

# DRUGS

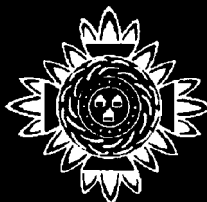
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# Alcohol

*Is 'P' in your neighbourhood?*



The Managers' Guild Trust



# Contents

FROM THE CHAIRMAN .....	2	MINOR TRANQUILISERS .....	13
<b>DRUGS</b> .....	<b>3</b>	STERIODS .....	13
THE GOOD, THE BAD, THE UGLY .....	3	TOBACCO .....	14
Survey shows serious abuse .....	3	DRUGS AND PREGNANCY .....	14
Broader market noticed .....	4	Effects on pregnancy .....	14
REDUCING THE RISKS .....	4	WHAT TO DO IN AN EMERGENCY .....	15
Legal implications .....	5	Before starting CPR .....	15
Parents have rights .....	5	Performing adult CPR .....	15
Signs and symptoms .....	5	<b>ALCOHOL</b> .....	<b>16</b>
METHAMPHETAMINE ('P') .....	5	A SOCIETY TOLERANT OF	
P in your neighbourhood .....	6	DRUNKENNESS .....	16
How to spot a P laboratory .....	7	THE DRINKING AGE LAWS .....	17
AMPHETAMINES .....	7	WHAT WE DRINK .....	17
ECSTASY .....	8	THE MEASURE OF A DRINK .....	17
COCAINE .....	9	DRINK DRIVING .....	18
CANNABIS .....	9	Driving down the road toll .....	18
GHB .....	10	Changing lethal behaviour .....	19
A story of drink spiking .....	11	Drugs and driving .....	19
HEROIN .....	11	<b>WHERE TO GO FOR HELP</b> .....	<b>20</b>
HALLUCINOGENS .....	12	The phone book .....	20
INHALANTS .....	12	Some drug education organisations .....	20

# From the Chairman

New Zealand has started into a major new era of drug abuse. We are faced with a greater number of drugs than ever before, and they are easier to get.

The Police noticed a big change in 2000, when methamphetamine – known as the party drug “P” – appeared on the scene. It is chemically based, does not require importing, can be made at home and the ingredients are readily available. And most disturbingly, it is very addictive.

P was a factor in the killings of youngster Coral-Ellen Burrows in Featherson, and at a Returned Services club in Auckland. P is also linked to an increase in family violence.

Overseas suppliers have made links with ethnic and motorcycle gangs in this country who handle the local distribution. These drugs are not likely to be sold at “tinny houses”, but by people who know people, just like cannabis used to be. Users are more likely to be supplied their drugs by sex workers, strippers and bar bouncers.

Trafficking has become well organised. Couriers, mainly from Asian countries, bring P in to New Zealand hidden in suitcases, strapped to their bodies and inside their bodies, and in hollowed-out objects. Some traffickers are being caught at our airports, but this country is a target for international drug criminals because the market is so lucrative – the profits are high and ethnic gangs, who control the local supply, keep the prices up.

Mobile phones and internet banking help suppliers and dealers in their financial transactions. Drugs money is being laundered in casinos, where the cash is placed then withdrawn a few minutes later as winnings.

New, legal, herbal-based drugs have also appeared and are being sold legally as energy pills. How dangerous they are is not yet known. They are banned in Sweden, the United States, and in some Australian states. The Police look at them as possible gateway drugs to harder, illegal drugs.

This booklet has been produced to help acquaint parents, at-risk teenagers and concerned individuals such as youth workers and teachers with the facts about drugs. We have focused on methamphetamines because they represent a major change in the New Zealand drug scene.

New Zealand Police want to reduce the supply of illegal, harmful drugs and make our community safer. Armed with the right information, we hope you can help.



Inspector Dave Montgomery  
Chairman, The Managers' Guild Trust



**“Creating Leaders”**

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P.O. Box 11 638, Wellington  
Level 2, 11–15 Vivian Street, Wellington  
Telephone: (04) 801 0840, Facsimile: (04) 801 0841  
Email: [info@line2line.co.nz](mailto:info@line2line.co.nz)  
Website: [www.line2line.co.nz](http://www.line2line.co.nz)



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# Drugs

## THE GOOD, THE BAD, THE UGLY

Drugs can be good, bad and ugly. We sometimes need the good drugs to help fight illness or ease our physical and emotional pain. They are made to a standard that is monitored and we know what we are getting. They result from painstaking development over many years. The labelling is on the packet and they are sold over the counter as reputable brands. Sometimes they need a doctor's prescription and are issued by a pharmacist.

They are the good drugs ... but this booklet is more concerned with the bad and the ugly drugs. These drugs are addictive, have all sorts of unknown ingredients, and can be dangerous – even fatal.

They are associated with crime. Some drug-related offences are now being viewed as a significant social threat to the country. These activities are having an unprecedented effect on health, jobs, productivity and community cohesion in New Zealand.

Cannabis remains the third-most used drug in New Zealand after alcohol and tobacco. Cannabis-related offences are down from what they were, but non-cannabis drug crimes, which include amphetamine-type substances, are up.

The movement from cannabis to synthetics began in the late 90s. In 2000 the Police saw significant changes as methamphetamines, Ecstasy and GHB (*Gamma-hydroxybutyrate*, also known as Fantasy or the date-rape drug) became widely available.

These “party” drugs can be made at home, the ingredients are readily available and they are very addictive. The chemicals are usually made in China and groups known as Triads, in co-operation with New Zealand gangs, are often the importers. New Zealand is a prime target in the international drugs trade because the market is so lucrative. The gangs control the trade to ensure that competition is minimal and prices are kept high.

### **Survey shows serious abuse**

A survey called *The Socio-Economic Impact of Amphetamine Type Stimulants (ATS) in New Zealand* was conducted in 2001 for the Police by the Centre for Social and Health Outcomes Research and Evaluation, Massey University, in Auckland. The results were issued in 2004. ATSs are illicit synthetic drug types that include methamphetamine, Ecstasy and crystal methamphetamine (known as Ice).

The research showed that ATSs were now serious drugs of abuse in New Zealand. In 2001 one in 10 New Zealanders aged 18–29, or about 100,000 people, had used an ATS drug in the last year. About one-third of these were frequent users (defined as having used six times or more in the previous year). The illegal trade in ATS drugs in New Zealand is of the equivalent dollar value – \$168.3 million – as the illicit trade in cannabis. It might have effectively doubled the dollar value of the illegal trade in drugs in New Zealand in less than 10 years.

The evidence suggests we are witnessing a drugs epidemic.

The survey reveals that ATS users were mainly male and aged 18–29; the heaviest among them aged 20–24. Users mostly were in full-time work, were in professional occupations, earned good money and were well-educated. Many, including frequent users, were European. Users mainly were urban-dwellers, in the upper half of the North Island and in Auckland.

Forty percent of frequent users of methamphetamine reported existing mental health problems, including



Drug dealers are using new technology to do their transactions, organise distribution, and launder money.  
*Photo: ©Fotopress*

tendencies to self-harm. About two-thirds of users said methamphetamine increased their psychological problems such as anxiety, mood swings, short temper, paranoia and depression, and suicidal thoughts (21 percent) and attempts (13 percent).

Ninety-three percent of the frequent methamphetamine users interviewed believed P to be “more harmful” or “much more harmful” than cannabis.

About half of frequent users interviewed reported harm in “friendship and social life” (55 percent), “health” (55 percent), and “energy and vitality” (53 percent). Other “harms” that frequent users most often rated as “very serious” or “extremely serious” were to “work and work opportunities”, “outlook on life”, and “friendship and social life”.

Frequent P users were often engaged in other illegal activities such as drug dealing and making. One-third of users interviewed had sold P and about one in five had made it or exchanged it for stolen property.

About half of amphetamine buyers had contacted their drug dealers by mobile phone or texting; nearly two-thirds of cannabis buyers visited a house or flat. All the amphetamine sellers reported selling only to “close friends and family members”, whereas cannabis sellers sold at least “some” of their cannabis to “casual acquaintances” and “complete strangers”.

ATS users commonly combined their drug-taking with high-potency cannabis, LSD, magic mushrooms, cocaine, GHB, Ketamine, Rush and tranquillisers

### **Broader market noticed**

Since that survey in 2001 the Police have noticed that P has been “marketed” away from dance party-goers and motorcycle gangs to broader society, particularly poorer

groups, teenagers and traditional cannabis users. As well, some dealers lace cannabis with P to increase the attractiveness.

