

DRUGS



**KNOW MORE
RISK LESS**

**KNOW MORE
RISK LESS**

Table of Contents

p.7	The Impact of Drugs	p.50	Ecstasy
p.7	Drug Use in the Society Today	p.56	GHB
p.8	Why Use Awareness?	p.58	Psychoactive Medications
p.9	Reasons for Publishing this Book	p.68	Doping Substances
p.10	Reasons for Drug Use	p.74	Cocaine
p.10	Recreational Use, Abuse, and Dependence	p.79	Heroin
-	What Is Recreational Substance Use?	p.83	Acting, Reacting, Helping And Getting Help
-	What Is Substance Abuse?	p.84	Adolescence And Experimentation
•	Symptoms of Substance Abuse	p.84	The Role Of Peer Groups
-	When Does Substance Dependence Set In?	p.85	Questions To Ask If You Know Someone Is Taking One Or More Psychoactive Substances
•	Psychological Dependence	p.86	Setting Limits
•	Physical Dependence	p.87	Don't Jump To Conclusions
p.15	Polysubstance Use: Multiple Substances, Multiple Dangers	p.88	Organizations Working in the Field Of Addictions in Lebanon
p.18	Drugs' Effects on the Brain	p.95	To talk about the topic, ask for help, and get treatment
p.19	Historical Overview	p.96	References
p.23	Main Substances		
p.23	Tobacco and Smoking – Cigarettes and Water Pipes (Nargile)		
p.29	Alcohol		
p.42	Cannabis		
p.48	Other Substances: Energy Drinks		

The Impact of Drugs

It is a fact that all drugs (or psychoactive substances, as they are also called) affect people's brains in ways that alter their mental functions. This is true not only of illegal drugs, but also of alcohol, tobacco and psychoactive medications. The dangers of the impact however differ from one substance to another. In order to assess the seriousness of a certain case, there must be interest in its study, in terms of the behavior patterns and the consumption contexts associated to it, in addition to the consumed substances.

Drug Use in the Society Today

Patterns in the consumption of drugs have changed profoundly in recent years, especially among young people; this is due to:

- Cannabis use becoming commonplace or ordinary
- Repeated drunkenness being on the rise, and tobacco use remaining high
- Heroin consumption going up
- New designer drugs hitting the streets regularly
- Doping becoming a huge problem in the world of sports
- People turning to medications more and more; most significantly, regularly taking combinations of legal and/or illegal substances, either all at once, or one after the other



Why Use Awareness?

To date, much of the information about drugs that has been provided to the general public has been inadequate; therefore people have often received too many inaccurate, conflicting messages. This lack of correct information has only exacerbated people's fears, concerns, and misunderstandings. Worst of all, it has increased their feelings of helplessness to deal with drug abusers.

For a long time, we have known little about drugs, and much of what we thought we knew was incorrect. But for some years now, we have had access to far more plentiful, far more reliable, scientific information. However, this information has not always been brought to the attention of everyone concerned.

What makes this all the more troubling is that the information on drugs changes so fast. For example, the regular introduction of new "designer" drugs means that information about them needs to be updated constantly.

For all these reasons, the implementation of prevention and awareness (outreach) programs is very important; this must be done on several levels, ranging from work with groups of students in schools and universities, to work with parents, teachers, and educators, as well as other different groups in society.



Reasons for Publishing this Book

Publishing this book has a number of goals:

- Providing as many people with the best information now available on drugs and drug dependencies, its impacts, associated risks, and ways to protect oneself. This information is backed up by data and numbers on laws related to drug abuse, treatment methods, and centers available in Lebanon.
- To make sure that the information in this book is both reliable and objective, research has been conducted using the latest scientific reports, in addition to discussing the information with many experts. Additionally, there has been a focus on objectivity, in efforts of contribution to a constructive dialogue between young people, their surroundings, and their families.
- If parents themselves know the facts, they can listen to their children more effectively, which will give them a clearer idea of how vulnerable their children really are, and how serious the risks that they are running might be. Parents will then be in a better position to educate their children, without necessarily needing expert help to do so.

Reasons for Drug Use

The effects of drugs and the risks associated vary according to the quality of the materials used and consumption ratios. Additionally, reasons for consumption vary from one person to another, according to the individual's personality, history, medical condition, family, and social surroundings.

Some of the most important reasons that lead a person to use are:

- Imitating others, and sharing a specific moment with them
- The desire to reach extreme sensations
- Alleviate a sense of discomfort, forget about sufferings, escape from a difficult reality, problems
- Curiosity, experimentation
- Improve intellectual or physical performance



Recreational Use, Abuse, and Dependence

The scientific world distinguishes between three different types of substance-using behavior:

- Recreational use
- Abuse
- Dependence

The effects, risks, and dangers of psychoactive substances (also known as psychotropics) vary with each substance, and the way it is used. Everyone's reasons for using such substances are different, depending on personal history, state of health, family background, and social setting.

What Is Recreational Substance Use?

"Recreational use" means using psychoactive substances in a way that does not lead to any health complications, or behavioral problems, that may harm users or other people.

Recreational use is common among teenagers and young adults who experiment with drugs out of curiosity, or for the fun of it, or because of peer pressure. Most of the time, these users seem to stop there, without escalating to drug abuse, or to harder drugs. The term "recreational use" also applies to occasional, moderate use of alcohol or cannabis.

However, all those who become "addicted" to a substance have begun their first experiences in moderation, or circumstantial, or for the love of experimenting, unaware of the possibility of resulting health problems, social and psychological problems, and other types.

What Is Substance Abuse?

"Substance abuse" means using psychoactive substances in ways that may cause physical, emotional, psychological, or social harm to the users themselves, or to people directly or indirectly associated with them.

The risks associated with substance abuse relate to the specific dangers of the particular substance, the damage it can have on users' health, and the impact it can have on their daily lives.

Health Risks

Substance use becomes substance abuse when it impairs physical health, leads to complications of certain illnesses, or even causes premature death.

Social Risks

Substance use also becomes substance abuse when it endangers or harms the user, or other people.

Symptoms of Substance Abuse

You know someone is abusing a substance if they are:

- Using it in situations where it can be dangerous (for example, if it makes them less alert while driving a motor vehicle, or operating a dangerous piece of equipment).
- Having repeated run-ins with the law in connection with their use of the substance (for example, committing crimes, or getting into accidents while under the influence).
- Experiencing personal or social problems (such as financial difficulties, or deteriorating family relationships) caused or aggravated by the substance's effects on their behavior.
- Having trouble in meeting, or failing to meet obligations at school, work, or home, because of the substance use (for example, being absent repeatedly, receiving poor marks or poor job ratings, isolating oneself from other people, not taking care of one's responsibilities).
- Showing an inability to go without the substance for several days in a row.

- Endangering someone else's health or safety through their substance use (for instance, when a pregnant woman takes a drug that poses health risks for her baby).

When Does Substance Dependence Set In?

The onset of substance dependence may be sudden or gradual, according to what substance is involved. When someone can no longer stop using a substance without experiencing physical or psychological suffering, that person has substance dependence.

When someone's daily life revolves largely or exclusively around getting and taking the substance, they are dependent on it.

There are two types of substance dependence: Physical dependence and Psychological dependence.

They can occur either together or separately. Both are characterized by the following general symptoms:

- Inability to resist the need to take the substance
- Increased tension and anxiety preceding the regular consumption time
- An experience of relief after taking the substance
- A feeling of loss of control while taking the substance

Psychological Dependence

When a person suddenly starts taking a lesser quantity of a drug, or stops using completely, they experience negative emotional and mental symptoms; this is referred to as psychological dependence.

One may also experience persistent craving for the drug. For these people, being deprived of the drug causes uneasiness, anxiety, and sometimes even depression. If they do stop using the drug, they may need time to adjust to life without it. They may often start re-experiencing the same painful feelings that made them start taking the drug in the first place. This is why relapses (or going back to using the drug for a certain time period) can occur.

Physical Dependence

Some substances create a physical dependence, in which the body has adapted to the continuous presence of the drug. When the concentration of the drug falls below a certain level, the body demands more of it by displaying various physical symptoms of deprivation, also known as withdrawal syndrome, or simply withdrawal.

The physical symptoms of withdrawal vary from one substance to another. They can include pain, in the case of withdrawal from opiates (such as heroin), and trembling and convulsions, in the case of withdrawal from alcohol and certain psychoactive medications (such as barbiturates and benzodiazepines).

These physical symptoms may be accompanied by the behavioral as well, such as anxiety, irritability, and agitation.

When someone suddenly, or sometimes even gradually, stops taking a drug to which they have become physically dependent, they can expect to go through withdrawal.

In order to free the body from the need of the substance, without feeling the physical effects of the shortage, addicted people can request medical and psychological assistance. Psychological follow-ups are considered a valuable tool to overcome the difficulties of quitting a substance.

Polysubstance Use: Multiple Substances, Multiple Dangers

Oftentimes, when someone consumes several substances, their problems become more complicated. For example:

- Alcohol and cigarettes
- Cannabis, tobacco, and alcohol
- Ecstasy and psychoactive medications

Polysubstance use can be of two types:

- Consumption of several substances on a regular basis; for example: using different substances several times a week.
- Mixing several substances at the same time; for example: using different substances in one evening.

In these cases, polysubstance use is happening, and oftentimes its dangers are not well understood. Combining multiple substances can amplify their harmful effects, sometimes posing serious health risks.

Polysubstance use can lead to polyaddiction, which is a dependence on several drugs at once.

What Is A Psychoactive Substance?

Alcohol, tobacco, cannabis, heroin, and cocaine are all psychoactive substances; this means that they affect the brain:

- They alter mental activity, sensations, and behavior; they expose users to risks and health hazards, and can have social consequences in their daily lives; their use can also lead to dependence.
- These substances also cause bodily reactions that vary widely with the properties of each substance, its effects, and how harmful it is.

Psychoactive medication (anxiolytics, sedatives, hypnotics, antidepressants, antipsychotics, and mood stabilizers) are licit (legal) substances. They are prescribed by doctors to treat anxiety, agitation, insomnia, depression, psychosis, and mood disorders. Their production and use are strictly controlled, but they are often diverted into the street market, and self-medication is common.

Alcohol and tobacco are legal substances that are consumed freely. Their sale is licensed and controlled; however, this does not prevent under-age drinking and smoking.

All Psychoactive Substances Are Legally Regulated

Cannabis, cocaine, ecstasy, and heroine are illicit (illegal) substances. Lebanese law prohibits and sets penalties for the production, possession, and sale of these drugs. The use of these drugs is also prohibited and subject to penalties.

Article 127

Whoever possesses or acquires or buys a small amount of an extremely dangerous substance, or is proven addicted without being treated, will be sentenced to imprisonment for a period ranging from three months to three years and will be imposed a fine of two to five million Lebanese Pounds.

The sentence could be pardoned if the convicted person has not reached the legal age or pleads non-repetition and submits himself/herself to the protective or treatment measures which have been enforced by the court.

Whoever produces, prepares, sells, transports, distributes, exchanges, or concedes for free an extremely dangerous substance, will be sentenced to life imprisonment and will be imposed a fine ranging from twenty-five to one hundred million Lebanese Pounds.

On the 17th of August 2012, the Lebanese Parliament endorsed a law banning smoking in all enclosed public places, including restaurants, bars, cafes, and offices.

