

DRUG USE – EFFECTS AND RISKS

General health tips for men and women in prison

Mental stability

Long-term imprisonment can have an effect on psychological wellbeing. Loneliness, separation from loved ones, significant infringements upon personal freedom as well as boredom, fainting fits, conflict with fellow prisoners, officers, guards, even the prison governor can all cause stress. Strain of this nature can weaken the immune system and lead to frequent illness. Admittedly, many of the causes of strain faced by people in prison are difficult to tackle, and so some stress will be inevitable. However, there are ways of coping with it. To tackle these problems inmates can look to fellow inmates with whom they spend their free time and share their problems with. They can also contact employees from the prison's psychological and/or social service, the prison chaplain or professionals from outside if they have problems that they feel cannot deal with themselves. Prisoners can also make use of the leisure amenities offered by the prison establishment. Sport, for example, is a good way of off-loading strain, anger and aggression. If such facilities are not currently offered by the prison, inmates can see if it is possible to initiate something along these lines.

Taking care of your body

Although the Prison Administrations in nearly all EU Member States have laid down nutritional guidelines for use in prison establishments, prisoners still have to check to see if they are being supplied with enough vitamins and minerals, and so should be warned to watch out for their nutrition. Vegetables and fresh fruit supply the body with vitamins, minerals and trace elements. If prison meals do not provide a sufficient amount of vitamins and minerals, then perhaps they can go shopping to stock up on them or receive additional food from visiting family or friends. It is also sensible to take extra magnesium, zinc and selenium in the form of chewing or lozenges tablets. Sport can help to keep the body firm; it stimulates the circulation and promotes perfusion. If there are not any sport facilities in the prison then inmates can keep fit by doing simple gymnastics. The desire for bodily warmth and tenderness does not cease as soon as a person is imprisoned. That is why sex plays an important role in prison. Having sex with someone of the same gender might be frowned upon but it is part of everyday life behind bars. In doing so, one should be careful and do all that one can to protect themselves and their partner from sexually transmitted diseases. The condom, for example, protects two men having sex, likewise the dental dam for lesbian women. A dental dam is a piece of latex cloth which is placed over the vagina. In an emergency situation, one can cut up a condom or



disposable glove or even use cling- film. If one cannot and does not want to stop taking drugs, then one should at least try to reduce the risks involved: by not injecting but sniffing or smoking from foil instead, in order to avoid infections spread by unclean injecting equipment. If someone is unable to making this “switch” then they should always use their own inject- ing equipment (“works”) or unused disposables when having a fix. If this is not possible, you can clean the injecting equipment thor- oughly (plastic syringes included) with cold water and rinse; then take the pieces apart and place each one of them in boiling water for 15 minutes. People should be informed that simply washing needles with water is not enough to kill the germs which might be contained within.

If an inmate is HIV or hepatitis B/C positive

Even if someone finds it hard to take care of their health and pro- mote their sense of personal well-being in prison, there are a lot of people who want to and who can help with this. If necessary, prisoners can defend themselves. Inmates should be supported to refuse to allow themselves become a victim, and to refuse to be prepared to simply accept their fate passively. There are actually some things which inmates can do for them- selves. In their present situation, prisoners might feel all alone and tormented by questions for which they have no answers: What am I supposed to do now? What is the rest of my life going to be like? What does it actually mean to be HIV positive? Will the disease break out? What are the symptoms of HIV-related sickness? Which doctor is specialised to deal with it? Where can I get advice? Who can I speak to about my situation and who would it be best not to tell? What about sex? And what about the use of drugs, especially here in prison? Medically speaking, being HIV positive only means that one’s organism has developed antibodies against the HIV virus. It does not mean that one has AIDS. Even a positive result of the HIV test does not necessarily mean that one will become sick tomorrow, or in the following month, year or even the next ten years. Of course, at times one is bound to feel better. At other times, you’ll feel worse. People have to find out for themselves how best to deal with such changes. A person will also have to decide if their situa- tion is best handled on their own, with the help of friends or if they need to seek professional help. If one does have problems or needs information, then they should try to get in contact with one of the specialist support services for HIV positive people. Their employees will be able to help with most questions. They might be able to inform people about self- help groups and social and legal queries. Inmates can talk to them about issues like sexuality, the use of drugs and health.

Protecting yourself from illnesses

Germs such as viruses, bacteria and fungus can be very easily spread in places where many people are living together. That is why one should be aware of what the risks of infection are and how one can protect themselves and others against them. Just another word on the subject of sexually transmitted diseases: these play a very large role in male prisons where men have sex with men and in female prisons where women may have sex with women. Try and remember that there is another side to it all: Periods of home leave, holidays and a life after - life after prison.

The effects of drugs - what we ought to know

Whether we're talking about heroin, cannabis or Ecstasy, most illegal drugs provoke debate. But they also raise questions as few people have any real knowledge of drugs. The half-truths and myths make many people afraid of drugs but have precisely the opposite effect on others.

Question: If drugs are so dangerous and reprehensible, why do people start using them? No one wants to risk an overdose or enjoys being addicted. Only a few people use drugs because they want to protest against the prohibitive law. People do not take their first shot or their first line because they are tired of life, but more usually because they are curious, bored, or simply want to feel they belong to their peer-group. But they also use - and sometimes this is forgotten - because the drug makes them feel good.

Uppers, downers and hallucinogens

Drugs affect the central nervous system. They do this in several ways. The so-called 'uppers' like cocaine and speed have a stimulating effect. The user feels that he has lots of energy and is much more talkative and 'loose' than usual. Heroin, alcohol and benzodiazepines, (sedatives and tranquillizers), on the other hand, create a mellow 'high', have a calming effect and are therefore referred to as 'downers'. Hallucinogens, such as LSD and mushrooms have a mind-altering effect: Under the influence of these, the world can look very different.

The difference between stimulating, sedating/depressing and mind-altering or hallucinogenic substances is not always clearly defined. We know that the first few glasses of alcohol are stimulating but that with increasing consumption, the sedative effects can take over. The effects of drugs are perceived in a different way according to the pattern of use, depending on whether the use is:

- experimental,
- recreational,
- habitual,
- circumstantial,
- or dependent.

It is important to be aware that the effects of a particular drug can depend on many factors and many different contexts (like prison). These factors include:

- the type of drug
- the duration of use
- the experience and tolerance of the user
- the health status of the user
- the use with other drugs
- the setting



- the purity and quality of the drug
- how it is taken
- the amount taken
- the situation in which it is taken (taken in a hurry in prison or relaxed at home)
- sex, age and body type of user.

As well as categorising by effects, drugs can also be categorised according to origin. LSD, Ecstasy and benzodiazepines are synthetic or semi-synthetic substances, produced in a laboratory. Hashish, cocaine, mushrooms and the opiates are derived from plants and come from natural sources. Hashish and marijuana, for example, are derived from the plant *cannabis sativa*, cocaine from the coca plant, and opium, the basis of morphine, methadone and heroin, is made from the plant *papaver somniferum*.

