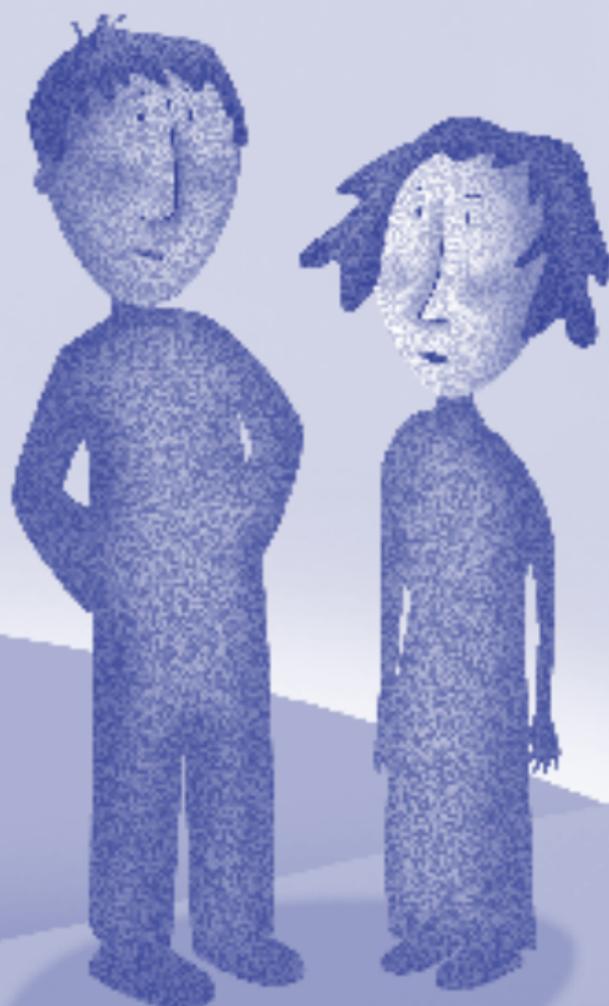


Drugs and their effects

English



Common drug terms

Depressant drug

A type of drug which slows down (depresses) the functions of the body, including the messages to and from the brain. Depressant drugs include alcohol, cannabis and benzodiazepines (minor tranquilisers).

Drug dependence

When a person becomes dependent on a drug after long-term or heavy use over time. The person feels a need to keep taking the drug in order to feel normal or to avoid uncomfortable withdrawal symptoms. Dependence can be physical or psychological, or both.

Drug prevention

Programs and projects designed to prevent or delay the uptake of drug use, to protect against risk factors and to prevent and reduce harms associated with drug use.

Harm minimisation

Harm minimisation refers to policies and programs which aim to reduce drug-related harm, and to improve health, social and economic outcomes for both the community and the individual. Since 1983, Australia's harm-minimisation policy has focused on reducing the supply and demand for drugs, as well as the harms associated with drug use.

Hallucinogenic drug

A type of drug which affects the person's perception. People who take hallucinogens may see or hear things that are not really there, or what they see may be distorted in some way. Ketamine, LSD, "magic mushrooms" and cannabis are hallucinogenic drugs.

Narcotic

Any substance which has the power to cause a person to fall asleep or become drowsy, or to relieve pain, dull the senses or cause unconsciousness.

Overdose

When the amount of a drug taken is more than the body's ability to cope with it.

Psychoactive drug

A drug which affects the central nervous system of the body. It acts on the brain and can affect the way a person thinks, feels or behaves.

Stimulant drug

A type of drug which speeds up the body's functions, including messages to and from the brain. Stimulants can make the user feel more awake, alert or confident. Caffeine, nicotine, amphetamines, cocaine and ecstasy are examples of stimulant drugs.

Tolerance

The body's ability to cope with a drug.