Drugs' Effects on the Brain

According to scientists, pleasure, or reward, is a biological power that is very important for our survival, and that contributes to living happily. If a person is doing something fun, the brain's behavior will make him/her tend to do so again, in order to reach the same feeling. The survival activities we engage in, such as eating, activate a group of specialized nerve cells devoted to the production and regulation of pleasure. A wide range of these nerve cells use dopamine, a chemical neurotransmitter essential in our feelings of pleasure.

All psychoactive substances, that cause addiction, can abnormally affect the brain's areas of pleasure, and threaten its long-term stability. Drug addiction is a biological process that changes the way these pleasure areas, in addition to other parts of the brain, work. Most types of drugs change the way the brain functions, by influencing the chemical neurotransmitters.

The potential hazards related to psychoactive substance use, as with all medication, is related to the consumed quantity and the structural differences. Therefore, the more the consumed quantity, the more severe the consequences.



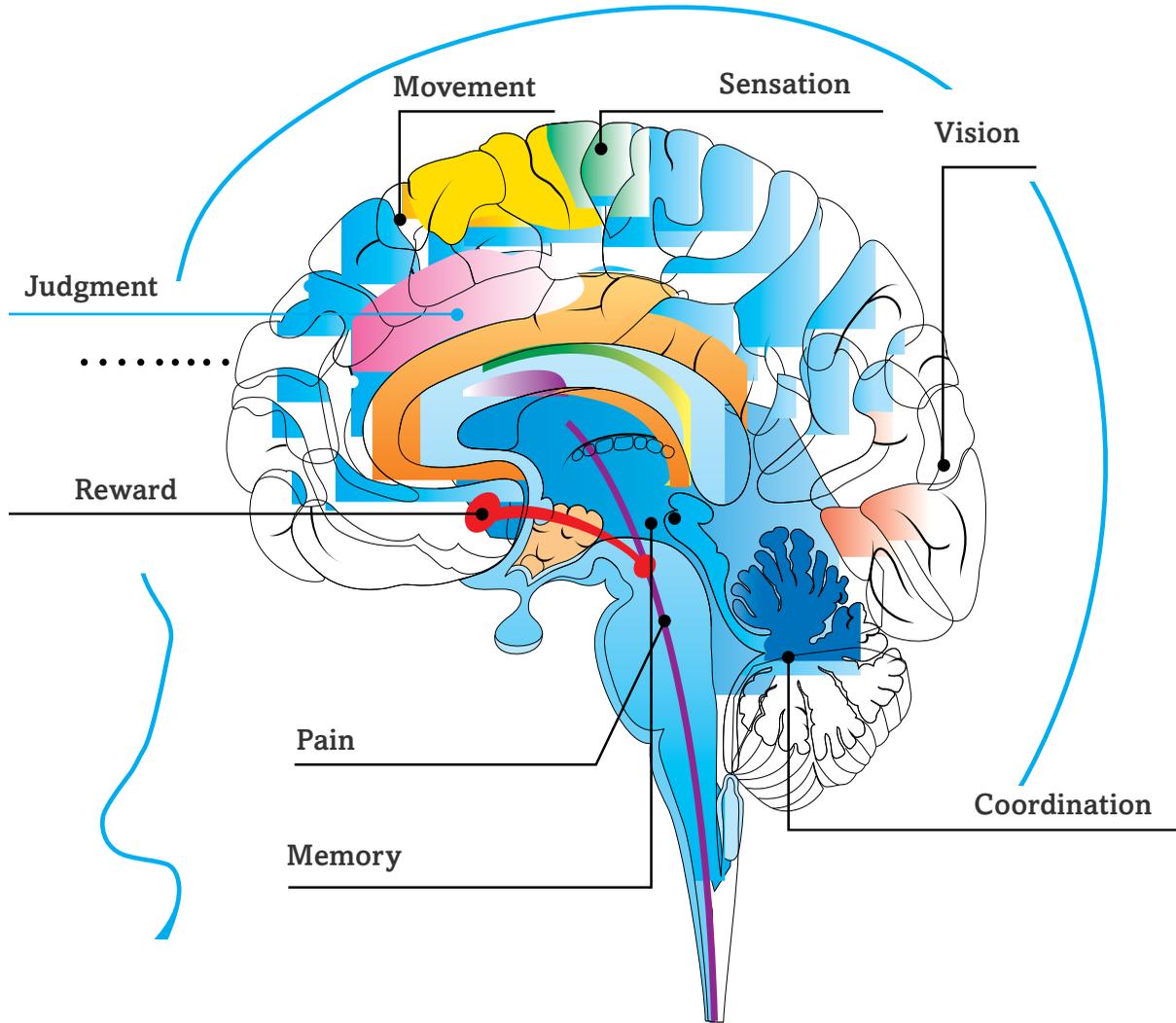
Historical Overview

The use of certain drugs goes back quite some time. In Asia, cannabis leaves have been used for therapeutic purposes for thousands of years. The use of alcohol dates back to ancient times. Doctors in ancient Greece prescribed opium and were already warning of its dangers. In the 16th and 17th centuries, tobacco was used to dress wounds. And in the 19th century, surgeons used cocaine as a local anesthetic.

The ways that these substances have been used vary from one culture and tradition to another. They have been used to only treat illnesses and heal wounds, but also to alter people's consciousness and strengthen their ties with one another in sacred ceremonies and rituals.

At one time, the word "drug" referred only to medications prepared by apothecaries (pharmacists of olden days) to treat the sick. Only later did this word come to refer to illegal substances as well.

Today, we use the term psychoactive substances, or psychotropics, to refer to all of these substances that act on the brain, regardless of whether their use is prohibited or regulated.



MAIN SUBSTANCES

TOBACCO

Tobacco and Smoking – Cigarettes and Water Pipes (Nargile)

In all its forms, blonde or black, “light” or “super light”, in cigarettes, cigars, pipes, or water pipes, tobacco is very harmful to health, to the extent that it is responsible for 5 million mortality cases yearly worldwide.

What is Tobacco?

Tobacco is a plant that is cultivated worldwide. Its leaves are harvested, dried, and then left to air-cure to achieve the desired flavor. Tobacco leaves are classified according to their type and the way they are dried; black tobacco is dried in air or on fire, whereas blonde tobacco is dried in hot air; other leaves are dried in the sun.

Tobacco can be smoked (in cigarettes, cigars, pipes, water pipes), chewed, or sniffed (in the form of snuff).

What is a Water Pipe (Nargile)?

Water pipe is an oriental pipe, with a long tube connected to a water flask; smoke passed through the water prior to reaching the smoker. Smoking this pipe

has become common, and has developed mainly in Middle Eastern countries. Water pipe tobacco smoking delivers the addictive drug “nicotine.”

Studies to date show that, while the water in the pipe does absorb some of the nicotine, smokers can be exposed to a sufficient dose of this drug to cause addiction, and harmful effects, such as those from cigarette smoking, occur.

Findings from recent research:

Water pipe smoking poses a serious potential health hazard to smokers and others exposed. It isn’t a safe alternative to cigarettes.

A typical one-hour water pipe smoking session involves inhaling 100 to 200 times the volume of smoke inhaled with a single cigarette.

Even after it has been passed through water, the smoke produced by a water pipe contains high levels of toxic compounds, including carbon monoxide, heavy metals and cancer-causing chemicals.

Pregnant women and the fetus are particularly vulnerable when exposed either actively or involuntarily to the water pipe smoke toxins. Second-hand smoke from water pipes is a mixture of tobacco smoke and smoke from the coal, and therefore poses a serious risk for non-smokers.

Sharing a water pipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis, herpes, and hepatitis.

Water pipe tobacco is often flavored and sweetened, making it appealing; the sweet smell and taste of the smoke may explain why some people, particularly youngsters, begin to use water pipes.

Effects and Dangers of Tobacco

When tobacco is burned, over 4000 different chemicals are released, most of them being hazardous to human health. About 20 of these chemicals cause cancer. The three substances in tobacco that are most likely to have harmful health effects are tar, nicotine, and carbon monoxide. The nicotine in tobacco is a minor stimulant of the central nervous system. Like other psychoactive substances that cause dependence, nicotine makes certain nerve cells release more dopamine. Additionally, nicotine facilitates the release of endorphins, which would partly explain its analgesic (pain-killing) effect.



Tobacco plants are planted in all parts of the world; once its leaves are dried, they are fermented to acquire a certain taste.

Tobacco harms health in a variety of ways:

- **Cardiovascular diseases**

Tobacco increases blood pressure and heart rate, while causing hardening of the coronary arteries. The risks of heart disease and death by heart attack are twice as high among smokers. Tobacco also increases the risks of hardening of the arteries of the brain, legs, and feet.

- **Respiratory diseases**

Along with the risk of lung cancer, smokers expose their entire respiratory systems to other diseases, such as chronic bronchitis and emphysema.

- **Digestive system disorders**

Nicotine increases the amount of acids secreted by the stomach, thus increasing the risks of ulcers of the stomach and the duodenum.

- **Effects on the nervous system**

Tobacco limits the amount of oxygen reaching the brain and the muscles. It causes headaches and dizziness, and reduces physical endurance.

- **Cancer**

Lung cancer is the form that accounts for the most deaths, among both men and women. Tobacco also substantially increases the risks of developing cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, kidneys, prostate, ureters, and bladder.

- **Effects on reproduction**

Not only does tobacco reduce fertility, but mothers who smoke have a higher risk of miscarriages

and ectopic pregnancies (pregnancies outside the uterus), and are 1.5 times more likely to go into labor prematurely.

Babies of mothers who smoke run a higher risk of low birth weight, small head circumference, delayed physical and mental development, delayed growth, and respiratory diseases, as well as Sudden Infant Death Syndrome (SIDS).



Tobacco and Dependence

Most regular smokers have a physical dependence on tobacco. Psychological dependence on tobacco also plays an important role in their lives.

Regular smokers who are suddenly deprived of tobacco experience cravings for this drug. They become tense, nervous, irritable, anxious, and sometimes depressed. They may experience excessive sweating and trembling. They find it hard to suppress the urge to go back to cigarettes.

Some people can quit smoking without any special assistance, but if you are trying to quit, your doctor or pharmacist can give you advice and offer a choice of many methods to help you do so. These methods fall into the following two main categories:

- Nicotine replacement therapies, some of which require prescriptions and others do not. Examples include transdermal (skin) patches and chewing gums containing nicotine. These therapies let smokers wean themselves off nicotine gradually, while suffering fewer effects of withdrawal from this drug.

- Non-replacement therapies, such as individual and group psychotherapy, meeting with former smokers, relaxation and breathing techniques, dietary techniques, homeopathy, acupuncture, and hypnosis, all of which can also help.



Historic Overview

Tobacco has been used by many native cultures in Central and South America for thousands of years. The Mayas smoked tobacco in cigars and pipes. When Europeans first visited the Western Hemisphere, its native people were probably the first and only users of tobacco in the world.

In the 16th century, Europeans spread the use of tobacco among the native people of North America, while the Spanish introduced it into Europe. In 1560, Jean Nicot, the French ambassador to Portugal, wrote about his belief in the medicinal properties of tobacco, sent samples in the form of snuff to the Queen of France, and promoted the use of tobacco throughout the world. Because of his great interest in this plant, his name was given to the genus *Nicotiana* and the substance nicotine.