The problem with urine tests

Drugs can be detected in the hair and also leave metabolites behind in the urine. Urine tests are therefore widely utilised to control the drug use of prison inmates. It is important to keep in mind that some results can produce a false negative or a false positive. Someone who has just eaten a poppy seed muffin (or any other foods containing poppy seeds) and has to take a urine test, may unfairly be accused of having used an opiate.

Hashish and marijuana (cannabis)

Hashish and marijuana are derived from the *cannabis sativa* plant. The female tops supply the raw material for marijuana, and hashish is produced from the plant's resin. After tobacco and alcohol, cannabis is the most commonly used drug. Marijuana has a greenish-brown colour; hashish is light-brown to black, but much more characteristic than the colour is its smell. If you have smelled cannabis once, you will be able to pick out that smell from among thousands of others.

How is cannabis used?

Hashish and marijuana are smoked with cigarette tobacco or smoked pure in special pipes: chillums and water pipes. When smoked with tobacco, the hashish or marijuana is crumbled onto a small bed of tobacco inside a fold of rice paper and then rolled into a cylinder, i.e., joint. This joint is then smoked like a normal cigarette. Incidentally, mixing cannabis with tobacco is somewhat illogical because tobacco suppresses the effect of cannabis. To be precise: tobacco constricts the blood vessels, while cannabis expands the blood vessels along with the mind. Smoked pure then, cannabis and hashish have a stronger effect. Sometimes, cannabis may be baked into a 'space cake', (hash brownies), and eaten. In this case, the effect only kicks in after one hour. Consequently, there is a danger that the ingested dose might be too high.



How does cannabis work?

A hashish or marijuana user gets 'high' or 'stoned'. The word 'stoned' refers to the arms and legs feeling heavy. This relaxation of the muscles is caused by the major active substance THC. But tetrahydrocannabinol also does more: it intensifies one's mood, (including bad moods!), reduces concentration, slows reflexes and influences perceptions. Colour and music may be experienced very intensely. Beginners are known to get 'the giggles', while others, (even old-timers), can get a sudden attack of 'the munchies' (craving for food).

“Freaking out”

When the dose is too high, cannabis use can produce negative effects like anxiety and panic attacks. One also can become dizzy, nauseous or feel faint. When hash is taken in combination with speed, temporary paranoia might set in. If this happens to you, the best thing to do is: wait until the sensation passes by itself. However, if this happens to someone else, you can try to calm that person down with reassurance about how the effects are only temporary.

Alcohol-cannabis

Smoking cannabis and drinking at the same time is pointless because alcohol breaks down the effects of cannabis.

How can you tell cannabis use in prison?

In general, people who use only cannabis may seem slow and lethargic to outsiders. Cannabis products very rarely cause aggression in a user. More often the opposite is seen, where cannabis users amicably sit around and chat. Extracts of Cannabis Sativa have been used since ancient times as painkillers, medication for exhaustion, asthma, cough attacks, rheumatism, migraine, cramps and other symptoms. John F. Kennedy, for example, regularly smoked joints to relieve his chronic back pains and Queen Victoria used marijuana seeds for monthly period cramps.

Tobacco

Tobacco is ingested through smoking cigarettes and pipes. It can be sniffed as snuff or chewed. It can also be ingested through passive smoking (other words for cigarettes include 'smokes', 'gaspers', 'fags' and 'bifters'). Tobacco smoke is a mixture of almost 4,000 different chemical compounds, including tar, nicotine, carbon monoxide, acetone, ammonia and hydrogen cyanide. Nicotine as a pure substance is a poison. Swallowing a relatively small amount of nicotine can kill an adult.



How does tobacco work?

Tobacco is a stimulant that restricts the flow of blood and causes blood pressure to rise. It causes a decreased blood flow to body extremities (cold finger tops). Brain and central nervous system activity is first stimulated and then reduced. For an experienced smoker, the effects are manifold and depend on the purpose and setting in which tobacco is used. Inexperienced smokers, in contrast, may identify the effects of tobacco as dizziness, nausea and watery eyes. The vast majority of the population in most countries has at least some experience with tobacco. Some stop, others continue, and the percentage of regular smokers varies from 40-60%, depending on age group, social level, education and sex.

Alcohol

Alcohol is derived from the fermentation of grains or fruit sugar, (most notably grapes, but other fruits are also used), and is processed into three categories: beers (ca. 5% alcohol), wines (ca. 11% alcohol), and spirits (ca. 35% alcohol). Sherry and port have a higher alcohol percentage (ca. 20%) and fall under the category of 'fortified wines'. In spite of the differences in alcohol percentage, the amount of alcohol ingested per glass is still the same. Wine and beer glasses are always larger than whisky glasses.

How does alcohol work?

One or two glasses of alcohol make you loose, euphoric and alert. Continue to drink though, and you will become careless and make mistakes in most normal daily activities, such as driving. Drink still more and you might become depressed or aggressive. With increasing amounts of alcohol, the sedative effects will take over. Walking in a straight line becomes impossible and you will talk with a 'thick tongue'. If drinking continues, sleep or confusion sets in, which with more alcohol still, might lead to unconsciousness or coma.

Boozing and soaps

On average, an American soap opera contains three to four scenes per show, in which drinking alcohol is presented as a relaxing pastime. This was found in a 1985 study carried out by the American researchers, Wallack, Breed and DeFoe. Cheers!

How can you tell alcohol use in prison?

Alcohol users get drunk. They have problems standing straight and may fall easily. Wounds and other injuries do not seem to bother the alcohol drinker. When drunk, alcohol users are easily annoyed and may be quick to react aggressively. Others, on the other hand, are overcome by an irresistible urge to sleep.



Cocaine, freebase cocaine and crack

Cocaine comes from the coca plant which grows in the South-American Andes mountains. Chewing coca leaves is an ancient custom of the Incas and a long-accepted local remedy in that region, used against fatigue and altitude sickness. It only turns into cocaine after a chemical process. The white crystalline powder can also be turned into freebase cocaine and crack. Crack is cooked cocaine cut with baking soda. Freebase cocaine is cooked pure cocaine.

How is cocaine used?

Cocaine is primarily sniffed but can also be injected. When sniffing, the cocaine is laid out in a little line and inhaled into the nostrils through a snorting straw or tube. Crack and freebase cocaine are 'chased', freebased or smoked. When 'chasing the dragon', the drug is placed on a piece of aluminium foil and heated. The vapour is then inhaled into the mouth through a pipe. When freebased, the converted cocaine is smoked in a crack pipe or a water pipe. Smoking has the advantage that all of the active substances are inhaled with several deep breaths. A water pipe compensates for the heat of the vaporised material. The flash derived from smoking on foil is less intense than that from freebasing.

How does cocaine work?

When sniffed, cocaine takes effect within several minutes. The effects last for approximately 30 minutes. Cocaine gives energy, makes people talkative and alert and may be sexually stimulating. The effects of crack and freebase cocaine are much more explosive. The 'rush' (an intensely stimulating effect) only lasts for several minutes.

How can you tell cocaine use in prison?

Users react energetically and speedy. Speed of movement often is increased and in a discussion, coke users often argue more intensely than usual. Although cocaine does not create aggression as such, feelings of aggression can be intensified.

