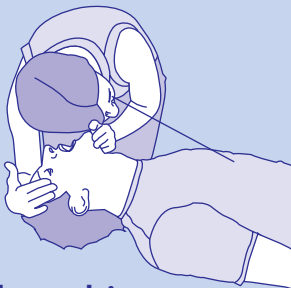
1. Airway

Open airway by tilting head back and lifting chin.



2. Breathing normally

Look, listen and feel for signs of normal breathing.

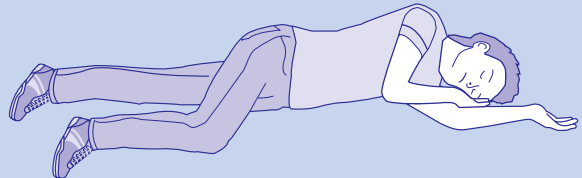


3. If they are breathing:

- place or help them into the recovery position (see opposite)
- call 999 for an ambulance, or get someone else to do it if possible, and stay where you are with the child
- keep them warm.

The Recovery Position

An unconscious person who is breathing but has no other life-threatening conditions should be placed in the Recovery Position.



Turn them onto their side. Lift the chin forward to an open airway position and adjust hand under the cheek if necessary. Check that they cannot roll forwards or backwards. Monitor breathing and pulse continuously until help arrives. If injuries allow, turn the casualty to the other side after 30 minutes.

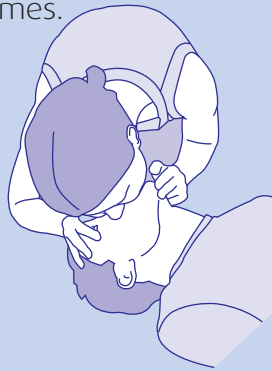
If they are unconscious and are not breathing:

- get someone to phone 999 for an ambulance
- start emergency life support (see below).

Emergency Life Support

1. Open airway again

Remove any visible obstructions. Close the nostrils of the child with your forefinger and thumb. Give the child five initial rescue breaths. (Take a breath and place your mouth over their open mouth ensuring a good seal. Blow steadily into the mouth for about one second and watch the chest rise and then fall as air comes out). Repeat four times.



2. Perform 30 chest compressions

Find the centre of the chest and place the heel of one or both hands there (depending on size of the child). Position yourself directly above the chest and press down firmly to depress the breastbone by $\frac{1}{3}$ the depth of the chest. Repeat this 30 times at a rate of 100 times per minute. Then give two rescue breaths. Continue this cycle (30 compressions to 2 rescue breaths) until professional help arrives.



This is the basic emergency life support sequence for children (aged 1 year to puberty). For adult basic emergency life support omit the initial five rescue breaths and place both hands in the centre of the chest for chest compressions, thereafter follow the sequence detailed above.

This guide has been produced as part of a close collaboration between the Scottish Government, NHS Health Scotland, and Scottish Drugs Forum.

Special thanks to the parents and young people whose comments and suggestions helped to produce this guide, and to Strathclyde Police Drug Squad who made it possible for us to take photographs of the drugs and their associated paraphernalia.

Drug name and group

Alcohol

(Depressant)



Booze

Amphetamines

(Stimulant)



Speed, whizz

A-Z of Drugs

Street name

What it looks like and how it's taken

Drunk as ready-mixed drinks (often called 'alcopops'), spirits, beers and wines.

Grey or white powder that is snorted, swallowed, smoked, injected or dissolved in drink. Tablets are swallowed. See also section on methamphetamine.

Immediate effects

Reaches brain in seconds, enters bloodstream within 30 minutes. Reduces inhibitions and increases sense of relaxation. Each unit takes approximately an hour for the liver to process.

For 3 or 4 hours users can appear animated and feel over-confident and full of energy. Appetite and ability to sleep can be badly affected.

Risks

Short term: Hangover including dehydration, headache, sensitivity to noise and bright lights, nausea and depression. Intoxication can lead to aggressive/irrational behaviour and accidents.

Long term: Regular heavy drinking can cause stomach disorders, cancer of mouth and throat, increased risk of stroke, changes in physical appearance such as weight gain, liver cirrhosis, brain damage, high blood pressure, problems with the nervous system, sexual and mental health problems, and family and work problems.