In 1964, the U.S. Surgeon General's Report clearly stated, for the first time, the relationship between cigarettes and various diseases, including cancer.

ALCOHOL



What is Alcohol?

Alcohol is produced either through fermentation of plants that have a high sugar content, or through distillation. It is found in various alcoholic beverages, including beer, wine, hard cider, aperitifs, liqueurs, and hard liquor.



Beer



Wine



Arak



Whisky

Effect and Dangers of Alcohol

Alcohol is absorbed from the digestive tract into the bloodstream, which carries it to every part of the body within minutes.

Alcohol is a central nervous system depressant. It makes people relax and reduces their inhibitions. In the short term, when consumed in large amounts, it produces a state of drunkenness and can also cause digestive problems, such as nausea and vomiting.

Alcohol is a legal product; its production, sale, and use are regulated

Arak

Arak is an aniseed-flavored, distilled alcohol. This clear, colorless, unsweetened drink is obtained from the fermentation and distillation of vine grapes. The word “araq” comes from Arabic, meaning “sweat” or “juice”. Arak is usually not drunk straight, but is mixed in approximately 1/3 arak to 2/3 water, and ice is then added. This dilution causes the liquor to turn an opaque milky-white color. The ABV (alcohol by volume) differs from one version to another, with the most alcoholic reaching 80% or even more. The best quality arak is usually between 53% and 60%; when mixed with water it is diluted to 20% to 30%.

The effects of alcohol on the body are proportional to the concentration of alcohol in the blood.

In the brain, alcohol binds to many natural receptors, such as those for glutamate, GABA, serotonin, and nicotine. It also disturbs the functions of the brain’s nerve cells by altering the structure of their membranes. Lastly, alcohol increases the secretion of dopamine in the brain’s pleasure centers.

Social Risks

The social risks of alcohol include:

- Reduced alertness, often resulting in highway and workplace accidents
- Loss of self-control, sometimes resulting in violent behavior, including sexual attacks, murders, and suicides

- Vulnerability to violence by others, because people who are drunk may engage in provocative behavior, or may not be in a condition to defend themselves physically.

Health Risks

In the longer term, alcohol affects all of the body’s major organs. Chronic users may develop many different health problems, including nervous system diseases and psychological disorders (anxiety, depression, behavioral problems), gastrointestinal disorders, diseases of the liver (cirrhosis), and pancreas (pancreatitis), cardiovascular disorders (diseases of the heart muscle), blood disorders (hemorrhaging, anemia); metabolic disorders (disturbances in blood-sugar levels and increases in uric-acid levels in the blood, which can lead to gout), hormonal disorders (reduced libido, impotence, infertility, menstrual irregularities); reduced resistance to infection, and increased risk of cancer (especially of the mouth, tongue, esophagus, stomach, and liver).

Advice on Using Alcohol Safely

When you drink alcohol, the more you exceed the limits defined below as to how many drinks you should have in how much time, the greater the risks you run.

Limits for Special Occasions

No more than 3 standard drinks on a single, exceptional occasion.

Even a single drink, if combined with medications or other drugs, can have immediate harmful effects.

Remember, even one alcoholic drink puts you at risk to driving accidents.

Limits for Regular Consumption:

- For women: no more than 1 standard drink per day
- For men: no more than 2 standard drinks per day

Regardless of your sex, you should go at least one day per week without consuming any alcoholic beverages.

Served in a bar or restaurant

A glass of red, white, or rosé wine, a pint of draft beer, a flute of champagne, a glass of port, and a shot of whisky, all contain about the same amount of alcohol.

Served at home

The amount of alcohol in a drink varies more widely: glasses are not all the same size, and may not be filled as much. Therefore it is important to know what constitutes a standard drink.

Examples of number of drinks and blood alcohol concentrations

Remember that all of the following drinks contain the same amount of alcohol: 13.5 grams of alcohol per standard drink.



Beer 5% - 341 ml (12 oz.)



Champagne 12% - 142 ml (5 oz.)



Table Wine 12% - 142 ml (5 oz.)



Aperitif Wine 20% - 85 ml (3 oz.)



Hard Liquor 40% - 43 ml (1.5 oz.)

How to Recognize Acute Alcohol Intoxication?

Alcohol overdoses are relatively common, especially when someone absorbs large amounts of alcohol in a short amount of time.

Acute alcohol intoxication can cause death in less than an hour. That's why, when someone seems to have been drinking a lot of alcohol in a fairly short amount of time, it's important to watch him or her closely for the signs of acute intoxication.

Though these signs are generally proportional to the person's blood alcohol concentration, not all people react to a given level of alcohol in the same way. Their reactions can be affected by many individual factors, including their weight, sex, tolerance for alcohol, whether they have eaten any food (which can slow and reduce the absorption of alcohol into the blood), and the context in which they are drinking. You should therefore watch out for the signs described in the following table, to tell when someone is seriously intoxicated and react in time.

Examples of number of drinks and blood alcohol concentrations

Signs of intoxication

Signs of intoxication

What to do if someone shows these signs

Woman

125 lbs (57 kg)
5-7.5 drinks¹

Man

175 lbs (80 kg)
8-12 drinks¹
200 to 300 mg/100 ml
(200 to 300 mg %)

- Slurred speech
- Incoherent language
- Marked sensory impairment
- Altered perceptions, incorrect perceptions of sizes and distances, impaired movement
- Analgesia (reduced sensitivity to pain)

- Confusion
- Disorientation
- Sleepiness alternating with mood shifts
- Nausea, vomiting
- Noticeable loss of coordination

- Don't leave them alone
- Talk with them to find out how much alcohol they have drunk in the past few hours
- If they have drunk a lot, or if their signs of intoxication are quickly getting worse, don't take any chances. Contact emergency medical services to get help as quickly as possible

Woman

125 lbs (57 kg)
7.5 to 10 drinks¹

Man

175 lbs (80 kg)
12-16 drinks¹
300 to 400 mg/100 ml
(300 to 300 mg %)

- Deep sleep and stupor
- Significantly reduced response to stimuli
- Excessive perspiration (moist skin)
- Hypothermia (cold skin)

- Very noticeable loss of coordination
- Loss of bladder control (wets self)
- Possible inhalation of vomit and risk of death

- Don't leave them alone
- Make sure that they are in a safe place
- Talk with them at regular intervals to determine whether they are conscious
- If they are conscious, ask them how much alcohol they have been drinking in the past few hours
- If they have been drinking a lot, or if their signs of intoxication are quickly getting worse, don't take any chances. Contact emergency medical services to get help as quickly as possible
- While waiting for medical assistance, tilt the person's head back slightly to keep their airway open
- Place the person in the lateral safety position

Woman

125 lbs (57 kg)
10 drinks or more¹

Man

175 lbs (80 kg)
16 drinks or more¹
Over 400 mg/100 ml
(400 mg %)

- Loss of feeling
- Loss of consciousness
- Significant drop in blood pressure
- Loss of bowel control

- Coma
- Loss of reflexes
- Noticeably depressed breathing
- Death by respiratory arrest

- While waiting for medical assistance, tilt the person's head back slightly to keep their airway open
- Place the person in the lateral safety position

1-The number of drinks shown here is an approximate indication only. The influence of alcohol on any individual depends on many factors, including his or her physical condition and tolerance to alcohol, as well as whether he or she has taken any other substances that interact with alcohol.

PS: To estimate a person's blood alcohol concentration according to his or her sex, weight, and how many drinks he or she has had, see the tables on page 38

Some Advice

- Wait a while before driving a vehicle, or operating a dangerous piece of equipment.
- Depending on how tired you are and how you are feeling (for example, if you're nervous or agitated), take a rest or a nap, eat something, or have somebody else drive you back.
- If you drink alcohol without having eaten anything, it enters your bloodstream much faster, and its effects are stronger. Therefore, if you're going to be drinking, it's better to eat something beforehand, or with it.



Consumption of alcohol is strictly prohibited in the following cases:

- During childhood or pre-teen years
- During pregnancy
- While driving or if planning to be driving a vehicle, or operating dangerous tools or machines
- If one has responsibilities that require them to stay alert
- If one is taking certain medications



With Alcohol, the Sexes Aren't Equal

- If a woman and a man, who weigh the same, drink the same amount of alcohol, the woman will end up with a higher blood alcohol concentration, and

therefore will be more likely to suffer the effects of alcohol, even though she has had the same number of drinks.

- The safety threshold for alcohol consumption thus varies with the person, as well as with the context. When alcohol is consumed before, with, or after medication or other drugs, there is no such thing as a safe threshold.
- Drinking a large amount of alcohol in a short amount of time causes your blood alcohol concentration to increase a lot. It can only come down again with time.
- Once you stop drinking, your system breaks down the alcohol and eliminates it, typically lowering your blood alcohol concentration by about 15 mg / 100 ml per hour. So if your blood alcohol concentration is 80 mg / 100 ml, or 80 mg %, your system will typically need 5 hours and 20 minutes to eliminate the alcohol completely.

Estimating Your Blood Alcohol Concentration

The following tables are provided for informations only. They should be interpreted with caution, because every person's reaction to alcohol will differ from others', depending on their weight, sex, health, and the circumstances in which one is drinking. If alcohol is consumed without food, it enters the bloodstream much faster, and its effects thus become stringer.

Women	Blood alcohol concentration (mg %) by number of standard drinks consumed*				
	1	2	3	4	5
Weight Number of drinks					
100 lbs. (45 kg)	50	101	152	203	253
125 lbs. (57 kg)	40	80	120	162	202
150 lbs. (68 kg)	34	68	101	135	169
175 lbs. (80 kg)	29	58	87	117	146
200 lbs. (91 kg)	26	50	76	101	126

* For informations of what constitutes a standard drink.

Men	Blood alcohol concentration (mg %) by number of standard drinks consumed*				
	1	2	3	4	5
Weight Number of drinks					
125 lbs. (57 kg)	34	69	103	139	173
150 lbs. (68 kg)	29	58	87	116	145
175 lbs. (80 kg)	25	50	75	100	125
200 lbs. (91 kg)	22	43	65	87	108
250 lbs. (113 kg)	17	35	52	70	87

* Derived from Widmark's tables



Alcohol and Dependence

Some people are at risk of moving on from controlled recreational use of alcohol, to uncontrolled, excessive use (alcohol abuse), or to alcohol dependence.

The patterns of excessive alcohol consumption can vary a great deal from one person to the next. Some people may get drunk many times over a number of years, but on widely spaced occasions, and thus never become dependent on alcohol. However, even this pattern is still a problem.

People who drink too much can become alcohol-dependent in three stages:

Phase 1 – No major damage

The person's work, social and family life remain essentially intact, and their physical and mental health are not altered in any significant way.

Phase 2 – The person starts having physical or mental health problems, problems in family and social relationships, problems at work, and problems with the law.

Sometimes when people start having physical or mental health problems, they will temporarily cut back on their drinking, or stop drinking completely.

Phase 3 – Despite the damage that the person's drinking continues to have, they cannot stop or cut back.

In phase 3, many symptoms may appear, such as trembling, cramps, loss of appetite, and behavioral problems. The drinker is now dependent on alcohol.



Historic Overview

The consumption of alcohol dates back at least to the Paleolithic Era, when the first human civilization to use stone tools appeared. At that time, people were already making various fermented beverages with relatively low alcohol content: beer from grains, wine from grapes, and mead from honey.