Crystal clear psychoanalysis

Cocaine is coupled with a strong urge to analyse things. Coincidence or not, the founder of psychoanalysis - the psychiatrist, Sigmund Freud from Vienna, Austria - was a fervent user of the white crystalline powder.



Heroin and methadone

Heroin belongs to the opiate family of drugs. These are substances derived from the plant, papaver somniferum. After making an incision in the unripe seed pod of the poppy plant and drying the released milky juice, crude opium, the mildest of the opiates is produced. Crude opium has been used for centuries. From crude opium, morphine can be isolated, and by putting morphine through additional chemical processes, producers end up with heroin: the strongest of the natural opiates. Pure heroin is rarely, if ever, sold in Europe. The coarse-grained white powder or the tiny yellow 'rocks' are generally cut with caffeine, aspirin or milk sugar.

How is heroin used?

Heroin can be 'chased', injected, sniffed and smoked. 'Chasing the dragon' is becoming increasingly popular: the drug is placed on a piece of aluminium foil and heated. The vapour is inhaled into the mouth via a pipe or tube and directly enters the lungs.

How do opiates work?

All opiates have a strong sedative effect, but this is particularly true of heroin. Pain, sorrow, fear, hunger and cold are all banished. There is a short euphoric effect, (the rush), which may be followed by feeling of indifference: the outside world no longer matters. On average, the effects last from three to five hours.

Methadone

Methadone, (invented in Germany before the Second World War), is an opioid, a synthetic opiate which, just as with heroin, has powerful sedative and pain-killing effects. The major difference between heroin and methadone is that the effects of methadone last longer: instead of just four to six hours, methadone lasts for 12 to 24 hours. The drug is not excreted as rapidly from the body of a methadone user, which enables them to lead life with a normal rhythm, both day and night. Another advantage is that methadone is not usually injected and so no syringes are involved - therefore, the risk from dirty needles is avoided! Methadone can simply be drunk as a liquid, or swallowed in tablet form, and in rare circumstances, methadone can also be used intravenously. All this makes methadone very suitable for people wishing to quit heroin. However, methadone is not without its own risks. It is just as addictive as heroin, and many users feel that methadone is even more addictive.

Heroin as a cure for morphine addiction

Heroin was once the methadone of today. It was first produced in 1898 and, among others, sold as a medicine to treat morphine addiction. When it became apparent that heroin was even more addictive than morphine, most countries gradually discontinued the medical use of heroin.



How can you tell heroin use in prison?

Heroin/methadone users appear sluggish and sleepy. They are difficult to approach and slow in their reflexes. Heroin and methadone if taken alone are unlikely to cause aggression in a user. Users in withdrawal, however, might well be irritable.

Hallucinogens

Hallucinogens are naturally or synthetically derived substances, which have a strong effect on people's senses, consciousness and perception. The combination of hallucinogens with other drugs or alcohol has unpredictable effects and is therefore dangerous.

LSD

On April 16, 1943, the Swiss chemist, Albert Hofmann, was forced to finish work in his laboratory early and go home. In his own words, he suddenly became "very uneasy and dizzy". The reason: By coincidence, Hofmann had ingested his own discovery: LSD. LSD (lysergic acid diethylamide) is a semi-synthetic substance, derived from a natural fungus. LSD is odourless, colourless, and tasteless.

How is LSD used?

LSD is mostly sold as a paper 'trip': An edible piece of paper about half a square centimetre, containing extremely small quantities of liquid LSD. A standard trip contains just 50 to 100 micrograms of LSD, (a microgram is 1/1000th milligram).

How does LSD work?

LSD takes 30 minutes to one hour before it starts working. After that, the user is completely submerged in their own world. A world in which the user spontaneously sees objects changing form, in which music can be seen and colours can be smelled. The room may appear as large as a dance hall. You sit and think you're standing. You stand and think you're flying. The trip progresses in waves with a peak after two to six hours. After 12 to 24 hours, the effects of LSD taper off.

'Flashbacks'

There have been reports that flashbacks may occur months or even years after a trip. During a flashback, the user relives a part of the trip, without actually having taken LSD. A flashback can last from only a few minutes to several hours. However, there is no hard proof that these flashbacks are attributable to LSD, and some researchers believe that they represent psychotic episodes in people suffering from various forms of mental illness, who then attribute the episode to an earlier experience of having taken acid.



How can you tell LSD use in prison?

LSD users can seem detached from the outside world. LSD may sometimes lead to severe anxiety attacks, which are coupled with heavy sweating and fear of impending death, (bad trip). Individuals rarely become aggressive after using LSD, they tend to become friendly and amicable.

Dubious CIA methods

Hofmann's invention of LSD quickly aroused the interest of the CIA. During interrogations, individuals were given LSD without their knowledge in the hope that the trip would evoke a confession.

Mushrooms

Mushrooms are among the oldest 'tripping' substances known to man. The Indians of Central and South America have been using them for centuries, where they play a role in helping religious shamans make contact with the gods. The mushroom's 'magical' effect is caused by psilocybin, an active substance which is found in more than twenty different mushroom types. The best known are the 'Mexican', 'Balinese' or 'Hawaiian' mushrooms and the pointed 'Liberty Cap', which grows in Northern temperate zones throughout the world. In Europe, certain types are found in the wild; others are cultivated.

How are mushrooms used?

Mushrooms are eaten fresh or dried. The effect is stronger when the mushrooms are dried. It is also possible to make tea from mushrooms. Four to twelve milligrams are sufficient for one 'trip'.

How do mushrooms work?

A 'mushroom trip' is similar to an 'LSD trip' but milder. 'Bad trips' occur less frequently with mushrooms than with LSD. The effects can be felt for three to five hours with a peak in the first two hours.

How can you tell mushroom use in prison?

In general, the effects of mushroom use are barely noticeably to outsiders. The use does not lead to aggressive behaviour. Mushroom users are harder to identify by their behaviour.



Speed

In comparison with most other drugs, speed has existed for a relatively short period. At the end of the 19th century, amphetamines (one of the various types of uppers) were produced in a laboratory for the first time. Amphetamines were originally prescribed as slimming pills and were used as stimulants by soldiers during the Second World War. The health risks of excessive speed use only revealed themselves after a number of episodes when amphetamines became popular among young people - in the early 60's in the UK as part of 'mod culture' and later, between 1969 and 1972 in Holland. After this, most countries made the possession or use of amphetamines illegal.

How is speed used?

Speed is available as a tablet or in powder form and is mostly taken orally. Speed is the street name for 'uppers', substances of which we have heard in connection with doping checks in sport. Use of uppers in sports is not really surprising as they increase one's stamina. "In Trainspotting, no more drugs were used than during the Olympic Games", film director Danny Boyle said sharply, when asked whether his movie was in favour of drugs.

How does speed work?

