

Drugs of Abuse



An Identification Guide

2010/11 Edition



**Sunshine Coast
Health Center**

Addiction Treatment and
Recovery Services

www.schc.ca

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Cannabis:
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Cannabis
sativa plant



Hallucinogens:
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LSD on blotter
paper



Depressants:
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Black tar
heroin
Source: DEA



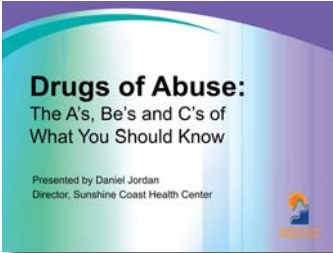
Stimulants:
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Powder meth-
amphetamine
in foil
Source: DEA

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Disclaimer

This guide is intended to provide you, the reader, with information on drugs of abuse. Readers should be aware that this publication is not intended and should not be construed to be legal advice. Sunshine Coast Health Center is not responsible for any problems that may develop from the use or misuse of the information provided in this guide.

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Why This Guide?

“An ounce of prevention is worth a pound of cure.”
Benjamin Franklin

The key to effective prevention is knowledge. This guide is designed to inform families, employers, and educators not familiar with the vast array of abused drugs now commonplace in our communities. Some of these drugs, such as inhalants, can be found in any supermarket or hardware store. Prescription drugs have legitimate medical applications but are being increasingly diverted for illicit purposes. Other “hardcore” drugs, such as crack cocaine, are now commonplace in many schools, work sites, and homes across North America.

When Drug Use Becomes Drug Dependence

When drugs are used solely to create intensely pleasurable feelings, it is called drug abuse. Tolerance to the drugs’ effects occurs with long-term use, so users must take higher doses to achieve the same or similar effects as experienced initially.

Prolonged drug abuse can also lead to physical dependence, psychological dependence, or both. Physical dependence means that the absence of the drug creates discomfort (withdrawal) until more of the drug is administered. Psychological dependence refers to a perceived “need” or “craving” for a drug. While physical dependence is typically treated in a few days, treatment for psychological dependence requires a much longer time frame.

Drug Categories Explained

The *Controlled Drugs and Substances Act* in Canada regulates four classes of drugs: hallucinogens, depressants, stimulants, and anabolic steroids. All controlled substances have the potential to be abused. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their effect on the central nervous system (brain and spinal cord).

Drugs are distinguished by their effect on the central nervous system (depressants or stimulants), by their primary ingredient (the poppy plant for opioids, testosterone for steroids), or how they are used (inhalants). Individual drugs within a class can have differing medical uses, effect duration, or methods of

ingestion (oral, injected, smoked, or snorted). However, drugs within a particular class typically share similar effects, overdose risk, and withdrawal symptoms.



Although considered a hallucinogen, the prevalence and unique features of cannabis warrant a separate section. Inhalants are abused drugs but, due to their widespread use for a number of legitimate purposes, are not controlled substances. Due to their abuse potential, however, a section is dedicated to inhalants. Families and educators may want to pay particular attention to inhalants since most inhalant abusers are youth.

Prevalence of Drug Abuse in Canada

A final note on the prevalence of the drugs profiled in this guide is necessary. Of Canadians 15 years or older, a survey conducted in 2004 revealed that alcohol is, by far, the drug of choice with 79.3 percent report consuming alcohol in the past year. Of past-year drinkers, 17 percent are considered high-risk drinkers. According to the same survey, “cannabis is the most widely used illicit drug followed in order by LSD or hallucinogens, cocaine and crack, speed, and heroin.” Rates of past-year use of cannabis increased significantly from 7.4 percent in 1994 to 14.1 percent in 2004, while cocaine and crack use more than doubled from 0.7 percent to 1.9 percent during the same period. Rates of past-year use for all other substances (including steroids and inhalants) remained below 1 percent. (source: Canadian Addiction Survey, 2004).

In Canada, tobacco is the leading preventable cause of death. Exclusion from this guide is not intended to minimize its impact on the well-being of Canadians.

Changes in this Edition

In this 2010/11 edition of this guide, changes have been made to the marijuana section. Furthermore, information on barbiturates has been replaced with additional photographs of more commonly prescribed drugs. Photos of Canadian and US prescribed drugs are now distinguished by flags.  

Symbols have been placed next to certain prescription drugs and over-the-counter medications that should be taken with caution. These “Medication Alert” symbols are provided in the hallucinogens, depressants, and stimulants sections.



1 HALLUCINOGENS (PSYCHEDELICS, DISSOCIATIVES AND DELIRIANTS)

The term "hallucinogen" is applied to any drug used to produce distortion of reality.

PCP (phencyclidine)

Angel dust, elephant, hog

KETAMINE

Cat valium, K, Special K, Vitamin K

DIMENHYDRINATE

Gravol®

LSD (lysergic acid diethylamide)

Acid, blotter, cid, boomers

MDMA

(3,4-methylenedioxy-N-methylamphetamine or 3,4-methylenedioxy-methylamphetamine) *Ecstasy, X, Adam*

MESCALINE

(3,4,5-trimethoxybenzene-ethanamine) *Mesc*

PEYOTE (Lophophora)

(3,4,5-trimethoxyphenethylamine)

PSILOCYBIN

Magic mushrooms, shrooms

STP or DOM (2,5-dimethoxy-4-methylamphetamine) or **MDA** (3,4-methylenedioxyamphetamine)

PMA (paramethoxy-amphetamine)

DMT (N,N-dimethyltryptamine)

2C-B (4-Bromo-2,5-dimethoxyphenethylamine) or **DOB** *Nexus, bromo, toonies, herox*

DXM (Dextromethorphan)

Robitussin®, Coricidin® HBP

5-MeO-DIPT

Foxy methoxy, foxy, yum yum, roxy, dip foxy

Salvia Divinorum

Diviner's sage, magic mint, sage of the seers

1-(3-trifluoromethylphenyl)

piperazine (TFMPP)

Molly, legal E, legal X, A2

2 DEPRESSANTS: OPIOID PAIN RELIEVERS

Depressants slow down the central nervous system.

CODEINE

222°, 282°, 292°,
Codeine Contin®, ratio-Codeine®,
Atasol®, Fiorinal®,
Tylenol®

OPIUM

MORPHINE

MS-Contin®, Oramorph®,
M.O.S.® MS-IR®, ratio-Morphine SR,
M-Eslon®, Kadian®

HEROIN (diacetylmorphine) (diamorphine)

H, horse, junk, smack

METHADONE

MEPERIDINE or PETHIDINE

Demerol®

HYDROMORPHONE

Dilaudid®, Hydromorph Contin®,
Hydromorph-IR®

HYDROCODONE

Novahistex DH®
Novahistine DH®
Vicodin® *Vikes**

OXYCODONE

Percocet®, ratio-Oxycodan®, ratio-Oxycocet®
Oxy-IR®, Percodan® *Percs*
Oxycontin® *Hillbilly heroin*

PENTAZOCINE

Talwin®

FENTANYL

Duragesic®
ratio-Fentanyl

PROPOXYPHENE

Darvon®

TRAMADOL

Tramacet™
Zytram XL®

(*)Note: Vicodin® is approved in the US but not Canada

2 DEPRESSANTS: PRESCRIPTION TRANQUILIZERS/ SLEEPING PILLS/ OTHER DEPRESSANTS

Benzodiazepines used primarily as tranquilizers: (anxiolytics)

DIAZEPAM - Valium®

OXAZEPAM - Serax®

LORAZEPAM - Ativan®

ALPRAZOLAM - Xanax®

Benzodiazepines used primarily as sleeping pills:

TEMAZEPAM - Restoril®

FLURAZEPAM - Dalmane®

TRIAZOLAM - Halcion®

FLUNITRAZEPAM - Rohypnol® **

Roofies, rope, the forget pill

Barbiturates/Other Sleeping Pills:

SECOBARBITAL - Seconal®

Reds, red birds, red devils

PENTOBARBITAL - Nembutal®

Yellow jackets

AMOBARBITAL - Amytal®

Blue heavens

AMOBARBITAL-SECOBARBITAL - Tuinal®

Christmas trees, rainbows

ZOPICLONE - Imovane®

Other Depressants:

GHB (gamma-hydroxybutyrate)

Liquid ecstasy, liquid x, grievous bodily harm

INHALANTS (volatile solvents, nitrous

oxide, nitrites) *Sniff, rush, poppers, moon*

gas, locker room, bolt, boppers, head cleaner

ALCOHOL

(**) Note: Approved for use in Mexico but not in Canada, US.

