

The background of the cover features a collage of images: a glass of blue liquid, a lit cigarette with a white ash tip, and a pen. These are overlaid on a background of a financial spreadsheet with various numbers and percentages. In the top left corner, there is a small circular logo depicting a deer.

# Understanding Street Drugs

A Handbook of Substance Misuse  
for Parents, Teachers  
and Other Professionals

Second Edition

David Emmett and Graeme Nice

# Understanding Street Drugs

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David Emmett and Graeme Nice



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*With special thanks to Jean Emmett  
and the late Alan 'Deano' Dent*

*Human history becomes more and more a race  
between education and catastrophe.*

H.G. Wells  
*The Outline of History (1920)*

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## Chapter 1

# Introduction

Since we set about writing the first edition of this book in 1996, much has changed in and around the drug scene in the UK. Drug usage has soared. There are an estimated five million regular users of illegal substances in the UK. A million of these have used cocaine within the past 12 months, a drug that is rapidly becoming a major part of the drug-using landscape and whose use has quadrupled within the past ten years. There are now also an estimated four million cannabis users in the UK, despite the drug being heavily implicated in concurrent mental-health and drug-misuse problems in patients that we see on an almost daily basis, the phenomenon known as ‘dual diagnosis’. Yet the UK government has seen fit to reclassify cannabis from class B to class C, despite these well-established health concerns. Overall spending on drugs has now risen to an estimated £8 billion annually, despite most drugs having fallen in price. For example, in 1970 a gram of cocaine would have cost the equivalent of £300 in today’s economic climate, but in 2004 it could be bought for as little as £30. Rap music, enjoyed by so many young people, often extols the virtues of drug usage and glorifies dealers, talking of rags-to-riches lifestyles full of easy money, easy women and glamorous living.

Among all this bad news, it is pleasing to note that many new services funded by central government have come into being in order to reduce drug-related deaths, stem drug-related crimes and increase treatment choices for those who wish to reduce or stop their drug usage. But, despite these new measures, we must also do whatever we can, both as individuals and in groups, to try to dissuade or divert young people from trying drugs in the first place or intervene at an early enough stage to save them from possible future legal, health and social problems. Therefore, we must continue to deliver education and prevention programmes, for they are still our best weapons in the fight against drugs.

One of the questions people often asked us during our work with young people is whether we have ever taken any illegal drugs. Indeed, it is often thrown out as a sort of challenge: 'How can you talk about drugs? Have you ever tried them?' The short answer is a simple 'No, never.' This is not because we have ever made any conscious choice about it but simply because no-one has ever offered us illegal drugs, and so we have never had to choose. We suspect that this is common to many adults. We, ourselves, were lucky enough to grow up at a time and in a place where drugs simply were not so readily available. We never spoke of drugs with our friends, never thought about taking drugs and, as far as we know, never knew anyone who did. Drugs simply were not part of our world picture. Young people today are not growing up in the same world that many of us did; their culture is very different. The majority of young people will have to make a choice about drugs. They will make that choice because someone is likely to offer them drugs. It is difficult enough, as most adults know, to understand the mind of an adolescent. How much more difficult it is to understand the mind of an adolescent who is making a decision that many of us have never been, and may never be, challenged to make. We are protected by our age and will never be called upon to choose. We are too old. We are past it. We are no longer members of the customer generation; it is our children who are, or will be.

Our personal experience of illegal drugs therefore does not come from ever having tried drugs but from our work over many years with the subject in all its forms. This work has taught us countless things about the subject, and it is worth outlining a few of them for you.

It is our view that the problem of substance misuse represents the biggest single social danger that affects our society today. We believe that this problem is potentially going to do more damage to our society in the next 25 years or so than anything ever has in our national history. If you think that is an exaggeration, then simply look around the world at the places where drug misuse is especially high. Look in particular at what is happening in the USA. There are parts of some US cities that have become hostile to non-drug-taking people. There are areas where the ordinary things of life do not go on, where it is difficult to get a taxi or a bus, where it is impossible to get someone to come and fix your television or your heating. There are even areas where the US mail service does not operate. This is because no-one will venture in there. To do so is simply unsafe. If one were to blunder in to such a place, it would not be a matter of the inconvenience of being lost; it could be a matter of survival. We may consider ourselves lucky just to get out alive. We could be mugged or murdered for the shoes on our feet or simply to be seen to fall down. One of the biggest single causes of death in US males under the age of 25 years is being shot in a drug-related incident. What happens in the USA often happens in the UK a few years later. One only has to keep an eye on the media to see stories almost daily of the untimely deaths of young people, the destruction of families, the turning of

estates into drug-infested areas, rising crime, inter-gang shootings and so on – all related to drugs.

