Crime Prevention and Community Safety:

Harnessing Youth Power & Perspectives in your Local Government

November 24, 2004

Community Issue: Substance abuse

*Drug Trends / Drug Identification / The LAW Drug Facilitated/Assisted Sexual Assault*

Drugs: *The problem with drugs is that they are not specific! 
** Yes they work, BUT... 
***Drugs affect all areas of the brain!! 
Cerebral Cortex:①Occipital Lobe- “Vision” 
②Parietal Lobe- “Touch” 
③Frontal Lobe- “Movement/Thinking” 
④Temporal Lobe- “Hearing”

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Drug Trends

As result of a six year intelligence probe conducted by the RCMP Drug Awareness Service into the Rave, Night Club and Dance scene we have learned that Chemical Drugs have become a very popular part of this culture. They provide stimulation and feelings of openness and peace that are associated with the dance scene.

Chemical drugs are popular among all Dance music genre's including but not limited to Hip hop, Trip hop, Rap, Techno, Ska, Punk rock and R & B. The drug user feels the drugs provide the stimulation and energy levels needed to dance all night long or for long hours.

Chemical drugs that are associated to the Rave, Night club and Dance scene include stimulant & hallucinogenic drugs such as Ecstasy or MDMA (the most sought after hallucinogenic amphetamine like chemical drug), MDA, and stimulant drugs such as Methamphetamine and Cocaine.

The prevalence of Ecstasy (MDMA), MDA, Ketamine, Phencyclidine and Methamphetamine (in combination or by itself) is now being seen in all communities.

Rave Parties are dance parties (sometimes go all night long) with loud techno or industrial music. Rave culture is very diversified and attractive to many youth regardless of class or ethnic background. Raves can be held anywhere including residences, night clubs, banquet halls, barns, gravel pits and outdoor fields.

An alarming trend surfacing now is the number of poly drug users while under the influence of Chemical drugs including Methamphetamine and Ecstasy. Many users will in combination with Ecstasy use Methamphetamine, Ketamine, PCP, DNM, Magic Mushrooms, LSD, GHB (Gamma Hydroxybutyrate), Ephedrine and or Ephedra.

The RCMP Drug Awareness Service, with the assistance of the RCMP Forensic Toxicology Labs and University of British Columbia Faculty of Pharmaceutical Sciences, have been testing samples of drugs (approx. 1,500) that have been confiscated from various rave and club events by security and police personnel.

The results of the analysis (175 samples for 2004) of suspected "Ecstasy" (MDMA) has established that pure "Ecstasy" is not as abundant as Ecstasy users think it is. A closely related chemical drug known as MDA is also prevalent however, very few chemical drugs users even know what MDA is. We have seen Night Clubs and Rave parties where there has been an equal distribution between tablets and capsules being sold. Drug traffickers are trafficking chemical drugs in capsule or press tablet form as "Ecstasy".
however analysis indicates that they are either Ecstasy (26%), Ecstasy with side products (45%), MDA (5%), MDA with side products (10%), Methamphetamine in combination (54%), and Ketamine in combination (14%).

**Drug Use Trends**

Problematic for the Community Service Provider is that today we are faced with younger first time users, increases in drugs being smoked, morbidity in youth, availability and variety of drugs, purity of drugs all compounded with an increase in the normalization of drug use.

Equally problematic is the increase in poly drug use. For example very few chemical drug users who use Ecstasy are satisfied with just using Ecstasy. A large percentage of chemical drug (Methamphetamine, Ecstasy, etc.,) users are now poly drug using. Methamphetamine is very popular. Users will use Methamphetamine in conjunction with Ecstasy (as was the case of the death of a young adult while at a Rave in March, 1999 in New Westminster).

Use patterns; Intelligence has established that pockets of users will poly drug use as follows.