3 STIMULANTS

Stimulants (from the Latin word *stimulare*, meaning “to goad, torment, incite”) are drugs that produce a quick temporary increase of energy. Tobacco and caffeine are the two most popular stimulants. Cocaine has gained popularity in recent years. Most of the other drugs in this category are amphetamines or chemically-related substances.

COCAINE

C, coke, snow, flake, nose candy, crack (a free-base form of cocaine)

Amphetamines:

AMPHETAMINE

Adderall

DEXTROAMPHETAMINE

Dexedrine®

Dexies

METHAMPHETAMINE

Desoxyn®

Speed, crystal, meth, ice, crank, shard

METHCATHINONE

Cat

Other Stimulants:

METHYLPHENIDATE

Ritalin®

Biphentin®

Concerta®

DIETHYLPROPION

Tenuate®

PHENTERMINE

Ionamin®

KHAT

(Catha edulis)

Qat, kat

TOBACCO

(Nicotiana tabacum)

CAFFEINE

4 ANABOLIC STEROIDS

Anabolic steroids act like the male sex hormone testosterone, and are known as ergogenic or performance-enhancing drugs.

OXYMETHOLONE

Anadrol-50®

STANZOLOL

Winstrol® and Winstrol V®

NANDROLONE

Deca-Durabolin®

METHANDROSTENOLONE or METHANDIENONE or METANDIENONE

Dianabol®

OXANDROLONE

Anavar®

BOLDENONE

Equipoise®

METHENOLONE

METENOLONE

Primobolan®

MESTEROLONE

Proviron®

TESTOSTERONE CYPIONATE

Depo-testosterone®

TESTOSTERONE ENANTHATE

Delatestryl®

TESTOSTERONE PROPIONATE

Testex®

TESTOSTERONE UNDECANOATE

Andriol®

5 CANNABIS

Cannabis refers to the preparations of the plant *Cannabis sativa* (Latin for “cultivated hemp”).

MARIJUANA

(marihuana)

Cannabis, pot, grass, weed, reefer, ganja, joint

HASHISH

Hash

HASH OIL

Oil, honey oil

Source: Health Canada (2000). *Straight Facts About Drugs & Drug Abuse*. Minister of Public Works and Government Services Canada (H39-65/2000E).

Class 1

HALLUCINOGENS (Psychedelics, Dissociatives and Deliriants)

PCP (phencyclidine)

Angel dust, elephant, hog, rocket fuel (killer weed, super-grass: PCP mixed with marijuana).

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. Available in tablets, capsules, liquids, crystals, pastes, and coloured powders. Frequently passed off as LSD or other drugs. Snorted, smoked, or eaten. When smoked, PCP is often used with a leafy material such as mint, parsley, oregano, tobacco or marijuana. PCP may be used unknowingly since it is often used as an additive in other drugs.

Effects: PCP is a “dissociative drug,” meaning it distorts perceptions of sight and sound and produces feelings of detachment from the environment and self. Most first-time users experience a “bad trip” and stop. Low dose effects include shallow breathing, flushing, and profuse sweating. High dose effects are nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. Speech is often sparse and garbled. Accidental death can result from drug-induced confusion. Long-term effects include addiction, memory loss, difficulties with speech and thinking, depression, and weight loss. Symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported. Flashbacks may occur (see LSD section).

Sources: DEA; NIDA InfoFacts, PCP, May 2006



(L) PCP in foil wrappers. (R) PCP tablets. Source: DEA

Ketamine

Ketaset[®], Ketalar[®], cat valium, K, special-K, vitamin K.

Ketamine is currently used in human anaesthesia and veterinary medicine. Usually diverted from veterinary hospitals. Similar to PCP. Manufactured as an injectable liquid, in illicit use Ketamine is evaporated to form a



Ketamine is manufactured as a liquid. Source: DEA

powder. Snorted, swallowed, or injected. Ketamine is odourless and tasteless, so it can be added to beverages without being detected, and it induces amnesia. Commonly used as a “date rape” drug. Popular at “raves” and night clubs.

Effects: A dissociative drug similar to PCP (see PCP) but with milder respiratory depression, less confusion, irrationality and violent behaviour. Long-term effects are unknown.

Dimenhydrinate

Gravol[®].



Gravol 50mg.

A non-prescription drug used to prevent and treat nausea and vomiting. Although not intended as a sedative, Gravol[®] is sometimes used for this purpose.

Effects: at recommended doses can cause drowsiness, dizziness and blurred vision and, at large doses, can produce hallucinations. Overdosing can result in confusion, loss of muscle coordination, high fever and convulsions. Serious breathing problems and coma can follow. Chronic use can result in tolerance, dependence and withdrawal. Dependent users can experience withdrawal symptoms.

Source: Alberta Health Services



(L) LSD caps contain bright-coloured powder to attract young people. *Source: DEA* (R) Coloured LSD applied to sugar cubes.

LSD (lysergic acid diethylamide)

Blotter, cid, boomers, sunshine, doses, hits, microdot, sugar cubes, tabs, trips, or named after the image on the blotter paper.

Manufactured from lysergic acid, found in ergot, a fungus that grows on rye and other grains. LSD is usually applied to “blotter” paper (paper that is perforated into small squares). The squares or “tabs” may be coloured or have images printed on them. Liquid LSD is a clear liquid, usually in a small container, tube or flask. LSD can also be found in thin squares of gelatin or applied to sugar cubes. Gelatin and liquid can be put in the eyes. LSD is taken orally.

Effects: felt within an hour and can last 2 to 12 hours. Colours can appear brighter, objects more sharply defined. Changes in perception of time and distance. Body may feel light or heavy. Impaired short-term memory. Extreme mood swings. Physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. Drug-induced confusion can cause accidental death. Long-term effects of some LSD users include sudden flashbacks, recurrence of certain aspects of a person’s experience without the user having taken the drug again. LSD users may manifest long-lasting psychoses such as schizophrenia or depression. Not considered addictive.

Sources: DEA; NIDA InfoFacts, LSD, May 2006

MDMA

Ecstasy, Adam, E, roll, X, XTC, hug drug, CK, M&Ms.

A synthetic drug with amphetamine-like and hallucinogenic properties. MDMA comes in a tablet form that is often branded, e.g. Playboy bunnies, Nike swoosh, CK.

Considered a “club drug.” Users sometimes take MDMA at “raves,” clubs and other parties.