These problems belong to today's young people. Most adults have no problem around drugs, but many young and some not quite so young people do. The decisions that adults make about drugs may have limited effect. It is the decisions that young people now and in the future make that count. They are directing the drug scene. They are deciding what level illegal substances should occupy in the society that they are inheriting.

The current problem of drugs is one that adults have given to today's young people. When we, ourselves, were young, the drug scene was at an almost insignificant level, but as the second half of the twentieth century went by it slowly developed and grew around us. Our society did nothing, because we were unaware that we had a problem brewing, or we had no idea what to do about it, or we did not care because we thought it would not affect us personally. Maybe we had ill-conceived ideas about what should be allowed and what should not. Now we have handed over the problem to today's younger generation, most of whom in turn will become the concerned parents of tomorrow. Our greatest worry is that today's young people will do just what we did – nothing – and let the problem continue to escalate. If they do that, then they will pass on the problem to their own children in due time. By then, it may have developed into a crisis of such a magnitude that their children will inherit a society more problematic than we have today, which they will not thank us for.

As well as inheriting the problem, we believe very strongly that young people today have the power to do something about it. They have something that most adults have very little of: they have influence over each other. We learned a long time ago that the influence of parents, teachers and indeed all adults over young people is insignificant compared with the influence that they wield over each other.

Surveys across the UK still show that the majority of young people state that they have not taken, and do not intend to take, drugs. Indeed, if we pushed them a little further, many would say that they are opposed to drugs. We would like to pose some questions to those anti-drug young people: What are you doing about it? What have you done about it today? It is those anti-drug young people, not those who welcome drugs and see them as being fashionable and desirable, who can affect things.

Let us try to illustrate this point by looking at two different examples. Consider first adult cigarette-smoking, which is now regarded by many people as antisocial and unacceptable. Cigarette smokers may be looked down upon as being people who damage their own and others' health. A few years ago, if you held a party in your own house, even as a non-smoker you felt obliged to put out ashtrays for the guests. After they had gone home, you might open all the doors and windows and

complain about the smell of tobacco smoke. These days, if someone lights up a cigarette in a non-smoker's house without permission, they are liable to find themselves removed into the garden. Most workplaces are now non-smoking environments due to the health issues surrounding smoking, and it is common to see small groups of people huddled outside office blocks smoking, because they are banned from doing so inside. As a result of this public disapproval and peer pressure, the number of adult smokers is dropping rapidly. It was not the influence of smokers that brought this about; it was the influence of non-smokers. Smokers did not state that smoking was unacceptable, that it polluted the air; it was non-smokers who felt liberated to have their say – and what a difference they have made.

Now let us look at a young person's example. At the beginning of the 1980s, we, ourselves, were involved in dealing with a major outbreak of the sniffing of solvent glues by children on a large housing estate. The craze lasted for three years; during that time, five young people died as a result of their sniffing. If one paid a visit to the estate during that period, one got the impression that the problem was out of control: young people, some as young as nine years of age, were sniffing everywhere. But then, during the summer of 1983, something very remarkable happened. In the space of a few short weeks, the problem simply faded away and disappeared. It went away not as a result of the efforts of the many teachers and other adults who became involved in trying to deal with it but simply because it went out of fashion. What had been in favour was now outmoded. If you talk about glue sniffing with the majority of young people on that estate now, they will explain that it is for losers. In the early 1980s, it had been considered cool; if you were not sniffing, you had no street credibility. But by the end of 1983, you had no street cred if you *were* sniffing. It was not the influence of the sniffers that brought this about; they did not go around telling people that glue sniffing was for losers. It was the non-sniffers who brought about the change; as a result, the problem disappeared, and to date it has not returned to that estate as a major visible problem. Everything that we do in drugs education must be geared towards unlocking this weapon of positive influence, a weapon that can change the world.

In recent years, many adults have taken to thinking that young people's influence over their peers is mostly bad. Perhaps it is time we started to recognise the immense power of positive influence. We need to be reinforcing the decisions of non-drug-taking young people and to strengthen and empower them in the use of that influence. It is, after all, their society now that substance misuse is likely to damage. It sometimes seems that we are banging our heads against an enormous problem that is slowly overwhelming us, but drugs can be overcome. There can be a light at the end of the tunnel. We cannot see that light yet, as it is around the corner, and there may be more corners after this one, but it is there waiting for us. It is there because many people who are concerned about the problem are starting to work to-

gether. Parents are beginning to learn about drugs when previously they felt helpless and unable to have any sensible or useful discussion about the subject with their children. Parents are starting to acquire the necessary knowledge to make a real contribution to their children's education about these issues. Similarly, teachers are receiving the necessary training to enable them to work with this subject, and, in the UK, all schools are now required by law to have workable integrated drugs policies and education programmes for pupils. These programmes not only deliver information but also lead to an understanding of the issues affecting our society that go along with drug use. The police in many areas are getting involved in schools' drug education programmes and bringing their unique experience of the subject into lessons and discussions. In addition, health authorities and the prison service are putting more resources and well-trained personnel into prevention, education and treatment.