When taken orally, speed takes effect after 15 to 20 minutes. When sniffed, the effect sets in after several minutes and when injected, more or less immediately. In all cases, speed tapers off after around eight hours. Speed has a stimulating effect on the central nervous system and is exhilarating. Speed gives energy, and sleepiness, fatigue and hunger disappear. The body temperature and blood pressure rise, and the pulse quickens. The pupils dilate, and the muscles tense up, resulting in a stiff jaw and grinding teeth. Speed use can also lead to accelerated heartbeat, headache and dizziness. At the same time, speed can make you very active, cheerful, alert and self-assured.

How can you tell speed use in prison?

Speed users appear nervous, rushed and speedy. As with cocaine, speed users become hyperactive and self-assured. In conflict situations, speed users are more likely to let go of their inhibitions, which can result in aggressive behaviour.

Hitler's 'blitzkrieg'

His soldiers took it at the front. And Adolf Hitler himself used it too. He was given speed injections five times per day. But in spite of all those amphetamines, the Allies turned out stronger in the end.



Ecstasy (XTC)

The 'love drug' of the nineties is sold in tablet form. The pills have different colours and often have pictures on them. Its image as a love drug derives from the effects of the substance MDMA, which creates an atmosphere of confidentiality and intimacy. But Ecstasy also has the reputation of being a 'party drug', which enables you to dance night after night without getting tired. This is due to the fact that MDMA, like many of the other drugs discussed, is a substance with a double effect.

How does Ecstasy work?

Ecstasy is an amphetamine derivative. As well as stimulating, Ecstasy also has a mild psychotomimetic (mind-altering) effect. With excessive use, (several pills in one night or taken several days after each other), the speed effects take over. A single tablet or capsule takes effect after about 20 to 60 minutes after being ingested. The effect is strongest during the first hour and then gradually ebbs away. Ecstasy wears off after four to six hours.

How can you tell Ecstasy use in prison?

Ecstasy users appear active and cheerful. Many Ecstasy users will feel the urge to be nice to each other. The use of Ecstasy does not lead to aggression.

A little 'talking pill'

Ecstasy makes you talkative. This is why in America in the seventies, it was sometimes used experimentally in the fields of counselling and psychotherapy to help patients to communicate with each other.

Sleeping medication and tranquillizers

In 1965, the effects of benzodiazepines were discovered. These include drugs such as the sleeping medicines and tranquillizers Librium®, Valium® (also known as Diazepam), Rohypnol®, Oxazepam®, Normison®, Temazepam® and Prothiaden®.

How are benzodiazepines used?

Sleeping medicines and tranquillizers are usually taken orally but can also be injected. Here, the gel-like benzodiazepine is removed from the capsule with a hypodermic needle, drawn into the syringe and injected into the vein.

How do they work?

Benzodiazepines have an inhibiting effect on the brain functions. Physicians prescribe them to patients who suffer from sleep disorders, stress, anxiety, nervous conditions and exhaustion.



How can you tell benzodiazepine use in prison?

Benzodiazepine users become sluggish and sleepy. In addition, the motor functions are slowed which can result in people hurting themselves more easily. The use of benzodiazepines alone does not usually lead to aggressive behaviour.

Wall bangers

Certain sleeping medicines (the so-called barbiturates) are also called 'wall bangers' because the user, in a sort of drunken state, 'bangs' into everything in their way. The following day the user won't remember a thing and will be highly surprised about their collection of bruises.

Home made drugs - the 'prison high'

In prisons home-made drugs have a long tradition. A variety of substances are made and used for their psychoactive effects, such as alcohol made with fruit, smoking dried banana peels, etc. Also, legally purchased substances such as tablets received on a doctor's prescription are used for their psychoactive effects, rather than for their medical purposes. The production of drugs in prisons requires knowledge about the precursors one needs to make them, their psychoactive effects, etc.

Although reported in a Bulgarian study (Nesheva/Lazarov 1999) the use of over-boiled tea and over-pressed coffee seems to be quite common in prisons. The effect of these products is stimulating, caused mainly by the caffeine extracted from them. Some sorts of tea contain up to 2-3 times more caffeine than the average coffee sample. The caffeine affects some brain structures responsible for the metabolism and directly stimulates the formatio reticularis accendent, an area of the brain which is responsible for the increasing tonus and vigily. The large quantity of caffeine consumed also affects the vegetative neuro system. Other components of tea and coffee, such as theobromine (3,7 dimethylxanthin) and theophylline (1,3 dimethylxanthin) are alkaloids, and affect the cardiovascular and respiratory system by stimulating the central nervous system. Taking into account the pharmaco-dynamic aspects of the caffeine, theophylline and theobromine, some level of biological dependence is expected to develop.

Nesheval and Lazarov write: "Coffee and tea were available in the shops located in every prison: any prisoner could buy a certain quantity. Relatives visiting prisoners and sending them packages could give them coffee and tea. These two sources were 'legal', 'permitted by the prisons' rules. The study revealed that there was also an illicit market for coffee and tea in the prisons. Those who used over-boiled tea and over-pressed coffee bought the ingredients at inflated prices from other prisoners. This exchange introduces a new element into the general picture of inter prison relations. A user could, for example,



collect tea and coffee from the other prisoners as a payment for protecting them. The usual ways of preparing these two drugs were as follows: 50, 100, or 200g (or more) of tea was put in boiling water and boiling continued until there was a significant reduction of the liquid. The result was a dark brown, concentrated liquid above the tea leaves. Users usually drank this liquid, although it was suspected that some administered it intravenously. Fresh coffee, again 50, 100, 200g or more, was pressed several times or boiled as above. It was then drunk, although once again, some may have been injecting it. The aforementioned quantities usually comprised one dose. There were two main ways of drinking: either all at once, or over 15 - 20 minutes. Although none of the interviewees reported injecting these substances, there was some anecdotal information that others did. The use of over-boiled tea was more common than the use of over-pressed coffee. The substances were usually used in the late afternoon or evening. There were cases of group use, but usually the users used these products alone.

The risks of using drugs – introduction

One single shot of heroin and you're hooked for life. A life which won't last long anyway Fall for smack and you can count on an early grave. Look at Sid Vicious from the punk band 'Sex Pistols'.

But it does not have to be like that. Keith Richards, the guitar player of the Rolling Stones bought his heroin by the kilogram. He sniffed and shot up for 25 years but kept going all the time. Strange? Not really. A person who uses safely or injects with clean needles and doesn't use too much at any one time can get very old on heroin. The most notorious drug of all is, in reality, far less harmful than the most commonly accepted drug: alcohol. Pure heroin does not damage tissue or organs. It does not cause cirrhosis of the liver, nor Korsakow's syndrome (a serious brain disorder resulting from long and excessive alcohol use). Heroin's reputation as a 'killer' has other reasons. The drug's danger lies in its heavily sedating effect, the manner it is used and the real risk of an overdose - especially with combined use. A person who takes Valium® and heroin together risks a 'knock-out' in slow motion. A cold might not be noticed because of the numbing effect of the drug, which can lead to neglect of health - or worse: pneumonia. And finally, someone who uses other people's equipment for shooting up risks an infection with the deadly HIV virus. All are indirect health risks which are not necessarily connected to the substance itself.