Around the year 800, Arabs discovered the process of distillation, which enabled them to produce spirits (beverages with very high alcohol concentration). When this process was introduced to Europe around the year 1000, alchemists thought that alcohol was the “elixir of life” for which they had been searching for so long. Alcohol came to be regarded as the cure for practically all ills, as the Irish word whisky (meaning “water of life”) suggests.

The serious problem associated with alcohol consumption began to grow in the 18th century, with the mass production and distribution of spirits, and especially gin. The gin epidemic that struck England from 1720 onwards had dramatic social consequences that led to the birth of temperance movements. The political impact of these movements caused the United States to prohibit alcohol in 1919. But the resulting black market in alcohol, and the crimes that went along with it, led that country to end the prohibition in 1933.

Over the 20th century, scientific advances have provided better definitions of the biological, psychological, and social variables associated with the inappropriate use of alcohol. Now that the concept of alcoholism, in addition to the ways of treating it, have

been better defined, several effective approaches have been developed to combat alcohol dependence.

Today, excessive alcohol consumption and alcoholism are serious problems in many developing countries.

CANNABIS

There is a growth in consumption of cannabis in youth and young adults alike. What are the real risks?

The “joint” is considered to be the number one illegal substance used in our society.



What is Cannabis?

The main active ingredient responsible for the psychoactive effects of cannabis is tetrahydrocannabinol (THC). The concentration of THC in cannabis varies widely according to where it comes from and how it is prepared.

What Does Cannabis Look Like?

Cannabis is a plant that comes in three forms: Marijuana, Hashish (Hash), and Hash Oils.

Marijuana (pot, grass, weed, herb)

Dried leaves, stems, and flowering buds of the cannabis plant. Marijuana can be smoked on its own, or mixed with tobacco. It is rolled into cigarettes that are often somewhat cone-shaped, and are known by many names (joint, spliffs, etc...).

Hashish (hash)

Hashish is the resin of the cannabis plant, usually obtained by rubbing the leaves between the hands, then adding the powder shaken out from dried plants. “Hash” comes in compressed blocks or chunks that may be brown, black, greenish, or yellowish,

depending on which part of the world they are produced in. It is generally smoked, either mixed with tobacco in a joint (cigarette), or in a pipe. Hashish is often cut with other substances, such as henna, shoe polish, or paraffin, which may be toxic in varying degrees.

Marijuana and Hash Oils

Marijuana and hash oils are extracted from marijuana and hashish, and generally have a higher concentration of active ingredients. To smoke these oils, users either spread them on cigarette papers, or mix them directly with tobacco.

Because the methods of growing cannabis have improved over the years, it now contains higher concentrations of THC than in the past, making it more potent. Some marijuana types contain a higher percentage of THC than hashish, marijuana oil, or hash oil.



Effects and Dangers of Cannabis

Cannabis is classified as a hallucinogen. Its effects vary and may include euphoria (a feeling of well-being and satisfaction), calmness, slight sleepiness, and spontaneous laughter.

In high doses, cannabis quickly makes it hard for users to perform various tasks, and interferes with their visual perception, time perception, and short-term memory. High doses of cannabis also cause lethargy.

These effects can be dangerous if you are driving a motor vehicle, or operating dangerous machinery.

The primary physical effects of cannabis vary with the individual, in addition to the amount and composition of the substance consumed. These effects may include:

- Tachycardia (rapid heart rate)
- Dry mouth (because of reduced saliva production)
- Red eyes (from swollen blood vessels)
- Postural hypotension (lower blood pressure when standing up)
- Hypoglycemia (reduced blood-sugar levels)

Cannabis smokers expose their lungs and the rest of their respiratory tract to the same kinds of risks as tobacco smokers do, because of the nicotine, tar, and other toxic substances found in cannabis smoke.

For one thing, joints are often rolled with a mixture of cannabis and tobacco; but for another, when cannabis is smoked alone, it delivers 50% more tar than a typical strong brand of cigarettes. Moreover, a given weight of marijuana tar contains more of certain carcinogens than the same weight of tobacco tar.

Lastly, people usually inhale cannabis smoke more deeply, and keep it in their lungs longer than ordinary cigarette smoke. Thus, theoretically, a single cannabis cigarette can cause as much lung damage as 4 to 10 ordinary cigarettes.



Using cannabis can have other consequences, described below. Cannabis users, as well as the general public, are often unaware of these consequences, but they are nevertheless serious and indicate the involvement of substance abuse.

- Loss of motivation, a syndrome characterized by trouble in concentrating, loss of interest and ambition, and diminished performance at school or at work. However, this subject remains controversial; the relationship between cannabis use and diminished motivation, performance, and academic or professional success has not been clearly established in the scientific literature. To determine whether these problems began before people started using cannabis, or afterwards, scientists would have to study a large numbers of people for a period of time. No such studies have been attempted to date.
- Psychological dependence sometimes develops, mostly with people who use cannabis regularly; their lives become centered on obtaining it and on their desire to use it. Additionally, cannabis abuse can make people more likely to experience psychological problems.
- Cannabis users create social risks for themselves, as well as for the people around them, through the illegal contacts they might have to make in order to obtain the substance.
- In some people who are more vulnerable, cannabis can trigger hallucinations and other altered perceptions, in addition to an altered sense of self.

These people may suffer from breakdowns and feelings of persecution. All of these effects can lead to extreme anxiety.

Cannabis and Dependence

The repeated use or abuse of cannabis creates a moderate psychological dependence.

However, experts agree that it creates little physical dependence.

But if one is using cannabis regularly, it often points to other problems, and it is a matter for concern, especially if the user is very young.



Historic Overview

Native to the remote Himalayas, the cannabis plant (also known as Indian hemp) has been used for millennia by the people of the Far East and the Middle East.

Cannabis is cultivated for its fibers, which are used to manufacture rope, paper, and cloth. Its resin was once used as medication to treat pain, spasms, and sleep disorders.

In Europe, cannabis was introduced in the early 19th century by Napoleon's soldiers, and by English physicians returning from India; it was used medically to treat migraines, muscle spasms, asthma, arthritis, epilepsy, and various kinds of pain.

Today, the therapeutic properties of THC have been scientifically recognized for the following purposes:

- Stimulating appetite in patients with AIDS or cancer
- Suppressing the nausea and vomiting that can accompany cancer chemotherapy
- Reducing pain
- Reducing spasms and relaxing muscles

OTHER SUBSTANCES: ENERGY DRINKS

What are Energy Drinks?

Energy drinks are drinks that contain caffeine, taurine, vitamins, herbal supplements, and sugar or sweeteners.

These drinks are marketed for many purposes, including improving energy, losing weight, endurance, improving athletic abilities, and concentration.

Energy drinks are available in more than 140 countries, and they are the fastest growing product in the United States' market. Half of the energy drink consumers' market consists of children (12 year olds), teenagers (12 to 18 year olds), and young adults (19 to 25 year olds).

The ingredients in energy drinks can affect heartbeat and blood pressure. Studies have shown that consuming energy drinks on the long run can lead to many problems, such as high blood pressure, increased anxiety levels, insomnia, and heart palpitations.

Additionally, high consumption of caffeine, such as energy drinks, has been linked to severe consequences, such as seizures, mania, and sudden death.

Energy drinks should not be used as a substitute for water during sports. The caffeine in these drinks can dehydrate the body.

Risks of Mixing with Alcohol

Energy drinks should never be mixed with alcohol; the former has an energizing effect, while the latter has the opposite effect.

Mixing energy drinks with alcohol can lead to high levels of poisoning. Consumers don't necessarily feel the effects of alcohol, nor do they realize the level of their drunkenness, and might think they are capable of doing things, such as driving a car.

Consumers of energy drinks mixed with alcohol are three times more likely to overdrink; this is due to the influence caffeine has in "camouflaging" the drunk-inducing effects of alcohol.

Energy drinks that are mixed with alcohol are prohibited in Italy, Ireland, Poland, Romania, Spain, Sweden, as well as some states in the United States.

ECSTASY

Sometimes called the party pill or the love drug, ecstasy is a chemical that comes in tablets. It is being used more and more around the world, but its dangers are often underestimated. Here are the facts.

Ecstasy first came into widespread use with the emergence of techno music and parties known as raves, where users stayed up all night dancing for hours on end. Today, ecstasy is also taken in bars, night clubs, and other places where people go to party.

What is Ecstasy?

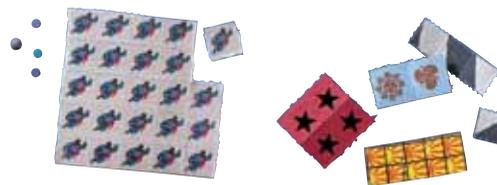
Originally, the pills sold as ecstasy contained a specific chemical, MDMA (3,4 methylenedioxyamphetamine), which was responsible for its psychoactive effects.

Nowadays, drugs sold as ecstasy often contain other substances. The MDMA molecule may or may not be present, and it may be mixed with other substances:

- stimulants such as amphetamine, methamphetamine, caffeine, and ephedrine
- hallucinogens such as LSD, PCP, ketamine, and PMA (paramethoxyamphetamine)
- anabolic steroids
- analgesics (such as aspirin)
- Ecstasy may also be cut with corn starch, or even with soap or detergents.

What Does Ecstasy Look Like?

Ecstasy generally comes in tablets of various shapes and colors, often with various designs stamped on them (hearts, stars, butterflies, cloverleaves, etc...). These marks are no guarantee of the quality or purity of the product. Ecstasy is mainly swallowed, but may sometimes be snorted, smoked, or injected intravenously. There is no way of knowing what is in an ecstasy pill.



Effects and Dangers of Ecstasy

Ecstasy consumers seek the stimulant effects that predominate, causing excitation and feelings of physical and mental prowess, while suppressing fatigue, hunger, and pain. The hallucinogenic effects are relatively minor, and generally occur only with high doses.

Ecstasy initially causes a feeling of slight anxiety, along with higher blood pressure, a faster heart rate, clenched jaw muscles, damp skin, and a dry mouth. Next, users experience feelings of euphoria (well-

being and satisfaction), relaxation, enhanced self-confidence, reduced fatigue, and lowered inhibitions. Users' senses become more acute, and they find it easier to express emotions, and communicate with other people.

In settings quiet enough for conversation, ecstasy users experience a sense of freedom in their interpersonal relations, and feel that they are being understood and accepted by one another. They display increased abilities to examine and understand themselves, as well as to put themselves in other people's place, and understand what they are feeling (empathogenic effects).

This phase of pleasant sensations is generally followed by another one, in which users feel tired, sad, depressed, and irritable. This phase may be accompanied by panic attacks and nightmares. Sometimes users may experience such intense anxiety, or feel so depressed up to three to four days from taking the drug, that they think they need to see a doctor.

Some frequent users of ecstasy may lose weight and start to feel weak. They may also experience mood swings, sometimes accompanied by aggressive behavior. This usage pattern may indicate or lead to serious, lasting psychological problems.

Pills sold as ecstasy often contain other substances.

- Using ecstasy can dehydrate you and raise your body temperature, so if you are using ecstasy in an overheated room where you are engaging in intense physical activity, such as dancing, you need to keep hydrating your body and getting

outside for some fresh air. It is important to drink small amounts of non-alcoholic liquids at regular intervals, and to urinate and take rests frequently.