In 1995, the UK government funded the setting up of local drug action teams and drug reference groups under its Tackling Drugs Together initiative. The government is also funding well-conceived and expertly presented awareness-raising campaigns and supporting the efforts made by a whole range of other agencies. This strategy has developed and grown in the years since its inception and continues to demonstrate the UK government's commitment to the problem.

Only by working together can we enable future generations of young people to begin to influence the problem. We as adults may not be able to change it, but young people can. Our job is to enable and support them to do so.

At the end of the Battle of El Alamein, the first major Allied victory of the Second World War, Winston Churchill said: 'This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.' We believe that this is where we are currently in the war against drug abuse. The beginning is over and we have engaged the enemy. A few years ago, the majority of people did not even know there was a war to be fought, much less a war they had to become personally involved in. But now we can all be involved, and because of this we need not fail. We must not fail, for even to contemplate failure is to think the unthinkable.

## Chapter 2

# A Brief History of Drug Use and a Snapshot of the Current Drugs Situation in Britain

Until recently, Western Europe has had very little history of drug use. It is necessary to look only at the geographical position of the region to see why. The climate does not bring enough in the way of hot weather or bright sunlight (even with global warming), and therefore none of the major drug-producing plants have evolved here. No opium poppies, coca bushes or mescaline cacti occur naturally. Similarly, cannabis of drug-producing quality does not occur naturally in the UK, although it has been introduced illicitly on a small scale.

Historically, the only drug that occurred naturally in Western Europe was based on hallucinogenic mushrooms. In certain parts of Scandinavia and northern Russia, there was substantial use of these fungi for recreational and religious purposes. While there is little doubt that early residents of the remainder of Europe knew of the properties of the various 'magic mushrooms', their use remained largely restricted to a few pagan religious leaders and soothsayers. The Romans had knowledge of opium through their dealings with the Middle and Far East and used several different preparations of the drug for pain relief. They undoubtedly took supplies of these preparations with them during their occupation of other countries, but there is no evidence of the use of opium as a mind-altering substance by the indigenous populations. When the Roman occupation ended as the empire retreated, the use and knowledge of opium was lost for many hundreds of years.

It was not until the European nations began to create their own empires and send their forces around the globe that their populations began to come into contact

with the major plant-based drugs. Opium and cannabis reached Europe through contacts with Africa and Asia, and then coca arrived from the new world. Non-medical use of these drugs was restricted largely to sailors, travellers and a small number of wealthy people who were able to afford to import them. The use of such drugs by 'ordinary' people, and in particular by young people, was to remain almost unknown until after the Second World War. In the years that followed, people's incomes began to rise slowly and to provide them with a little more in the way of disposable funds that could be used for recreational activities. Simultaneously, young people throughout the world began to seek their own cultures and identities. It has often been said that until the 1950s, there was no such thing as a 'youth culture' or a 'youth market'. Young people started to have money to spend, and others began to provide commodities for them to spend it on. The same thing had been happening for some years in the USA, and drugs had become one of the commodities that many young people had taken to. This soon spread throughout Western Europe and other developed countries, and by the beginning of the 1960s we began to see an increase among certain sectors of young populations in the use of cannabis; this was followed, inevitably, by the use of other illegal substances. Many people have the idea that drugs, and particularly cannabis, were in use by the majority of young people during the 1960s. The authors were both young men during these times and can say, based on their own experience, that nothing could be further from the truth. The vast majority of young people had no contact with drugs. This picture remained static throughout the 1970s, and indeed many countries even saw a decline in the use of certain drugs at that time, but all that has now changed sadly.

Within the past 15–20 years, the worldwide drug culture has evolved in dramatic and alarming ways. The reasons for these worrying changes stem from two developments. First, the major customer generation has shifted sharply towards the young, especially adolescent and young adult males. Second, the availability of drugs has become very widespread indeed, to the point where whole nations, from inner-city areas to suburban towns and even sleepy country villages, seem to have become affected, and this greater availability has led to falling prices.

Even class A drugs have become much more affordable and well within the reach of greater numbers of people who may wish to try them. Add to this scenario the advent of new venues of drug use that have permeated the commercial social scene, such as raves, dance clubs and pubs, and appear to have become accepted by many young people as an integral part of their relaxation and pleasure, and you will appreciate that drug-taking is no longer viewed as an antisocial activity carried out by a small number of 'losers' and by some people is not even considered illegal.

Drugs supply is now a major international business that nets billions of pounds each year for the producers, importers, suppliers and dealers. For these people, the name of the game is money, influence and power, and their greed feeds upon the

exploitation of others. They will not lose sleep by worrying about the misery they cause to so many people or the potentially destructive nature of the goods that they peddle. There will always be new recruits to replace those who escape their clutches or who damage their health or lose their lives through overdose or accident.