Addiction consists of multiple factors

Yet it is heroin, above all drugs, which is loathed by many people. Not because it regularly causes victims (so does road traffic) but because the opiate is highly addictive. One fix of smack and you're lost: first the gutter, then the grave.

In stark contrast to this notion is the user who can easily postpone their 'rush' to the following weekend and so can't really be called 'heavily addicted'. Furthermore, there are accounts of people who tried



withdrawal several times without luck, but the moment they fell in love with someone from outside the 'scene' had no problem at all stopping their heroin use.

Question: when does drug use turn into addiction - or to use a less normative phrase, dependence? Is it the drug itself or are other factors involved?

An addiction consists of multiple factors. Individuals are rarely addicted to the substance alone but also to the 'scene' and the manner in which the drug is used. The world of a real 'needle freak', for instance, revolves to a great extent around the practice of preparing the fix. The injection ritual finds its way even into their dreams - especially during withdrawal.

Though 'mainliners' also enjoy discussing the 'rush' of injecting with others, the same applies to people who snort, to 'pot heads' and 'acid freaks'. In the drug world everyone likes to mingle with their own group and exchange drug stories or talk about drug experiences. Someone who does not use any longer will soon feel excluded. Moreover, ex-users often are not welcomed back with open arms. They tend to be approached with scepticism and suspicion. A person who finds this hard to deal with and has no social contacts outside of the 'drug world' can easily relapse.

There is an additional factor: the social status of a user is also important. Statistically speaking, children from working-class families are more likely to turn into addicts than the honour student son or daughter of a lawyer. Still, the number of users with both a degree and a bag of smack in their pocket should not be underestimated. The big difference is that these 'classy users' do not have to dirty their hands to get their drug. They have all the money they need and consequently are not on a collision course with society. Nor do they get into trouble with the law as often.

Next question: just when is someone addicted? If they light up the ceremonial 'after dinner cigarette' every evening or only after everything - including their own self-esteem - takes second place to the drug?

In short: How do we define addiction?

In the theory of addiction, we roughly differentiate between three diverse views. The 'moralistic' view sees addiction as something reprehensible and blames the addict primarily for a lack of willpower.

The second view, which regards addiction as an illness, is more likely to be sympathetic towards the addict. As viruses destroy their host, so drugs destroy their users. But who's to blame? The question then, is to what extent does the user lose all control of themselves when 'on drugs'?

In the modern view of addiction, is no longer reviled or patronised but addressed as a right-minded individual who cares about their own health. In practice, it appears that users do manage to do much better for themselves than the other two standpoints might suggest. So, despite the initiation into drug use, it seems the situation often isn't that hopeless after all.



In the Netherlands, where these matters have been studied extensively, it was found that after ten years, two-thirds of the individuals whose drug use was once problematic had not come into contact with the law and to all intents and purposes were properly integrated in society. Half of them, or one-third of the total group had stopped using drugs altogether. (Cramer/Schippers 1994).

This subject deals with the risks of drug use. We shall discuss the health risks of each substance for the short, medium and long-term. Short-term effects arise immediately after use, such as an overdose or a 'shake', (sudden high fever attack). Medium effects only occur after frequent use and often are temporary. Examples would include weight loss in cocaine use. Long-term effects like lung cancer in heavy smokers and Korsakow's syndrome in alcoholics are mostly irreversible. We also address the addiction potential of the different substances because an acute addiction can result in an unhealthy life-style, (bad eating habits, little sleep, social isolation, etc.).

The manner in which drugs are used carries certain health risks. So prolonged sniffing (snorting) can lead to infections of the nasal membranes. Injecting can lead to abscesses and freebasing can damage the airways.

What is addiction?

There is a difference between physical and psychological addiction. Someone who simply craves for a substance and does not feel 'normal' without it is psychologically dependant. Someone who displays withdrawal symptoms (sweating, cold shivers, diarrhoea, etc.) after having stopped drug use, is physically dependant. We speak of 'tolerance' (also called habituation) when the body needs more and more of a certain substance to maintain the same effect. The body quickly adapts to heroin, sleeping medicines and alcohol. With these substances, a steadily increasing dose is needed. Certain drugs produce both a physical and psychological addiction. If, in addition, withdrawal symptoms occur when the drug is stopped, the way back from addiction can be very difficult.

Drug use and aggression

Drugs which induce a 'high' like heroin will rarely cause aggressive behaviour. More dangerous are 'uppers' (cocaine and speed), combined drug use, and certain pills. If you find a box of Rohypnol®, then watch out. This sleeping pill is notorious for temporarily 'incapacitating' someone's consciousness when large amounts are used. It can lead to uncontrolled aggression while the user does not remember a thing afterwards. Alcohol can also cause aggression, particularly after excessive use and in combination with other drugs. The 'high' turns into a row. The row into a fight.



Drugs and pregnancy

Just as with alcohol and tobacco it is advisable to stop using drugs during pregnancy. This also applies to the period in which the baby is breast-fed. The active substances can be passed on to the baby. This is why the babies of 'heroin mothers' may display withdrawal symptoms.

For more information on women's health in the prison setting, including pregnancy, make reference to: Health in prisons - A WHO guide to the essentials in prison health, WHO 2007, chapter 13. Special health requirements for female prisoners

http://www.euro.who.int/_data/assets/pdf_file/0009/99018/E90174.pdf

Further reading:

Women's health in prison. Action guidance and checklists to review current policies and practices, WHO 2011

http://www.euro.who.int/_data/assets/pdf_file/0015/151053/e95760.pdf

Women's health in prison. Correcting gender inequity in prison health, WHO 2009

<http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/publications/2009/womens-health-in-prison.-correcting-gender-inequity-in-prison-health>



Methods of drug use

In general, drug users are pretty flexible in the way they use drugs - especially in times of emergency. If no syringes can be found they smoke on foil. Is the foil finished, the drug is sniffed or smoked. Each method has its advantages and disadvantages. Shooting up intensifies the 'rush' but also increases the risk of HIV infection. 'Chasing the dragon' is healthier than injecting but requires the necessary know-how: Beginners often see their precious drug literally go up in smoke. Moreover, smoking on foil is damaging to the lungs. Here is a summary of the various advantages and disadvantages:

Sniffing (snorting)

Method used for: cocaine, speed, (less commonly: heroin). The powder (cocaine for example) is laid out in a 'line' and inhaled into the nostrils through a straw pipe.

Advantages:

- When cocaine is sniffed or snorted the effects are felt within minutes. When injected or freebasing the effects of the (freebase) cocaine are felt even faster but also wear off faster
- Snorting takes little time and preparation
- Snorting requires very little specialist paraphernalia.

Disadvantages:

- When used excessively the mucous membranes of the nose can become infected. This is very painful and may cause perforation of the nasal septum.
- Sniffing can lead to a chronic infection of the airways, a chronic cold, nose bleeds, headache and decreased sense of smell and taste.
- Sharing a straw pipe can spread hepatitis C.

Freebasing

Method used for: crack, freebase cocaine. The crack or freebase cocaine is smoked in a water pipe or special crack pipe.