Effects: Users report intensely pleasurable effects – including an enhanced sense of self-confidence, energy, and sociability. Other effects can include involuntary teeth clenching, a loss of inhibitions, transfexion on sights and sounds, nausea, blurred vision, chills and/or sweating. Increases in heart rate and blood pressure, as well as seizures, are also possible. Death from kidney or heart failure due to dehydration or hyperthermia has occurred at raves.



Ecstasy tablets. Source: DEA

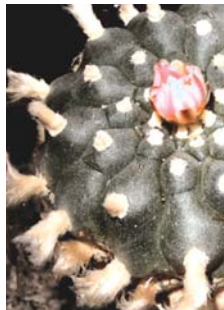
After-effects can include sleep problems, anxiety and depression. Long-term effects of repeated use may damage the cells that produce serotonin, which regulate mood, appetite, pain, learning and memory. May disrupt or interfere with memory.

Sources: DEA; NIDA InfoFacts, MDMA, April 2006

Mescaline or Peyote

Buttons, cactus, mesc.

Peyote is a small cactus whose principal active ingredient is mescaline. Mescaline can be extracted from peyote or produced synthetically. Usually ingested orally as a powder, tablet, capsule or liquid. Most peyote and mescaline sold in Canada is actually PCP or LSD. Peyote “buttons” are generally chewed or ground up and smoked.



Peyote cactus.

Effects: effects appear slowly but can last 10 to 18 hours. The causes of these effects, which in some users occur after a single experience with the drug, are not known. Most effects are similar to LSD (see LSD section on this page).

Source: DEA



Whole dried psilocybin.

Psilocybin

Caps, magic mushrooms, mushrooms, psilocin, shrooms.

Psilocybin and psilocin are the hallucinogenic principles contained in certain mushrooms. Psilocybin is structurally similar to serotonin, and produces its effects by disrupting normal functioning of the serotonin system. Psilocybin looks like dried mushrooms. Frequently, psilocybin sold in Canada is actually PCP or LSD. Mushrooms are typically eaten or brewed and consumed as tea. Mushrooms can also be sniffed, smoked or injected. Mushroom powder is often mixed with fruit juice.

Effects: Once ingested, mushrooms generally cause feelings of nausea before the desired mental effects appear. Effects felt after half an hour and last several hours. The high from using mushrooms is mild and may cause distorted perceptions of touch, sight, sound and taste. Other effects can include nervousness and paranoia. For long-term effects see "mescaline."

Source: DEA

STP/DOM/MDA

These are chemical variations of amphetamines and mescaline that are also classified as stimulants. Produced in clandestine labs. No medical use. DOM is nicknamed STP, acronym for "Serenity, Tranquility, and Peace." Usually sold as white or off-white powder. Taken orally, sniffed or injected. MDA is similar to MDMA (ecstasy). Usually brown or white powder sold loose, in capsules, or as amber liquid. Usually taken orally.

Effects: STP or DOM may last 16 to 24 hours. Small doses produce mild euphoria, talkativeness; higher doses produce LSD like effects (see LSD). Adverse reactions may result in intense anxiety, panic and sometimes psychosis.

MDA effects occur within an hour and last up to 8 hours.

Produces a sense of well-being and heightened emotions. Pupils dilate, nose and throat become dry. Higher doses effects similar to LSD. Overdose can cause death.

Source: Health Canada

PMA (paramethoxyamphetamine)

Death, Mitsubishi double stack, chicken yellow.

PMA is usually sold in tablets or caplets containing beige, white or pink powder, usually misrepresented as MDA. Made in clandestine labs. No medical use. Looks similar to MDMA. PMA is typically taken orally. PMA powder, although uncommon, may be inhaled or injected.

Effects: similar to MDA and mescaline, though far more toxic. Symptoms include laboured breathing, high fever, erratic eye movement, muscle spasms and vomiting. Moderate to high doses can lead to convulsions, coma and death. One of the most dangerous hallucinogens. Long-term effects are unknown.

Source: DEA

DMT (dimethyltryptamine)

Businessman's trip.

A hallucinogenic tryptamine. Usually parsley is soaked in DMT, then dried and smoked. Can also be injected. Made in clandestine labs.

Effects: similar effect to LSD, DOM and MDMA. Hallucinogenic effects last for about 45 to 60 minutes so the experience is called a "businessman's trip." Snorting hastens effect. May produce nausea, chills, trembling, cramps, muscle tension and shallow breathing in higher doses. Long-term effects are unknown.

Source: DEA

2C-B or DOB

Nexus, bromo, toonies, herox, synergy.

These are psychoactive or hallucinogenic compounds similar to mescaline. Produced in clandestine labs. In pure form, it is a powder, but also available as purple/red or white pills and in yellow capsules. Structurally similar to DOM. Has been sold as MDMA and LSD. Taken orally or snorted. No medical use. DOB is 4-bromo-2, 5-dimethoxyamphetamine.

Effects: DOB causes intense hallucinations. The most



2C-B tablet. Source: Wikipedia

commonly reported unpleasant effects are nausea and vomiting. Others effects of DOB include diarrhea, gas, delirium, muscle tension and spasms, headaches, increased heartbeat, raised blood pressure, confusion or disorientation and inability to concentrate. 2C-B has been reported to cause confusion, cardiovascular disturbances, and dehydration. Long-term effects of both 2C-B or DOB are unknown.

Source: DEA



Over the counter drugs such as Robitussin® (left) and Coricidin® (right) contain DXM. Since these medications contain acetaminophen, prolonged consumption can result in liver damage.

DXM (dextromethorphan) ⚠️

Dex, robo, DM, velvet, skittles, triple C, tussin.

DXM is a cough-suppressing ingredient found in a variety of over-the counter cold and cough medications. Available as a syrup, tablet or gel cap. DXM can also be purchased in powder form, often over the internet. Usually swallowed.

Effects: At higher doses, dextromethorphan produces dissociative effects similar to PCP and Ketamine (see PCP for more information). Long-term effects include liver damage due to the consumption of large quantities of acetaminophen.

Source: DEA

5-MeO-DIPT

Foxy methoxy, foxy, yum yum, roxy, dip foxy, muffy, five.

A hallucinogenic tryptamine, similar to psilocybin. Usually found as tablets with imprints similar to ecstasy tablets (heart, spider, alien heads, etc.) or as capsules containing bright-coloured powder. Tablets are swallowed while capsule powders can be swallowed, smoked, or snorted. Popular among young partygoers.

Effects: effects peak at 60 to 90 minutes and last 3 to 6 hours. May produce hallucinations, euphoria, visual and auditory distortions, dilated pupils, talkativeness, nausea, vomiting, diarrhea, muscle tension, and jaw clenching.

Source: Center for Substance Abuse Research

Salvia Divinorum

Diviner's sage, magic mint, sage of the seers, salvia.

A hallucinogenic plant native to northeastern Mexico that is part of the mint family. Dried leaves can be smoked/vaporized then inhaled like marijuana, or chewed then swallowed.



Salvia Divinorum.

Effects: salvia when smoked can last up to 15 minutes and when chewed 1 to 2 hours. Common effects include hallucinations, dizziness, nausea, lack of coordination, slurred

speech, decreased heart rate, and chills.

Source: Center for Substance Abuse Research

1-(3-trifluoromethylphenyl) piperazine (TFMPP)

Molly, legal E, legal X, A2.