Withdrawal

If a person who is dependent on a drug stops taking it or reduces the amount of the drug, they may experience physical symptoms as their body readjusts to functioning without the drug. Withdrawal symptoms are different for different types of drug and for each person, but may include depression, irritability, cramps, nausea, sweating and sleeping problems.

About drugs in Australia

In Australia, most people will be faced with drugs or drug-related issues at some time. Legal drugs such as caffeine, nicotine (cigarettes), khat, alcohol and various medicines are among the drugs most commonly used.

Other drugs used in Australia include illegal drugs such as cannabis (marijuana), heroin, ecstasy and amphetamines (speed).

This pamphlet provides general information about drugs and their effects, and answers some common questions about drug use.

What is a drug?

A drug is any substance that brings about physical or psychological changes. A drug can be a solid (khat), liquid (alcohol) or gas (inhalants).

How are drugs classified?

Drugs are usually classified according to:

- > *their effects*
- > *whether they are legal or illegal (illicit).*



Drugs and their effects

Which drugs are of concern?

Psychoactive drugs are of most concern in our community because they act on the brain and can change the way a person thinks, feels or behaves. There are three main types of drug: depressants, stimulants and hallucinogens.

Depressants

- > alcohol
- > cannabis
- > benzodiazepines (*Valium, Serepax, Mogadon, Normison*)
- > barbiturates
- > GHB (*Gamma-hydroxybutrate*)
- > opiates and opioids (*heroin, morphine, codeine, methadone, pethidine*)
- > some solvents and inhalants

Depressant drugs don't necessarily make a person feel depressed. Rather, they affect concentration and coordination, and slow down a person's ability to respond to unexpected situations. In small quantities depressants can cause a person to feel more relaxed. In larger quantities they can cause unconsciousness, vomiting and death.

Stimulants

Mild stimulants

- > caffeine (*in tea, coffee and cola drinks*)
- > nicotine (*cigarettes*)
- > ephedrine (*used in medicines for bronchitis, hay fever and asthma*)

Stronger stimulants

- > amphetamines (*speed, crystal meth, ice*)
- > cocaine
- > ecstasy
- > slimming tablets (*Duromine, Tenuate Dospan, Ponderax*)
- > khat

Stimulant drugs speed up the brain's activity. As a result, a person who takes a stimulant may feel more awake, alert or confident. Stimulants increase heart rate, body temperature and blood pressure. They can also reduce a person's appetite, and cause them to have dilated pupils and difficulty sleeping, and to be talkative or agitated.

Large quantities of stimulants can cause a person to experience anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia.

Strong stimulants can mask some of the effects of depressant drugs such as alcohol.

Hallucinogens

- > datura
- > ketamine
- > LSD (*lysergic acid diethylamide*)
- > magic mushrooms
- > mescaline (*peyote cactus*)
- > PCP
- > cannabis
- > ecstasy

Hallucinogenic drugs affect the way people see, or imagine they see, things. A person who has taken a hallucinogenic drug may see or hear things that are not really there. Or what they see may be distorted in some way.

Other effects of hallucinogenic drugs include dilation of the pupils, loss of appetite, increased activity, talking or laughing, a sense of emotional and psychological euphoria and well-being, jaw clenching, sweating, panic, paranoia, loss of contact with reality, irrational or bizarre behaviour, stomach cramps and nausea.

Because the effects of hallucinogens can vary a great deal, it is impossible to predict how they will affect a particular person at a particular time.

Why do people use drugs?

There is no single reason people use drugs. Most people use drugs to change how they feel because they want to feel better or different. They use drugs because they believe there are benefits in using them.

People use drugs to relax, have fun, be part of a group, because they are curious, or to escape from physical and/or psychological pain.

Young people use drugs for many of the same reasons that adults use drugs.



Which drugs are being used?

