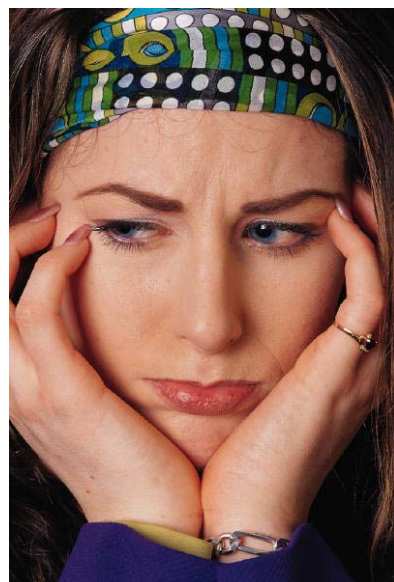


Once drug use comes into the equation, inhibitions that normally protect the individual effectively ‘go out of the window’ and leave the user feeling ‘high’ or ‘buzzing’. Situations, incidents or behaviours that seem appealing at the time of being under the influence of drug(s) are not the same when the user ‘comes down’ from the ‘high’ of the drug(s).

Why Take Drug(s)?

Different people take different drug(s) for different reasons or effects. Some individuals take drug(s) to enhance their confidence, and experience happiness and excitement. Others want to relax and/or change their current perspective of life.

It is impossible to say with any degree of certainty just how a particular drug will act on any one individual – much depends on the amount taken, the mood of the taker, the company he or she is with and the surroundings they are in. Change any of the aforementioned circumstances and the effects of the drug(s) compared to the last time the person used it can alter dramatically. (This is why most nightclubbers intake ‘Es’ only.)



Listed below are some of the reasons given by users to describe why they take drug(s):

- An escape from problems, either at home, school or work.
- A way of getting or gaining self-esteem and confidence.
- Curiosity – the chance of a new experience and to feel the ‘high’ their friends have talked about.
- A release from boredom.
- The excitement of doing something dangerous.
- It is the ‘in thing’ to do.
- It is there, so why not try it.
- It is illegal so, therefore, it is more exciting.

- Parental disapproval.
- Pressure from friends to join in.
- Wanted to be able to give an opinion from personal experience.
- Some drugs are cheap.
- Everyone takes them.

Drugs and their Class

Classification	Drug	Maximum Penalties
Class A Remember - any drug prepared for injection becomes a Class A.	Cocaine, Crack, Ecstasy, Heroin, LSD (acid), Mescaline, Phencyclidine (PCP or Angel Dust), Magic Mushrooms (if they are prepared for use), also in some cases Cannabis oil.	<i>Possession:</i> Seven years in prison and/or fine. <i>Supply:</i> Life imprisonment and/or fine or confiscation of assets.
Class B	Amphetamine (speed), Methylphenidate (Ritalin), Pholcodine.	<i>Possession:</i> Five years in prison and/or fine. <i>Supply:</i> Fourteen years in prison and/or fine.
Class C	Cannabis, Rohypnol, Temazepam, supply of steroids and tranquillisers, Ketamine, Gamma Hydroxyl Butyrate (GHB).	<i>Possession:</i> Two years in prison and/or fine. <i>Supply:</i> Fourteen years in prison and/or fine.

Medicine Control Agency (MCA)

There are other drugs that are controlled by the Medicines Control Agency (MCA) and, whilst it is not illegal to possess them, the supply is still an offence. These substances include ephedrine.



TUTOR TALK: The MCA has all-encompassing powers and can virtually change the classification of a product from ‘chemical’ to ‘drug’ overnight.

Their criterion for this is: ‘Anything that has a pharmacological effect upon the body’, can be classed as restricted sale.