- 1) MDMA & Methamphetamine
- 2) MDMA & Magic mushrooms (Hippy Flipping)
- 3) MDMA & Cannabis
- 4) MDMA & LSD (Candy Flipping)
- 5) MDMA & GHB
- 6) MDMA & Ephedrine or Pseudoephedrine
- 7) MDMA & Ketamine (Kitty Flipping)
- 8) MDMA & PCP (Elephant Flipping)
- 9) MDMA & Dextromethorphan (Robo Flipping)

**ROUTES OF ADMINISTRATION**

1) ORAL (Minutes - POOR )
2) SMOKING (Seconds - EXCELLENT )
[Lungs - Lt Heart - Brain]
3) INTRAMUSCULAR (Minutes - POOR )
4) SNORTING (GOOD )
[Capillaries - Veins - Rt Heart - Lungs - Lt Heart - Brain]
5) SUBLINGUAL (GOOD )
6) INTRAVENOUS (GOOD )
[Veins - Rt Heart - Lungs - Lt Heart - Brain]

The faster the drug {and concentration} gets to the brain is directly proportional to the physiological effect.
DRUG IDENTIFICATION (CATEGORIES)

1) CENTRAL NERVOUS SYSTEM (CNS) DEPRESSANTS
   ☐ Central Nervous System depression or decreased function. High doses will cause death from respiratory failure. Examples: Alcohol, Barbiturates, Benzodiazepines, Rohypnol, GHB

2) INHALANTS
   ☐ Breathable chemicals that produce mind altering vapours. Nitrous oxide, Amyl nitrate

3) PCP / KETAMINE
   ☐ CNS Depressant, CNS Stimulant, Hallucinogen. Strong dissociative anaesthetic, user is insensitive to pain.

4) CANNABIS
   ☐ An extremely powerful and pleasurable intoxicant. It affects, alters, and damages brain cells controlling thinking, emotion, pleasure, coordination, mood and memory. Examples: Marihuana, Hashish, Hash resin or Weed oil

5) CENTRAL NERVOUS SYSTEM (CNS) STIMULANTS
   ☐ Central Nervous System stimulant or increased function. Examples: Nicotine, Cocaine, Caffeine, Methamphetamine, Amphetamine, Ecstasy, MDA, MDE, 2C-B, PMA

6) HALLUCINOGENS
   ☐ The alteration of perception is the common action of these drugs. There is a progression from slight modifications of perception to overt hallucinations. Examples: LSD, Magic Mushrooms (Psilocybin), Mescaline, Foxy Methoxy, Tryptamines

7) NARCOTIC ANALGESICS
   ☐ Extremely powerful analgesic. Pain relief, euphoria, intense pleasure, well being and respiratory depression. Examples: Opiates/Narcotics (Heroin, Morphine, Codeine, Fentanyl, DXM)

COMMON STREET DRUGS FOR THE PROVINCE OF BRITISH COLUMBIA

1) CANNABIS SATIVA (MARIHUANA)

ACTIVE INGREDIENT - Delta 9 Tetrahydrocannabinol (THC), resin from the plant % of THC in marihuana has jumped from an average of 3 - 7 % in the 1980’s to 12 - 20 % today

Sources: B.C. (Hydroponic), Canada, Columbia, Mexico
Description- Green plant like material with small oval seeds, long thin leaves, flowers varying in colour from light green to brownish green.
Forms- gm and 1 gm baggies, gm and 1 gm aluminum packages, cigarettes, 1/8 ounce to 1/4 pound baggies.
Consumption- Smoking (cigarette, pipe), oral ingestion / 1 - 4 HOURS

Effects- Low dose inducement of a sense of well-being, dreamy state of relaxation, vivid sense of smell, sight, taste & hearing, alterations in thought formation and expression. Intoxication of the brain! Impaired coordination. Pupils normal to dilated. Eyes red (not bloodshot)

High dose reactions are intensified! Experience of shifting sensory imagery, Rapidly functioning emotions, fragment thoughts with disturbed associations, impaired memory, dulling of attention, loss of personal identity, fantasies and hallucinations.

OTHER FACTS

- Psychological addiction to marihuana is the strongest dependence
- The tar in a marihuana cigarette is 50 - 100% greater than that of tobacco
- Marihuana contains two powerful carcinogens (dimethyl nitrosamine and methylethylnitrosamine) that causes cancer.
- The so-called high from marihuana is not a high at all. Marihuana use does not create joy or delight, it flattens feelings and dulls emotions despite an illusion of heightened insight.
- Marihuana contains the same chemicals as tobacco except for nicotine.
- Smoking 3 - 5 marihuana cigarettes a week has the same carcinogenic (cancer causing) effect as smoking 16 cigarettes a day for one week.
- In Marihuana smokers the depth of inhalation is 33% greater than tobacco smokers and the breath holding time is 400% greater than tobacco smokers.