Short term: Some users may feel tense and anxious while using and afterwards many feel very tired and depressed. The drug can cause sudden death from heart attack or stroke.

Long term: Frequent high doses can cause panic, hallucination and weight loss. Heavy long-term use places strain on the heart and can cause mental illness. Amphetamines are addictive.

Legal status

It is illegal to sell alcohol to young people under 18 years old. If you drive or attempt to drive while 'unfit' (having a blood-alcohol concentration of over 80mg of alcohol per 100ml of blood) you face an automatic disqualification (driving ban), a large fine and a possible prison sentence.

Class B
Class A if prepared for injection

Associated paraphernalia (where appropriate)



Alkyl nitrites

(Stimulant)

amyl nitrite, butyl nitrite



Poppers:
Brand names include
TNT, Liquid Gold

Clear yellow liquid, smells sweet when it's fresh and 'sweaty' when it's not.

Vapour is breathed in through nose or mouth from a small bottle or tube

Almost instant 'head rush' with flushed face and neck. Lasts 2-5 minutes.

Short term: Pounding headaches, nausea, fainting, bulging eyes. If spilled it can burn the skin and may be fatal if swallowed. People with anaemia, glaucoma and breathing or heart problems are particularly at risk.

Long term: Regular use can lead to tolerance (greater amount needed to produce same effect) and an increase in risks listed above.

Amyl nitrite is a prescription-only medicine. Possession is not illegal but supply through sex shops and clubs can be an offence under The Medicines Act.

Cannabis

(Hallucinogen)



Hash, dope, blow,
draw, grass

Comes as solid lump 'resin'; leaves, stalks and seeds called 'grass'; or sticky dark oil. Can be smoked or cooked and eaten with food.

Users feel relaxed and may have sharper sense of colours and sounds. Some feel urge to eat. In food, the dose taken is much harder to control.

Short-term: Impairs ability to concentrate. Anxiety, panic and suspicion are not uncommon. Damages ability to learn and carry out many tasks, including operating machinery and driving vehicles. Can lead to tiredness and lack of motivation.

Long term: Regular heavy use may lead to development or worsening of mental health problems including paranoia, schizophrenia, psychosis, depression and anxiety. Smoked with tobacco, it increases health risks associated with tobacco use, for example: lung cancer, bronchitis and other respiratory disorders, and can lead to nicotine addiction. Can lead to heart and breathing problems. Very heavy cannabis use can lead to withdrawal symptoms.

All forms of cannabis (resin, grass, oil) were reclassified from Class B to Class C early in 2004.



Drug name and group

Street name

What it looks like and how it's taken

Immediate effects

Risks

Legal status

Associated paraphernalia (where appropriate)

Drug name and group

Cocaine and crack (Stimulant)

Ecstasy (Stimulant/Hallucinogen)



Street name

Cocaine: coke, charlie, snow
Crack: rocks

'E', mitsubishi, diamonds, euros (MDMA is the chemical name)

What it looks like and how it's taken

Cocaine is a white powder that is snorted or dissolved and injected. Crack, a stronger version, comes as rocks or stones and is smoked or injected.

Tablets of different shapes, sizes and colours—often with a designer logo. Swallowed.

Immediate effects

Cocaine acts fast and lasts about 30 minutes. Users feel confident, strong and alert, and may be left craving more. Crack acts faster. More intense effects last about 10 minutes.

Within 20 minutes to 1 hour, increases energy and sense of well-being. Sounds, colours and emotions more intense. Lasts up to 6 hours.

Risks

Short term: Some users may feel tense and anxious while using and afterwards many feel very tired and depressed. It can also cause convulsions, chest pain and sudden death from heart attack or stroke. Sniffing can damage the inside of the nose. Smoking crack can cause breathing problems and lung damage.

Long term: Frequent use can lead to paranoia, hallucinations, aggression and weight loss. Cocaine and especially crack cocaine are highly addictive. Chronic use also causes severe damage to heart and circulation, brain damage and severe mental health problems.

Short term: Use can lead to overheating and dehydration if users dance without taking breaks or sipping non-alcoholic fluids. This can be fatal. Drinking a pint of liquid every hour and eating a salty snack from time to time are advised. Users can feel tired and depressed for a few days after use.