Drug Classes and Reactions

Amphetamines <ul style="list-style-type: none">• Speed or Uppers• Benzedrine• Dexdrine• Methedrine• Drinamyl (Purple Hearts)• Ephedrine	Act more as stimulants than anti-depressants (which is often how they are described). Increase alertness, counteract fatigue and lethargy, and produce feelings of confidence and decisiveness. Can be an aid to slimming due to suppressing the appetite. High doses can cause paranoia and even schizophrenia.
Stimulants <ul style="list-style-type: none">• Cocaine• Crack• Ecstasy• Poppers• Nicotine (Tobacco)• Khat• Caffeine	Reactions are same as above; they act on the central nervous system and increase brain activity. Nicotine may have a relaxing effect depending upon circumstances. It is addictive. Effects of cocaine are similar to ‘speed’, but not as addictive.
Opiates (Narcotics) <ul style="list-style-type: none">• Codeine• Morphine• Heroin	Opium originates from juice of certain types of poppy; its’ active ingredient is Codeine and Morphine, with Morphine being the stronger. Heroin is produced from Morphine and is the strongest narcotic of all. At first Heroin produces intense pleasure, but soon induces tolerance, which, in turn, produces dependence otherwise known as addiction.
Anti-depressants <ul style="list-style-type: none">• Tricyclics• Imipramine (Tofranil)• Amitriptyline (Tryptizol)	Produces feelings of euphoria, well-being, confidence and optimism.

<p>Hallucinogenic Drugs</p> <p>LSD (Lysergic Acid Diethylamide) Psilocybin (Magic Mushrooms) Mescaline Ketamine Cannabis (Marijuana, Weed, Grass, Skunk, Dope, Hash, Pot) Phencyclidine (PCP or Angel Dust)</p>	<p>Drugs that act upon the mind, distorting the way users see and hear things. Gives feelings of calm, contentment and inner peace. Possible disorientation, hallucinations, distortions of time and reality. Overdoses of LSD can kill.</p> <p>LSD, Psilocybin and Mescaline are also called 'Psychadelics'. High doses can cause paranoia and schizophrenia.</p>
<p>Tranquilisers</p> <ul style="list-style-type: none"> • Diazepam (Valium) • Chlordiazepoxide (Librium) • Meprobamate (Miltown) • Temazepam • Nitrazepam • Rohypnoll ('date rape' drug) 	<p>Short-term treatment for anxiety, depression and sleep problems. These drugs have a calming effect and reduce tension without depressing alertness.</p> <p>Extremely dangerous if mixed with alcohol.</p>
<p>Sedatives (or depressants)</p> <ul style="list-style-type: none"> • Barbiturates • Phenobarbitone – Luminal • Amylobarbitone – Amytal • Nembutal • Seconal • Pentothal • Alcohol 	<p>In small amounts barbiturates and alcohol can act as a stimulant and reduce anxiety and inhibitions. In larger quantities will sedate, induce stupor, anaesthesia and loss of consciousness.</p> <p>Users can become disorientated and confused or aggressive and abusive.</p>
<p>Anabolic Steroids</p> <ul style="list-style-type: none"> • Anavar • Deca-Durabolin • Dianabol • Pronabol • Sustanon • Stanzanol • Clenbuterol • Newbain 	<p>These are a few trade names of the more popular 'roids'. Steroids are man-made versions of the hormone testosterone. Testosterone, basically, is responsible for the masculinity of a man, i.e. facial hair, deeper voice, sex organ development and the growth of muscle tissue. Usually increases in testosterone levels can be a cause of aggression, mood swings, insomnia and paranoia.</p>



TUTOR TALK: This part of the course deals with what is referred to as the basics of counselling; from arranging the appointment to covering questions and care throughout the interview. In time you will develop your own style of counselling that you are comfortable and relaxed with. The following pages will help you to develop your own unique style.

The Appointment

When making the appointment it is important to be precise; be clear with the client over the time, place and duration of the appointment. This is an excellent time to give a brief outline of the proposed relationship and why the appointment is being made.

“I’ll see you in my office at 5 o’clock. We will meet for one hour and discuss your problem with Cocaine.”



Also, clear instructions can be given on the location of the office. A few well-chosen phrases can also help the client feel relaxed about attending, for example:

“When people come to see me about their problems, I usually just listen whilst they explore their feelings. They usually find this helpful. I don’t try to give lots of advice or tell them what to do. My aim is to help.”

This helps to relax the client and take away any trepidation they will have about attending a session.

The Initial Interview

It is important the counsellor does not feel nervous about the meeting as the client will invariably be feeling nervous and could pick up on the tense atmosphere, which will not be conducive to trust.

First impressions last; as the saying goes, *“You don’t get a second chance to make a first impression”*. At the same time as the counsellor is evaluating the client, the client will most certainly be evaluating the counsellor.