The typical dollar amount spent each time on amphetamine by users arrested in 2001 was \$350 compared with only \$20 for cannabis. New Zealand has the highest drug prices in the world. A “tinny” of cannabis in New Zealand, which is well-suited to growing the plant, costs \$20 – in other countries the same quantity might cost 50c.

Another survey of methamphetamine use in New Zealand was undertaken in November and December of 2003. Information came from drug treatment workers, Police and Customs drug enforcement officers.

Some key trends emerged:

- Methamphetamine was readily available.
- A greater cross-section of society is now using P.
- Methamphetamine sales are being made from cannabis “tinny” houses.
- P is being marketed to poorer groups of people.
- Methamphetamine users have increased drug dealing.
- Violence and property crime is associated with P use.
- Serious violence and family violence is linked to methamphetamine.
- More P users are coming to the attention of the Police and drug treatment.
- Smoking methamphetamine is becoming more popular, as opposed to the previous tradition of snorting.
- P is now being injected.
- The prevalence of pure crystal forms of methamphetamine as opposed to cut powder.

## **REDUCING THE RISKS**

The New Zealand Government’s drug policy is based on harm minimisation. This is aimed at reducing drug-related harm to the community and individual drug users. Ways of doing that include encouraging non-use, through to providing the means for users to use drugs with fewer risks.

Remember: there is no safe level of illegal drug use.

The New Zealand Police aim at reducing the supply of illegal, harmful drugs. Dealing in and using such drugs is illegal, and it supports criminal activity. If caught, you can be prosecuted and convicted. A conviction could make life awkward for you if you try



A handcuffed suspect is put into a police vehicle after an early morning drugs bust on a suspected methamphetamine lab.

*Photo: ©Fotopress*

to enter another country. That's the least that can happen. Supplying and dealing a class A drug could result in your being locked up for 25 years.

New Zealand is the only country in the world that has laws covering the import, sale, and possession of drugs paraphernalia.

### ***Legal implications***

Under the Misuse of Drugs Act (1975), illegal drugs are in three classes.

**Class A** drugs include heroin, homebake, Speed, P, cocaine, LSD, and Magic Mushrooms. The penalties for importing, supplying and dealing in these drugs include life imprisonment. Possession can get you six months jail or a \$1000 fine, or both.

**Class B** drugs include methadone, morphine, GHB, and Ecstasy. Some class B drugs become Class A when prepared for injection. The maximum penalty for dealing, supplying or importing Class B drugs is 14 years, for Class C drugs, eight years. All drug profits, including cash, car and your property, can be seized.

**Class C** drugs include cannabis, and prescribed drugs such as benzodiazepines or those that contain pseudoephedrine, the main ingredient in locally made Speed. Ketamine and amyl are controlled under the Medicines Act. Possessing Class B and C drugs can earn three months imprisonment or a \$500 fine or both. Possession also covers letting your car or house be used for using, selling or making drugs.

Dealing is "possession for the purpose of supply or sale". Sharing with friends technically makes you a dealer. You don't have to profit or get money to be a real dealer. Giving a pill to a friend, say for their birthday, is dealing.

### ***Parents have rights***

As parents you have rights. It is important to emphasise that.

You have a right to know what is going on in your teenagers' lives. You have a right to know how they are getting their drugs, because, for example, they might be engaging in petty crime to pay for their habit. And you have a right and a responsibility to look after their welfare.

Drug use does not always mean addiction. Only a few teenagers who use drugs will get addicted to them. It is important for parents to think about why teenagers might want to use drugs. Mainly it's because they are curious. They continue because it makes them feel good – for a while.

If you suspect drug use, listen to what your teenager has to say. By listening you can determine if they are using at all, experimenting or doing it to solve a prob-

lem. Trust your intuition. If you feel something is not quite right, have a frank and open discussion about drugs and the young person's opinion about drugs in our society.

It is important to stay calm and show a willingness to listen regardless of how concerned you might be feeling. If you are confrontational the young person is likely to clam up, say nothing, and turn more towards their peers and drugs for comfort.

Try to be honest about your own drug use. If you drink alcohol or smoke cigarettes, acknowledge that these are also drugs. Denying your own drug use will only make you seem hypocritical and you will lose credibility in the eyes of your teenager.

Some of the signs and symptoms mentioned here are normal behaviour for young people and need not be related to drug use. Experts working in the drug field say that parents and caregivers should be concerned if a young person shows a sudden change to uncharacteristic behaviour or moods.

### ***Signs and symptoms***

Possible behavioural signs and symptoms of general drug use: personality changes (moodiness, bursts of anger, withdrawal); getting frustrated quickly (restless, agitated, aggressive); becoming unreliable; behaving unexpectedly; cancelled appointments; blaming others; secrecy; lying; missing meals or other family activities; absence from school, especially after a weekend; wagging school; less respect for authority; sudden changes in school interest and achievement; changes in sporting interest and achievement; altered or delayed emotional development; lack of energy or drive; inability to get out of bed in the morning; not up-front about friends and where they have been; a sudden change in friends; money of other family members starts disappearing; can't explain how they have spent their money; frequent illness (colds, flu); can't concentrate for long; less aware or less common sense (especially while intoxicated); unable to sleep; bruises; unkempt appearance; acne of the face; staggering walk; and slurred speech.

## **METHAMPHETAMINE ('P')**

Methamphetamine is a powerfully addictive Class A drug. It is closely related to amphetamines, but has a greater effect on the central nervous system. It works by releasing the brain chemical dopamine, stimulating brain cells, enhancing mood and body movement. Methamphetamine is a neurotoxin, which means that it damages the neurons that produce the neurotransmitters dopamine and serotonin.

Street names for methamphetamine include Speed, Meth, Pure or P, Chalk, Crank, Crystal, Ice, Glass, Crystal Meth, Sketch, Go, Junk, Wake Up, Zoom, Tweak and Dope.

It can be snorted (inhaled through the nose), smoked, injected or eaten. Each way of taking it produces different highs for the user.

Immediately after smoking the drug or injecting it intravenously the user gets a feeling of intense pleasure or rush, which lasts for a few minutes. Snorting or swallowing causes euphoria, but not a rush, and produces effects within 15–20 minutes.

The pleasurable rush disappears quickly. Other effects might last between eight to 24 hours and include: increased alertness; sense of well-being; paranoia; hallucinations; aggressive and violent behaviour; increased heart rate; convulsions and/or uncontrollable twitching, jerking; extreme rise in body temperature (as high as 42.2C, which can cause brain damage and death); insomnia; impaired speech; dry, itchy skin; loss of appetite; acne, sores; and numbness.

The long-term effects make sober reading. They include fatal kidney and lung disorders, brain damage, depression, hallucinations, permanent psychological problems, violent and aggressive behaviour, weight loss, insomnia, behaviour resembling paranoid schizophrenia, malnutrition, poor ability to cope, lowered resistance to illness, liver damage, stroke and death.

The pleasure is short-lived so users often try to maintain the high by bingeing on the drug. P causes a severe crash after the effects wear off. The crash is more intense and longer lasting than for amphetamine, Speed and cocaine. The effects are not only long-lasting, but continue to cause damage long after drug use has stopped.

Addiction is strong. The brain responds to P by releasing an enzyme to knock out the extra dopamine that has been produced. With repeated use, the enzymes kill the nerve endings of the dopamine cell. In other words the brain cannot register pleasure and satisfaction as it did before P. So users need the drug to feel pleasure, or simply to overcome the feelings of withdrawal.

Chronic use can lead to derangement with auditory hallucinations (ie hearing “voices”) and extreme paranoia. Unlike cocaine psychosis, it does not pass rapidly. It can last for weeks. P psychosis is common in high doses. About one-third of heavy users suffer hallucinations and hear voices. They get nervous and agitated, and are prone to violence.

Injecting carries other risks. Sharing needles with others, reusing injecting equipment and not disposing of them correctly lead to an increased risk of contracting Hepatitis B, Hepatitis C and HIV.

### ***P in your neighbourhood***

The illegal making and distribution of P is big business in New Zealand. Gangs are prominent but so are other people, motivated by the quick making process and high financial returns. The process is dangerous and so are many of the people engaged in it.