In the Summer of 1999, Robbe and O’Hanlon released the results of their most recent study on the effects Marijuana and Alcohol on driving. The study looked at the effects of these drugs on their own and in combination. The tests were done on real roads in real traffic. The study used two levels of marijuana doses (100µg/kg and 200µg/kg) and one alcohol level (BAC 0.04-0.05g/dl). All doses on their own were found to impair performance significantly; both THC doses in combination with alcohol “severely impaired the subjects’ performance.” The researchers could not use the THC dose of 300µg/kg as in previous studies (dose preferred by cannabis smokers) because when they combined it with the specified dose of alcohol in a pilot study “it rendered some subjects incapable of standing much less driving.” Robbe and O’Hanlon (1999) state the doses used in this study were not particularly high and it would be fair to suppose that, in reality, drivers occasionally operate after consuming larger amounts of one or both drugs.

★ “THC effects are dose-related and persist unabated or even increase during 2 ½ hr after dosing."
★ “The effects of combined alcohol and THC on the present subjects’ road tracking performance were severe.”
★ “Poor attention to the driving task and deficient control over the vehicle’s speed and lateral position were the most frequently observed signs of the subjects’ impairment.”
★ “The simultaneous consumption of low to moderate doses of alcohol and THC rendered the present subjects incapable of safe driving for several hours thereafter.”
2) CENTRAL NERVOUS DEPRESSANTS

**GHB** ("Rave Party Drug")
(Gamma hydroxybutyrate or 4 hydroxybutyrate acid)

- CNS depressant developed in 1961 in France that has been used as an anaesthetic, and in the treatment of major depressive illnesses, alcohol withdrawal, and narcolepsy. The side effects from use were too severe thus its use has ceased with the exception of some European countries.

- Sold in Health stores until 1980 GHB was used by athletes thought to stimulate human growth hormones and aid in fat reduction. GHB is still popular among athletes (body builders) improving their quality of sleep.

Description- usually in pill or white powder form but once mixed in liquid form it can be carried in small containers.

Effects: **low dose** - amnesia, nausea, vomiting, drowsiness, dizziness, disinhibition or impaired judgement. **high dose** - respiratory depression, lack of consciousness, **slow or excited heart rate**, seizure like activity, coma.

Effects- last approx. 2 -4 hours from a normal dose so another dose must be taken to sustain the effects. GHB relaxes inhibitions and increases the libido (why some consider it to be a date rape drug).

Note: users will try to illuminate the sedation effects of GHB by mixing GHB with alcohol, over-the-counter stimulants and marihuana.

-Considered as a recreational drug giving an alcohol like high without the hangover effect.

3) CENTRAL NERVOUS SYSTEM STIMULANTS

**COCAINE, CRACK COCAINE, FREE BASE COCAINE** -

Stimulant (C.N.S.) / Cocaine Hydrochloride - Water soluble (snort, inject)
Crack, FREE BASE - Non water soluble (smoke)
Sources- Peru, Columbia, Bolivia

Description - Crystalline, shiny odourless powder resembling snow.

Forms- Paper decks (1/4 gram to 1/8th ounce), plastic zip lock baggies (1/4 oz. to 1/4 lb)

Consumption- Snorting(45 - 60 minutes), Injection (fixed cold) 20 - 30 minutes, Inhalation (smoking) 5 - 10 minutes.

Physical Reactions- Initial rush, high Euphoria (feelings of pleasure, strength and superiority, Dysphoria (a state of depression and anxiety), Hallucinosis (hallucinations), Psychosis (all symptoms are now accepted by the user i.e. believing insects under skin and removing same with a knife). Symptoms of use: pupils dilated, hyperactive, heavy perspiration, irritability, glassy look, rapid mood changes, erratic aggressive behaviour.

**METHAMPHETAMINE** - "Speed" - Stimulant

Background
Methamphetamine is produced in clandestine laboratory settings in Mexico, USA and Canada.
Ephedrine reduction is the most common method of production; methamphetamine can also be produced using pseudoephedrine. The US Drug Enforcement Administration estimates there are more than 300 ways to manufacture methamphetamine.

**Description**

Methamphetamine can be an off-white crystalline powder, brown granules, or transparent crystals.

**Consumption**

Methamphetamine is taken orally, snorted, injected (experience will last two to four hours, but can last up to twelve hours depending on how the meth was manufactured and the purity), or smoked (experience will last eight to sixteen hours). Smoking methamphetamine is known as “chasing the dragon.” This is done by heating the powdered substance on foil and inhaling the train of smoke through a straw.