- Ecstasy can cause a rapid or irregular heartbeat, high blood pressure, and various other cardiovascular problems. For people who are predisposed to such problems, ecstasy can make them especially serious. In regular users, ecstasy can also cause hepatitis (sometimes very serious), or even be fatal.
- Taking ecstasy together with other substances can increase the undesirable effects. The risks of complications seem to increase with the amount of ecstasy taken, its actual chemical composition, and the individual user's susceptibility.
- Ecstasy can be dangerous for people who are taking prescription medications, because of the potential interactions, particularly with sildenafil (Viagra), certain AIDS medications, and certain antidepressants.
- Taking ecstasy is especially dangerous for people with irregular heartbeats, asthma, epilepsy, kidney disease, diabetes, chronic fatigue, or psychological disorders.



Ecstasy and Dependence

People seem to develop a tolerance for ecstasy fairly rapidly. Thus, with repeated use, it becomes hard, if not impossible, for them to experience the same effects that they did at first. In some users, ecstasy may create a psychological

dependence. As far as physical dependence is concerned, the experts' opinions vary. Since most users take ecstasy only occasionally, the dependence is not very pronounced. Very few cases of ecstasy-specific dependence have been reported in the literature. Most of the problems caused by ecstasy arise from taking large doses on one occasion.



Synthetic Drugs (Designer Drugs): A Recent Development

Ecstasy is one of a series of new drugs that have emerged, as underground laboratories have begun exploiting recent advances in chemistry. To avoid being subject to drug laws, underground chemists alter the chemical structure of molecules of existing drugs, to create new drugs that have the same properties (and sometimes additional or new properties), but that are not yet covered by drug laws. That is why so many of these new designer drugs are now hitting the market.



Historic Overview

MDMA was first synthesized by the MERCK pharmaceutical laboratories in 1912, as a new anorexigenic (appetite suppressant). It was also used for military purposes, to augment certain effects of amphetamines. Ecstasy was never licensed as a prescription drug. In the 1970s and 1980s, it was studied as a possible adjuvant to psychotherapy, as a replacement for LSD. In the United States in the 1970s, and more recently in Europe and Canada, ecstasy started to be used recreationally at parties known as raves, and with techno music.

As of 2004, ecstasy remains a highly controversial chemical. Some psychologist believe that it can assist in psychotherapy by helping certain people express their emotions, especially people who suffer from post-traumatic stress. To investigate this possible application of MDMA, clinical trials are currently in progress in the United States and Israel.

GHB

What is GHB and What Does It Look Like?

Gamma hydroxybutyrate, or GHB, is a central nervous system depressant. It comes in various forms, including white powders, capsules, water-soluble granules, and small vials of clear, odorless liquid. When dissolved in alcoholic beverages, GHB has no odor, and little, if any, flavor (a barely noticeable salty, soapy taste).

GHB has many street names. The most common ones are liquid ecstasy or liquid X.

In Europe, GHB is still used legally to enhance the effectiveness of general anesthesia, as well as for certain other therapeutic purposes.

Effects and Dangers of GHB

Gradually increasing doses of GHB result in the following reactions, in the following order:

Reduced anxiety, muscle relaxation, disinhibition, euphoria (sensation of well-being and satisfaction), sensation of sleepiness, loss of coordination, hypnotic state, general loss of feeling, coma, and death.

In high doses, GHB can also cause:

- Convulsions
- Hallucinations
- Slowed heart rate

- Lowered blood pressure
- Depressed breathing
- Unconsciousness

Some cases of coma and death involving GHB have been observed, in particular when GHB was taken together with alcohol.

GHB has become a party drug. Because it is colorless, odorless, and virtually tasteless, it acts very quickly, and causes memory loss and a state similar to drunkenness. It has also been put to criminal uses that have earned it the nickname of the “date-rape drug”. GHB does not have any actual aphrodisiac qualities, but can cause loss of sexual inhibitions.

GHB and Dependence

Because of its pleasant effects, GHB is a substance that is susceptible to abuse. Prolonged, excessive use of GHB leads to tolerance and physical dependence. If someone who has been taking repeated high doses of GHB suddenly stops using it, they may experience withdrawal, in which the main symptoms are anxiety, insomnia, trembling, and muscle cramps.

PSYCHOACTIVE MEDICATION

What is a Psychoactive Medication?

Psychoactive medications are drugs that, when prescribed and used correctly, can reduce or eliminate the suffering caused by psychological conditions, such as anxiety, insomnia, depression, psychosis, and bipolar affective disorder.

Psychoactive medications are generally prescribed by physicians.

After examining a patient, the doctor diagnoses his or her mental health condition, and, if treatment appears necessary, prescribes the best treatment for it.

Many people use psychoactive medications, with or without prescriptions, to cope with the problems of their daily lives. Examples include older people who live alone and take medications to deal with loneliness, people who are overworked or overstressed, and people who have gone through some especially stressful experiences.

Sleep disturbances are one of the most common reasons that people see their doctors, and one of the most common conditions for which psychoactive medications are prescribed. Sometimes sleep disturbances may be only occasional, or temporary, but other times they can become chronic. They may be due to physical causes, psychological causes, or mental illness. However, sometimes the person is simply trying to sleep in conditions that make sleeping difficult.

Effects and Dangers of Psychoactive Medications

The effects of psychoactive medications vary with their chemical composition, the doses in which they are taken, and the sensitivity of the person taking them.

Taking other psychoactive substances in combination with psychoactive medications can be dangerous, especially because some of the interactions among these substances are not well understood. For example, alcohol can strengthen the effects of some substances, but cancel out the effects of others.

The effects of psychoactive medications also vary with the category to which they belong. The main categories of psychoactive medications are as follows:

- Anxiolytics and sedatives
- Hypnotics
- Antipsychotics
- Antidepressants

Anxiolytics and Sedatives

Anxiolytics and sedatives are central nervous system depressants. They reduce anxiety and its symptoms, such as muscle tension and agitation, while calming and tranquilizing the user. Doctors prescribe these medications not for any specific illness, but rather to help patients cope with general feelings of anxiety. However, not all patients who are experiencing such feelings necessarily need to be treated with these medications.

The anxiolytics and sedatives that are prescribed most often, especially for long-term treatment, belong to the benzodiazepine family of drugs, which are known for the risks of physical and psychological dependence that they present.

These substances are sometimes taken abusively, in massive doses, or in combination with other substances.

Hypnotics

Hypnotics are also central nervous system depressants. They are used to induce or maintain sleep. They can therefore make people less alert when awake.

The most commonly prescribed hypnotics, especially for long-term treatment, belong to the benzodiazepine family.

These substances are sometime taken abusively, in massive doses, or in combination with other substances.

Antipsychotics

Antipsychotics are a class of psychoactive medications that are used mainly to treat psychosis (a mental illness that affects behavior). Treatment for psychosis is typically long-term, and the patient's psychological and social care is just as important as any medication prescribed.

As with any other medication, it is particularly important not to stop taking a prescribed antipsychotic

unless your doctor advises you to do so.

Antipsychotics do not create dependence.

Benzhexol

Most antipsychotic drugs can produce what is known as extra pyramidal side-effects, similar to Parkinson's disease symptoms, which include mask-like facial appearance, shaking, a shuffling walk, painful muscle spasms, and an intense feeling of restlessness.

Benzhexol is one of a group of drugs that can lessen these symptoms. It also produces side-effects, the most common being dry mouth, stomach upsets, dizziness, and blurred vision. Occasionally, it can lead to difficulty in urinating, a rapid heartbeat, and nervousness. In high doses, it can produce mental confusion, excitement, and psychiatric disturbances.

Because Benzhexol has a stimulant effect and may cause hallucinations, it can be misused for non-medicinal purposes. In these circumstances, it can turn into forming a habit. As with most psychiatric drugs, it should not be stopped suddenly. Benzhexol doses should slowly be decreased over time.

Antidepressants

Antidepressants are another class of psychoactive medication. Some antidepressants act directly or indirectly on neurotransmitters, in particular serotonin and norepinephrine. Antidepressants are prescribed to treat depression; the latter's symptoms include a marked lack of interest or pleasure in living, sleep disturbances, agitation or apathy, unexplained fatigue

or loss of energy, excessive feelings of guilt or worthlessness, and a reduced ability to think and concentrate. Antidepressants can have undesirable side effects, including reduced alertness, sleepiness, and excitation.

These medications should be used only for cases of depression, diagnosed by a physician, and are not generally prescribed for temporary problems.

Antidepressants do not create a significant physical dependence, but if patients are taken off them abruptly, they can experience symptoms such as dizziness, nausea, and sudden recurrence of the depressive symptoms themselves. In order to avoid these symptoms, patients' dosages should instead be reduced gradually, ideally under medical supervision, until they are off the medication completely.

Opiate Derivatives

There are medications that contain opiate derivatives. These medications can be habit forming if used for non-medicinal purposes, and without the prescription of a doctor.

There are two groups:

- Pain Killers: that contain codeine or morphine: Tramal and Dafalgan-Codeine
- Cough Suppressants: contain codeine: Cemo, Dulsana, Neo-Codeine

Benzodiazepines

The benzodiazepine family includes the most commonly prescribed anxiolytics, sedatives, and hypnotics. These drugs are prescribed to reduce or eliminate anxiety, promote calmness and relaxation, facilitate muscle relaxation, and induce sleep.

But benzodiazepines can also erase short-term memories, reduce alertness, increase sleepiness, and slow reflexes. These effects make it dangerous to drive a vehicle, or operate potentially injury-causing machinery or equipment while on these drugs.

Benzodiazepines are also known for the high risk of physical and psychological dependence that they present. They are often taken in massive doses or in combination with other substances, and they lead to a form of addiction that is hard to overcome.

Several different benzodiazepines are currently marketed in Lebanon; the main ones are Xanax, Ativan, Lexotanil, Mogadon, Rivotril, Tranxene, and Valium.

Caution

If you are being treated with benzodiazepines, using alcohol or other central nervous system depressants poses certain risks, because combining these drugs increases their depressant effects, and can thus make your mental and physical performance deteriorate.

Benzodiazepines can also cause physical and psychological dependence. The chances that they will do so increases the longer you take them, the

higher the dosage in which you take them, and if you take them together with alcohol or have a history of other substance dependencies. If patients who are physically and psychologically dependent on psychoactive medications have their treatment cut off abruptly, they will experience withdrawal symptoms, mainly anxiety, irritability, agitation, insomnia, and muscle pains. These symptoms can be avoided if the patient is weaned off the medication gradually. Ideally, this process should be carried out under medical supervision.

Some Advice

Some anxiolytics, sedatives, and hypnotics can be prescribed and taken temporarily, without any significant negative effects on health.

Do not take psychoactive medications left over from old prescriptions without seeing your doctor first, and do not give these drugs to anyone else; a prescription is individualized and on a person-level.

Just because you visit your doctor does not necessarily mean you will be prescribed a medication, especially not in the case of anxiolytics, sedatives, or hypnotics.

Just because you are feeling anxious does not necessarily mean you will be treated with an anxiolytic, a sedative, or a hypnotic. Your doctor can tell whether you are dealing with an illness or with temporary problems, and will recommend appropriate solutions accordingly.

If your doctor does prescribe one of these medications, carefully follow the instructions that come with it, and avoid using alcohol or other drugs while you are taking it.