P is made in houses, motel units, sheds, caravans and even in car boots. Most of the people who make it – or cooks as they are known – have extensive criminal histories. They often keep loaded firearms handy during cooking and, after prolonged exposure to the drug and chemicals, might not be rational to deal with.

The chemicals used can become explosive and/or give off toxic fumes that attack skin, eyes, and the mucous membranes of the respiratory tract and can cause death. They pose a significant safety risk for the Police, Environmental Science and Research and other emergency personnel engaged in the investigation and clean-up.

The people engaged in the making don't generally observe safe chemical handling and disposal practices, and usually have only a very basic knowledge of the chemical process.

Every kilogram of manufactured P produces 7–10kg of toxic by-product. This is either flushed down toilets or dumped – quite often in residential neighbourhoods. The fumes are highly explosive as well as deadly if inhaled.



Some of the items seized from arrests during Operation Vim, a multi-agency approach between the Police and Customs in the fight against methamphetamine production. Among the items was a Beretta semi-automatic pistol (pen gun) found loaded next to a sleeping gang member. *Photo: ©Fotopress*

Buildings can be contaminated. Many of the stains from the chemical process contain cancer-causing substances that can affect later occupiers.

### ***How to spot a P laboratory***

If you suspect people are making or supplying P, report it to Police. If you find a drug lab, keep your distance from it and call the Police immediately on 111. If it is safe to do so, keep watching and write down a description of the people and their vehicles.

Chemicals and common products used in making P include: lithium, red phosphorus, salt, methanol, sulphuric acid, ephedrine/pseudoephedrine, alcohol, veterinary products, alkaline batteries, matches, rock salt, car fuel system cleaners, drain and grease cleaners, Sudafed, paint-thinners, and allergy products

Any one of the following list of common occurrences or tell-tale signs might not mean that drug dealing or production is occurring, but some or several happening together might indicate a problem:

- Frequent visitors at all times of the day or night.
- Frequent late night activity.
- Windows blackened out or curtains always drawn.
- Visitors with expensive vehicles.
- Unfriendly people, appearing secretive about their activities.
- People watching cars suspiciously when they pass by.
- Appearing to be paranoid by exhibiting odd behaviour such as an extensive investment in home security.
- Strange odours coming from house or rubbish.
- Rubbish has numerous bottles and containers, especially chemical containers.
- Putting rubbish out in another neighbour's collection area.

## **AMPHETAMINES**

Amphetamines are commonly known as Speed or Go-ee in New Zealand. They belong to a group of drugs called psychostimulants (also commonly known as Speed) that stimulate the central nervous system.

Amphetamines speed up the messages going to and from the brain to the body. Most amphetamines are produced in backyard laboratories and sold illegally. It usually appears as a whitish yellow powder, and occa-



Ephedrine tablets seized by the Customs Service. Ephedrine is used to fuel New Zealand's market for methamphetamine production. *Photo: ©Fotopress*

sionally in liquid. People who buy amphetamines illegally are sometimes buying these drugs mixed with other substances that can have unpleasant or harmful effects.

People use Speed for various reasons: getting high to dance and party all night is one of them. It can help you stay awake for long periods of time. Some use it to do better in sport or at work, or to boost their self-confidence.

Amphetamines can reduce tiredness and increase endurance. For medical purposes they are prescribed to treat narcolepsy (where a person has an uncontrollable urge to sleep) and attention-deficit hyperactivity disorder (ADHD). They are most commonly swallowed, injected (methamphetamine) or smoked. They are also "snorted".

The body's activity accelerates – heart rate, breathing, and blood pressure increase. A dry mouth, increased sweating, enlargement of the eye's pupils and headaches might occur, too. Users might feel energetic and full of confidence, with a heightened sense of well-being. Other effects include feeling wide awake and alert, becoming talkative, restless and excited, and having difficulty sleeping. The user might also get panic attacks. Reduced appetite is another effect.

Some users become anxious, irritable, hostile and aggressive. Sometimes people feel a sense of power and superiority over others.

Most amphetamines sold illegally contain a mixture of pure amphetamines and other substances such as sugar, glucose, bicarbonate of soda and ephedrine. These additives can be highly poisonous. They can cause collapsed veins, tetanus, abscesses and damage to the heart, lungs, liver and brain. Because users don't know whether they are using 5 percent or 50 percent pure amphetamines, it is easy to overdose by accident.

Very high quantities of amphetamines can cause paleness, headaches, dizziness, blurred vision, tremors, irregular heartbeat, stomach cramps, sweating, restlessness, irregular breathing and loss of co-ordination. Some users have collapsed after taking amphetamines. High quantities can also create an “amphetamine psychosis”, characterised by paranoid delusions, hallucinations and aggressive or violent behaviour.

Some users have had strokes, heart failure, seizures and high body temperature. Some have died. Injecting runs a greater risk of overdosing because large amounts of the drug flood the bloodstream and quickly goes to the brain.

As the effects wear off, a user might experience symptoms including uncontrolled violence, tension, radical mood swings, depression, and total exhaustion. Regular use of amphetamines might result in chronic sleeping problems, anxiety and tension, high blood pressure, and a rapid and irregular heartbeat.

To combat these drug-related effects, users often take alcohol, benzodiazepines, other sedatives/hypnotics, cannabis and available opiates. Taking other drugs to cope with some of the undesirable effects of amphetamines can result in a “roller-coaster” dependence on several drugs. For example, some people need amphetamines to get them going each day, and benzodiazepines to get them to sleep each night. This type of dependence can lead to a variety of serious physical and psychological problems.

## ECSTASY

Ecstasy is a street term for drugs similar in structure to MDMA (Methylenedioxymethamphetamine). It is similar in structure and effect to amphetamines and hallucinogens. Ecstasy is also known as E, XTC, Eccy and the Love Drug.

Ecstasy is illegal, and its ingredients are often hard to get, so makers might substitute a variety of substances. You might buy Ecstasy containing little MDMA. Like other illegally made drugs, such as Speed, the strength and hygiene of the drug is uncontrolled. This increases the chances of a person overdosing, being poisoned or having other adverse reactions.

Ecstasy usually comes in the form of small white or yellow-to-brown tablets of various sizes, shapes and designs. Swallowing is the most common way to use it, even though it can taste foul. Ecstasy tablets can be crushed and snorted. They can be inserted into the anus from where the drug is absorbed. Injecting Ecstasy has recently become more popular.



Ecstasy tablets found in the false bottom of a packing crate – 36,000 of the tablets were seized, with an estimated street value of more than \$2 million.

*Photo: ©Fotopress*

Because Ecstasy is commonly taken before or during dance or rave parties, the stimulant effects are likely to increase. The user might be more prone to prolonged and vigorous dancing, increasing some of the dangers listed below.

People having any of the following conditions put themselves at greater risk of physical and psychological harm by taking Ecstasy: hypertension, heart disease, diabetes, liver problems, epilepsy, a history of mental illness or panic attacks. Immediate effects can include increased heart rate, body temperature and blood pressure; increased confidence; jaw-clenching, teeth-grinding; feelings of well-being; nausea; feelings of closeness to others, hence the term Love Drug; anxiety; loss of appetite; and, sweating.

These effects usually begin within 20 minutes of taking the drug and might last up to six hours. Some people have reported symptoms persisting for 32 hours.

The effects usually go through three phases:

- Coming up – where the effects can be smooth and bumpy, and users might feel a rush.
- The plateau – where the user might feel happy and relaxed.
- Coming down – where users might feel physically exhausted, depressed and irritable.

Signs are usually a very high body temperature and blood pressure, hallucinations and a faster heartbeat. This is especially dangerous for those who have an existing heart condition, breathing problems, and for people with depression or any other psychological disorder.

Death can result under three distinct circumstances:

1. **The stimulant effect:** resulting in heart attack or brain haemorrhage.

2. **Overheating:** the combination of Ecstasy and prolonged and vigorous dancing raises the body temperature dangerously. Because it is often taken in hot, humid venues, such as rave or dance parties, the risk of death by overheating (hyperthermia) is further increased.
3. **Drinking too much:** it is important not to drink too much water all at once. Several people have died after their brain swelled from the excess fluid intake, inducing a coma.

Sip water regularly rather than all at once. If dancing, drink about 500ml an hour; if inactive drink 250ml an hour. Wearing light, loose clothing and taking regular rests from dancing (15 minutes after every hour of dancing) will help reduce the risk of overheating. Check that the body has cooled down, breathing and heart rate are back to normal and that you are feeling OK.