A 2001 national survey⁽¹⁾ reported on the drug use of Australians aged 14 years and older. The survey found that:

- > 90.4% had used alcohol
- > 49.4% had used tobacco
- > 33.1% had used marijuana
- > 8.9% had used amphetamines
- > 7.6% had used hallucinogens
- > 6.1% had used ecstasy
- > 6.0% had used analgesics, or painkillers⁽²⁾
- > 3.2% had used tranquillisers⁽²⁾
- > 4.4% had used cocaine
- > 2.6% had used inhalants
- > 1.6% had used heroin
- > 0.3% had used steroids⁽²⁾



reported that they had drunk 7 or more alcoholic drinks on a single occasion over the previous week, while 10 per cent of female students had drunk 5 or more alcoholic drinks on a single occasion in the previous week.

This survey showed that alcohol is likely to cause harm to more young people in our community than illegal drugs.

How do drugs affect a person?

The effects of any particular drug depend on a number of factors.

The type of drug taken

All drugs affect different people in different ways.

How much of the drug is taken and how often

Generally, the larger the amount of the drug taken, the greater the effect. A person could suffer a drug overdose if the amount of the drug taken is higher than their body is able to cope with.

How the drug is taken

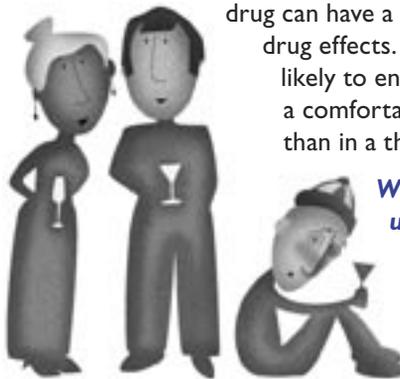
Drugs that are injected or inhaled act very quickly and their effects are usually more intense. Snorting through the nose is the next-fastest method, while drugs eaten or swallowed take longer to have an effect.

Physical characteristics

A person's height, weight and gender also can influence a drug's effects. The proportion of body fat, rate of metabolism and the stage of a woman's menstrual cycle can all influence the intensity and duration of drug effects.

Mood and environment of the user

How a person is feeling and where they are taking the drug can have a significant impact on drug effects. A person is more likely to enjoy the experience in a comfortable social atmosphere than in a threatening environment.



What other drugs are used

Combining drugs can increase or alter the usual effects, often in unpredictable ways.

Drugs and young people

Many people are concerned because they think that drug use among young people is increasing. Some people believe that all young people use, or have used, drugs. But what are the facts?

A 2002 survey⁽³⁾ of Australian secondary school students examined students' use of legal and illegal drugs in the week, month and year before the survey. It also looked at how many students had ever used drugs.

The survey found that, of the students surveyed:

- > 25% had ever used cannabis
- > 11% had ever used another illegal drug
- > 4.5% had ever used ecstasy
- > 2.8% had ever used opiates (including heroin or morphine).

The same survey looked at rates of alcohol use. It found that more students were drinking alcohol, and that many were drinking at a young age. For example, 90 per cent of students aged 14 had tried alcohol, while 95 per cent of 17-year-olds had ever tried an alcoholic drink. Only 12 per cent of 12–17-year-olds had never tried alcohol.

The survey also showed that a high percentage of secondary school students were drinking alcohol regularly at rates that would be considered harmful—10 per cent of males

(1) 2001 National Drug Strategy Household Survey. First results. May 2002, Canberra: Australian Institute of Health and Welfare

(2) for non-medicinal purposes

(3) White V & Hayman J 2004 Australian secondary students' use of over-the-counter and illicit substances in 2002 National Drug Strategy Monograph Series No 56, Canberra, Australian Government Department of Health and Ageing

Drug use in our society

Of all the drugs used in Australia, the ones most commonly used are the legal drugs alcohol and tobacco.

Of all the illegal drugs used in Australia, cannabis is the most regularly used.

Drug use can be categorised into five main areas, with most drug users falling into the experimental and recreational categories. Harms associated with drug use can occur at all levels of use.



What are the 5 main categories of drug use?