**Slang**

Meth, Crystal, Speed, Glass, Ice, Shards, Jib, Crank, Chrissy, Peanut Butter, Tina

**Price**

$10 to $15 for 1/10 of a gram.

**Packaging**

The powder is folded in paper flaps (1/10 gram to 8 balls), capsules, plastic baggies (1/10 gram to 1/4 pound), or manufactured into tablets (5mg, 10mg, 15mg). Users prefer to purchase “shards” because they are more likely to be a pure drug as it cannot be cut with an adulterant.

**Reactions**

Reactions closely resemble those associated with cocaine use. Methamphetamine works by enhancing the release of the brain neurotransmitter norepinephrine, which is involved in the transmission of sympathetic nerve impulses. Meth acts on the cerebral cortex of the brain, which accounts for the increased motor activity, initial rush, high euphoria, anxiety, depression, mental confusion, aggressiveness, increased respiration and body temperature, restlessness and poor judgement.

High doses of methamphetamine can cause delusions and visual and auditory hallucinations (an amphetamine psychosis). These high doses lead to long-lasting decreases in dopamine and serotonin in the brain; these effects appear to be irreversible. Users are extremely paranoid and violent. After the effects wear off, the “crash” includes deep depression, followed by fatigue, headaches, and decreased energy. This depression can only be ended by reabsorption of methamphetamine.

Methamphetamine is very addictive, and can result in users developing a tolerance very quickly, requiring ever more to achieve the desired effects. The drug tricks the body into thinking it has endless energy supplies, resulting in the user burning up all of the body’s reserves. After the drug wears off, the user experiences a crash or intense low feeling. Users sometimes go on binges, staying up three to ten days at a time; this puts intense strain on the body.

Two recent studies in the American Journal of Psychiatry demonstrate the possibility of permanent neurotoxicity caused by methamphetamine abuse. Poor motor and memory performance were attributed to significant dopamine transporter reductions in methamphetamine abusers. This reduction was seen even in the users who had been abstinent for at least eleven months, suggesting these reductions to be long term, and possibly permanent. Meth abuse was also shown to produce changes in the function of dopamine and non-dopamine-innervated brain regions.
For more information see;


“Ecstasy” MDMA - 3,4-methylenedioxyamphetamine

**Background**

MDMA is a synthetic amphetamine that falls under the Controlled Drugs and Substances Act (CDSA); it has been a restricted drug in Canada since 1976. It is structurally related to methamphetamine and mescaline. MDMA was first synthesized in Germany in 1912 as a precursor agent for therapeutically active compounds. Some reports state MDMA was synthesized as an appetite suppressant but his claim is false. Some researchers believe MDMA can be used to increase the understanding of the human mind, as well as treat some mental illnesses; the drug was used to facilitate psychotherapy in the 1970s. There is currently no medical use for MDMA. Ecstasy is readily available [illegally] in many countries.

**Description**

MDMA comes in tablets and capsules in a variety of colours, often with various scorings and logos. In its purest form, MDMA is a white powder, but with impurities it can vary from yellow or beige to a light brown or reddish colour. Users want tablets because they are seen as more pure (which is not necessarily true); capsules are thought to be mixtures of various drugs, which they often are (as are tablets).

**Consumption**

MDMA is taken orally (this is the most common method; the drug is taken in the form of pills or capsules), snorted (this method is becoming popular among intense ravers), rarely injected, and can be used as a suppository (“hooping”). A dose of Ecstasy ranges from 50 to 120mg. Effects last from two to six hours, from a dose of 80 to 120mg.

**Slang**

Ecstasy, E, Love Drug, X, Adam, Clarity, E-bombs

**Price**

$10 to $30 per capsule or tablet in Vancouver; $10 to $40 in the BC interior;

**Reactions**

Ecstasy creates feelings of well-being, energy and confidence; it also gives users a feeling of “personal insight.” It is a Central Nervous System (CNS) stimulant and hallucinogenic drug. Tolerance develops rapidly to the mental effects of Ecstasy. MDMA intensifies senses of touch and taste, and enhances interpersonal feelings. Use of Ecstasy leads to an increase in activity, which results in exhaustion and dehydration. Other effects include an increased heart rate, dry mouth and teeth grinding. Severe toxicities from MDMA include hyperthermia (overheating), tachycardia (abnormally rapid heartbeat), a breakdown of skeletal muscle with kidney failure, paranoia, anxiety and panic.