The following are important signs to watch out for: starting to feel very hot, unwell, and confused; not being able to talk properly; headache; vomiting; not being able to urinate or noticing that urine is thick and dark; not sweating, even when dancing; heart rate or pulse not slowing even when resting; fainting, collapsing, convulsing. (See also section on What to do in an Emergency.)

## COCAINE

Cocaine is a drug derived from the leaves of the coca plant, which is found mainly in Peru and Bolivia. It is a stimulant because it speeds up the functions of the central nervous system – the messages going to and from the brain. It comes as a crystal white powder and has the scientific name cocaine hydrochloride.

Cocaine can be injected, snorted, or even converted to a freebase form and smoked. It is sometimes known as C, Coke, Flake, Nose Candy, Snow, Dust, White, White Lady, Toot, Crack, Rock, or Freebase. It is inhaled (snorted) through the nose, or injected. It can also be converted to an alkaloid form through a process known as freebasing, which allows it to be smoked. Cocaine hydrochloride cannot otherwise be smoked, because the drug is destroyed at high temperatures.

Crack is a very pure form of freebase cocaine sold as crystals or rocks. Crack is smoked in pipes or in cigarettes, mixed with tobacco or marijuana. Crack has rarely been seen in New Zealand.

Cocaine might be mixed, or “cut”, with other substances such as sugar, baking soda and talcum powder to increase profits. This increases the risk of harmful or unpleasant effects.

Many people have had the following effects shortly after taking cocaine: physiological arousal, including increased body temperature and heart rate; exhilaration;

anxiety; feelings of well-being; decreased hunger; panic; poor concentration and judgment; indifference to pain and fatigue; feelings of great physical strength and mental capacity; enlarged pupils; sexual arousal; unpredictable and/or violent behaviour.

The effects of cocaine peak after 15 to 30 minutes, and then diminish.

Using greater quantities of cocaine repeatedly over several hours can lead to extreme agitation, anxiety, paranoia, hallucinations, dizziness, nausea and vomiting, tremors, unpredictable violent/aggressive behaviour; loss of: concentration, co-ordination, interest in sex, ambition and motivation; heart pain, heart attack, paranoid psychosis, increased body temperature, rapid, irregular and shallow breathing.

People who have used cocaine over longer periods tend to take it in stronger quantities – binges interrupted by crashes. A user might try to end the binge by taking a depressant drug such as alcohol, benzodiazepines (benzos), or heroin. The binge is followed by the crash – intense depression, lethargy and hunger.

The unpleasant effects of cocaine increase with more frequent, long-term use. Most symptoms will go once cocaine use ceases

## CANNABIS

Cannabis comes from the *cannabis sativa* plant. It is the most commonly used illicit drug in New Zealand.

The active chemical in cannabis is THC (Delta-9 tetrahydrocannabinol). The more THC cannabis contains, the stronger it is. Cannabis is a depressant. It can have mild hallucinogenic effects. Street or slang names for marijuana include Pot, Grass, Dope, Electric Puha, and Hooch.

Cannabis has three main forms: marijuana, hashish and hash oil.

Marijuana is the most common and least powerful form of cannabis. It is the dried leaves and flowers of the plant. Marijuana looks like chopped grass, and is grey-green to greenish-brown. Its texture can be fine or coarse. It can contain seeds and twigs from the plant. The flowers or “heads” are the most potent part of the plant. Marijuana is smoked in hand-rolled cigarettes (joints) or in a pipe (bong).

Hashish (hash) is dried cannabis resin, which comes in small blocks. The blocks are light brown to nearly black. The concentration of THC in hashish is higher than in marijuana. That produces stronger effects. Hash is added to tobacco and smoked, or baked and eaten in foods such as “hash cookies”.

Hash oil is a thick, oily liquid, golden-brown to black, which can be extracted from hashish. It is usually spread on the tip or paper of cigarettes and then smoked. Hash oil is more powerful than the other forms of cannabis. A very small amount can have a strong effect, lasting two-three hours.

Cannabis can make users feel happy, relaxed and comfortable. They might feel less inhibited, friendlier and laugh spontaneously. It reduces co-ordination and balance, making it dangerous to drive or use machinery. Cannabis can affect memory and the ability to think logically. Other common immediate effects include increased heart rate, low blood pressure, faintness, and reddened eyes. There also can be a hangover effect like drowsiness and poor co-ordination that lasts for several hours.

Marijuana cigarettes have more tar than tobacco. Cannabis users thus run an increased risk of respiratory illness such as lung cancer and chronic bronchitis. This risk is increased because marijuana smokers often inhale deeply, and hold the smoke in the lungs longer, to increase the effects of the drug. Cigarette smokers who also smoke cannabis have an even greater risk of respiratory disease.

## GHB

*Gamma-hydroxybutyrate* (GHB), also known as Fantasy, Grievous Bodily Harm (GBH), Liquid Ecstasy and Liquid E, is classed as a depressant drug that contains sedative and, at sufficient doses, anaesthetic properties.

GHB naturally occurs in the body as a neurochemical compound. It was first made in 1960 and has been used in several countries as a general anaesthetic and

for treatment of the sleep disorders insomnia and narcolepsy.

More recently, GHB is being trialled as a treatment for alcohol and opiate (eg heroin) withdrawal. GHB commonly comes as a colourless, odourless, bitter or salty-tasting liquid usually sold in small bottles or vials. It also comes as a crystal powder. It is mostly taken orally. Makers can change the colour of GHB by adding food dye.

An increasing number of people in the dance/club scene are using GHB for its euphoric and sedative effects. GHB has been linked to “date-rape drug” incidents.

The effects of GHB appear to vary greatly according to the amount used. A small increase in amount can result in a dramatic increase in effect. One of the most dangerous aspects of using GHB is the small difference between an amount that produces the desired effect and the amount that results in overdose.

Another risk with GHB is that there is often no way to be sure that the drug is made correctly. The drug could contain other substances that can have unpleasant or harmful effects, and are of unknown purity. That poses a risk of great harm. Improperly made GHB might result in an extremely toxic mixture of GHB and the chemical sodium hydroxide.

Generally, the effects of GHB are felt in 15 minutes and last for about three hours. Effects of lower amounts might include a sense of well-being, relaxation, drowsiness, induced sleep, nausea, increased confidence and reduced inhibitions, dizziness, headache, greater sense of touch.

A greater amount or stronger GHB might cause confusion, agitation, extreme drowsiness/grogginess, hallu-



Police look over the car driven by an 18-year-old who had been smoking 'P'. Another young man died in the crash. The driver was jailed for 6½ years.

Photo: ©Fotopress

cinations, difficulty focusing eyes, vomiting, stiffening of muscles, disorientation, convulsions/seizures, unconsciousness or abrupt short-term coma, respiratory collapse, amnesia (afterwards), impaired movement and speech.

Using GHB with another depressant, such as alcohol benzodiazepines (eg Valium), or opiates, (eg heroin), will increase the risk of overdosing. Some people can become addicted to GHB.

### ***A story of drink spiking***

The threat of drink spiking with substances such as GHB is real. Kate is a journalist. She told us about an incident some years ago, when she was working at a Big Day Out rock concert in Auckland. Her experience led her to believe her drink was spiked.

Her account:

*I was working at Big Day Out stand doing reviews for a student website. I met up with a guy who I vaguely knew through clubbing and friends, and was hanging out with him for a bit watching the bands.*

*He was fairly “gone”, but that wasn’t unusual. He was going to get a drink and offered to get me one and a little while later came back with a couple of juice-type things. I didn’t notice a difference in taste, but I was quite thirsty so probably wouldn’t have paid much attention.*

*About half an hour later, my whole body went hay-wire – I got incredibly hot, my body got incredibly strong tingles and I had trouble walking and seeing. I managed to make my way outside and sat down, unable to use my phone, barely able to speak and feeling quite scared. A guy who I didn’t know came up to me and could see that I was in trouble. He went and bought an orange juice, unopened, and sat with me until I could tell him to call my boss, who was still at the stand.*

*I was getting phone calls every 10 minutes or so from the guy who I had been with. He was asking where I was because he wanted to go to a party, and did I want to go with him? He left about a dozen phone and text messages – I just hung up on him each time.*

*My boss took me home and stayed with me until my partner got home from work. I had started to feel better so we decided not to go to the doctor. I was kept awake and fed orange juice until the effects wore off.*

*There was no complaint to the Police but the next day I was throwing up quite a bit and passed out a few times, so we went to the doctor that afternoon. Blood and urine tests didn’t reveal anything. He said it might have been GHB, which is flushed out of the body quite quickly. There was nothing conclusive.*



Photo: ©Fotopress

Kate says it happened to her a second time, at a club.

