



PSYCHOACTIVE DRUGS

CREW

SERVICE AVAILABILITY

Drop-in

Monday - Wednesday: 1pm - 5pm

Thursday: 3pm - 7pm

Friday - Saturday: 1pm - 5pm

Sunday: Closed

Telephone information

Monday - Friday: 10am - 5pm

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 mind altering

PSYCHOACTIVE DRUGS

Psychoactive drugs have mind altering properties. They are often consumed to produce a wide range of desirable physical and psychological effects and there are hundreds of substances available.

Psychoactive drugs can occur naturally (e.g. cannabis and psilocybin); be extracted from natural sources (e.g. cocaine and heroin) or produced synthetically (man-made) in a laboratory (e.g. MDMA and methamphetamine).

People choose to take drugs for many reasons including relaxation, insomnia, pain relief, escapism, peer pressure and social norms, to get high, self-medication, to have fun, to lower inhibitions, to feel different, because they want to, to increase connection with others and music, to increase creativity, increase sexual arousal, curiosity, tradition, religious or spiritual beliefs, to lose/gain weight, to cope with grief, loneliness, trauma etc.

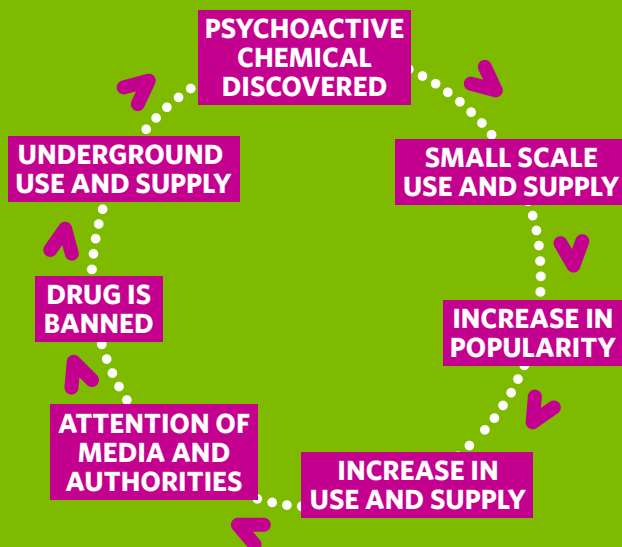
People from all strata of society have the potential to consume drugs and we must avoid stereotypes. Most drug use is recreational and not recorded; however, pockets of problematic use exist in a range of settings. The use of drugs is widespread and includes not just illegal substances but alcohol, nicotine, caffeine and medicines - which many people do not consider to be drugs.

The purpose of this booklet is to provide basic awareness of the most commonly used substances to increase worker knowledge and confidence. More information can be found at: www.crew.scot

A CYCLE OF NEW DRUGS

Previously drugs generally followed a cycle of creation, supply and prohibition.

On the 26th of May 2016 the UK Government introduced the Psychoactive Substances Act which fundamentally alters the way we legislate against drugs.



Misuse of Drugs Act 1971 (MoDA)

This act is a legal framework to allow the control of drugs and includes laws on licensing, production, supply and possession.

It controls drugs based on their **chemical structure** and since enactment over 500 chemicals have been outlawed. Penalties depend on the type of drug and they are classified as Class A, B or C.

	Example of drugs included	Possession	Supply
Class A	MDMA, cocaine, heroin	7 years + fine	Life + fine
Class B	cannabis, ketamine, amphetamine	5 years + fine	14 years + fine
Class C	khat, GHB, GBL	2 years + fine	14 years + fine

Temporary Class Drug Orders are a bolt on to the MoDA for new drugs that cause concern. The orders last for a period of 12 months (or more), whilst their harms are investigated and are generally then classified under the MoDA. TCDOs focus on supply and anyone caught will be subject to penalties of up to 14 years imprisonment and an unlimited fine.