A hallucinogenic piperazine typically used as an anti-parasitic (de-worming) agent. Usually found as tablets with imprints similar to ecstasy tablets (heart, spider, alien heads, etc.) or in capsules containing an off-white powder. Popular among young partygoers.

Effects: similar to MDMA, but taken in larger doses promotes hallucinogenic reactions.

Source: DEA

Class 2

DEPRESSANTS

OPIOID PAIN RELIEVERS

Codeine: Codeine Contin[®], Tylenol[®]

Morphine: M-Eslon[®], MS Contin[®], Oramorph[®],
ratio-Morphine SR

Meperidine or Pethidine: Demerol[®]

Hydromorphone: Hydromorph Contin[®], Dilaudid[®]

Hydrocodone: Vicodin[®]

Oxycodone: ratio-Oxycodan[®], Oxycontin[®], Percocet[®]

Pentazocine: Talwin[®]

Butalbital: Fiorinal[®]

Opioids are commonly prescribed as pain relievers. Sometimes referred to as narcotics, opioids effectively change the way a person experiences pain. Morphine is often used before or after surgery to alleviate severe pain. Codeine is used for milder pain and as a cough suppressant. Other examples of opioids that are often



Source: DEA

prescribed include oxycodone, hydrocodone, hydromorphone (a long-acting painkiller), and meperidine (used before and after surgery). Pentazocine produces effects similar to oxycodone.

When abused, prescription pain relievers in tablet form are crushed to remove the sustained-release coating. This allows for a rapid release of the medication, causing a rush of euphoria similar to heroin. Crushed tablets can be used orally, sniffed or dissolved in water and injected.

Effects: At low doses, effects include dizziness, drowsiness, droopy eyelids, impaired concentration, nausea, and slowed breathing. With large doses, pupils constrict to pinpoints, the skin is cold, moist, bluish, and breathing may slow to a complete stop, resulting in death.

When these drugs are injected intravenously, there is a surge of pleasure that surpasses hunger, pain, and sexual urges. Taken orally, the effects are felt more gradually.

Long-term effects include severe constipation, constricted pupils, moodiness and menstrual irregularities. These symptoms disappear after the drug is no longer taken.

Tolerance develops fairly rapidly, making higher doses necessary to maintain intensity of effects. Regular use may result in physical dependence. Withdrawal symptoms include severe anxiety, insomnia, muscle and bone pain, diarrhea, vomiting, profuse sweating, tremors, cold flashes with goose bumps ("cold turkey"), kicking movements ("kicking the habit"), and other symptoms. These symptoms can occur four to five hours after last dose. The acute symptoms reach peak intensity after 36 to 72 hours and are usually over within 7 to 10 days. Opioid dependence increases the risk for miscarriage, premature labour, and low birthweight.

Sources: DEA; NIDA InfoFacts, *Pain Medications and Other Prescription Drugs*, June 2006

Opium

Big O, black stuff, block.

An opioid or narcotic, made from the white liquid in the poppy plant. No current medical use. Used commercially as raw material for production of morphine and

codeine. Appears as a fine brownish powder, black/brown block of tar-like substance, or liquid. Usually eaten or smoked.

Effects: see prescription pain relievers.

Source: DEA



Actual photo of droopy eyes due to opioid use.

Source: California Highway Patrol



Opium can be swallowed or smoked. Source: DEA

Heroin

Big H, black tar, brown sugar, dope, horse, junk, mud, skag, smack.

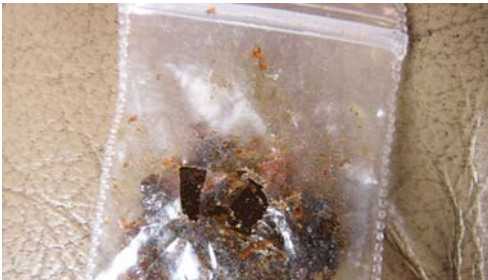
Derived from morphine, which is often obtained from the opium poppy. Originally created as a cure for opium addiction. Effective painkiller but, since highly addictive, has limited medical use. Heroin from Asia is typically a powder which can vary in colour from a white to dark brown powder due to variations in the production process. Another variety, known as black tar heroin, is often sold in chunks weighing about an ounce and has the colour and consistency of roofing tar or coal.

Heroin can be used in a variety of ways, depending on user preference and the purity of the drug. Heroin can be injected into a vein ("mainlining"), injected into a muscle, smoked in a water pipe or standard pipe, mixed in a marijuana joint or regular cigarette, inhaled as smoke through a straw, known as "chasing the dragon," or snorted as powder via the nose. Can also be injected

under the skin (“skin popping”). The process of preparing heroin for injection can be done either by (1) the traditional method of heating heroin mixed with water in a spoon over a flame (“cooking”) or by (2) dropping the heroin powder and water directly into a syringe, shaking the mixture to expedite dissolving of solids, and then applying flame from a lighter directly to the syringe (“shake and bake”).



Heroin powder.



A baggie containing black tar heroin. Source: California Highway Patrol

At safe-injection sites, a typical kit supplied to the heroin user will include: (1) a tourniquet (blue band) used to raise arm veins; (2) a blue package of distilled water to dissolve the heroin; (3) a small aluminum vestibule to mix, heat and hold the mixture; (4) cotton filters to prevent impurities being drawn into the needle; (5) matches; (6) candles; and (7) an insulin syringe (needle). Currently, supplying the mood-altering drug (typically cocaine or heroin powder) is the responsibility of the drug user. Injection drug users typically use insulin syringes (needles) with packaging that is a standard orange colour which are the thinnest and most suited for surface veins. Blue and green needles are better suited for deep veins and injection into muscles.



Heroin users often have “pinned” or constricted pupils that do not respond to poor lighting. Other depressants often have similar effects.



Track marks from an infection that has spread under the skin due to needle injection.



Typical supplies provided at a safe-injection site include (from left to right): metal vestibule (or “cooker”), alcohol swab, water pack (blue container), rubber tie, and insulin syringe (needle). Not visible is the small cotton filter that is placed in the cooker to prevent solids from being drawn into the needle.

Effects: same as prescription pain relievers, however, riskier because the purity and contents of dose is not known to the user. Also, heroin users often inject intravenously, which increases the risk of harm due to (1) the substance (injecting any drug increases the likelihood of dependence, greater chance of experiencing psychosis, higher likelihood of overdose), (2) the injecting behaviour (damage to skin and veins such as infections, scars, bruises, swelling, abscesses, ulcers;



An "8-ball" of heroin.

collapsing veins; and possible stroke if injecting into the neck), and (3) sharing of injecting equipment such as needles & syringes, spoons, filters, etc. (greater likelihood of spreading blood borne virus infections such as Hepatitis B, Hepatitis C and HIV). Long-term effects include tolerance, withdrawal and physical dependence (see prescription pain relievers).

Sources: DEA; NIDA InfoFacts, Heroin, April 2006

Methadone

Dolophine[®], *dollies*.

Can be legally prescribed in Canada only by specially authorized doctors. Primarily for the treatment of narcotic addiction but also for chronic pain management. Orally: orange-flavoured solution, tablets.

Short-term effects: can last up to 24 hours, thereby permitting once-a-day oral administration in heroin detoxification and maintenance programs.

Long-term effects: prolonged use results in tolerance and dependence. Withdrawal develops more slowly and less severe but more prolonged than heroin withdrawal.

Methadone is abused and can lead to overdose death when combined with other drugs.

Fentanyl

Duragesic[®], ratio-Fentanyl, Actiq[®], *lethal injection, drop dead, fat Albert, the bomb, incredible hulk*.