*“I realised quite quickly that my drink didn’t taste right and stopped drinking. It might have been someone who put their drink down next to mine, and either they had stuff in their drink to take recreationally and walked off with the wrong drink, or put it in mine.”*

She is careful with her drinks now.

*“I never accept drinks from people I don’t know and always hold on to them. I never put them down on tables unless I am with a group of people I trust. I also keep an eye on my friends and other people – if I see they are in trouble I’ll do something.*

*“I have educated myself on the signs of GHB overdose and always have an eye out so I can be someone else’s Samaritan if they are in trouble. I’ve helped one girl already.”*

NOTE: Spiking drinks is illegal. The Police urge anyone who believes their drink has been spiked to contact them.

## **HEROIN**

Heroin is one of a group of drugs known as opiates (sometimes called narcotic analgesics). Other opiates include opium, morphine, codeine, pethidine and methodone. Heroin and other opiates are depressants. They slow the central nervous system’s activity and messages going to and from the brain and the body. This includes physical, mental and emotional responses.

Heroin has various street names – Smack, Skag, Dope, H, Junk, Hammer, Slow, Gear, Harry, Piss, Shit and Horse among them.

Opium takes its name from the opium poppy, which grows in many parts of the world – commonly in Asia

and the Middle East, but also in the United States and Australia. When the seedpod of the poppy is cut, a sticky resin oozes out (opium). Opium is refined to produce the natural painkillers morphine and codeine.

For centuries many cultures have used opium as a medicine and as a recreational drug. Morphine, codeine and pethidine are still widely used for medical purposes.

In the last century powerful painkillers have been produced in the laboratory. These drugs have similar effects to the natural opiates.

Heroin is made from morphine or codeine by a chemical process, but has a stronger painkilling effect than the drugs from which it is made. It comes as white-to-off-white granules or pieces of “rock” with a bitter taste, but no smell. It is packaged in foils (aluminium foil) or coloured small balloons.

It is most commonly injected into a vein. It can also be smoked (“chasing the dragon”) or snorted.

The effects of heroin might last three to four hours. The immediate effects include intense pleasure, pain relief, slower breathing and pulse-rate, lower blood pressure, dry mouth, drowsiness, nausea and vomiting. Bigger quantities impair concentration, can induce sleep, make breathing shallower and slower, can cause sweating, itching and increased urination.

Too much can cause death. Breathing becomes very slow, body temperature drops, and heartbeat becomes irregular. Users might overdose if too much heroin is injected or it is a strong batch, or heroin is used with alcohol or sedatives. Most overdoses are a result of heroin with another drug. After an overdose it is strongly advisable to seek assessment at a hospital.

Illicit drugs such as heroin often lead to complicated health problems. Some of these problems are more likely if the drug is injected: for example, skin, heart, and lung infections and diseases such as hepatitis and HIV.

In its pure form, heroin is relatively non-toxic to the body, causing little damage to body tissue and other organs. But it is highly addictive and regular users are very likely to become dependent on it, even after a few days. Some long-term effects include constipation, menstrual irregularity and infertility in women, and loss of sex drive in men.

Impure heroin: Street heroin is usually a mixture of pure heroin and other substances, such as caffeine and sugar. Additives can be very poisonous. They can cause collapsed veins, tetanus, abscesses and damage to the heart, lungs, liver and brain. Because the users don't know the purity, and as a consequence the amount to take, it is easy to accidentally overdose and even die.

Dependence can be psychological, physical, or both. Maintaining the “habit” can sometimes lead to users turning to crime to get enough money to pay for it.

## HALLUCINOGENS

Hallucinogens, also known as “psychedelic” drugs, change how a person perceives the world. Hallucinogens markedly affect all the senses and cause hallucinations – seeing or hearing things that do not exist or are distorted. A person's thinking, sense of time and emotions can also be altered.

There are many different kinds of hallucinogens. Some occur naturally, in trees, vines, seeds, fungi and leaves; others are made in laboratories. Hallucinogens include LSD, Magic Mushrooms, mescaline, PCP (phencyclidine), cannabis (in high quantities) and Ecstasy.

Naturally occurring hallucinogens have been used since ancient times by various cultures throughout the world, particularly North and South American Indians, for their mystical and spiritual associations. They became fashionable in America and Europe in the 1960s. Very few people use hallucinogens today.

LSD (lysergic acid diethylamide – Acid or Trips) is one of the most commonly used hallucinogens in New Zealand. During the 1960s LSD became the hippies' drug of choice. Since then its use has declined, but there is some recent evidence of increased popularity.

In its pure state, LSD is a white, odourless powder. It usually comes in the form of liquid, tablets or capsules, squares of gelatine or blotting paper. LSD can be swallowed, sniffed, injected or smoked. It is very potent: small amounts cause strong effects. For easier handling, LSD is often diluted with another substance, such as sugar, or soaked onto sheets of blotting paper.

## INHALANTS

Inhalants are volatile substances (many of which are familiar household items) that, when vaporised and inhaled, might make the user feel intoxicated or high. Like alcohol, inhalants are depressants. Street names are Glue, Gas, Sniff, Huff, Chroming (as in the use of chrome paint) and Poppers.

Teenagers are identified as the most prevalent group of inhalant users. Some adults in the dance scene also use inhalants to boost their experience.

Users fall into three broad categories of people:

**The experimenter** – most teenagers fall into this category. They try it once or twice then stop by themselves.

**Social/situational user** – usually done with a group of friends. These users often develop other interests and grow out of this practice.

**The long-term, dependent user** – A few go on to use regularly over a long time.

Reasons young people give for using inhalants are often very similar to the reasons adults give for using alcohol and tobacco. Experimenting with inhalants can be a part of growing up and, for most, it is a passing interest and they move on to other activities.

With short-term use, most products rarely cause damage to the body. But some glue-sniffers have been admitted to hospital, unable to control their movements or speak properly, and sometimes have convulsions. Most of these symptoms clear within a few hours. Some people might have problems with their breathing passages, but even that improves over time.

Long-term users might appear pale, have tremors, lose weight, feel tired and be unusually thirsty. They might also have anaemia because some inhalants affect blood production. The lead in petrol, and some of the chemicals in other inhalants, might build up in the body. This irritates the lining of the stomach and intestines and can cause damage to the brain, nervous system, kidneys, and liver. Prolonged and heavy use might even cause stupor or coma, problems with breathing, irregular heartbeat and sometimes seizures.

A small number of people have died from using inhalants. The main danger comes from accidents when high, such as suffocation from plastic bags, choking on vomit when unconscious, and behaving recklessly.

“Sudden sniffing death” has followed the use of aerosol sprays, cleaning and correction fluids, and model aeroplane cement. It is believed that chemicals in these products can cause heart failure, particularly if the user is stressed or does heavy exercise after inhaling.

Most inhalants are common household products. It is illegal for shopkeepers to sell products to someone if they believe that they are to be used for inhaling.

## **MINOR TRANQUILISERS**

Benzodiazepines (sometimes called benzos) are also referred to as minor tranquillisers. They work by slowing the central nervous system’s activity.

Benzodiazepines are produced by chemical synthesis. The benzodiazepine group contains more than 24 specific drugs. Each has a chemical or generic name, and each is sold under one or more brand-names. They are most often prescribed as tablets or capsules. They come in a variety of colours and shapes. Whether taken orally or intravenously the drug is absorbed into the bloodstream and circulates through the body.

Medically, benzodiazepines are classified as sedatives/hypnotics (to induce sleep) or anxiolytics (to relieve anxiety). In practice they perform all of these func-

tions, although different ones are prescribed based on how quickly they work and how long they last.

Some doctors prescribe some benzodiazepines to relieve stress and anxiety and to help people sleep. They are also sometimes used to treat epilepsy, to relax muscles, to help people withdraw from alcohol, or as an anaesthetic before surgery.

Some people use benzodiazepines to become intoxicated. People who use heroin sometimes use benzodiazepines when they can’t get heroin, when they are trying to get off heroin or to increase the effects of heroin. People who use Speed or Ecstasy might use benzodiazepines to help when they are coming down from a high, and to help them sleep.