The MoDA could not keep up with the speed at which new substances were being produced therefore the Psychoactive Substances Act 2016 was introduced.

Psychoactive Substances Act 2016 (PSA)

The PSA sits outside MoDA but drugs can still be added to MoDA if there is enough concern.

This act is a legal framework which bans the manufacture, export/import (i.e. buying from a non-UK website), and supply (or offer to supply) of all substances capable of producing a psychoactive effect. Possession is not an offence, except in a 'custodial institution' (e.g. prison).

Penalties range from civil sanctions to a 7 year prison sentence but some offences will be considered to be aggravated, including selling to under 18s or around schools and children's homes etc. and the Police may treat all substances like a controlled drug until proven otherwise.

Poppers, alcohol, nicotine and tobacco, caffeine and medicines are all exempt from The Psychoactive Substances Act. Nitrous oxide (laughing gas) is exempt when used in food preparation (usually as a propellant for whipped cream).

THE DRUGS WHEEL

A NEW MODEL FOR SUBSTANCE AWARENESS



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Designed in collaboration with DrugWatch: an informal association of charities, organisations and individuals who share an interest in establishing a robust early warning system in the UK for all types of drugs.



DRUGS



The list below is an overview of the most commonly used drugs seen at Crew. The list is not exhaustive and information can only be considered current on the date of issue. For more information please visit: www.crew.scot

1 ALCOHOL

Alcohol is one of the most commonly used psychoactive drugs in the UK. The alcohol found in alcoholic drinks is ethanol.

AKA: Booze, drink, bevvy

Drugs Wheel category: Depressant

Legality: The sale and consumption of alcohol is regulated by Licensing Acts

Appearance: Liquid

Route of administration: Swallowed

Dose: Dependant on type and purity. UK guidelines suggest not exceeding more than 14 units of alcohol per week (about 6 pints of beer or medium glasses of wine). It is also recommended to have a minimum of two alcohol free days per week.

Effects: Alcohol lowers breathing and heart rate and can make you feel relaxed. People using it can feel more outgoing and experience improved mood and increased confidence. Other effects include loss of memory as well as feeling drowsy, confused and nauseous. It also reduces your inhibitions and affects judgement. Like other drugs it can lead to dependency if used regularly and to excess. Avoid mixing alcohol with other drugs as this can increase harm and the risk of overdose.





2 CANNABIS

Cannabis comes from the cannabis plant and is the most commonly used illegal drug in the UK. The main psychoactive ingredient is THC (tetrahydrocannabinol) which gives you the stoned feeling and plant varieties can be bred to produce stronger hybrid strains.

AKA: Weed, grass, hash, pollen, resin, marijuana, skunk (usually refers to a strong type of herbal cannabis)

Drugs Wheel category: Cannabinoid

Legality: Misuse of Drugs Act 1971 – Class B. Police in Scotland will generally not prosecute for possession of very small amounts if first time offence and if over 16.

Appearance: It can come as a compressed block of resin in various shades of brown, as a herbal blend with dried leaves and bud in various shades of green, as an oil suspension or as a concentrated resin called shatter. Shatter normally looks like hard, transparent honey.

Route of administration: Can be smoked in a joint, pipe or bong or from a vaporizer and may also be eaten. When eaten effects will take longer to come on and will last longer and can be more intense. It can also be found as an oil. Some oils are designed to be swallowed where as others can be vaped. Shatter can be dabbed (heated on a nail, knife or wire and vaporised) or added to a joint, pipe or bong.

Dose: Dependant on type, concentration and route of administration. Cannabis oil and shatter are 'concentrates' and have a higher THC level than other types of cannabis therefore less is required to achieve the desired effect.

Effects: Cannabis can make you feel happy, relaxed, calm and giggly. Other effects can include feeling hungry, withdrawn, tired and paranoid. It can also cause dizziness and sickness (also known as a 'whitey') especially when used in conjunction with alcohol.