Psychoactive Medications and Dependence

Though some psychoactive medications do not cause any physical dependence, all of them can create a psychological dependence in some individuals. Benzodiazepines, in particular, can cause both physical and a psychological dependence.

When people take more of a psychoactive medication than their doctor has prescribed, this behavior is called medication abuse.

Many medications can be abused in this way, including opiates, barbiturates, amphetamines, and benzodiazepines, as well as some anesthetics, appetite suppressants, stimulants, and cough syrups.

Medication Abuse and Reasons for It

Any kind of psychoactive medication can be abused, and cases where people abuse various medications in combination are not uncommon.

This kind of abuse comes close to dependence; the user's life centers on taking the drug or drugs. Users may alternate between periods of controlled use and periods of excessive use. The motivations for this kind of drug abuse are hard to identify. They may include a desire to forget, to sleep, to relieve anxiety, to seek thrills, or simply to experience the pleasant sensation of operating in an altered state.

Medication Abuse in Chronic Drug Abusers

People who habitually use other psychoactive substances may take psychoactive medications as well, to control the sedative or stimulant effects of these substances, or to achieve new sensations.

Depending on the effects they are seeking, or the substances available to them, users may combine their doses of various drugs fairly precisely, or mix them completely blindly.

Complexities of Medication Abuse

In general, people start taking a medication when they receive a doctor's prescription for it. Then, if they keep experiencing their original symptoms, or develop new ones, a process of escalation begins.

The patient keeps asking for a drug that will provide a cure, and the physician, while not necessarily believing that the request is fully justified, writes a prescription for a new medication, or increases the dosage of the current one.

The situation becomes more complicated when patients combine medications on their own, taking various prescriptions from one or more doctors, to try to achieve the desired therapeutic result.

Such patients become very attached to their prescribed medications, and strongly resist doctors' efforts to take them off one or more of them. These patients ritually consume large quantities of tablets, capsules, etc...

In such patients, it is hard for doctors to tell which problems are due to the illness itself, which ones

are due to the patients' physical or psychological dependence, which ones are due to the latter's fear of seeing the symptoms recur, and which ones are due to their simple desire for the medication.



Historic Overview

Most psychoactive medications are derived from plants. In ancient times, the Mesopotamians were already using nearly 250 different species of plants to treat various conditions. With the Renaissance, various medicinal tropical plants started to be imported into Europe. But it was not until the early 19th century that chemistry became advanced enough for scientists to begin isolating the active ingredients from plants and plant materials.

The use of drugs derived from animals is less common, but dates back just as far. Examples include poisons and venoms obtained from various species of animals.

Substances of mineral origin have also been used for medicinal purposes since the dawn of history. The ancient Egyptians used calcium carbonate to treat acidity in the digestive tract, and the Romans used iron oxide to staunch bleeding. Nowadays, some minerals are used to treat dietary deficiencies of elements, such as iron, copper, manganese, iodine, calcium, and magnesium, while the element lithium is used to treat bipolar disorder.

DOPING SUBSTANCES

What is Doping Behavior?

When people take certain substances to cope with real or perceived obstacles, and thus enhance their performance in challenging professional or social situations, such as athletic competitions, school exams, job interviews, and public-speaking events, these people are said to be engaging in doping behavior.

In the world of sports, such behavior is referred to simply as doping.

In this section, we will only discuss substances that are used in doping behavior and that have significant psychoactive effects, and they are:

- Stimulants
- Androgens and anabolic steroids
- Corticosteroids
- Opiate analgesics
- GHB

Other doping substances not discussed here, such as diuretics, growth hormones, erythropoietin (EPO), and local anesthetics, do not alter consciousness, or create psychological dependence, but do nevertheless pose hazards to health.

Doping Substances Can Be Purchased

- Legally, through pharmacies; in this case, the substances are medications, often prescribed by a doctor, that are being used for purposes they were not intended to
- Illegally, usually through the user's personal contacts; in this case, the substances may be manufactured by underground laboratories, or imported fraudulently; their exact composition cannot be verified, and their quality is questionable.

Effects and dangers of doping substances can cause dependence.

Stimulants

Amphetamines, cocaine, caffeine, ephedrine, and their derivatives are the stimulants most commonly used in doping. People take stimulants to increase their concentration and alertness, and to reduce fatigue. These substances also increase aggressiveness, and cause weight loss. Stimulants act on the cardiovascular system and the nervous system. Their use can lead to psychological problems.

The fatigue-suppressing properties of stimulants can cause users to push themselves beyond their physiological capacity, resulting in weakness, exhaustion, and even death.

Androgens and Anabolic Steroids

Androgens are the natural male hormones that enable sperm cells to function, and that cause the male sexual organs, in addition to the male secondary sexual characteristics, to develop. The main androgens are testosterone and dihydrotestosterone (the most active form into which testosterone is converted in the body).

Anabolic steroids are synthetic versions of testosterone that have been chemically altered to reduce androgenic effects (effects on male sexual characteristics), increase anabolic effects (allow the synthesis of substances that promote growth in muscle mass in particular), and reduce undesirable effects.

Some authors use the term steroids to refer to both androgens and anabolic steroids, since both have the same basic chemical structure.

Steroids have many legal therapeutic applications. For example, they can be used to treat delayed growth, osteoporosis, and male hypogonadism (functional deficiencies in the testicles at puberty or later in life).

However, steroids are also used illegally, as doping substances by athletes.

Effects Sought By Athletes

Some athletes illegally abuse anabolic steroids, because they believe that taking these substances will enhance their athletic performance. Though various scientists question this belief, under certain conditions, anabolic steroids can produce the

following effects:

- Increased weight and muscle mass
- Increased muscle strength
- Increase aggressiveness and motivation in training and competition
- Increased physical endurance due to enhanced resistance to fatigue
- Faster recovery after intensive training and exercise

Dangers of Steroids

The benefits of using anabolic steroids for non-therapeutic purposes are minimal compared with the risks, which are numerous and can sometimes be irreversible.

Depending on how much is taken, and for how long, anabolic steroids can cause tendonitis, muscle tears, nosebleeds, severe acne, psychological problems, psychiatric disorders, neurological disorders, hormonal disorders, sexual dysfunction, liver disorders, potentially fatal cardiovascular disorders, and various types of cancers.

Use of androgens and anabolic steroids can lead to physical and psychological dependence.

Corticosteroids

Corticosteroids relieve fatigue and inflammation, and act as mental stimulants. They also increase tolerance for pain, and let users sustain efforts that would be impossible to do so under normal conditions.

Particular problems caused by use of corticosteroids include fragile tendons, muscle tears, and local and general infections. Other symptoms can range from chronic fatigue and declining performance, to cardiovascular failure, leading to death.

Opiate Analgesics

Opiate analgesics are a class of about 20 substances, of which the leading one is morphine. These substances cause sleepiness and decrease sensitivity to pain. They are used to reduce or eliminate pain, and produce feelings of well-being.

The harmful effects of opiate analgesics include risks of depressed breathing, addiction and physical dependence, and reduce concentration on coordination.

GHB

Gamma hydroxybutyrate, or GHB, causes the body to secrete growth hormones, which stimulate muscle development. Athletes and bodybuilders use GHB for its anabolic effects, because it provides an alternative to anabolic steroids.

GHB is a drug that is subject to abuse. Prolonged, excessive use of GHB leads to tolerance and physical dependence (see section on GHB).



Historic Overview

Scientists discovered the existence of androgens in the 1930s. Shortly after, many androgen derivatives were being synthesized and used to enhance human physical performance. In 1939, androgens were given to German troops to make them more aggressive in combat. In the 1950s, the use of steroids became very common among Olympic athletes.

At the 1976 Olympic Games in Montreal, the International Olympic Committee (IOC) introduced tests for detecting steroids in athletes' urine. To avoid detection, athletes then began using other substances that masked the presence of steroids in their urine. At the 1988 Olympic Games in Seoul, sophisticated methods of detecting very small amounts of steroids in urine were introduced, and Canadian athlete Ben Johnson was disqualified and expelled from the Games, after testing positive for stanozolol.

At the 2000 Olympic Games in Sydney, the IOC introduced blood tests.

In August 2001, the IOC, the international sports federations, and the national governments agreed to move the headquarters of the World Anti-Doping Agency (WADA) to Montreal. WADA's Montreal headquarters opened in June 2002, under the chairmanship of Montreal lawyer Richard Pound.

COCAINE



What Is Cocaine and What Does It Look Like?

Cocaine usually comes in the form of a white powder, its texture ranging from fine to coarse. It is extracted from the leaves of the coca plant.

Cocaine can be snorted (inhaled through the nose in “lines”), injected into a vein, or smoked.

Cocaine is often mixed with other substances, which can make it more dangerous. Users have no way of knowing what these substances are, but they can potentiate (amplify) cocaine’s effects, and interact with it in unpredictable ways.



Effects and Dangers of Cocaine

Cocaine is a major stimulant of the central nervous system. It causes intense euphoria and feelings of intellectual and physical prowess. Cocaine also suppresses fatigue, appetite, and pain. However, taken repeatedly, these intense feelings of pleasure

are experienced only for the first few weeks.

This state of stimulation is often accompanied by a certain amount of agitation and anxiety.

Once the period of euphoria is over, feelings of dysphoria (uneasiness) and anxiety take over. These feelings drive users to take additional hits at fairly regular intervals (for instance, one line every half hour). As users take more and more cocaine, their agitation and anxiety levels increase.

In the central nervous system, cocaine acts by preventing the re-uptake of dopamine by the terminal buttons of presynaptic neurons. Cocaine thus increases the amount of dopamine present in the synapses of the brain’s pleasure system, and its pleasurable effects there.

Cocaine Causes the Following Symptoms

Contraction of most of the blood vessels, which starves the body’s tissues of blood and can eventually cause them to die. This is what happens when a user’s septum (the wall between the nostrils) becomes perforated, a common symptom in people who snort cocaine regularly.

Irregular heartbeat and high blood pressure, which can lead to strokes, especially in people who are already susceptible to them, or who also smoke a lot of tobacco or cannabis.

Mental problems, in people who are already susceptible to them, or who use cocaine in large amounts. These problems can include psychological disorders, intense mood swings, paranoid delirium,

hallucinations (especially auditory ones), and panic attacks. Cocaine sometimes also causes toxic psychosis, in which users lose touch with reality, and behave in ways that are unpredictable, and potentially dangerous.

Increased mental activity and resulting insomnia, periods of excitation and memory problems.

Lowered inhibition, which can cause users to commit violent acts (including sexual aggression), to spend money compulsively, and so on. Because cocaine gives users a feeling of being all-powerful, it can readily lead them into various kinds of undesirable and criminal behavior.

Additionally, when users share straws or other equipment to snort cocaine, they can pass on viruses such as hepatitis A, B, or C. When users share needles to inject cocaine, they can transmit viruses that cause AIDS as well as hepatitis B and C.

Cocaine and Dependence

Cocaine is a powerful stimulant that creates a significant psychological dependence. It then becomes very hard to stop using the drug. The need to take more of it is so strong that it is hard to resist, even if the user takes another substance to try to suppress it.