Used extensively for anaesthesia and analgesia. Duragesic[®] and ratio-Fentanyl are transdermal patches used in chronic pain management. Actiq[®] is intended for opiate-tolerant individuals and is effective in treating breakthrough pain in cancer patients. Carfentanil (Wildnil[®]) is used in veterinary practice to immobilize certain large animals. May also be smoked or snorted.

Effects: see opioid pain relievers.

PRESCRIPTION TRANQUILIZERS & SLEEPING PILLS

Benzodiazepines used as tranquilizers:

Diazepam (Valium[®]), Oxazepam (Serax[®]), Lorazepam (Ativan[®]), Alprazolam (Xanax[®])

Benzodiazepines used as sedatives: Temazepam (Restoril[®]); Flurazepam (Dalmane[®]); Triazolam (Halcion[®]); Flunitrazepam (Rohypnol[®]) *Roofies, rope, the forget pill*.

Benzodiazepines are prescription medications that slow down normal brain function. Tranquilizers produce calm without sleep. Benzodiazepines can also be used to aid sleep but may produce morning and daytime drowsiness. Benzodiazepines have replaced barbiturates in the treatment of many disorders. Benzodiazepines are usually prescribed to treat anxiety and nervousness, relax



A variety of prescription tranquilizers and sleeping pills. Source: DEA



A variety of prescription tranquilizers and sleeping pills.

muscles, and control certain types of muscle spasms. Benzodiazepines are recommended for short-term use only since they can create dependence.

Rohypnol is also a benzodiazepine used as a sleeping pill but is not approved in Canada or the United States. Legally available in 64 countries but smuggled primarily from Mexico, Rohypnol is odourless, colourless, and tasteless and is often used as a “date rape” drug because it produces sedation and memory loss.

Benzodiazepines are very dangerous when consumed with other depressants such as alcohol.

Sources: DEA and NIDA InfoFacts, Prescription Pain and Other Medications

GHB

G, Georgia home boy, grievous bodily harm, liquid ecstasy.

GHB is predominantly a depressant. GHB can be produced in clear liquid, white powder, tablet, and capsule forms. It is

GHB is colourless, odourless, and when diluted is virtually tasteless. Considered a “date rape drug.”



colourless and odourless. GHB has a salty taste; however it is often diluted in liquids and virtually undetectable. GHB is often manufactured in homes with recipes and kits found and purchased on the Internet.

Short-term effects: At lower doses, GHB can relieve anxiety and produce relaxation. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating.

As the dose increases, the sedative effects may result in sleep and eventual coma or death. GHB has reportedly been used in cases of “date rape” (see Rohypnol).

Sources: DEA; NIDA InfoFacts, Rohypnol and GHB, May 2006

Inhalants

Air blast, bolt, boppers, buzz bomb, climax, gliding (using inhalant), gluey (person who sniffs or inhales glue), hippie crack, kick, medusa, moon gas, oz, poor man’s pot, poppers, quick silver, rush, shoot the breeze.

Inhalants are ordinary household and commercial products that are abused in one of three ways: (1) inhaled directly from its container (“sniffing” or “snorting”), (2) placed in a substance-soaked rag over nose and mouth and inhaled (“huffing”), or (3) poured into a plastic bag where the fumes are inhaled (“bagging”). Aerosols and other pressurized liquids may be inhaled directly from the container or out of an alternative container such as

a balloon filled with nitrous oxide. Some volatile substances release intoxicating vapours when heated. Many substances leave tell-tale stains or odours on clothing. Their easy accessibility, low cost, and ease of concealment make them popular among youth. There are hundreds of household products on the market today that can be misused as inhalants. Examples of products kids abuse to get high include model airplane glue, nail polish remover, cleaning fluids, hair spray, gasoline, the propellant in aerosol whipped cream, spray paint, fabric protector, air conditioner fluid (freon), cooking spray and correction fluid.

Effects: Within seconds of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. Alcohol-like effects may include slurred speech, an inability to coordinate movements, dizziness, confusion and delirium. Nausea and vomiting are other common side effects. In addition, users may experience light-headedness, hallucinations, and delusions.

Sources: DEA; NIDA InfoFacts, *Inhalants*, April 2006



Like contact cement, many inhalants are inhaled directly from their original container.



Fumes from rags soaked with liquid inhalants are inhaled from a bag in a process known as "huffing."



Contact cement is a common inhalant. Source: DEA

ALCOHOL (ethyl alcohol or ethanol)

Beer, spirits, wine, coolers, hard liquor, liqueurs, booze, moonshine, brewski, shooters, brew, barley sandwich, hooch, 40 pounder.

Alcohol is produced naturally by fermentation of fruits, vegetables or grains. One shot of distilled spirits (40% alcohol) has the same amount of alcohol (0.54 ounces) as one 5-ounce glass of wine (13% alcohol) or one 12-ounce serving of beer (5% alcohol). Alcohol is also found in many toiletries (mouth wash, after shave), cooking products (vanilla extract) and household cleaners (Lysol®). Alcohol is a contributing factor in many drug overdoses.

Effects: small dose effects include euphoria, drowsiness, dizziness, flushing, release of inhibitions and tensions. Larger doses produce slurred speech, staggering, double vision, stupor. A "hangover" with headache, nausea, shakiness and vomiting may begin 8 to 12 hours after a period of excessive drinking. Long-term effects of daily drinking can lead to liver damage, brain damage, heart disease, loss of memory, ulcers, disorders of the pancreas and impotence. Chronic drinkers are likely to become physically and psychologically dependent. Withdrawal symptoms are the same as a "hangover" but may also include tremors, agitation, anxiety, panic attacks, elevated blood pressure and heart rate, seizures, delirium tremens, hallucinations and death. Women who are pregnant should abstain from alcohol.

Source: Health Canada (2000). *Straight Facts About Drugs & Drug Abuse.*

Blood Alcohol Concentration (BAC) and Alcohol Impairment

Blood alcohol concentration, or “BAC,” is a way to determine the concentration of alcohol in a person’s bloodstream measured as mass per volume. For example, a BAC of 0.04% means 0.04 grams of alcohol per 100 grams of blood. In most provinces and states in North America, the BAC at which a person is considered to be legally impaired is 0.08 percent. BAC is the most common way for law enforcement to determine whether a person can safely operate a motor vehicle. BAC can be measured within 30 to 70 minutes after a person has had a drink.



Alcohol is, by far, the most widely-abused drug in Canada.

The rate at which alcohol enters the bloodstream may vary depending on (1) the number of drinks (2) how fast you drink, (3) the amount of food in your stomach (absorption slows if you’ve had something to eat), (4) your weight, and (5) gender. As a general rule of thumb, the average person will eliminate 0.5 ounces (15 ml) of alcohol per hour. Factors such as age and gender, however, affect the body’s ability to metabolize alcohol.