Long term: Ecstasy use has been linked to mental health problems, and liver, kidney and brain damage.

Legal status

Class A

Class A

Associated paraphernalia (where appropriate)



Gamma hydroxybutyrate



GHB, GBH, gabba,
liquid ecstasy

Comes in small bottles. Colourless, odourless liquid. Sometimes in capsule form.
Swallowed.

Varies greatly in strength. Effects of small doses similar to alcohol. Larger doses said to have similar effects to ecstasy.

Short term: Larger doses can cause drowsiness, sickness, disorientation, convulsions, coma and breathing difficulties. GHB has been linked to drug-assisted sexual assault ('date rape') when mixed with alcohol.

Long-term: Long-term effects are not well understood.

Class C

Heroin (Depressant)



Smack, scag,
H, junk, gear

Brownish-white powder. Some heroin comes in a brown/black form that looks like hard toffee.
Smoked, dissolved or injected.

Slows the brain, heart rate and breathing. Small doses bring a sense of warmth and well-being; larger doses make users drowsy and relaxed, and free from worry and pain.

Short term: There is a real risk of drug overdose, possibly leading to coma or death, particularly when mixed with other drugs.

Long term: Heroin is highly addictive and larger and more frequent doses may be needed to feel 'normal'.

Injecting can damage veins; sharing needles can spread hepatitis and HIV.

Class A



Drug name
and group

Street name

What it looks
like and how
it's taken

Immediate
effects

Risks

Legal status

Associated
paraphernalia
(where
appropriate)

Drug name and group

Ketamine (Hallucinogen)



K, Special K, Vitamin K, ket

Street name

What it looks like and how it's taken

Usually comes in the form of a white powder (sometimes in tablet form, sold as ecstasy) or a liquid.

Swallowed, inhaled or injected.

Immediate effects

A powerful anaesthetic used on humans and animals, it can produce 'out of body' experiences, numbness and hallucinations.

Risks

Short term: Can cause problems with vision, loss of coordination, and frightening hallucinations that require assistance and reassurance from others. It is particularly dangerous if used in combination with depressants such as alcohol or heroin. It can make some mental health problems worse.

Long term: Prolonged use can cause disorientation and detachment from reality but the long-term effects are not well understood.

Legal status

Possession is not controlled by misuse of drugs legislation, but sale or supply is illegal under The Medicines Act.

Associated paraphernalia (where appropriate)

20

LSD (Hallucinogen)



Acid

Comes in small squares of paper, often printed with designs, or as tiny tablets called microdots and dots.

Swallowed. It is a myth that LSD can be absorbed through the skin from transfers.

Hallucination—the 'trip'. Starts within an hour and can last 8–12 hours. Surroundings seem different. Colours brighter, sounds new, movement and time may seem to speed up or slow down.

Short term: Trips cannot be controlled, changed or stopped. A bad trip can be terrifying, which requires help and reassurance from others. Mental health problems can be triggered and existing conditions made worse.

Long term: Users may have 'flashbacks' when they relive a trip without taking the drug again.

Class A

Magic Mushrooms (Hallucinogen)



Shrooms, mushies

Grow wild in the autumn and are eaten raw, dried, cooked in food, or stewed into a tea.

Similar to LSD but the trip is milder and shorter, usually lasting about 4 hours.

Short term: Stomach pains, sickness and diarrhoea. Poisoning by eating wrong kind of mushroom by mistake. Can complicate mental illnesses.

Unprepared not controlled under the misuse of drugs legislation. Classified as Class A when prepared for use (dried or stewed).

Methadone (Depressant)



Meth, linctus

Comes as a green, amber or blue mixture liquid, or as white tablets.
Usually swallowed.

Effects similar to heroin, although less intense but longer acting.

Short term: Drug overdose, possibly leading to coma or death, if taken by someone not used to the drug. Methadone should only be taken as part of a prescribed and supervised programme to treat addiction to opiate drugs, especially heroin.

Long term: Methadone can be addictive, and it should never be given or sold to someone else.

If possessed without a prescription or supplied illegally, classified as Class A.