Experimental use

A person tries a drug once or twice, usually because they are curious. Most experimental users do not know about the risks in taking the particular drugs. They are at risk of harm because their body is not used to the drug and they do not know how they will react to the drug.

Recreational use

A person chooses to use a drug for enjoyment, especially to enhance a mood or social occasion.

Situational use

A person uses a drug to cope with the demands of a particular situation. For example, amphetamines have been used by long-distance truck drivers to help them stay alert and by athletes to increase their energy. Some taxi drivers use khat to help them stay alert during long working hours. People who have experienced trauma or bereavement often have their doctor prescribe benzodiazepines (minor tranquillisers) to help them cope with grief.

Intensive use

A person uses a large amount of drugs over a short period of time, or uses a drug continuously over a number of days or weeks.

Dependent use

A person becomes dependent on a drug after prolonged or heavy use over time. Only a relatively small number of drug users become dependent drug users.

Some people tend to move between categories. However, one stage of drug use does not necessarily lead to the next stage. For example, experimental drug use does not necessarily lead to regular drug use. Regular drug use does not necessarily lead to problems.

What is drug dependence?

Drug dependence can be physical or psychological, or both.

A person who is physically dependent on a drug usually develops a tolerance to the drug. This means that they need to take more and more of the drug to have the same effect. A person who is physically dependent on a drug is used to functioning with the drug present.

A person who is psychologically dependent on a drug may feel they have to use the drug in order to function effectively, or to achieve emotional satisfaction.

Withdrawal

If a person who is physically or psychologically dependent suddenly stops taking the drug, they may experience withdrawal symptoms as their body readjusts to functioning without the drug. Withdrawal symptoms are different for different types of drug and for each person. There are many types of withdrawal symptom that may be experienced, such as depression, irritability, cramps, nausea, sweating and problems with sleep.

Treatment

There is no single treatment for all drug use. Many different treatment options exist, and these generally differ in their aims and methods. Some treatments aim for the user to achieve a drug-free lifestyle, while others aim to stabilise the drug user at a reduced, safer level of use.



Some treatments involve individual counselling techniques, while others use group therapy. Some treatments involve the use of chemical agents, such as methadone or buprenorphine, to assist in withdrawal or maintenance.

For further information about drug treatment options, contact the services listed at the back of this pamphlet.

What problems can drug use cause?

A common concern is that a person who uses drugs will become dependent on drugs and become a “drug addict”. Alarming stories about drug use give the impression that illegal drugs are “instantly” addictive and are the drugs that cause the most harm. However, no drug is instantly addictive, and the greatest drug harms caused in our society come from the legal drugs alcohol and tobacco.

Regardless of the drug used, harmful drug use can have far-reaching effects beyond the individual drug user. A person’s drug use can affect their health, work and personal life, and it can also affect their family and their community.

Effects on the individual

Work or school problems

A person who uses drugs may not be working or studying efficiently because they are tired and irritable. This can also result in unsafe working conditions, especially if driving a vehicle, or operating heavy machinery. Drug users may take more sick days and be unable to work properly.

Accidents

Drug use may affect a person’s ability to respond appropriately to a situation. It may affect their ability to think clearly and to maintain attention. It may cause them to experience blurred vision, cramps, nausea and other physical symptoms. Such effects can increase the risk of car accidents and drownings, and reduce a person’s ability to cross roads safely.

Problems with the law

In Australia, each state and territory has laws governing the manufacture, possession, distribution and use of drugs. Drug use can lead to problems if the laws are not obeyed, and can also lead to other legal concerns such as violent assaults and crimes committed in order to obtain money to support continuing drug use.

Financial problems

The cost of maintaining a person’s continuing drug use may mean that there is not enough money left to buy food or clothing, or to pay bills. This can place additional stress on the family.