3 COCAINE

Cocaine is made from the leaves of the coca plant which is mainly found in South America.

AKA: Coke, charlie, snow, ching

Drugs Wheel category: Stimulant

Legality: Misuse of Drugs Act 1971 – Class A

Appearance: Cocaine – white crystalline powder. Crack – white/yellow rocks

Route of administration: Powder is usually snorted but it can be swallowed in a cigarette paper (bombed) or injected. Injecting is strongly discouraged. Crack cocaine is usually smoked.

Dose: Dependant on type, purity and route of administration. An average dose for snorting will give around 15 lines from a gram (this dose should not be taken as a recommendation).

Effects: Cocaine can make you feel energetic and confident. It also increases your heart rate and breathing. People using it can experience a high with increased alertness, focus and sex drive, as well as a decreased appetite and a strong urge to re-dose. Other effects include restlessness, aggression, paranoia and arrogance. Avoid mixing cocaine and alcohol as this mixture produces cocaethylene; a chemical which is harmful and can increase side effects.



4

MDMA

(3,4-methylenedioxymethamphetamine)

Ecstasy pills containing MDMA can last 4-6 hours and when the effects wear off the comedown can last 3-4 days, which may leave you feeling low and irritable.

AKA: Pills – E, sweeties, swedgers, or by the logo on the front.
Crystal – MDMA, MD, mandy, molly

Drugs Wheel category: Empathogen

Legality: Misuse of Drugs Act 1971 – Class A

Appearance: Pills usually have a distinct logo on one or both sides of the pill and come in a variety of colours, shapes and sizes. The powder/crystal may be white, yellow, grey, purple or light brown in colour.

Route of administration: Can be swallowed as a pill/capsule or wrapped in cigarette paper. MDMA can also be snorted or dabbed onto the tongue and should be crushed to a fine powder before use. MDMA can be injected but this is less common and discouraged. It can also be mixed in a drink but care should be taken to accurately dose and ensure no one else drinks it. If you don't feel the effects don't be tempted to re-dose straight away. Hard pressed pills may take a while to kick in. Some pills may contain PMA or PMMA which are more toxic and can take up to two hours to kick in.

Dose: Dependant on purity and route of administration. An average dose for swallowing is around 80mg and will give around 13 bombs from a gram (this dose should not be taken as a recommendation). Ecstasy pills can contain anything from 0-330mg of MDMA so people should start with a half or quarter.

Effects: MDMA can make you feel chatty, euphoric and connected to music and people. It also increases your heart rate and body temperature. Other effects include hallucinations, enhanced colour and sound, jaw tension/clenching, dilated pupils and difficulty urinating.

5 SYNTHETIC CANNABINOIDS

Synthetic cannabinoids are chemicals which target cannabinoid receptors in the brain and many brands contain a blend of more than one cannabinoid. Common cannabinoids include 5F-ADB, AMB-FUBINACA and MDMB-CHMICA.

AKA: Spice or brand names such as Kronik, Mamba, Clockwork Orange, Exodus and Annihilation

Drugs Wheel category: Cannabinoid

Legality: First, second and third generation cannabinoids are controlled by the Misuse of Drugs Act 1971 as Class B. Some newer ones are not controlled by the MoDA but are covered by the Psychoactive Substances Act 2016.

Appearance: Smoking mixtures are made to look like cannabis and although described as 'herbal' (natural) the psychoactive substance is typically synthetic (man-made). These chemicals are often sprayed onto dried plant material which looks like tea and smells sweet. When smoked it smells like burnt plastic. Synthetic cannabinoids can also be found as a powder (which can be active in very small doses) or oil (designed for use in vapourisers).

Route of administration: They are usually smoked with tobacco or other herbs in a joint or a bong.

Dose: Dependant on purity and on the type taken but they are much stronger than cannabis and a pinch is usually more than enough!