Drug name and group

Street name

What it looks like and how it's taken

Immediate effects

Risks

Legal status

Associated paraphernalia (where appropriate)

Drug name and group

Methamphetamine



Street name

Crazy medicine, ice, zip, meth, yaba, go-fast, cristy, crystal, tina, chalk, crank, shabu, glass

What it looks like and how it's taken

White powder that is smoked, injected, snorted or dissolved in a drink.

Tablets are swallowed.

Immediate effects

Users experience a short lasting instant rush. Small dose effects include euphoria, wakefulness, increased physical activity, decreased appetite and increased respiration. Possible powerful hallucinations.

Risks

Short term: Disturbing hallucinations and paranoia. Users may experience 'speed bugs' or 'crank bugs', hallucinations where users think bugs are crawling under their skin and go frantic trying to get them out.

Long term: Regular use is linked to lung and kidney disorders. Withdrawal from the drug can lead to severe depression and suicidal urges.

Legal status

Class A

Associated paraphernalia (where appropriate)

Nicotine (Stimulant/depressant)



(Contained in tobacco) fags, ciggy

Cigarettes, pipes, cigars, loose tobacco, chewing tobacco.

Smoked, chewed.

Acts fast, first increasing alertness then producing a sense of relaxation.

Short term: Nicotine addiction can develop quite rapidly and regular smokers often feel anxious and irritable if unable to smoke. Smoking can restrict growth in young smokers.

Long term: Other chemicals in tobacco cause lung cancer and stomach diseases, heart disease, circulation problems, wrinkled skin and premature ageing.

It is illegal for retailers to sell tobacco to anyone under 18.



Solvents

(Depressant) glues, gases, aerosols



Butane gas cigarette lighter refills, disposable cigarette lighters, aerosol sprays (hairsprays, air fresheners), whipped cream cans and glue tins or tubes. Sniffed or breathed in through a cloth or sleeve. It has been known for gas to be squirted straight into the back of the throat.

Similar to being very drunk. Users feel dizzy, giggly and light-headed. Some hallucinate. Effects last from a few minutes to 30 minutes.

Short term: Hangover for a day or two. Nausea, vomiting, blackouts, bad cough, spots/sores around mouth, persistent cold and heart problems. Inhaling with a plastic bag can cause suffocation. It is extremely dangerous to squirt gas into the mouth as this can cause sudden death. It's possible for someone's heart to stop beating if they have been sniffing solvents.

Long term: Damage to brain, liver, kidneys, nervous system, lungs and reproductive organs.

It is illegal for retailers to sell butane gas refills to anyone under 18. Also illegal for solvents to be supplied to people of any age in the knowledge that they are to be abused.



Tranquillisers

(Depressant)
diazepam, nitrazepam, temazepam



Jellies, tranx, benzos
Brand names include: Valium,
Librium, Mogadon

Tablets or capsules.
Swallowed or injected.

Relieves anxiety and tension. Calms users and slows them down.
High doses can make users drowsy and forgetful.

Short term: Dangerous mixed with alcohol or other drugs.

Long term: Regular use can damage short-term memory and reduce energy. Almost all tranquillisers are addictive. Withdrawal symptoms include depression, insomnia and panic attacks.

If possessed without a prescription or supplied illegally, classified as Class C.



Drug name and group

Street name

What it looks like and how it's taken

Immediate effects

Risks

Legal status

Associated paraphernalia (where appropriate)

Where to go for help

Know the Score

Information line: 0800 587 587 9
www.knowthescore.info

Scottish Drugs Forum (SDF)

Glasgow: 0141 221 1175
Edinburgh: 0131 221 9300
Dundee: 01382 305752

ASH Scotland

www.ashscotland.org.uk

Alcohol Focus Scotland

Tel: 0141 572 6700
www.alcohol-focus-scotland.org.uk

Published by Health Scotland

Edinburgh office

Woodburn House,
Canaan Lane,
Edinburgh EH10 4SG

Glasgow office

Elphinstone House,
65 West Regent Street,
Glasgow G2 2AF

© NHS Health Scotland, 2004, 2008.

ISBN: 978-1-84485-009-9

www.healthscotland.com

Photography: Studio SK

RR Donnelley B55411 03-08



healthyliving