Historic Overview

Native to the Andes, the coca bush is now cultivated in South America, Indonesia, and East Africa. In South America, before the Europeans came, the native peoples used coca as a medicinal plant, a

stimulant, a ritual object, and a source of tax revenue. In the early 16th century, the Spanish conquistadors gave coca to native workers as a stimulant, to better exploit them in the silver mines. In the countries of the Andes today, people chew wads of coca leaves, keeping them in their mouths for several hours at a time, to reduce feelings of cold, hunger, and fatigue.

In 1860, the scientist William Lossen determined the chemical structure of cocaine. Later, cocaine derivatives were used in various medical applications. Starting in 1880, cocaine became popular in Europe and the United States, where it was used in various tonic beverages, including Coca-Cola. In 1906, after cocaine had been found to cause many health problems, the United States made its sale subject to strict regulations.

Over the past few decades, cocaine use has gradually spread, in particular because of the activities of South American drug cartels.

Crack or Rock: A Cocaine Derivative

Crack or rock is cocaine in free-base form. It is produced by heating cocaine together with sodium bicarbonate and water. It looks like small rocks.

Users take crack by heating it and then inhaling the smoke. In the heating process, cracks form in the rocks, hence the name crack.

The effects of smoking crack are immediate and far more intense than those of snorting cocaine, and similar to those of injecting it. Crack reaches the brain faster, its euphoric effect is briefer, and coming down from it is far more unpleasant.

Using crack regularly can cause:

- Brain damage
- Paranoid episodes
- Hallucinations
- Suicidal thoughts
- Violent behavior
- Serious respiratory damage
- Cardiac or respiratory arrest, sometimes resulting in death

Using crack regularly soon creates a very strong, persistent psychological dependence. Even after people have stopped taking crack, they continue to undergo mood swings, and they may experience relapses up to several months after stopping the drug.

HEROIN

What is Heroin?

Heroin is derived from morphine. Both heroin and morphine are powerful opiates obtained from a species of poppy. Inclusions are made in the flowers' seed pods, from which raw opium oozes out as a milky white sap. This raw opium is collected then dried and processed into morphine and heroin.

What does Heroin Look Like?

Heroin comes as a white, beige, or brown powder. It is usually injected intravenously, after being diluted and heated. Heroin can also be sniffed or smoked.



Effects and Dangers of Heroin

Heroin is a central nervous system depressant. In the brain, it is converted into morphine, which then binds to the receptors for the opiates that they body produces naturally. These receptors are located in the brain, the spinal cord, and certain internal organs.

When heroin activates these receptors, the user experiences a powerful analgesic (pain-killing) effect, a quiet euphoria, and feelings of tranquility. Heroin also has powerful anxiolytic (anxiety-reducing) and

antidepressant effects. Users often seek these effects to ease psychological pain and suffering, or to forget things that they don't want to think about.

When injected, heroin produces an immediate intense effect, known as a rush. The rush is followed by feelings of euphoria and sleepiness, sometimes accompanied by nausea, dizziness, slower breathing, and a slower heart rate.

If someone uses heroin repeatedly, it is usually only for the first few weeks that they will experience the same intense pleasure every time they take it. After that, they often need to increase their dosage and take fixes more frequently. Taking heroin becomes so important that it alters people's entire daily lives.

Various problems can appear, including sedation, sleepiness, and loss of appetite. A heroin overdose slows breathing, causes loss of consciousness, and sometimes leads to death (every year, about 1% of all heroin addicts die from an overdose). Injecting heroin poses risks of infection (particularly from AIDS, hepatitis B, and hepatitis C viruses), unless sterile needles and syringes are used and discarded after a single use.

Heroin and Dependence

In most cases, heroin dependence develops rapidly. Heroin addicts alternate between periods when they are under the drug's influence and experience feelings of relief and euphoria, and periods when they are deprived of the drug and experience cravings for it, along with anxiety, agitation, and many physical symptoms of withdrawal. Physical and psychological

dependence on heroin is very strong.

Heroin withdrawal begins 6 to 12 hours after an addict's last fix, with the appearance of flu-like symptoms, along with anxiety and yawning. Next, the individual goes into a restless sleep that lasts several hours. Withdrawal symptoms peak after 36 to 72 hours, at which time they include severe gastrointestinal distress, dilated pupils, and Goosebumps. These symptoms are accompanied by an obsessive desire to take more heroin. Other symptoms may include anxiety, insomnia, aggressive behavior, paranoid delirium, a racing heartbeat, and high blood pressure. Most of these symptoms fade away after 5 to 10 days.

Heroin dependence involves major social risks. In many users, it sets off a process of marginalization.



Historic Overview

In 1888, a German chemist recommended using synthetic heroin to treat tuberculosis.

The drug heroin got its name because it was originally considered a "heroic" medication that could replace morphine in treating the coughing and pain of tuberculosis. But heroin abuse soon became widespread. In the United States, on the eve of World War I, it was estimated that nearly 500,000 people were heroin-dependent.

In 1923, the League of Nations declared heroin to be a dangerous substance of little therapeutic value.

The 1924, the non-medical use of heroin was prohibited in the United States; in 1956, the drug was banned there completely.

Acting, Reacting, Helping And Getting Help

Growing up means seeking out new experiences, feeling new emotions, and learning new things; in the process, everyone has some successes and some failures.

By balancing freedom with responsibility, children and teenagers gradually learn to become independent. Through this individual learning process, by the time they become adults, they know their obligations, and they know how to make decisions in their personal, emotional, professional, and social lives.

Adolescence is a time of especially heavy changes, but that doesn't mean people stop changing once they become adults. Throughout their lives, they continue to make adjustments and seek a balance, as they experience trials and tribulations, successes and failures, joys and sorrows.

This section focuses on teens in particular, by giving adults the information they need to help teens enjoy new experiences, and discover new things without running needless risks.



Adolescence And Experimentation

Adolescence is a time of new experiences. In the process of trying new things, teens often go overboard. Some indulge in brash, provocative behavior, while others become silent and closed in on themselves. Neither of these patterns necessarily means that they are in trouble.

In this period of searching and hesitation, teens may go back and forth between seeking independence and still needing their parents. This phase can be hard to live through, not only for the teens themselves, but also for the people around them. For adults in general, and parents in particular, the challenge is to maintain and reaffirm the values they consider important in raising their children.

In asserting their values and imposing their authority, adults do need to exercise some restraint. But it is also essential for them to set limits and to warn teenagers about the risks they may be running.

It is just as essential for adults to help and encourage teens to build their self-confidence, get out and meet people, and discover their personal strengths. This is especially true for teens that seem very withdrawn, or show a significant lack of confidence and self-esteem.

The Role Of Peer Groups

Each of us establishes our own unique relationship with other people and with the world. Each of us develops our own personal strategies for experiencing pleasure and avoiding pain.

Taking psychoactive substances can be one of these strategies. Hence, there is no magic formula for preventing people from using such substances, especially if these people are in their teen years, where they want to try as many possibilities, have as many experiences, and meet as many different people as they can.

What a teenager may do at one particular moment does not mean that he or she will keep doing it forever; so an effort needs to be made to avoid overreacting about a single experiment or mistake.

If a crisis does arise, then it is up to the adults in that teen's life to pick the right time to have their say, and to take the most appropriate attitude. If they cannot manage this challenge on their own, then they can turn to qualified people for help.

Questions To Ask If You Know Someone Is Taking One Or More Psychoactive Substances

- What substances are they taking?
- How often are they taking these substances – rarely, fairly often, or very often?
- How much of these substances are they taking?
- Under what circumstances are they taking these substances – alone, or in a group?
- Is their use of these substances causing any harm to themselves or to other people?

- What are their reasons for using these substances?
 - For some occasional fun
 - To imitate their friends
 - Because they feel they can't do without them

Whatever substances one is taking, it is important to ask them these questions, and assure them that they can talk to you about this subject in complete confidence.

In most cases, if you can establish a dialogue with the person, their substance use will not have any serious consequences in the end. However, in some situations, and despite everyone's best efforts, it's best to get help. By accepting help, you can often find solutions to situations that seemed intolerable.

Seeking out advice and assistance should not be seen as a sign of weakness or betrayal.

Setting Limits

Avoiding conflict does not solve anything. When children or teenagers are about to do something dangerous or illegal, telling them "no" without fear of exercising your authority is just as important for their education as encouraging them to have an open mind and seek out new experiences in other circumstances.

Studies have confirmed the formative influence that prohibitions imposed early in life can have on substance-use behaviors later on. By encouraging teens to put off experimenting with tobacco and alcohol for as long as possible, you can reduce the risk that they will abuse or become dependent on these substances later in life.

Recent surveys of young people have also confirmed the positive effect that dialogue between parents and teens can have on teens' smoking behavior. Teens who said that they could communicate easily with their parents showed lower rates of smoking than teens who said it was hard to talk with their parents about the things that really mattered.

Don't Jump To Conclusions

Just as someone who drinks an occasional glass of wine is not automatically an alcoholic, teenagers who smoke an occasional joint are not automatically drug addicts.

Smoking cannabis will not necessarily lead teens to use other, more dangerous substances. But the adults who are closest to teens can make sure they recognize the real risks by giving them clear, accurate, basic information to help them assess their own strengths and weaknesses. Then, when teens are offered new substances or see their friends using them, it will be easier for them to make responsible choices.

Most often, substance abuse and dependence are part of a larger set of risky behaviors or symptoms that reflect other problems that a teenager is experiencing. Sometimes these problems may go away on their own, but other times they may be more deeply seated and reflect real suffering. Every case must be examined and addressed individually.

To talk about drug related issues, to get help and seek treatment

Calling a professional (general practitioner, psychiatrist or psychologist) may help you obtain a referral to a specialized center that can provide appropriate care for a drug related problem.

These specialized institutions offer follow-up and treatment for people with drug use problems, as well as providing support and care for family and friends.