Effects: The effects of synthetic cannabinoids are wide ranging and it is generally dependant on the 'chemical to plant' ratio in smoking mixtures. Effects are more exaggerated and unpredictable than cannabis and people using them can experience an intense but short lived high, enhanced sensations, feelings of heaviness and nausea as well as anxiety, paranoia, heart palpitations and strong cravings to redose. People have also reported an increase in severe mental health issues when using these substances including 'detachment from reality', suicidal thoughts and depression. Physical withdrawal symptoms include seizures, shakes, sweating and insomnia. Psychological withdrawal symptoms can include depression, anxiety, paranoia and aggression.

6 AMPHETAMINE

Amphetamine is a long lasting stimulant which is also used as a medicine to treat conditions like ADHD and chronic fatigue.

AKA: Speed, amphet, base

Drugs Wheel category: Stimulant

Legality: Misuse of Drugs Act 1971 – Class B

Appearance: Off-white or pinkish powder

Route of administration: Can be snorted, swallowed in a cigarette paper (bombed) or capsule, diluted in juice, dabbed onto the tongue or injected into a vein. Injecting is strongly discouraged.

Dose: Dependant on purity and route of administration. An average dose for snorting will give around 25 lines from a gram (this dose should not be taken as a recommendation).

Effects: Amphetamine can make you feel energetic and confident. It also increases your heart rate and breathing. People using it can experience increased alertness, concentration, motivation and sex drive and a decreased appetite and desire to sleep. Other effects include jaw clenching, restlessness, aggression and paranoia.



7 BENZODIAZEPINES

Benzodiazepines are a class of drugs known for their sedating properties. Some are prescribed for conditions such as insomnia and anxiety but often they are used without a prescription to get a psychoactive effect or to help with the comedown from other drugs. There are over 50 benzodiazepines but the types most commonly reported to Crew are Valium (diazepam) and Xanax (alprazolam).

AKA: benzos, downers, Valium, vallis, diazepam, etizolam, blues, Xanax, xannies, bars

Drugs Wheel category: Depressant

Legality: Misuse of Drugs Act 1971 – Class C

Appearance: They come as tablets or capsules in various sizes, shapes and colours.

Route of administration: Usually swallowed as a pill

Dose: Valium (diazepam) is usually found as pills containing 2mg (white), 5mg (yellow) or 10mg (blue). Xanax (alprazolam) is more potent than diazepam therefore less is required to achieve the desired effect. It is usually found as pills containing 0.25mg (white), 0.5mg (peach) and 1mg (blue) or as 2mg (white) bars.

Effects: Benzodiazepines can cause drowsiness and long periods of sleep. They also slow down your heart rate and breathing. People using them can experience a 'floating' sensation as well as a warm, calm and relaxed feeling. Other effects include depressed breathing, lack of coordination, short term memory loss, reduced mental alertness and slowed speech. Avoid mixing with other drugs especially other depressants (including alcohol) or opioids. Benzos can also reduce anxiety to dangerously low levels. This makes people care less and can result in risky behaviour.

8 KETAMINE

Ketamine is often referred to as a 'horse tranquiliser' as it is used in veterinarian and human medicine.

AKA: Ket, K, special K

Drugs Wheel category: Dissociative

Legality: Misuse of Drugs Act 1971 – Class B

Appearance: Off-white grainy powder or clear, odourless liquid

Route of administration: Can be snorted, injected into a muscle or swallowed in a cigarette paper (bombed). Injecting is strongly discouraged.

Dose: Dependant on purity and route of administration. An average dose for snorting will give around 30 lines from a gram (this dose should not be taken as a recommendation).

Effects: Ketamine can slow down messages from your body to your brain and make you feel detached from your surroundings. Low doses taken in a club can be stimulating with increased energy and a pleasant high whereas using it in a quiet, relaxed place with friends can be very spiritual and calming. Higher doses tend to be trippy with people describing an out of body experience called a 'K hole'. Larger doses of ketamine can affect your balance and coordination and frequent and/or long term ketamine use can damage the bladder.