Health problems

Tobacco, alcohol and illegal drugs can all have serious health effects if used over a long period of time. Poor eating habits and not enough sleep as a result of drug use can increase a person’s chances of experiencing a variety of health complications. People who inject drugs are at risk of contracting hepatitis B, hepatitis C and HIV (the virus that causes AIDS).

Sexual problems

Certain drugs can lead a person to feel sexually aroused. However, the same drugs can also reduce their ability to perform sexually (impotence).

Effects on the family

Family and relationship problems

Drug use can lead to conflict with family or friends. For example, if a person becomes involved in long khat chewing sessions and is spending a lot of time away from their family. This problem can be made worse if the person then comes home and sleeps instead of spending time with their family, is irritable from lack of sleep, or becomes angry and violent after a khat session.

Family and friends may be very frustrated and concerned when they are manipulated or pressured for money or possessions, or when the person does not realise the problems their drug use is causing.

Influencing younger members of the family

Children look up to their parents, grandparents and older siblings, and they learn many of their attitudes and behaviours about drugs within the family. If family members use drugs or alcohol to relax or to make a problem go away, children may use these methods as well when they need to relax or solve a problem.



Drugs and pregnancy

There is no safe level of drug use during pregnancy. Most psychoactive drugs can affect the unborn child. Some prescription drugs can also cause problems during pregnancy, so it is important to seek medical advice as soon as possible.

Heavy and regular use of some drugs during pregnancy may cause miscarriage, foetal distress, premature labour, deformities in the baby, low birth weight, developmental delays in the child, or a range of other complications.

It is recommended that pregnant women and women thinking about becoming pregnant should avoid alcohol, tobacco and other drugs. Often a woman who has been using drugs does not realise she is pregnant until several months into the pregnancy. If a woman is using drugs, including prescription medications, she should discuss it with her doctor or other health professional when she is considering pregnancy, or as soon as she realises she is pregnant.

If a woman is dependent on drugs during pregnancy, her baby is likely to experience some withdrawal symptoms after birth. This may mean that the baby has to stay in hospital a bit longer than normal.

Drugs and breastfeeding

Although some drugs do pass into breast milk, breastfeeding may still be the right choice to make for feeding a baby. Women who use drugs and are breastfeeding their baby should consult their doctor or other health professional.

Drugs and driving

All drivers need:

- > to be mentally alert
- > to have clear vision
- > physical coordination
- > the ability to react appropriately.



Increasingly, legal and illegal drugs are found to be involved with deaths on our roads. The main effects of alcohol and illegal drugs on driving are that the driver:

- > takes longer to respond to events or situations on the road
- > may respond inappropriately to events or situations on the road
- > is not able to think clearly
- > has difficulty paying attention and does not notice other road users
- > has blurred vision
- > is over-confident about their driving ability
- > takes unnecessary risks
- > drives dangerously and aggressively.

Research shows that drivers who have used alcohol and/or other drugs are 9 times more likely to have a crash than drivers who are drug-free.

Effects on the community

One of the most concerning measures of drug-related harm to the community is the number of people who die as a result of drug use. Drug use contributes to about one in every five deaths in Australia. In 1998, about 23,310 deaths in Australia were a result of drug use. Of these, about:

- > 19,019 deaths were associated with tobacco use
- > 3271 deaths were related to alcohol use
- > 1023 deaths resulted from use of illegal drugs.⁽⁴⁾

Drug use also affects the community and our society in other ways, including crime and injury related to drug use. The 2001 National Household Survey⁽⁵⁾ found that, of the number of victims (persons aged 14 years and over) of drug-related incidents in the previous 12 months:

- > 30.6 per cent (almost 5 million people) had been abused by someone affected by alcohol
- > 26.5 per cent suffered verbal abuse
- > 4.9 per cent suffered physical abuse
- > 15.1 per cent (over 2.3 million people) had been abused by someone affected by illegal drugs
- > 11.3 per cent suffered verbal abuse
- > 3.9 per cent suffered physical abuse.