Advantages:

- Freebasing takes little time
- It gives an intense 'rush' (without the risks associated with needle use!)

Disadvantages:

- Freebasing can damage the lungs. Most lung problems are caused by freebasing
- Freebasing can cause irregular heartbeat
- Sharing a base pipe can spread TB and hepatitis A.



'Chasing the dragon' (smoking on foil)

Method used for: heroin, cocaine, crack, freebase cocaine, and 'speedballs' (a combination of cocaine and heroin). The drug is placed on a piece of aluminium foil and heated. The vapour is inhaled into the mouth through a pipe and directly enters the lungs.

Advantages:

- 'Chasing the dragon' is a safe alternative for injecting. It prevents abscesses and reduces the risk of getting infected with HIV and hepatitis.
- 'Chasing the dragon' takes little time.

Disadvantages:

- When a plastic pipe is used, the user might inhale damaging chemical vapours into the lungs.
- 'Chasing the dragon' irritates the airways and increases mucous production. Most lung problems are caused by ammonia-based freebase cocaine. Freebase cocaine made with sodium bicarbonate is less damaging.

Injecting

Method used for: Heroin, speed, cocaine, (less commonly: certain benzodiazepines). A little heroin is placed on a spoon or the torn off bottom of a (soda) can, dissolved in water and (in case of heroine base) acid, (citric or ascorbic acid or lemon juice) and heated. The solution is sucked into a syringe and injected into the vein. Cocaine is dissolved in water.

Advantages:

- The 'rush' is more intense than with any other method, although long-term users are less likely to experience this short, euphoric feeling.
- The user believes they are getting the most out of the drug.

Disadvantages:

- Injecting with non-sterile equipment and failure to disinfect the injection site can cause abscesses
- Injecting can cause a 'shake' (also known as a 'dirty hit' or 'cotton fever'). A shake is a fever attack caused by bacteria which enters the blood during injecting. The dirtier and blunter the needle, the greater the chance of getting a shake.
- Injecting with other people's equipment (syringe, needle, filter, spoon, water) can spread hepatitis and HIV.
- Cocaine, if improperly dissolved in the water, leaves little lumps. After injecting, these lumps can cause blood clots and blocked veins (thrombosis).



- 'Sterile infections' can occur after cocaine injections. These are infections which are not caused by bacteria but by dying dermis (true skin).
- After prolonged intravenous drug use, veins can 'disappear'. When a user has 'run out' of veins on the arm the alternatives are grim: Injecting into hands and feet is painful and shooting into groin and neck can be fatal due to the arteries in the immediate vicinity of these veins. If an artery is hit, the needle must be withdrawn immediately and firm pressure applied to the vein for five to ten minutes. Medical help is essential.
- Subcutaneous injection (for example in the lower abdomen) or injection into a muscle can only be done with heroin. If this is done with cocaine or speed, the tissue will die.
- Sometimes the sleeping medicines temazepam® (Normison®), tuinal® or ketamine are injected. Then, the gel-like substance is removed from the (eggshaped) capsule with a large-gauge needle, sucked into the syringe and injected into the vein. The oil might clot and coagulate the veins which can lead to infections of the heart valves.
- If oral methadone preparations are injected, the sugar may damage the vascular walls or may cause infections on the injection site.

Smoking

Method used for: cannabis, crack, freebase cocaine (less commonly: heroin).

Advantages:

- Socially more acceptable
- Sharing a joint is good fun

Disadvantages:

- Smoking tobacco, crack or freebase cocaine can damage the lungs
- When smoking hash, the cannabis is crumbled onto a bed of tobacco and in the fold of a cigarette rolling paper, rolled into a joint. The joint is smoked like a normal cigarette. Smoking hash or marijuana can damage the lungs just like smoking tobacco but cannabis smoke contains more carcinogenic substances than tobacco smoke. Also, the way the smoke is inhaled is a factor. When smoking hash or marijuana, the smoke is usually inhaled very deeply and held in the lungs as long as possible.

Eating

Method used for: cannabis ('space cake', brownies), mushrooms.

Advantages:

- Eating cannabis is better for the lungs than smoking

Disadvantages:

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).



- There is a risk of taking too high a dose. Due to the slow absorption by the blood, the effects only set in after a while. An impatient individual can easily take too much.
- With mushrooms, it is not possible to tell how potent the active substance is, which increases the risk of experiencing a 'bad trip'.

Swallowing (pills/paper trips)

Method used for: speed, Ecstasy, LSD, sleeping medicines and tranquillizers, methadone.

Advantages:

- Easy to take

Disadvantages:

- Without actual testing, one never knows which substances a pill really contains (with the exception of pharmaceuticals such as sleeping medicines or tranquillizers)

Drinking

Method used for: Alcohol, methadone, mushrooms (tea).

Advantages:

- Methadone dose can be measured easily
- Drinking alcohol is socially accepted

Disadvantages:

- Excessive alcohol use can cause cancer of the mouth, larynx, throat and oesophagus.
- Liquid methadone contains a lot of sugar and therefore - when dental hygiene is poor - may be bad for the teeth.

The risks of cannabis

For thousands of years, hashish and marijuana have been praised for their medicinal healing qualities but like any other drug, cannabis also has its side effects. There is, for example, a reduction in concentration as well as a slowing of reflexes. Driving in a straight line also can become a difficult undertaking. Furthermore, in the middle of a conversation the cannabis user might suddenly lose their train of thought. Much more of a worry is 'freaking out'. Then, the mellow hash experience can turn into an anxiety or panic attack, dizziness, nausea and sometimes fainting, (this often is due to an excessive dose, for example through oral intake, e.g. by eating space cake).



In the medium term, cannabis use may lead to reduced fertility in men and women, but if cannabis use is discontinued, fertility returns to normal. Airways and lungs, however, may suffer irreversible damage. Cannabis smoke contains more carcinogenic substances and often is inhaled deeper than tobacco smoke. This increases the risk of lung cancer.

Short-term:

- Increased appetite, particularly for sweets, and dryness of the mouth and throat
- Reduced concentration and slower reflexes
- 'Freaking out'

Medium term:

- Reduced fertility

Long-term:

- Lung cancer (when smoked)

Is cannabis addictive?

Not physically, but it may cause psychological dependence - especially when used excessively or to escape reality. Problems are then 'smoked away'

Can cannabis use lead to aggression?

In theory this is unlikely, because THC (the active chemical in cannabis) slows down the reflexes and relaxes the muscles.

The risks of tobacco

Tobacco is probably the most widespread drug in the world and the drug with the most severe health consequences. Tar is released when a cigarette burns. This is the main cause of lung and throat cancer in smokers and also aggravates bronchial and respiratory disease. A smoker who smokes one packet a day, inhales more than half a cup of tar from cigarettes each year.

Short-term:

- Increased pulse rate
- Temporary rise in blood pressure
- Acid in the stomach
- Brain and central nervous system activity are stimulated then reduced
- Decreased blood flow to body extremities.