The use of benzodiazepines over a long time (more than two to three weeks) is not recommended. Benzodiazepines can help to relieve anxiety in the short term. But they do not solve the problem that caused the anxiety in the first place – they treat the symptoms but not the cause.

Benzodiazepines taken during pregnancy cross the placental barrier and can affect the baby’s growth and development. Anyone taking a prescription of benzodiazepines should see a doctor before altering their dosage.

Benzodiazepines can produce withdrawal symptoms in newborn babies, which can last for a week or longer. Withdrawal symptoms can include breathing problems, poor body temperature control, poor muscle tone and sucking difficulties.

## **STEROIDS**

Anabolic steroids are synthetic derivatives of the male hormone, testosterone. They come in tablet or liquid form and can be swallowed or injected. Steroids sold illegally might be of poor quality or intended for animal use only.

Steroids are used medically to treat male hormone deficiencies and to build up the body mass of people with medical conditions such as HIV. They are used illegally by athletes and body-builders to boost performance and increase muscle size.

The minor effects are reversible after stopping steroid use. They include hypertension, fluid retention, decreased sex drive, increased acne, colds or flu, and early hair loss. People might also become more aggressive – this is known as “roid rage”.

Serious, permanent, effects include bigger breasts, increased chance of heart disease, altered carbohydrate tolerance, bicep tear and rupture, risk of contracting Hepatitis C, HIV, and other infections through sharing unclean needles.

For women the effects also include a deepening voice, more facial hair, an enlarged clitoris, and problems with the regularity of menstrual periods.

Adolescents and children who use steroids might stunt their growth permanently.

Taking larger doses of anabolic steroids does not increase their effects. It simply overloads the muscles and might increase the side-effects.

In New Zealand it is illegal to use steroids without a prescription. Steroid use has been banned in international sport and athletes can be disqualified if found using anabolic steroids.

## TOBACCO

A lot is said and written about tobacco, and we won't add too much to it here.

However, a few facts might be pertinent. Tobacco smoke contains 4000 chemicals, many of which are poisonous, and 43 that have been proven to be carcinogenic (causing cancer).

Nicotine is the drug in tobacco smoke that causes addiction among smokers. The strength of addiction is said to be as powerful or more so than that of heroin. Nicotine is a poison. Swallowing one drop of pure nicotine can kill an adult.

Tar is released when a cigarette burns. Tar is the main cause of lung and throat cancer in smokers. Carbon monoxide is a colourless, odourless and very toxic gas, which the lungs take up more readily than they do oxygen. High levels of carbon monoxide in the blood is typical of smokers and, with nicotine, increases the risk of heart disease, hardening of the arteries and other circulatory problems.

Tobacco is a legal product. The sale of tobacco products is legal only to people aged 18 and over. One in six deaths in New Zealand is related to tobacco use. About 4500 New Zealanders die every year from tobacco – that is more than from road crashes, suicide, skin cancers, drowning, homicide and AIDS combined.

## DRUGS AND PREGNANCY

Drug use is an important aspect of a woman's health during pregnancy. Drugs that are of concern include alcohol, tobacco, P, cannabis, amphetamines, heroin, cocaine, tranquillisers and sleeping pills, pain-killers, LSD, Ecstasy, and glues and aerosols.

Some prescription drugs can be a problem during pregnancy, so discuss this

with your doctor as soon as you know you're pregnant. Drugs can be harmful to a developing child throughout the pregnancy, but the first three months is considered the time of most risk because the baby's main organs and limbs are forming.

All supplies of nutrients, water and oxygen pass from the mother to the baby through the placenta. All drugs taken during pregnancy will reach the baby through the placenta. How babies respond to these drugs varies.

Each baby, for reasons that are not clear, seems to have its own response to different drugs. Mothers can use the same drugs in the same amount for the same duration or length of a pregnancy and the babies can react differently. Something in each baby appears to allow that to occur. You might know someone who has had a healthy baby even though she took drugs during her pregnancy. You cannot assume that your baby will be healthy if you take drugs during your pregnancy. No-one can predict how a baby will be affected.

Ante-natal checks – the visits you make to the doctor, hospital, or community health centre while you are pregnant – are important. The best way to avoid or reduce complications and the risk to the baby is to have good ante-natal care. Women who attend ante-natal visits throughout the pregnancy run fewer risks of obstetric complications. At these appointments you could discuss with the doctor or midwife any drugs you might be taking. The information you give them will be confidential whether you are discussing legal or illegal drugs.

### *Effects on pregnancy*

Mothers taking drugs or alcohol tend to go into premature labour, their babies often arriving more than six



Photo: ©Fotopress

weeks early. Overall, babies born to mothers who are using drugs or alcohol are smaller than the average baby.

Low birthweight babies often have breathing difficulties and are more vulnerable to infections. The baby needs to be carefully monitored at ante-natal visits. Ultrasound assesses the baby's growth and other tests check that the placenta continues to work well.

Withdrawal is the body's reaction to going without drugs on which it has depended to feel normal. Babies whose mothers have taken drugs during pregnancy might suffer withdrawal. This will depend on the drug, the dose, the purity, how often it's used and the woman's general health. A baby can suffer withdrawal during the pregnancy and after birth.

There are common signs and symptoms of drug withdrawal in a new-born baby. Withdrawal often develops after the first 24 hours of life. The babies are agitated and irritable, difficult to settle and suck poorly. They often have diarrhoea and scratch themselves; sometimes hiccup and cough.

Withdrawal can be so severe that the babies have convulsions if not treated. In about 75 percent of cases the only treatment required is supportive care – that is, soothing the baby by bathing more often and feeding frequently. The baby is wrapped tightly in blankets to make him/her feel secure. If the irritability is extreme the baby might need medication.

Although some drugs are excreted into breast milk, breast-feeding might still be the right choice to make for feeding your baby.

One important reason to consider breast-feeding is the bonding that it can encourage.

## **WHAT TO DO IN AN EMERGENCY**

It is vital that anyone overdosing or having an adverse reaction to drugs receives professional help quickly.

If Cardiopulmonary Resuscitation (CPR) is required and you know how to perform it then do so. CPR means giving rescue breaths followed by a number of chest compressions, and repeating this cycle continuously until the ambulance arrives. If you're not sure, the following guide will help you to perform CPR

### ***Before starting CPR***

- Ensure your own safety first, then that of the victim (for example, if the victim is lying on a road, take steps to alert oncoming traffic).
- Gently tap the victim and shout "are you all right?" If the victim can respond and there is no further dan-

ger from their location, leave the victim in the position they are in. If there is no response, shout for help. Send for help if there is more than one rescuer present.

- Ask that person to dial 111 for an ambulance and return to confirm that the ambulance is on the way. Tell the ambulance dispatcher the location and telephone number closest to the scene and be prepared to provide other information before hanging up.
- Do not hang up until instructed to do so.
- If alone, the rescuer should assess the victim for unresponsiveness and absence of signs of life *before* going for help.
- The victim must be on his/her back on a firm surface.

### ***Performing adult CPR***

- To start CPR, first open the airway by tilting the head back and lifting the chin forward. Make up to five attempts to give two effective rescue breaths, then start chest compressions. If vomit is visible in the mouth, it should be wiped out by using fingers that are covered with a piece of cloth.
- Give 15 chest compressions at a rate of 100 a minute. The depth of each compression is 4–5cm. The 15 compressions are followed by two effective breaths. Repeat the cycles of 15 compressions and two effective breaths.
- To find the correct hand position, place the heel of one hand over the lower half of the breastbone. Place the heel of the second hand on top of the first. The fingers should be interlocked, or the hand on top can grasp the wrist of the hand on the chest.
- Ensure the fingers are kept off the chest. The rescuer should keep his/her shoulders directly over the chest, and with elbows straight and locked push down on the chest.
- After three minutes (finishing with two breaths) and every few minutes after that, reassess the victim for signs of life. If there are no signs of life give two effective breaths and continue with 15 compressions and two breaths
- Continue until: the victim shows signs of life, trained help arrives; or you can no longer continue.

If the victim is unconscious, breathing and has other signs of life, turn the victim onto his/her side in the recovery position and ensure the airway is kept open.