The following chart shows common symptoms people exhibit at various BAC levels, and the effects on the driver when operating a motor vehicle:

Blood Alcohol Concentration (BAC)	
Typical Effects	Predictable Effects on Driving
.02%	
<ul style="list-style-type: none"> • Some loss of judgment • Relaxation • Slight body warmth • Altered mood 	<ul style="list-style-type: none"> • Decline in visual functions (rapid tracking of a moving target) • Decline in ability to perform two tasks at the same time (divided attention)
.05%	
<ul style="list-style-type: none"> • Exaggerated behavior • May have loss of small-muscle control (e.g., focusing your eyes) • Impaired judgment • Usually good feeling • Lowered alertness • Release of inhibition 	<ul style="list-style-type: none"> • Reduced coordination • Reduced ability to track moving objects • Difficulty steering • Reduced response to emergency driving situations
.08%	
<ul style="list-style-type: none"> • Muscle coordination becomes poor (e.g., balance, speech, vision, reaction time, and hearing) • Harder to detect danger • Judgment, self-control, reasoning, and memory are impaired 	<ul style="list-style-type: none"> • Concentration • Short-term memory loss • Speed control • Reduced information processing capability (e.g., signal detection, visual search) • Impaired perception
.10%	
<ul style="list-style-type: none"> • Clear deterioration of reaction time and control • Slurred speech, poor coordination, and slowed thinking 	<ul style="list-style-type: none"> • Reduced ability to maintain lane position and brake appropriately
.15%	
<ul style="list-style-type: none"> • Far less muscle control than normal • Vomiting may occur (unless this level is reached slowly or a person has developed a tolerance for alcohol) • Major loss of balance 	<ul style="list-style-type: none"> • Substantial impairment in vehicle control, attention to driving task, and in necessary visual and auditory information processing

Source: National Highway Traffic Safety Administration (NHTSA)

Caution: alcohol intoxication can amplify the effects of medication, fatigue and mood states such as depression. Extra care is recommended when operating a motor vehicle or heavy equipment.

Class 3

STIMULANTS

Cocaine

Big C, blow, coke, flake, freebase, lady, nose candy, rock, snow, snowbirds, crack, white crack.

Cocaine is a drug extracted from the leaves of the coca plant. It is a potent brain stimulant and one of the most powerfully addictive drugs. Cocaine is distributed on the street in two main forms: cocaine hydrochloride and "crack" cocaine. Cocaine hydrochloride is a fine powder often diluted with sugar, cornstarch or talcum powder. Cocaine hydrochloride is usually snorted or dissolved in water and injected. "Crack," the chunk or "rock" form of cocaine, is a smokable, freebase form of cocaine which is made by adding baking soda to a cocaine solution and allowing the mixture to dry.

Effects: The intensity of cocaine depends on the dose and rate of entry to the brain. Cocaine reaches the brain through the snorting method in three to five minutes. Intravenous injection of cocaine produces a rush in 15 to 30 seconds, and smoking produces an almost immediate intense experience. However, the faster the absorption, the shorter the high lasts. The high from snorting may last 15 to 30 minutes, while that from smoking may last 5 to 10 minutes. Once the drug leaves the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue. To avoid withdrawal, repeated frequent doses are taken.

Long-term effects or high doses of cocaine can trigger paranoia. Smoking crack cocaine can produce particularly aggressive paranoid behaviour in users. When addicted individuals stop using cocaine, they often become depressed. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose.

Injectable cocaine users are at risk for infections such as hepatitis and HIV. There is some evidence that people who use cocaine may participate in HIV-related risky



Actual photo of dilated pupils due to stimulant effect.



Cocaine powder is chopped with a razor blade to a fine grain then snorted using a straw, small spoon or a rolled-up bill.



Crack cocaine is different from cocaine powder since it is typically smoked and has a shorter but stronger euphoric effect.

behaviours, such as sharing needles and unprotected sex, more often than people who inject other types of drugs(1). See Heroin - Effects Section for more information on the risks of injecting. Nasal blood found on straws used for snorting cocaine can carry hepatitis C and be a source of infection(2).

Sources: DEA; NIDA InfoFacts, *Crack and Cocaine*, April 2006

(1) Hankins, C. (1997). *Needle Exchange: Panacea or Problem?*

Canadian Medical Association Journal, 157, 275-277

(2) Health Canada (2000). *Straight Facts About Drugs & Drug Abuse*, pg. 47



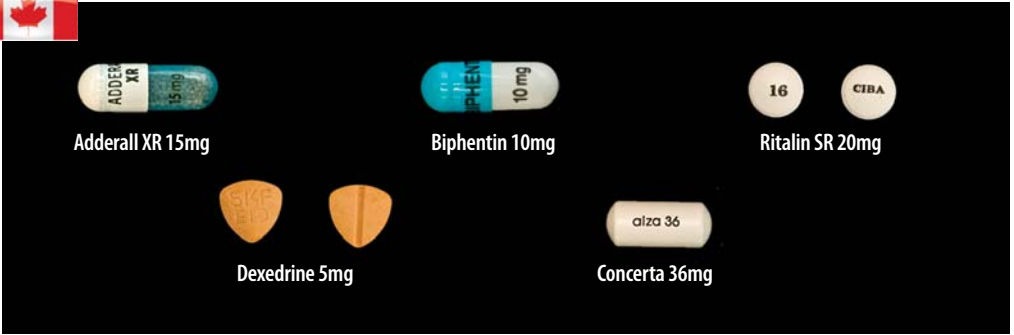
Dexedrine 10mg

Ritalin 10mg

Tenuate 25mg

Ionamin 15mg

Source: DEA



Adderall XR 15mg

Biphentin 10mg

Ritalin SR 20mg

Dexedrine 5mg

Concerta 36mg

Prescription Stimulants

Adderall[®]; Dexedrine[®], (*dexies*); Ritalin[®] (*kibbles and bits, pineapple*); Tenuate[®]; Ionamin[®]

A class of drugs that enhance brain activity. Usually found in tablets and capsules. Medically, they are now prescribed for only a few health conditions. Ritalin, Adderall, and Dexedrine are used to treat attention deficit disorders (ADHD and ADD), primarily in children and youth. Youth may sell their prescriptions illegally to high school and college students trying to stay awake while studying for exams. Ritalin, Adderall, and Dexedrine are also prescribed to treat narcolepsy.

Tenuate, Ionamin and Dexedrine have limited use as an aid in treating obesity.

Effects: can include nervousness and insomnia, loss of appetite, nausea and vomiting, dizziness, palpitations, headaches, changes in heart rate and blood pressure (usually elevation of both, but occasionally depression), skin rashes and itching, abdominal pain, weight loss, and digestive problems, toxic psychosis, and psychotic episodes. Long-term effects or high doses can result in compulsive use, feelings of hostility, paranoia, hallucinations, excessive repetition of movements, and formication (sensation of bugs and worms crawling under the skin).

Additionally, taking high doses of a stimulant may result in dangerously high body temperatures and an irregular heartbeat. There is also the potential for heart failure or lethal seizures.

Source: DEA, Indiana Prevention Resource Center (IPRC)

Meth-Amphetamine

Desoxyn[®], *chalk, crank, croak, crypto, crystal, crystal meth, fire, glass, meth, tweek, tina, white cross, shard, ice.*

Methamphetamine (“meth”) is an addictive stimulant that strongly activates certain systems in the brain. “Crystal meth” is a very pure, smokeable form of methamphetamine. Meth is a crystal-like powdered substance that sometimes comes in large rock-like chunks. When the powder flakes off the rock, the shards look like glass, which is another nickname for meth. Meth is usually white or slightly yellow, depending on the purity. Crystal meth looks like clear crystal chunks, like ice.

Effects: Immediately after smoking or injection, user experiences an intense sensation, called a “rush,” that lasts only a few minutes. Snorting or swallowing meth produces euphoria but less intense than that achieved by smoking. After the initial “rush,” there is typically a state of high agitation that can lead to violent behaviour. Other possible effects include increased wakefulness and insomnia, decreased appetite, anxiety,



"Meth mouth." Source: Christopher Heringlake



"Crystal meth." Source: DEA

nervousness, convulsions and heart attack.