Long-term:

- Diminished or extinguished sense of smell and taste
- Increased risk of colds and chronic bronchitis
- Increased risk of emphysema
- Increased risk of heart disease
- Premature and more abundant face wrinkles
- Increased risk of cancer of the mouth, larynx, pharynx, oesophagus, lungs, pancreas, cervix, uterus and bladder

Is tobacco addictive?

Nicotine is a highly addictive drug. Smokers who quit have great difficulties with withdrawal symptoms. However, nicotine withdrawal is usually not as problematic as severe alcohol or heroin withdrawal. Nicotine withdrawal usually involves intense cravings and psychological symptoms such as mood swings and lack of concentration. The physical effects of withdrawal are in contrast to alcohol and heroin mild but may also involve symptoms such as diarrhoea and tremors during the first days.

1 + 1 = 3

Tobacco is a stimulant, although many smokers believe smoking calms their nerves. However, smoking releases epinephrine, a hormone which creates physiological stress in the smoker, rather than relaxation. The addictive quality of the nicotine contained in the cigarette causes the user to smoke more to calm down, when in fact the smoking itself is causing the agitation.

The risks of alcohol

Alcohol is the most widely accepted drug but when used in excess (more than 6 to 8 glasses per day) also one of the most harmful. In particular, the liver suffers serious damage. The liver needs 90 minutes to metabolise a single glass of alcohol. When drinking large amounts for several years, the liver gets no chance to 'rest' and the alcohol user runs a high risk of contracting cirrhosis of the liver. It could take another 10 to 15 years but eventually one might die from cirrhosis of the liver. A connection has been found between alcohol use and cancer of the mouth, throat, larynx and oesophagus. In addition, excessive drinking promotes cardiovascular diseases and can inflict serious damage to stomach, pancreas and brain (Korsakow's syndrome).

Short-term:

- Adverse effect on judgement and reflexes
- Aggression
- Overestimation of one's own abilities
- Adverse effect on motor functions.



Long-term:

- Liver cirrhosis
- Cancer of mouth, throat, larynx, and oesophagus
- Cardiovascular diseases
- Korsakow's syndrome

Is alcohol addictive?

Rarely, when used in moderation. However, when used excessively and prolonged, alcohol can be addictive both psychologically as well as physically. The numbing effect of alcohol can become very attractive because it is relaxing and can obscure problems. The body can also develop a tolerance to alcohol. Whereas beginners already get drunk after a few glasses of beer, an experienced drinker can put away a few litres without the user appearing intoxicated. This phenomena is called tolerance: greater quantities of a drug are needed to maintain the desired effect.

Aside from tolerance, alcohol users may also experience withdrawal symptoms if alcohol use is discontinued abruptly after a long and heavy period of drinking. These can vary from sleeping badly and 'the shakes' to - in severe cases - seizures or delirium tremens. During delirium tremens, high fever and hallucinations occur and one may see things, such as animals, that are not really there.

1 + 1 = 3

As with sleeping medicines and tranquillizers, alcohol is a 'depressant'. Together the effects are multiplied which can lead to cardiac arrest. In combination with cocaine and heroin the risk of an overdose is increased.

Can alcohol use lead to aggression?

Yes, the 'high' can suddenly turn into aggressive behaviour and a fighting mood. Alcohol can lead to aggression, especially after excessive use and in combination with other drugs.

Drug users and alcohol

Drug users and HIV-infected individuals are particularly at risk from alcohol. In combination with cocaine or heroin, the risk of an overdose is increased. If someone has gastrointestinal (stomach) problems and/or liver damage (often a consequence of excessive alcohol use), methadone can irritate and hepatitis C can have an even greater impact. In the case of liver damage, AIDS inhibitors can be less effective.



The risks of cocaine

Occasional use of cocaine makes the user euphoric and alert; regular cocaine use makes the user restless and irritable. Selfconfidence can turn into overconfidence. Heavy cocaine users might also live in a world of make-believe: they think that they have a fabulous life, amassing social contacts and virtually feeling like God himself. In reality, this fabulous life may not be all that it seems. Chronic cocaine use can make the user selfish, arrogant, delusional and aggressive, character traits which do not really attract friends.

But cocaine also takes a physical toll. Prolonged loss of appetite leads to serious weight loss and reduced resistance against infections. Combine this with sleeping disorders, (a well-known problem caused by cocaine use), and the year-long assault on the body results in exhaustion which may also be accompanied by disturbances of the heart rhythm. Then there is the 'creepy crawlies' phenomenon. Long-term users suddenly might feel as though an army of bugs is mercilessly gnawing away at their flesh.

Short-term:

- Restlessness
- Insomnia
- 'The shakes' (a sudden fever attack when cocaine is injected)
- Overdose
- HIV infection and hepatitis

Medium term:

- Weight loss
- Reduced resistance
- Nose bleeds
- Infection of the nasal membranes
- Heart rhythm disturbances
- Exhaustion
- Paranoia
- Delusions
- Abscesses from injecting.

Long-term:

- Perforation of nasal septum.



Is cocaine addictive?

Cocaine is not physically addictive but can lead to psychological dependence, particularly when it is used in order to boost selfconfidence.

The addiction potential of crack and freebase cocaine is many times higher than that of pure cocaine. This is due to the 'rush' wearing off much quicker. Without this short, extreme feeling of bliss the world all too soon seems cold and empty to the user. And in a short period they return to using again and again and again.

Can cocaine use lead to aggression?

Yes, especially after prolonged cocaine use, suspicion or mistrust may turn into aggression.

Alcohol and cocaine

The combination of alcohol and cocaine seems ideal: one stimulates, the other calms you down. A person can keep going for hours without feeling drunk. In reality, the user ruins their body. Prolonged use of both cocaine and alcohol leads to exhaustion and insomnia. This 'ideal combination' also increases the risk of an overdose.

The risks of heroin

As already mentioned in the introduction, heroin is far less harmful to the health than its image leads us to believe. The health risks from heroin use mainly consist of indirect problems: infection risks (HIV and hepatitis) when injecting, the danger of taking an overdose, and the health neglect factor. Because heroin numbs pain, a cold could turn into pneumonia unnoticed. Heroin use can also cause malnourishment and so reduce immunity to infection. Vitamins and fibres are usually not a priority in the life of a heroin user; the 'bag of smack' is their 'daily bread'.

Short-term:

- Overdose
- Abscesses if injecting
- 'The shakes' (fever attack after heroin is injected)
- HIV infection and hepatitis.

Medium term:

- Malnourishment
- Constipation
- Abscesses, if injecting.

Long-term:

- Discontinuation of menstrual bleeding
- Reduced resistance to infection.

Is heroin addictive?

Contrary to popular belief, no one turns into an addict immediately after taking a single dose but the body gets used to heroin remarkably quickly. When heroin is injected intravenously, then tolerance develops quickly. A steadily increasing dose is needed to maintain the same effects. If the heroin wears off or its use is discontinued, a variety of withdrawal symptoms occur (cold shivers, diarrhoea, sweating, cramps). This so-called 'cold turkey' can become so unbearable that after a while individuals may only keep on using so as to avoid the sickness. As well as physical pain, heroin also numbs mental pain. This makes heroin twice as attractive to individuals with personal problems.