For more information, view the website of the New Zealand Resuscitation Council at [www.nzrc.org.nz](http://www.nzrc.org.nz)

# Alcohol

## A SOCIETY TOLERANT OF DRUNKENNESS

*The Way We Drink*, a survey commissioned by the Alcohol Advisory Council, explored the attitudes and behaviour of New Zealanders aged 12 and over towards drinking alcohol. The survey was conducted late in 2003 and presented in March 2004.

The survey found that New Zealand is a society in which many people are tolerant of drunkenness.

“Not quite half of all people aged 12+ (46 percent) agree with the statement, ‘It’s never OK to get drunk’, (conversely, 49 percent of all people aged 12+ disagree).”

More than two-fifths of people aged 12+ (41 percent) agreed with the statement, “It’s OK to get drunk as long as it’s not every day”. Almost one-in-10 drinkers aged 12+ (9 percent) admitted they “drink to get drunk”.

“As a result, it is a society in which many current drinkers appear to exercise little self-control,” the survey report said.

One-quarter of drinkers aged 12+ (26 percent) disagreed with the statement, “I try not to drink so much I forget what I was doing or what happened”. Almost one-quarter of drinkers aged 12+ (24 percent) disagreed with the statement, “I limit the amount of alcohol I drink so that I don’t wake up with a hangover”.

“(New Zealand is) also a society in which many adults who currently drink don’t appear to be concerned about their physical or mental well-being because of their drinking,” the survey report said.

More than one-third of drinkers aged 18+ (38 percent) disagreed with the statement, “I am concerned about the long-term effects of alcohol on my physical well-being”.

More than two-fifths of drinkers aged 18+ (42 percent) disagreed with the statement, “I am concerned about the long-term effects of alcohol on my mental well-being”.

The reported noted that New Zealand was “a society in which many parents don’t know about their children’s drinking . . .”.

“Although two-thirds of parents (63 percent) report they set strict rules about (their) children drinking alcohol, 21 percent admit that they do not. However, only one-half (52 percent) agree they know when their children drink.”



*photopress*

New Zealand was a society in which the “benefits” of alcohol as a “social lubricant” and “relaxant” were recognised.

“Over two-fifths of all current drinkers aged 12+ (42 percent) agreed with the statement, ‘When I drink alcohol it is easier to meet and get to know people’. Two-thirds of drinkers aged 12+ (67 percent) agree with the statement, ‘Alcohol helps me wind down and relax’.”

The survey report says that the overwhelming conclusion is that young people who drink are more likely than adults to agree with the statements about the benefits of drinking alcohol, and more likely than adults to disagree with statements relating to the factors that inhibit drinking.

“Their state of mind is best summed up in the number that condone drunkenness (59 percent of all young people aged 12–17 agree with the statement, ‘It’s OK to get drunk as long as it’s not every day’).” Twenty-five percent of young people who currently drink also admit they do so “to get drunk.”

## THE DRINKING AGE LAWS

New Zealand has no minimum legal drinking age, but we do have a minimum legal purchase age of 18. Young people wanting to buy alcohol or get into licensed premises must provide photographic proof of age.

### *Young People in Licensed Premises*

In New Zealand a licensed premises can have three possible designations – restricted, supervised or undesignated. They concern whether someone under the legal minimum age can be on the premises and under what conditions. They are:

- Restricted: no-one under 18 may be on that part of the premises unless they are employed to prepare or serve a meal, clean or repair, remove or replace equipment, stock-take, check or remove cash.
- Supervised: no-one under 18 may be on that part of the premises unless they are accompanied by their parent or legal guardian, or are employed as above or are employed for the sale and supply of alcohol.
- Undesignated: anyone of any age can be on that part of the premises.

## WHAT WE DRINK

The kind we drink is ethyl alcohol. Most alcohols are highly poisonous. But the human body can tolerate small amounts of ethyl alcohol. Ethyl alcohol is classified as a sedative, hypnotic drug because it slows the activities of our central nervous system.

Alcohol is not digested and broken down as food is. It crosses unchanged through the walls of the stomach and small intestines into the bloodstream. Within minutes it's being pumped to every part of the body. In the liver, enzymes break it down into products such as water and carbon dioxide. This forms urine. The liver does its job slowly. It breaks down alcohol at the rate of one standard drink each hour. So if we drink more than one standard drink an hour then the alcohol in our body builds up.

And we don't notice it at first, but that build-up begins to affect us. The alcohol is surging around our body and we might start to feel a bit mellow. Our problems don't seem as bad, the pressures on us are cushioned. Our inhibitions might drop and we might say and do things that usually we'd be too shy to do.

As we have a few more drinks we might get jumbled our words up. And our ability to pronounce words properly might become warped and slurred. That might be amusing to us and others, so also our inability to walk straight. But if we have drunk far more than our liver can handle then what might be amusing and not a problem could turn more serious – we might

want to pick fights, say things best unsaid, or get into our cars and drive into someone else on the way home.

Let's be clear: alcohol is a drug. In itself it is not illegal to have or to drink it. But drinking too much can land us in trouble. It can help us relax and make us sleepy. Too much can kill us. But only if our blood alcohol limit is at least 350mg per 100ml of blood, which is more than four times the legal limit for driving. For a man, that's one 750ml bottle of whisky in less than an hour. That overload will make his brain shut down very quickly.

Too much alcohol over a long time can cause us serious problems.

These can be:

- weight gain – if continuing to eat normally.
- weight loss – if we don't eat normally.
- diseases of the stomach and the intestines.
- problems with the nervous system.
- psychiatric disorders.
- heart disorders.
- muscle and blood disorders.
- vitamin deficiency diseases.
- skin diseases.
- premature death (excessive drinking can take 10 to 12 years off our normal life expectancy).
- increased susceptibility to some cancers, especially when combined with smoking.

## THE MEASURE OF A DRINK

Alcohol is usually measured in standard drinks (also called SDs). One SD equals a half-pint of beer, a small glass of wine or a pub nip of spirits, which all contain about 10ml of alcohol.

### *How many SDs in our drink?*

<i>Drink</i>	<i>SDs</i>
1 nip of spirits (whisky, gin, rum, vodka)	1
1 glass of fortified wine (sherry, martini, port)	1
1 average-sized glass of table wine	1
1 pint of beer (a handle)	2
1 can of beer	1.5
1 bottle of 'super' or 'special' lager	2.5
1 jug of beer	4
1 bottle of table wine	9
1 bottle of fortified wine (sherry, martini, port)	14
1 bottle of spirits (whisky, gin, rum, vodka)	30

### ***How much alcohol is in our standard drink?***

<i>Pure alcohol strength by volume</i>	<i>standard drink</i>
Beer 4%	250ml
Wine 11%	100ml
Sherry 18%	60ml
Spirits 40%	25ml

These drinks have the same amount of alcohol in them (10ml).

### **DRINK DRIVING**

Alcohol affects how we drive. The risk rapidly increases as the blood-alcohol level rises. If we drink and drive with a blood-alcohol level over 80mg per 100ml we are three times more likely to be in a crash than a sober driver. People with a high blood-alcohol level are more likely to be injured or killed in a crash than those who are sober.

Alcohol-affected drivers cause about 30 percent of fatal vehicle crashes. They cause one-in-eight injury crashes. Males aged under 22 account for 30 percent of all drinking drivers in road crashes.

The 2004 road toll was 435: preliminary study suggests that 130 deaths – 30 percent – were caused by alcohol. It is too early to give a break-down of causes, but we can go back a year earlier, to 2003.

Some key facts:

- Drinking and driving contributed to 124 fatal crashes, 370 serious injury crashes and 859 minor injury crashes.

- Drinking and driving contributed to 141 deaths (out of 461), 555 serious injuries and 1398 minor injuries – 31 percent of all road deaths were in drink-related crashes.
- Drunk drivers killed 38 of their own passengers, 26 other drivers, passengers, cyclists and pedestrians, and 77 of these drunk drivers were killed.
- The social cost of drink-related crashes was about \$760 million (about 23 percent of the social cost associated with all injury crashes).
- More than 80 percent of drivers with excess blood-alcohol in fatal crashes were male.

### ***Driving down the road toll***

New Zealand's annual road toll since 1990 has dropped 40 percent, despite 33 percent more vehicles on the road and 19 percent more people. This is mainly because of a steady commitment to reduce road deaths by the Government, the Police, and the former Land Transport Safety Authority (since December 1, 2004, part of the new Land Transport New Zealand).