(4) Ridolfo B & Stevenson C 2001 *The quantification of drug-caused mortality and morbidity in Australia, 1998* Drug Statistics Series No 7, Canberra: Australian Institute of Health and Welfare

(5) 2001 *National Drug Strategy Household Survey. Detailed findings*, Drug Statistics Series No 11, Canberra: Australian Institute of Health and Welfare

Drugs and the law

Drug laws in Australia differentiate between those who use drugs and those who supply or traffic drugs. The four main types of offence related to illegal drug use are: use, possession, cultivation and trafficking of illegal drugs.

Use

Use of illegal drugs includes smoking, inhaling fumes, injecting, eating or otherwise introducing a drug of dependence into a person's body (including another person's body).

Generally, there is a lesser penalty for the use of cannabis compared to other drugs.

In Victoria, the Cautious with Cannabis education program aims to identify people (17 years or older) who have committed minor drug offences, to prevent their further involvement with the criminal justice system. The program targets adults arrested by police for the use and/or possession of small, non-trafficable amounts of cannabis (less than 50 grams of dried cannabis material), and involves the provision of a Cautioning Notice. A cannabis caution can be issued at the scene of arrest.

Possession

Possession of illegal drugs is the most common offence. "Possession" means having control or custody of a drug, and applies to drugs found on the person and on their property.

Cultivation

This includes sowing, planting, growing, tending, nurturing and/or harvesting a narcotic plant. If a person cultivates a "trafficable quantity" or intends to sell even a small quantity of a drug, it is likely that they will be charged with possession, cultivation and trafficking.

Trafficking

This is a very serious offence. Trafficking includes preparation of a drug of dependence for the purposes of trafficking; manufacturing a drug



of dependence; or selling, exchanging, agreeing to sell, offering for sale, or having in possession for sale, a drug of dependence. There are extremely severe penalties for trafficking commercial quantities of a drug.

What is being done to prevent the harms associated with drug use?

Australia has been at the forefront of a unique approach to tackling drug problems, known as harm minimisation. Using a variety of strategies, harm minimisation works to reduce the harmful consequences of drug use by reducing:

- > demand for drugs
- > supply of drugs
- > drug harms.

Demand-reduction strategies work to discourage people from starting to use drugs, and to encourage those who do use drugs to use less or to stop. A mixture of information and education, as well as laws and financial penalties, help to make drug use less attractive.

Supply control strategies involve laws and law enforcement. An example of a supply control strategy is liquor licensing laws, which restrict the sale of alcohol to persons aged 18 and over.

Harm-reduction strategies work to reduce the risk of harm, but not necessarily to stop drug use. For example, introducing low-alcohol beer means that people can still drink beer, but the long-term health risks can be reduced. Another example is providing injecting drug users with access to clean equipment. By reducing the risk of blood-borne infections such as hepatitis C and HIV, the risks are reduced for both the individual and the community.

Harm minimisation can best be viewed in the context of community safety. We all want ourselves and those whom we love to be safe from ill health, injury, violence and crime. A harm-minimisation approach to drug use can help to keep people safer when they choose to use drugs.

Where to find help and information

If you or someone you know has a problem with drugs, help is available. To speak to a **confidential** telephone counsellor about any drug issue, call DirectLine on tel. **1800 888 236**.

For more information about drugs and drug prevention, contact DrugInfo Clearinghouse:

Telephone: **1300 85 85 84**
Fax: **(03) 9328 3008**
Email: **druginfo@adf.org.au**
Website: **www.druginfo.adf.org.au**



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For additional copies of this brochure, contact DrugInfo Clearinghouse:

Post: PO Box 818, North Melbourne, Victoria 3051
Street: 409 King Street, West Melbourne, Victoria 3003
Tel: 1300 85 85 84
Fax: (03) 9328 3008
Email: druginfo@adf.org.au
Web: www.druginfo.adf.org.au/multicultural

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