Organizations Working In The Field Of Addictions In Lebanon:

SKOUN – Lebanese Addictions Center

Available services:

- Outpatient addiction treatment
- Psychiatric services
- Counseling and psychotherapy
- Health related follow-up
- HIV counseling and testing
- Prevention programs and awareness raising
- Legal services and follow-up
- Advocacy
- Outreach
- Family counseling and support

Tel: 01/202714 (Monot)

Tel: 01/556141 (Chiyah)

Website: www.skoun.org

Cenacle de la Lumiere

Available services:

- Inpatient addiction treatment
- Youth awareness and mobilization
- Outreach
- Guidance and information
- Bio-psycho-social follow-up
- Social reintegration
- Career orientation
- Financial support for treatment
- Family counseling

Tel: 09/478937

Website: www.cenacledelalumiere.org

SIDC

Available services:

- Outpatient addiction treatment
- Youth awareness and mobilization
- Outreach
- Harm Reduction
- Guidance and information
- Bio-psycho-social follow-up
- Social reintegration
- Career orientation
- Family counseling
- Training for community organizations

Tel: 01/499420

Website: www.sidc-lebanon.org

Oum El Nour

Available services:

- Inpatient addiction treatment
- Therapeutic inpatient community
- Prevention and awareness
- Bio-psycho-social follow-up
- Legal follow-up
- Social reintegration
- Career orientation
- Support for families of beneficiaries

Tel: 09/210285 – 09/223700

Website: www.oum-el-nour.org

Bonheur du Ciel

Available services:

- Inpatient addiction treatment
- Outreach
- Bio-psycho-social follow-up
- Legal follow-up
- Social reintegration
- Career orientation
- Support for families of beneficiaries

Tel: 03-125347

Website: www.bonheurduciel.org

AJEM – Association Justice et Miséricorde

Available services:

- In-prison work
- Prison rehabilitation program
- Bio-psycho-social follow-up
- Legal follow-up
- Social reintegration
- Career orientation
- Work with families of beneficiaries

Tel: 01/901560

Website: www.ajemlb.org

JCD – Jeunesse Contre Drogues

Available services:

- Inpatient addiction treatment
- Drug rehabilitation
- Prevention and awareness
- Bio-psycho-social follow-up
- Legal follow-up
- Social reintegration
- Career orientation
- Work with families of beneficiaries

Tel: 09/638242

Website: www.jcdlb.org

Nusroto (Zahle)

Available services:

- Inpatient addiction treatment
- Prevention, guidance, and information
- Detoxification
- Bio-psycho-social follow-up
- Legal follow-up
- Social reintegration
- Career orientation
- In-prison services
- Work with families of beneficiaries

Tel: 08/808807

Website: www.nusroto.org

Cedar Drug Rehabilitation & Prevention Center

Available services:

- Inpatient addiction treatment
- Bio-psycho-social follow-up
- Legal follow-up
- Social reintegration
- Career orientation
- Support for families of beneficiaries

Tel: 76/654443 – 03/654443

Website: www.cedar-rehab.org

Horizon – Drug Free Zone

Available services:

- Drug rehabilitation
- Prevention

Tel: 01/242434

Website: www.drugfreezone.org

No For Drugs

Available services:

- Prevention
- Advocacy

Tel: 70/166011 – 71/166011

Website: www.nfd-nofordrugs.org

MIND

Available services:

- Inpatient and outpatient treatment

Tel: 01/748000 – 01/449499

Website: www.mindclinics.org

Mount Lebanon Hospital

Available services:

- Inpatient detoxification

Tel: 05/957000

Website: www.mlh.com.lb/

Serhal Hospital – Rabieh

Available services:

- Inpatient detoxification

Tel: 04/405050

Website: www.hopitaldrsserhal.com

Saint Charles Hospital

Available services:

- Inpatient detoxification
- Inpatient follow-up

Tel: 05/451100 – 05/953444

Website: www.saintcharleshospital.com

Rafik Hariri University Hospital

Available services:

- Inpatient detoxification

Tel: 01/830000

Website: www.bguh.gov.lb

Dahr El Bachek Governmental Hospital

Available services:

- Inpatient detoxification

Tel: 04/872138



To talk about the topic, ask for help, and get treatment

Getting in touch with a general physician or a specialist (psychologist or psychiatrist) may help in being referred to any related center, in order to receive the appropriate treatment, especially if the substance use is a result of psychological problems, or difficulties in behavior in general.

Advice and treatment is offered in hospitals to whoever seeks it.

There are many specialized organizations that suggest following up with people in their treatment, according to their case, also paying attention to their surroundings.

Measures are taken in prisons to help the prisoners addicted to drugs and alcohol, in order to prepare them before their release; this happens in correspondence with outside organizations.

Counseling services offered by hospitals or specialized centers, related to smoking cessation, are primarily directed towards heavier smokers. Additionally, general medical counseling is offered, using substitutes to nicotine (patch, chewing gum...).

References

ORIGINAL EDITION (FRANCE)

The original edition of this book was published in France by the Comité français d'éducation pour la santé (CFES; French committee for health education) and the Mission interministérielle de lutte contre la drogue et la toxicomanie (MILDT; French government interministerial mission on drug and addiction control) with the help of a scientific committee and a reading committee. A complete list of the members of these committees is available in the first Quebec edition of this book.

QUEBEC EDITION

This second Quebec edition of this book (published in French in 2003 and in English in 2004) was prepared by the Comité permanent de lutte à la toxicomanie (CPLT) with the help of the following people:

- Mohamed Ben Amar, Université de Montréal
- Pascal Schneeberger, CHUM and RISQ
- Pierre Paquin, Régie régionale de la Montérégie
- Jacques Bordeleau and Pierre Lescadre, Royal Canadian Mounted Police in Quebec, Drug Awareness Service

- Alain Charest, Health Canada.

The following individuals contributed to the first Quebec edition:

- Robert Baril
- Mohamed Ben Amar
- Pierre Brisson
- Jean-François Cyr
- Geneviève Gagneux
- Michaël Gillet
- France Janelle
- Nancy Légaré
- Louis Léonard
- Pascal Schneeberger
- John Topp.

Managing Editors: Rodrigue Paré, Chairperson of the CPLT and Michel Germain, Executive Director of the CPLT

Publisher: Michel Germain

Publication Co-ordinator: Mélanie Jolin

Writers: Mohamed Ben Amar, Michel Germain, Mélanie Jolin, Louis Léonard, Pierre Paquin, Rodrigue Paré, and Pascal Schneeberger

Translator: Al Daigen (Daigen Communications)

Reviewers: Mohamed Ben Amar, Maureen Bugeaud, Don McKay, Lola Noël, Louise Paré

Photographs: Royal Canadian Mounted Police in Quebec Drug Awareness Service, Health Canada, and Jean-François Guévin, pharmacist

Graphics Design: Trucs Design

Cover: DéchoD

Published and distributed by: Comité permanent de lutte à la toxicomanie

LEBANON EDITION

In Lebanon, this book was first published in Arabic in 2004, and in English in 2007, prepared by Skoun, Lebanese Addictions Center, with the help of Ritta Baddoura and Lina Raphaël, and the support of Oxfam Quebec.

The current edition was published in both languages in 2013 by Skoun, Lebanese Addictions Center with the support of Drosos Foundation.

Ecstasy – Des données biologiques et cliniques aux contextes d’usage

Expertise collective INSERM. Paris, 1998.

La drogue, où en sommes-nous ? Bilan des connaissances en France en matière de drogues et de toxicomanies

FRYDMAN, Nathalie and Hélène MARTINEAU.
Paris, La documentation française, 1998..

Baromètre santé jeunes 1997-1998

JANVRIN, Marie-Pierre and François BAUDIER.
Under the direction of Jacques ARENES, Vanves, CFES, 1998.

Dopage et société

LAURE, Patrick. Paris, Ellipses, 2000.

Drogues : s’informer, prévenir, agir

Ministère de la Jeunesse et des Sports. Paris, CFES, SNTD and MILDT, 1998.

Plan triennal de lutte contre la drogue et de prévention des dépendances – 1999-2000- 2001

Mission interministérielle de lutte contre la drogue et la toxicomanie. Paris, La documentation française, 2000.

Pour une prévention de l’usage des substances psychoactives. Usage, usage nocif, dépendance

PARQUET, Philippe-Jean. Vanves, CFES, 1998.

Pour une politique de prévention en matière de comportements de consommation de substances psychoactives

PARQUET, Philippe-Jean. Vanves, CFES, 1997.

Les personnes en difficulté avec l’alcool – usage, usage nocif et dépendances : propositions

REYNAUD, Michel and Philippe-Jean PARQUET.
Vanves, CFES, 1998.

Les pratiques addictives – Usage, usage nocif et dépendance aux substances psychoactives

REYNAUD, Michel Philippe-Jean PARQUET and Gilbert LAGRUE. Paris, Odile Jacob, 2000.

La souffrance de l’homme

REYNAUD, Michel and Jacques-Antoine MALAREWICZ. Paris, Albin Michel, 1996.

Dictionnaire des drogues, des toxicomanies et des dépendances

RICHARD, Denis and Jean-Louis SENON. Paris, Larousse, 1999.

La dangerosité des drogues – Rapport au secrétariat d’État à la santé

ROQUES, Bernard. Paris, Odile Jacob, 1999.

Drogues et toxicomanies – Indicateurs et tendances

Observatoire français des drogues et des toxicomanies. Paris, OFDT, 1999.

Drogues, dépendance et dopamine

TASSIN, Jean-Paul. La recherche, n. 306, février 1998.

Cannabis — Quels effets sur le comportement et la santé ?

Expertise collective, Institut national de la santé et de la recherche médicale. Paris, Les éditions Inserm, 2001.

Clinical textbook of addictive disorders

FRANCES, R.J. et S.I. MILLER. New York, The Guilford Press, 1998.

The Human Mind Explained

Greenfield, S.A. New York, Marshall Editions, 1996.

Ecstasy and Drug Consumption Patterns: A Canadian Rave Population Study

Gross, S. et al. The Canadian Journal of Psychiatry, Vol. 47, No. 6, August 2002. Goodman and Gilman's, The Pharmacological Basis of Therapeutics. Hardman, J.G., L.E. Limbird and A. Goodman Gilman. New York, McGraw-Hill, 2001.

Drug find could give ravers the jitters

Holden, C. Science, 2002. Ecstasy – Drogue du millénaire ? Houle, M. Action Tox 1, No. 1, 2000.

Karch's Pathology of Drug Abuse

Karch, S.B. Boca Raton, CRC Press, 2002.

Basic and Clinical Pharmacology

Katzung, B. G. New York, Lange Medical Books/ McGraw-Hill, 2001.

Classification, caractéristiques et effets généraux des substances psychotropes. In: L'usage des drogues et la toxicomanie

Léonard, Louis and Mohamed Ben Amar. Volume III, Montreal, Gaëtan Morin, 2000.

Les psychotropes : pharmacologie et toxicomanie

Léonard, Louis and Mohamed Ben Amar. Montreal, Presses de l'Université de Montréal, 2002.

Substance Abuse: A Comprehensive Textbook

Mayhew, D.R., S.W. Brown and H.M. Simpson. Ottawa, Traffic Industry Research Foundation, Transport Canada, 1999.

Addictions: A Comprehensive Guidebook

McCrary, B.S. and E.E. Epstein. Oxford, Oxford University Press, 1999.

Drugs and Behavior: An Introduction to Behavioral Pharmacology

McKim, W.A. Upper Saddle River, Prentice Hall, 2000.

Severe dopaminergic neurotoxicity in primates after a common recreational dose regimen of MDMA ("Ecstasy")

Ricaurte, G.A. et al., Science, 2002.

La drogue et le cerveau – Tout savoir sur les effets réels

Roques, B., V. Devillaine, E. Boralli et al. Science et Vie, December 2001.

Psychophysiology

Rosenzweig, M.R. and A.L. Leiman. Ville Mont-Royal, Décarie éditeur, 1991.

Designer Drugs and Raves

Royal Canadian Mounted Police. Vancouver, "E" Division Drug Enforcement Branch, 2000.
Royal Canadian Mounted Police in Quebec, Drug Awareness Service (http://www.rcmpgrc.gc.ca/qc/pro_ser/sens_dro_e.htm), 2001.

Foye's Principles of Medicinal Chemistry

Williams, D.A. and T.L. Lemke. Baltimore, Lippincott Williams & Wilkins, 2002.

Blood alcohol concentrations: factors affecting predictions

Winek, C.L. and F.M. Esposito. Legal Medicine, 1985.

Problem drug and alcohol use in a community sample of adolescents

Zoccolillo, Mark, Frank Vitaro and Richard E. Tremblay. Journal of the American Academy of Child and Adolescent Psychiatry, 1999.

Water pipe tobacco smoking: health effects, research needs and recommended actions by regulators,

WHO study group on tobacco product regulation (TobReg), 2005.

BACK COVER