The Government has set a target of no more than 300 road deaths and no more than 4500 hospital admissions a year by 2010. Reducing the incidence of drink-driving is part of the strategy. The campaign also aims at changing attitudes and behaviour in speed, failure to give way, and safety belts.

Every year hundreds of people die and families and friends suffer because people endanger others' lives by driving dangerously. The cost of road crashes – emergency services, medical care, reparation and human grief – is enormous. Long after the sirens have faded and the



Police vigorously enforce New Zealand's drink driving laws.

Photo: ©Fotopress

wreckage has been cleared away the impact continues to be felt, often for years.

Each life costs \$2,485,000, and each injury \$255,500. Broadly, this is the cost of hospital and medical treatment and care, the loss of output, loss of life, disability, property damage, and legal and court costs.

### ***Changing lethal behaviour***

From 2004 the approach to road safety advertising has aimed at asking New Zealanders to demand that dangerous drivers change their behaviour.

This approach focuses on facts, figures and physics, the impact of risky driving on the victim, families and communities, emotion and rationality, credibility and personality. We want people to start asking whether they want to share the road with drivers who endanger the rest of us.

The advertising and enforcement campaign approach highlights the link between drink-driving and road crashes. By presenting drink-driving as socially unacceptable and by stimulating social pressure and intolerance to support this, it aims at changing attitudes and

behaviour and a consequent reduction in road trauma caused by drink-driving.

As well, the Police enforce this area of traffic law. Compulsory breath-testing is an effective deterrent.

Tactics to combat drink-driving are:

- Conspicuous, compulsory breath-testing.
- Passive alcohol-testing devices.
- Vigorous enforcement of alcohol laws.
- Visits to hotels/clubs identified in “Last Drink Surveys” as being a problem.

If you're under 18 the legal blood-alcohol level for driving is 30mg of alcohol per 100ml of blood. The adult level is 80mg. It takes very little alcohol to reach this level.

### ***Drugs and driving***

It is illegal to drive while under the influence of any drug. Breaking this law carries heavy penalties, including disqualification, fines and even imprisonment. A pharmacist can give advice on what prescription and over-the-counter drugs affect driving.

# Where to go for help

## ***The phone book***

New Zealand has many groups and organisations in most towns and cities dedicated to helping people affected either by their own alcohol and / or drug use or that of others. They are usually not hard to find.

A good place to start can be the Personal Help Services page near the front of your phone book. This lists health and counselling and advice services and agencies such as Alcoholics Anonymous (AA), Alcohol HelpLine, Narcotics Anonymous, Al-Anon Family Groups and a community alcohol and drug service.

AA can be reached through a nationwide phone number – 0800 229 675.

Worldwide, AA is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problems and help others to recover from alcoholism. The only requirement of membership is a desire to stop drinking. Someone, somewhere will know how to get in touch with AA.

Other avenues can be Samaritans; Youthline; Lifeline; school counsellors; your doctor; student health services; union, community, iwi and ethnic group networks and services; your local Citizens Advice Bureau; or your church.

The breadth of services available is extensive: women only, support groups, residential treatment, Pacific Islands, outpatient counselling/therapy, methadone programmes, Maori/bicultural treatment, half-way houses/supported accommodation, gay-lesbian-bisexual, detox, day programmes, assessments, prison inmates and their families and adolescents.

## ***Some drug education organisations***

### **D.A.R.E. (Drug Abuse Resistance Education) Foundation of New Zealand**

P O Box 50744, Porirua.

Tel: (04) 238 9550, 0800 DARENZ,

Fax: (04) 238 9595.

Email: [darenz@xtra.co.nz](mailto:darenz@xtra.co.nz)

Website: <http://www.dare.org.nz>

### **FADE – Foundation for Alcohol and Drug Education**

P O Box 33–1505, Takapuna, Auckland.

Tel: (09) 489 1719, Fax: (09) 489 1749.

Email: [resources@fade.org.nz](mailto:resources@fade.org.nz)

Website: <http://www.fade.org.nz>

### **Life Education Trust**

National Office: P O Box 2717, Wellington.

Tel: (04) 472 9620, Fax: (04) 472 9609.

P O Box 5814, Wellesley Street, Auckland.

Tel: (09) 379 5293, Fax: (09) 366 0301.

P O Box 2920, Christchurch.

Tel: (03) 377 3080, Fax: (03) 377 3082.

Email: [janem@lifeeducation.co.nz](mailto:janem@lifeeducation.co.nz)

Website: <http://www.lifeeducation.org.nz>

### **SADD National Office (Students Against Drunk Driving)**

P O Box 13 0034, Christchurch.

Tel: (03) 374 9218, Fax: (03) 374 9219.

Email: [vanessa@sadd.org.nz](mailto:vanessa@sadd.org.nz)

Website: <http://www.sadd.org.nz>

### **Substance Abuse Education Trust**

P O Box 74 386, Market Road, Auckland.

Tel/Fax: (09) 372 5583.

Email: [saet@xtra.co.nz](mailto:saet@xtra.co.nz)

### **Alcohol Drug Association of New Zealand**

PO Box 13–496, Christchurch.

Telephone (03) 379 8626,

Facsimile (03) 377 5600.

Email: [ada@adanz.org.nz](mailto:ada@adanz.org.nz)

Website: [www.adanz.org.nz](http://www.adanz.org.nz)

### **Alcohol & Drug Helpline – 0800 787 797**

Alcohol Helpline is a confidential service providing information, advice and referral to people of all ages with concerns about their own or someone else's drinking and/or use of other drugs. The service is available between 10am and 10 pm daily.

### **Care NZ**

Care NZ is the operational service of the National Society on Alcohol and Drug Dependence. They provide treatment for drug and alcohol dependents and their families.

PO Box 9183, Wellington.

Telephone: (04) 385 1517,

Facsimile: (04) 385 1516.

Email: [wellington@carenz.co.nz](mailto:wellington@carenz.co.nz)

Website: [www.carenz.co.nz](http://www.carenz.co.nz)

#### Quitline - 0800 778 778

Quitline is a free confidential telephone advice service for people who want to quit smoking. When calling 0800 778 778 callers are offered the choice of receiving a quit pack with information on quitting smoking or they can speak with a quit advisor who can provide ongoing advice and support to quit. Advisors who speak Maori and Samoan are available on request. Quitline takes calls 24 hours a day 365 days a year, Advisors are available 8.30am–10pm Monday to Thursday, 8.30am–5pm Friday and 12.30–5pm on the weekends.

Website: [www.quit.co.nz](http://www.quit.co.nz)

The New Zealand Drug Foundation – set up in 1990 as an independent charitable trust, aimed at reducing harm from drug-use. This includes legal drugs, such as tobacco and alcohol, as well as illegal drugs, such as cannabis. The foundation promotes co-ordination, consultation and co-operation among non-governmental organisations, provides a contact point for the Government and non-governmental organisations working in the area and provides a centre for information to groups and individuals. Also hosts online discussion forums. The foundation has more than 160 member organisations.

Inquiries to:

PO Box 3082 Thorndon, Wellington.

Ph: (04) 499 2920, Fax (04) 499 2925.

Email: [admin@drugfoundation.org.nz](mailto:admin@drugfoundation.org.nz)

[www.nzdf.org.nz](http://www.nzdf.org.nz)

**Alcohol Advisory Council (ALAC)** – ALAC is New Zealand's principal statutory adviser on alcohol-related matters. Its work includes policy advice to the Government and other policy-makers. Has an immense library of fact material about alcohol and its effects on us and our community.

Inquiries to:

ALAC national office

PO Box 5023, Wellington.

Ph: (04) 917 0060, Fax(04) 473 0890.

[www.alcohol.org.nz](http://www.alcohol.org.nz)

Email: [central@alac.org.nz](mailto:central@alac.org.nz)

or

ALAC northern office

PO Box 11–791, Auckland.

Ph: (09) 916 0330, Fax: (09) 916 0339.

Email: [northern@alac.org.nz](mailto:northern@alac.org.nz)

or

ALAC southern office

PO Box 2688, Christchurch.

Ph: (03) 365 8540, Fax: (03) 365 8542.

Email: [southern@alac.org.nz](mailto:southern@alac.org.nz)

**Neighbourhood Support New Zealand**

Phone 0800 4NEIGHBOURS

Phone 0800 463 444

Email the Secretary: [carol@ns.org.nz](mailto:carol@ns.org.nz)