- MDMA is 60% stimulant (like Methamphetamine) and 40% hallucinogen (like Mescaline).
- “Ecstasy has been shown to release serotonin and cause acute depletion of serotonin from most axon terminals in the forebrain.”
- Death has been directly related to the ingestion of MDMA. Death has resulted from kidney
or cardiovascular (heart) failure induced by hyperthermia and dehydration.

- MDMA is a hallucinogenic drug with high doses; it is a psychedelic drug that alters consciousness. Extended use of Ecstasy leads to a “crash” resulting in depression, sleep, mental confusion and anxiety.

- A serious, but not focused upon, consequence of Ecstasy use is tooth damage. MDMA causes jaw clenching and tooth grinding which can result in cracked tooth enamel, worn teeth and jaw problems. Users will try to alleviate this by sucking soothers/pacifiers, suckers or candy.

- An alarming new trend is the combination of Ecstasy with Viagra, sometimes called “sextasy.” MDMA enhances the senses, but acts negatively on sexual function. Combining these drugs can result in heart problems and anatomical damage due to erections lasting more than four hours.

**KETAMINE**  (Referred to as a stimulatory anaesthetic)

Sources- Synthetic drug that is listed as a scheduled drug in various areas. First synthesized by a pharmaceutical company in the 1960’s as an anaesthetic for veterinary surgery. Began to be abused as a recreational drug in the 1970’s. Medical term for Ketamine is “Kemlar” which is still used today as an anaesthetic.

Description- Found most commonly as a clear liquid but may also be found in powder form. Also known as Special K, Kit - Kat or Super K. An intense “trip” is referred to as the “K hole”.

Consumption- Can be ingested, snorted or taken orally. Depending on the route of administration, ketamine can begin to act within 2 minutes after being taken. On average reactions begin to occur between 5-10 minutes and last for about 2-3 hours.

Ketamine can produce hallucinations, euphoria, confusion, dizziness, slurred speech, and a loss of sense of time and identity. Use leads to feeling of disconnection of the mind and body. Ketamine causes intense visual distortions and an inability to feel pain. A high dose can lead to respiratory depression, convulsions, combative behaviour and even coma.

Physical Reactions- Highly addictive. A rapid-acting intravenous or intramuscular anesthetic. Effects are a combination of hypnotic, analgesic and amnesic. Produces a dissociative state by profound analgesia and amnesia without loss of consciousness.

An overdose of ketamine can result in knocking a person unconscious! Can produce hallucinations, loss of sense of time, sense and identity. Causes intense visual distortions and inability to feel pain. Toxicities include loss of consciousness and respiratory depression.

-Ketamine mixed with other drugs including alcohol, is extremely dangerous and offers little psychedelic value. It is a very potent drug because of Ketamine’s anaesthetic abilities.

**Drug Facilitated Sexual Assault**

Drug-facilitated sexual assault is a real problem, the full extent of which is difficult to measure. Many victims do not report incidents immediately or at all, making it difficult to accurately measure the occurrence of this type of assault. This type of assault is often called “date-rape,” which is misleading, as drug-facilitated sexual assaults can occur anywhere including parties, bars and clubs as well as on dates.
The drugs most people associate with drug-facilitated sexual assault are Rohypnol, Ketamine and GHB. However, many drugs are used as sexual assault facilitators including: alcohol (most common), amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, opiates and prescription sedatives. All of these substances can impair judgement and motor coordination, and cause memory problems, disinhibition, confusion and drowsiness.

**Commonly used drugs**

GHB (Gamma-hydroxybutyrate) is a Central Nervous System (CNS) depressant which causes amnesia, nausea, vomiting, drowsiness, dizziness, hypertension, a lack of coordination, impaired memory and impaired judgement. (See section on GHB for more information).

Ketamine is a dissociative anaesthetic and CNS depressant which can lead to hallucinations, euphoria, confusion, dizziness, slurred speech, and a loss of sense of time and identity. (See section on Ketamine for more information)

Rohypnol (Flunitrazepam) is a sedative-hypnotic which causes muscle relaxation and amnesia; it can be lethal when mixed with alcohol. Some slang terms are “rophies,” “roofies,” “roach” and “rope.” Roche, the company which manufactures this drug has recently added a blue dye to it and made it less water-soluble, making Rohypnol more noticeable if it has been added to a beverage. Rohypnol is not manufactured or marketed in Canada or the US. There is one confirmed report of Rohypnol being used in sexual assault in Canada.