Crystal meth effects are similar to those of cocaine but longer lasting.

Long-term effects of "meth" include tolerance and dependence. In some cases, users forego food, sleep and hygiene and

take more meth every few hours for days, 'binging' until they run out of the drug or become too disorganized to continue. Smoking methamphetamine can also lead to "meth mouth:" permanent damage to teeth and gums resulting from the inhalation of the ingredients used to make amphetamine (anhydrous ammonia, battery acid, drain cleaner, camp fuel, etc). Chronic use can cause paranoia, hallucinations, repetitive behaviour (such as compulsively cleaning, grooming or disassembling and assembling objects), and delusions of parasites or insects crawling under the skin. Users can obsessively scratch their skin to get rid of these imagined insects. High dosages can bring on full-blown toxic psychosis (often exhibited as violent, aggressive behaviour) and extreme paranoia. Meth can also cause strokes and death.

Sources: DEA; NIDA InfoFacts, Methamphetamine, November 2006

Methcathinone

Cat

A stimulant that is a structural analogue of methamphetamine and cathinone. It is clandestinely manufactured from readily available chemicals. Is occasionally

confused with khat. Methcathinone is a synthetic substance that has a similar chemical structure to the cathinone in the khat plant. Methcathinone is produced in clandestine labs and sold as a methamphetamine alternative. The addictive properties and side effects of this synthetic are more intense than either of the naturally occurring khat substances. A white or off-white crystalline powder. It is most commonly snorted, although it can be taken orally by mixing it with a beverage or diluting in water and injecting intravenously.

Effects: Methcathinone produces amphetamine-like activity. Long-term effects are unknown.

Source: DEA

Khat

(*Catha edulis*) qat, kat

For centuries, khat, the fresh young leaves of the *Catha edulis* shrub, has been consumed, primarily in East Africa and the Arabian Peninsula. Khat has been brought into North America for use by emigrants from the source countries. It contains a number of chemicals among which are two controlled substances, cathinone and cathine.

Khat is typically chewed like tobacco. The fresh leaves,



twigs, and shoots of the khat shrub are chewed, and then retained in the cheek and chewed intermittently to release the active drug. Dried plant material can be made into tea or a chewable paste, but dried khat is not as potent as the

fresh plant product. Khat can also be smoked and even sprinkled on food.

Effects: compulsive use may result in aggressive behaviour with grandiose delusions. Psychological dependence may result from continued use. Withdrawal symptoms include lethargy, depression, nightmares and tremors. Long-term effects are unknown.

Source: DEA

Class 4

ANABOLIC STEROIDS

Anabolic Steroids

Juice, rhoids.

A group of powerful compounds closely related to the male sex hormone testosterone. Current legitimate medical uses include treatment of certain kinds of anaemia. Body builders and many competitive athletes in a variety of sports claim that steroids give them a competitive advantage and/or improve their physical appearance. Steroids are taken orally or injected. Users frequently combine several different types of steroids to maximize their effectiveness while minimizing negative effects, a process known as “stacking.”

Effects: produces increases in lean muscle mass, strength, and ability to train longer and harder. Many health hazards, such as disfiguring acne, are short-term and reversible. Long-term side effects of anabolic steroid use include liver tumours, jaundice, fluid retention, and high blood pressure. Additional side effects include the following: for men shrinking of the testicles, reduced sperm count, infertility, male-pattern balding, development of breasts; for women growth of facial hair, changes in or cessation of the menstrual cycle, deepened voice; for adolescents growth halted prematurely through premature skeletal maturation and accelerated puberty changes. Researchers report that users may suffer from paranoid jealousy, extreme irritability (“roid rage”), delusions, and impaired judgment stemming from feelings of invincibility. Long-term effects or high-dose effects of steroid use are largely unknown.

Sources: DEA; NIDA InfoFacts, *Steroids*, March 2005



Source: DEA



Testosterone Cypionate 200mg/ml. Source: DEA

Class 5

CANNABIS

Marijuana

Aunt Mary, boom, chronic (Marijuana alone or with crack), dope, joint, blunts, gangster, ganja, grass, hash, herb, kif, Mary Jane, pot, reefer, sinsemilla, skunk, weed.

Hashish or hash oil

Hash, oil, honey oil.

Products of the hemp plant, *Cannabis sativa*. The main active chemical in marijuana and hashish is THC (delta-9-tetrahydrocannabinol). Hashish is a reddish-brown or black coloured THC-rich resinous material of the cannabis plant. Hashish is collected, dried, and then compressed into a variety of forms such as balls, cakes,



Hash oil applied to rolling paper and rolled with tobacco (or marijuana).



Blunts are flavoured, pre-fabricated hollow tobacco leaves that are stuffed with marijuana then smoked.



A bud of marijuana.



Chunks of hashish stored in a "stash box."

or cookie-like sheets. Hash oil is the refined extract of the cannabis plant. Hash oil varies in colour from amber to dark green or brown.

Effects: problems with memory and learning, distorted perception (sights, sounds, time, touch), trouble with thinking and problem solving, loss of motor coordination, increased heart rate, and anxiety. These effects are even greater when other drugs are mixed with marijuana. A user may also experience dry mouth and throat. Studies have shown that a single marijuana joint can cause more damage than 2.5 to five cigarettes and result in chronic bronchitis and airflow obstruction.¹ This comparatively greater damage of cannabis may be explained, in part, by the way it is smoked—without a



A joint of marijuana.

filter, to a shorter butt length (“roach”), deeper inhalation, and delayed exhalation. Furthermore, studies have shown a link between marijuana and psychotic disorders, particularly schizophrenia.²

Source: (1): Aldington S, et al. “Effects of cannabis on pulmonary structure, function and symptoms,” *Thorax Online*, June 2007.

(2): Castle, David J. & Murray, Robin (Eds.) (2004) *Marijuana and Madness*.

Cannabis Paraphernalia: Marijuana is typically smoked. Most users roll marijuana into a cigarette called a “joint.” Marijuana can also be smoked in a bong, a chillum, or a blunt: a pre-made, hollow tobacco leaf product with a pre-fabricated filter on one end. These products are commonly sold in tobacco shops across North America.

Hashish pieces are broken off, placed in a metal or glass pot pipe and smoked. Alternatively, hash may be smoked by heating two table knives until they are red hot then squeezing the hash between the two knives (look for black burn marks) and inhaling the smoke through a plastic pop bottle with the bottom removed. Many of the same methods used to smoke marijuana can also be applied to hash. Hashish is sometimes mixed into food, most commonly as “hash brownies.”

Hash oil is mixed with tobacco or marijuana as a joint and smoked or applied directly to a glass pipe and smoked. Hash oil is typically packaged in small glass vials. With the increase in the THC content of marijuana, the demand for hashish and hash oil has diminished.

Other cannabis paraphernalia include rolling papers (Zig Zag brand), scissors (look for sticky resin on scissor blade from chopping marijuana), herb grinders (to break up the marijuana bud so it can be rolled into a

joint), roach clips (small alligator clips to hold the joint butt to prevent finger burns), and film canisters (used to keep marijuana and hash moist and conceal the smell). Smoke shops sell a variety of storage devices and pipes that are disguised as regular household items and food products.



Various pipes (from left to right) for the smoking of pot or hash made from ceramic, glass and metal. The ceramic pipe that resembles a cigarette is a type of pipe (often called a “one-hitter,” or “hitter”) that is used when smoking pot in public.