1 + 1 = 3

Alcohol, methadone, sleeping medicines and tranquillizers all have the same effect as heroin: they sedate. Combined use intensifies this effect which can lead to respiratory failure.

Heroin and cocaine

Combined use of heroin and cocaine can also be dangerous. Because both substances partly neutralise each other's effect, (one sedates, the other stimulates), too much can be used unnoticed.

Can heroin use lead to aggression?

In theory this is unlikely, because heroin, like all other opiates is extremely sedating. The heroin user is very calm and may not feel like much action.

The risks of hallucinogens

LSD

Because LSD intensifies moods, the user might experience a 'bad trip' - especially if they do not feel good to begin with. During a bad trip, fear can turn into panic. Everyday objects can seem threatening, music may sound like an artillery attack or a room appear as small as a shoe box. On rare occasions, individuals with a predisposition can become psychotic. Others may lose control and, for example, believe they actually can fly.

Short-term:

- 'Bad trip' (anxiety and panic attacks)
- Loss of sense of reality.



Medium term:

- Psychosis

Long-term:

- 'Flashbacks'.

Is LSD addictive?

No, not physically and very rarely psychologically. The effects of a trip often are so intense that only very few individuals desire another dose of LSD quickly following their last. In addition, a pause of at least three days is necessary for being able to feel the effects of LSD again. After repeated use within a short period of time, the effects of LSD are no longer felt.

Mushrooms

As the effects of mushrooms are not as strong as those of LSD, the risks are not as alarming either.

Are mushrooms addictive?

No. When mushroom use is stopped abruptly, the user does not experience any withdrawal symptoms. Nor is there any psychological addiction to mushrooms. Using several doses in quick succession during a short period of time is pointless, since the effects of the mushrooms can no longer be felt.

Can mushroom use lead to aggression?

Theoretically, a user could behave recklessly during an LSD or mushroom trip. In addition, the panic attacks during a 'bad trip' could provoke aggressive behaviour.

The risks of speed

The risks of speed are similar to those of cocaine. The 'speed freak' also ruins their body as speed suppresses sleep and hunger. Common problems are: heart palpitations, headache, dizziness, insomnia and compulsive movements such as grinding teeth. The speed user is also 'acquainted' with the 'creepy crawler' phenomena (see 'The risks of cocaine').

One of the short-term risks is the rise in body temperature. In warm rooms like overcrowded dance clubs with bad ventilation this can lead to overheating, which can be life-threatening. Symptoms include high fever (40 degrees Celsius or more), seizures and massive internal bleeding from all organs. Medical help is a must.

Short-term:

- Overheating
- Reckless behaviour



- Tense muscles
- Insomnia
- 'The shakes' (fever attack, after speed is injected)
- Overdose
- HIV infection and hepatitis.

Medium term:

- Restlessness
- Compulsive movements such as teeth grinding
- Heart palpitations
- Headache
- Dizziness
- Weight loss
- Exhaustion
- Abscesses (when injecting)

Long-term:

- Suspicion/mistrust
- Delusions
- Aggression.

Is speed addictive?

Speed is not physically addictive. When speed use is stopped abruptly, there are no withdrawal symptoms except perhaps an overwhelming feeling of tiredness. However, speed can be psychologically addictive. With speed rushing through your veins, you believe you can do anything. Without it, you feel insecure and depressed. To get rid of these feelings an individual is easily tempted to use again, and in increased amounts because tolerance builds up fast.

Alcohol and speed

The combination of alcohol and speed seems ideal: as with cocaine, one stimulates, the other calms down. A person can keep going for hours without feeling drunk but in reality ruins their body. Prolonged use of speed and alcohol together causes exhaustion and insomnia. This 'ideal combination' also increases the risk of an overdose.



A fatal mistake

In powder form, speed and cocaine pretty much look alike. Pure speed, however, is much stronger than pure cocaine. In other words, much less of it is needed. An individual who sniffs speed thinking that they are using coke might take an overdose of amphetamines, which can cause a heart attack.

Can speed use lead to aggression?

Yes. Just like cocaine, speed makes one suspicious which could easily lead to erratic and aggressive behaviour.

The risks of Ecstasy

Ecstasy is a relatively new drug. Long-term risks are therefore not yet known. People with cardiovascular diseases, diabetes and epilepsy are advised not to use Ecstasy. Particularly since the 'love drug' is often found to contain substances which have nothing to do with Ecstasy. Sometimes a pill might contain pure speed or DOB - a strong hallucinogen whose effects last for up to 24 hours. When taking Ecstasy, a user can never be sure what he is swallowing, so naturally this is one of its biggest dangers. Another health risk is dehydration. As with speed, the Ecstasy user can become overheated in warm and badly ventilated rooms, which again can be life-threatening. (See 'The risks of speed').

Short-term:

- Overestimation of one's own capabilities
- Overheating and dehydration

Medium term:

- Sleeping disorders
- Anxieties
- Hallucinations
- Depression
- Reduced resistance

Long-term:

- Not yet fully known.

Is Ecstasy addictive?

The psychological dependence can be considerable because many people today feel 'what's a party without a pill'? With regard to the physical dependence, Ecstasy does not produce withdrawal symptoms but tolerance does develop. Rapidly repeated intake of Ecstasy pills is also pointless in terms of the hallucinogenic effect. The mind-altering effect will only reoccur after a 30-60 day pause.



Dubious combinations

The effect of combining Ecstasy with other drugs is unpredictable and therefore risky.

Can Ecstasy use lead to aggression?

No. Pure Ecstasy does not cause aggression; the adulterants, however, might.

The risks of sleeping medicines and tranquillizers

Benzodiazepines have a sedating effect but because of their potential for producing agitation and tantrums can also cause a great deal of unrest. However, the greatest danger with these drugs lies in fatal combinations:

1 + 1 = 3

Certain benzodiazepines - particularly the fast-acting kind - are popular in the drug world because of the mellow 'high' they give. Used together with other drugs, though, they can be life-threatening. The effects of heroin and other opiates are intensified with benzodiazepines, creating the usual 1 + 1 = 3 effect. With a little bad luck the 1 + 1 = 4 effect is induced, or the user may die from respiratory failure.

Alcohol

Combined with alcohol, benzodiazepines can be fatal. One might well survive a high dose of Valium® but taken in combination with alcohol one can fall into a coma.

Short-term:

- Drowsiness;
- Weak muscles;
- Indifference;
- Overestimation;
- Reduction in concentration and reflexes.

Medium term:

- Weight increase.



Are benzodiazepines addictive?

Yes. Particularly in psychological terms, there is a potential for a quick and heavy dependence. Regular use of benzodiazepines also leads to tolerance: an increasing amount being needed to maintain the same effect.

Can the use of benzodiazepines lead to aggression?

Yes. Particularly in combination with alcohol or when the substance is discontinued after prolonged use.

Of all the benzodiazepines, Rohypnol has the worst reputation. This substance can induce aggressive and seemingly unscrupulous behaviour when taken in high doses. The individual loses their inhibitions and much of the time cannot remember anything afterwards.



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