**Dangers of Chemical Drug Use and Drug Facilitated Sexual Assault**

Today we are seeing more and more people using drugs intentionally that create impaired judgement, amnesia and a high pain threshold. These drugs can/could also be used to facilitate a sexual assault. **Drugs such as GHB and Ketamine are drugs that are used more and more intentionally, however if the user consumes or is given too much of a dose they can potentially overdose.**

Drugs considered as aphrodisiacs are also being consumed. This presents additional concerns because these drugs causes impairment in users judgement. When judgement is impaired a user shows tendencies towards inappropriate promiscuous behaviors. Consequently, the users make unsafe and poor decisions in relation to sexual engagements. The risk of a sexual assault or a user contracting a sexually transmitted disease increases as a result.

**Drugs considered aphrodisiacs or enablers include;**
Alcohol, GHB, MDMA, Methamphetamine

**Drugs considered Disablers or drugs that could be used in a drugging include;**
Alcohol, GHB, Ketamine, Rohypnol and other Benzodiazepines such as Ativan, Halcion, Xanax and other sedatives.

**The Law**

There are several areas of the Criminal code that are applicable in connection with a drug facilitated sexual assault. They are:

**sec 245. Administering noxious thing**
Every one who administers or causes to be administered to any person or causes any person to
take poison or any other destructive or noxious thing is guilty of an indictable offence and liable (a) to imprisonment for a term not exceeding fourteen years, if he intends thereby to endanger the life of or to cause bodily harm to that person; or (b) to imprisonment for a term not exceeding two years, if he intends thereby to aggrieve or annoy that person.

**sec 246. Overcoming resistance to commission of offence**
ev\eny one who, with intent to enable or assist himself or another person to commit an indictable offence,
(a) attempts, by any means, to choke, suffocate or strangle another person, or by any means calculated to choke, suffocate or strangle, attempts to render another person insensible, unconscious or incapable or resistance, or (b) administers, or causes to be administered to any person, or attempts to administer to any person, or causes or attempts to cause any person to take a stupefying or overpowering drug, matter or thing, is guilty of an indictable offence and liable to imprisonment for life.

**DRUG USER PROFILE:**

**Symptoms of a Substance Abuser:**

- staggering or stumbling
- smelling of alcohol or marihuana
  - vomiting
  - glassy, bloodshot eyes
- frequently wears sunglasses when unnecessary
  - impaired coordination
  - slurred speech
  - sleeping during the day
  - physical injuries
- very noticeable change in weight and appearance, i.e., cleanliness, grooming, general health, etc...
  - cuts, bruises
- regular over consumption of fluids, i.e., caffeinated pop
- regular over consumption of carbohydrate snacks, i.e., chips
  - attitude, interest & personality change
- academic problems i.e., marks, punctuality, attendance
  - selling personal property / sudden need for money
- quitting favourite hobby / neglected appearance
  - changing set of friends
- secretive attitude, phone calls in room or on cell phone
  - not saying where they are going or with whom
  - keeping everything locked up

**Warning Signs**  **Indications of drug use**

> Changes in performance (productivity, absenteeism)
> Changes in physical appearance (less cleanliness)
> Changes in eating or sleeping habits (insomnia, weight loss)
> Changes in friends (new or different friends with different behaviour / goals)
> Changes in behaviour (moodiness, depression, lying)
> Physical evidence (finding drug paraphernalia, strange odours)
More Information

- Colour pictures, slang terms and drug descriptions.

- History and description of psychoactive drugs.


WEBSITES

US Department of Justice. Drug Enforcement Administration. *Drugs of Abuse.* Site with photos and descriptions of hallucinogens, narcotics, stimulants and depressants.

Alphabetical listing of drug slang terms.

http://nsawi.health.org/cgi-bin/search.cgi/x-catalog://narsil.health.org:80/nsawi
National Substance Abuse Web Index. Excellent search index.

http://www.streetdrugs.org

http://www.drugabuse.gov (NIDA)

http://www.theantidrug.com (Website for parents)

http://www.innervisionsrecovery.com (Residential Treatment Centre)

http://www.edgewood.bc.ca (Residential Treatment Centre)

Dr. Ray BAKER http://www.healthquest@shaw.ca (Addiction Specialist)

http://www.wsnia.org/educator/MethPrevCookbook.htm
(Washington State Narcotics Investigators Association)

http://www.municipalaffairs.gov.ab.ca/fco/ (Alberta Fire Commission)

http://www.rcmpda.com