More pipes (from left to right) for the smoking of pot include a glass “bong,” a glass “chillum,” and a converted pop can.



Smoke shops sell many products disguised as consumer products designed to conceal (i.e. pop can with inside storage) or consume (i.e. highlighter that doubles as a pot pipe) drugs.

Drug Paraphernalia

Drug paraphernalia is any equipment, product, or material that is modified for making, using, or concealing illegal drugs.

Drug Containers: many drugs that are sold in powder form are often sold in “flaps” which are small square pieces of shiny paper (such as magazine paper or lottery paper) folded into an envelope. Other containers include small glass vials, re-sealable plastic baggies, and tiny sacks called “8-balls.”



An “8-ball” of cocaine powder. Package is made from small squares of garbage bag plastic that are bound tight with dental floss. Any excess material above the dental floss is cut off using scissors.

8-balls are used when drug dealers work in close proximity to law enforcement. 8-balls are small, tight and round to make it easier to swallow and avoid detection. There are two layers of garbage bag to prevent the package from exploding in the stomach if the product has to be quickly swallowed and keep the product from getting wet since dealers often hide 8-balls between the cheek and gum. Heroin 8-balls typically use black garbage bag while cocaine powder is sold in white garbage bag. Another advantage of 8-balls for dealers is that users often end up using the drug in one session since the package design makes it impossible to reuse the wrapping once it is opened.

Drugs that are usually sold in liquid form include GHB and steroids. Look for small glass bottles or plastic squeeze bottles.

Smoked Drugs: Drugs that are sold as powders are often smoked. For example, PCP, heroin, crack cocaine, and crystal meth require various devices used to hold the substance while it is being heated:

- metal foil (“foil method”)
- glass or metal smoking pipe (most common method)
- misc. items such as pop can, bottle cap, broken light bulb

The fumes are then inhaled directly from the pipe or, when foil or a broken light bulb is used, inhaled using a hollow hard plastic or glass tube. Crystal meth and crack cocaine does not burn on its own so a flame has to be held to the drug while it is being inhaled. The most common method of smoking is with a pipe. When cocaine is smoked it leaves a white residue (most noticeable where the vapour is delivered to the mouth-piece).

Refer to the Cannabis Drug Paraphernalia Section for information on marijuana, hashish, or hashish oil paraphernalia.

Injected Drugs: Many drugs are injected, especially heroin. To prevent spillage, spoons are the primary



Crack paraphernalia includes (from l to r) a used crack pipe fitted with a mouthpiece, a small and large glass tube (“straight shooter”), yellow plastic mouth piece to prevent lip burns, brillo pad (filter), a pipe cleaner, and a poker for air passage.



Crystal meth paraphernalia includes (from left to right) a torch lighter, meth pipe, a test tube converted into a meth pipe, and a broken light bulb.

device to hold the substance while it's being heated. Disposable syringes are used to inject the liquid and often contain trace amounts of blood. Elastics, rubber ties, or surgical tubing are used to inflate the vein for easier injection. Users often wear long-sleeved shirts to cover track marks on arms.

Snorted Drugs: powder can be “snorted” (inhaled) up the nostril using a thin straw, or using a tiny “coke” spoon to hold the powder under the nose. Another common method of snorting is to use a rolled up bill

as a straw. Powder cocaine is often “cut” or formed into lines with a razor blade and then snorted on a mirror or glass surface (see photo on cover).

Oral Drugs: prescription drugs often come in capsule, tablet, or liquid (look for empty cough medicine bottles). Club drugs often come in tablets with a rough edge, an imprint (such as a Nike swoosh or butterfly) and look like children’s candy. Club drug users often experience involuntary jaw clenching, thus the need for baby soothers.



Various packages for storing powder drugs. “Flaps” are small envelopes made from folded squares of lottery paper or glossy magazine stock that will not stick to the substance. Small zip-loc bags (“baggies”) are used for powder and rocks.

First Aid for a Drug Overdose

Remember, when someone overdoses their body is responding just like it would to any other poison. Poisonous consumer products (such as inhalants) have poison symbols on their labels, but there are many other substances that don’t carry warnings. Examples include alcohol, illicit drugs and medications when not taken as prescribed. Many drugs that are not harmful in small amounts are poisonous in large amounts.

Types of drug overdoses

The three types of drug overdoses are classified according to how they enter the body:

- **swallowed** drugs – through the mouth
- **inhaled** drugs – through the lungs
- **injected** drugs – through the skin using a hollow needle

An important part of the first aid for drug overdoses is telephoning the Poison Information Centre for advice on what to do. Before calling, the first aider must quickly gather as much information about the incident as possible. Use the history of the scene and the signs and symptoms of the casualty to gather the information you’ll need to answer the questions asked by the Poison Information Centre.

History of the scene

When drug overdosing occurs, act quickly but do not

panic. You need to know four basic facts to give appropriate first aid for a drug overdose:

- what drug was taken – container labels may identify the drug; otherwise, save vomit and give it to medical help for analysis.
- how much drug was taken – estimate the quantity that may have been taken based on what you see or are told – the number of pills originally in the container, the amount of drug in the bottle, etc. Estimate the size/age of the casualty.
- how the drug entered the body – first aid may differ for drugs taken by the mouth, injected into the blood or breathed into the lungs.
- when the drug was taken – the length of time the drug has been in the body will help determine the first aid and medical care needed.

Signs and symptoms of a drug overdose

If the history does not reveal what drug was taken, or by what means it was taken, signs and symptoms may be helpful in answering these questions. All drugs may affect consciousness, breathing and circulation. Other signs and symptoms may vary depending on how the drug was taken. Drugs that have been:

- swallowed usually cause nausea, abdominal cramps, diarrhea and vomiting. They may discolour the lips, cause burns in or around the mouth or leave an odour on the breath.



- injected through the skin usually irritate the point of entry and may cause an allergic or behavioural reaction.

• inhaled may cause problems with breathing. Signs and symptoms may include coughing, chest pain and difficulty breathing. Prolonged lack of oxygen will cause headache, dizziness, unconsciousness, stopped breathing and cardiac arrest.

General first aid for a drug overdose

1 Begin Emergency Site Management (ESM) – do a scene survey. Gather any information about the

- suspected drug. Assess the casualty's responsiveness.
- If the casualty is responsive, call the Poison Information Centre in your region, or your hospital emergency department. Answer any questions and follow their advice on first aid.
 - If the casualty is unresponsive, call 911 immediately and go to step 2.
- 2** Do a primary survey. If breathing is stopped begin CPR. Check for poisonous material around the mouth first. Use a barrier device if you have one.
- 3** Place the unconscious breathing casualty into the recovery position.
- 4** Give ongoing casualty care until medical help takes over.

The recovery position.



Poison Information Centre
 The phone number for your local Poison Information Centre is listed at the beginning of your telephone directory.

Extracted and revised from "First on the Scene: the Complete Guide to First Aid and CPR", 2000, The Prior of Canada of the Most Venerable order of the Hospital of St. John of Jerusalem.

Tips to Help Reduce the Risk of Overdose

If you use depressant drugs like heroin the following tips will help you reduce your risk of overdose:

- avoid using other drugs, especially sedatives or alcohol, on the same day
- use a small amount and always have a trial "taste" of a new batch
- have someone with you when you are using
- avoid injecting in places where no-one can get to you if you do overdose
- know the telephone numbers of the ambulance service

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