Despite the fall in drug prices, the development of tolerance and dependence by users towards their drugs still leads many of them to turn to crime to fund their increasingly expensive habits. In the UK, it has been estimated that many billions of pounds' worth of property crime is committed each year for this reason. Add to this the legally available funds and goods used to acquire drugs and you can appreciate the very lucrative nature of this multinational industry. Many users are tempted to take risks and deal drugs themselves in order to make quick and easy money. Several court cases have involved drug dealers who were above their country's state retirement age.

Some of these street drugs, especially cannabis, crack and amphetamine, can be produced in private homes, although by far the greater proportion are imported. Most of the countries in Western Europe, Asia, the Middle East and South America have become major producers and exporters of various illegal substances, and there is growing evidence that suppliers in some former Eastern Bloc countries have also cashed in on the trade in order to attract much sought-after foreign currency.

An illustration of this trend can be seen in *World Drug Report* by the United Nations Office on Drugs and Crime in 2004, which reports that although the majority of detected methylamphetamine-production facilities are still found in the USA, there is an increasing trend towards production in Eastern Europe, with the highest number of production facilities (104) found in 2002 in the Czech Republic, up from 28 in 2001.

Street drugs today are not so much pushed as pulled. Dealers no longer have to put themselves at risk by trading on the streets, as most hide behind the geographic anonymity offered by their mobile phones. Users will now seek out dealers to acquire supplies of their chosen drug or drugs. At an even more basic level, some users may supply drugs to their friends and acquaintances in order to pay for their own drug habit. They will buy in bulk, often through contacts made on the Internet, and then sell the drugs on in small quantities at a good profit.

For young people today, the way is open for more freedom of choice, opportunity and experience. Consequently, illegal drugs have infiltrated their world, maximising that choice of experience.

One of the most well-known of these drugs, a drug that at times receives a great deal of media attention, is ecstasy. Ecstasy itself is not new: it was available in the early part of the twentieth century for use in the treatment of certain psychiatric disorders. It has merely been repackaged and relaunched to potential users as a relatively harmless substance that, due to its stimulant and hallucinogenic properties,

will enable you to dance for hours, make friends easily and have heightened sensory experiences. It is estimated that around two million ecstasy tablets are used each week in the UK. It is used mostly by young people in a commercial social setting, such as dance clubs, raves and parties. Ecstasy is used by an estimated 250,000–500,000 people on a regular basis, mostly at the weekends.

To keep the interest of the young drug-using public, and the money rolling in, old established drugs are sometimes repackaged and given other identities to appear new and more exciting. Or some previously mostly unknown substances emerge on to the scene to offer potential users more extreme or unusual sensations and experiences. One of these is ketamine, a general anaesthetic used mostly in paediatric medicine and in veterinary medicine for sedating animals. Known on the street as 'special K' and 'vitamin K', ketamine can be taken by mouth, injected and snorted. It can induce mixed feelings of euphoria, detachment and remoteness from surroundings, hallucinations, depersonalisation and even 'near-death' and 'out-of-body' experiences, which some users actively seek to attain. Ketamine is also implicated in some cases of date rape, because it has the potential to interfere with memory. The dangers of ketamine are obvious: anaesthetics should always be administered under close medical supervision due to the possibility of overdose and adverse reactions.

Another drug increasingly in use by young people is cocaine and its smokable form, known as crack. This powerful stimulant drug, like so many others, has become more readily available to young people as its powder form (for snorting and injection) has substantially reduced in price. Like other stimulants, both cocaine and crack will increase the user's confidence, enhance energy levels and make them feel euphoric. These effects, however, may last for only 10–20 minutes, depending on the form in which the drug is taken. Habituation can develop very quickly, and the user may use the drug more often in an attempt to keep the short-lasting effects of cocaine active over very much longer periods. This will have inevitable implications for cost. Indeed, one crack user reported to us that he was spending as much as £2800 a week to fund his habit, with the money coming from the sale of his house. There have been reports of school-age pupils using the drug during the morning and lunch breaks, and escaping detection because of the brevity of the drug's effects.

Ecstasy, ketamine and cocaine today are linked closely with young peoples' social scenes. Thankfully, only a small percentage of users will ever suffer any permanent or discernible harm, such is the resilience of the human body. The effects of long-term regular use over a period of years are not understood clearly, however, and it could be considered that every person using these drugs on that basis are taking part in one of the largest drugs trials that the world has ever seen.

As well as these three street drugs, there is another drug, this time a depressant with mild hallucinogenic properties, that is in regular use across the world by an even greater number of people of all ages. This drug is cannabis. Cannabis was