9 MEPHEDRONE

Mephedrone appeared on the legal high market in 2007. It was often sold as bath salts or plant food to get round the law although it is now illegal to possess and/or supply it. Not to be confused with other drugs such as methedrone or the heroin substitute methadone.

AKA: Drone, MCAT, magic, meow, bubbles, meph

Drugs Wheel category: Stimulant

Legality: Misuse of Drugs Act 1971 – Class B

Appearance: Fine or crystal white powder

Route of administration: Can be snorted, swallowed in a cigarette paper (bombed) or capsule or mixed in juice. Injecting is strongly discouraged.

Dose: Dependant on purity and route of administration. An average dose for snorting will give around 30 lines from a gram (this dose should not be taken as a recommendation).

Effects: Mephedrone can give you a rush and increase energy and sociability. It also increases your heart rate and breathing. People using it can experience a feeling of 'coming up', alertness and an intense connection with music as well as cravings to re-dose, dilated pupils, intense sweating with an odour and sleeplessness.



10

GHB

(gamma-hydroxybutrate)

GBL (gamma-butyrolactone)

GHB and GBL are similar with GBL converting to GHB shortly after it enters your body. G can cause physical dependence and people who are dependant should seek support before reducing intake. Combining G with other depressants (e.g. alcohol) is very risky.

AKA: G, Gina, liquid E, liquid X

Drugs Wheel category: Depressant

Legality: Misuse of Drugs Act 1971 – Class C

Appearance: GHB – clear, colourless, odourless, salty liquid. GBL – clear, colourless liquid which has a slight odour and chemically taste.

Route of administration: Normally diluted 1 in 100 in juice and swallowed i.e. 1mL of GHB per 100mL of juice. If it is mixed in a drink, care should be taken to ensure no one else drinks it.

Dose: Dependant on purity. Strengths vary a lot and if you don't know the concentration be extremely careful, take a test dose and dose low (<0.5mL). Doses should be researched, recorded and measured accurately. The difference between a dose which will get you high and one which will cause an overdose is very small.

Effects: In small doses GHB and GBL can give you a mild high and cause feelings of relaxation, euphoria and sensuality. They also slow down your heart rate and breathing. People taking it can experience a loss of inhibitions, increased sex drive as well as cravings to re-dose, unconsciousness, agitation and confusion. High doses can lead to memory loss and coma-like sleep.



11 LSD (lysergic acid diethylamide)

LSD was synthesized by scientist **Albert Hofmann** in 1938 and became increasingly popular as a recreational drug in the 1960s.

AKA: Acid, tabs, trips, sidney, sid

Drugs Wheel category: Psychedelic

Legality: Misuse of Drugs Act 1971 – Class A

Appearance: It comes as small squares of blotting paper or microdots (very small tablets or 'tabs') and occasionally in gel capsules or as a liquid.

Route of administration: Capsules – swallowed, blotter – left on tongue to dissolve.

Dose: Dependant on purity and route of administration. An average dose for sublingual administration is around 75µg (this dose should not be taken as a recommendation). The concentration of LSD on blotter paper may vary considerably and people taking LSD should be careful with doses and start with a half or quarter. Blots should be halved by cutting diagonally across the paper.

Effects: LSD can alter your senses and thinking, causing colours to appear more vivid and music to sound clearer. It also increases your heart rate and blood pressure. People using it can experience a high, spiritual insight, wakefulness and reduced appetite as well as a feeling of time slowing down, confusion, anxiety and paranoia.

COMING UP



The length of time it takes to feel the effect will depend on the type of drug, how much was taken as well as the route of administration. Some drugs may take seconds to kick in, whereas others may take several hours.

1 DO YOUR RESEARCH

- Find out how long it will take to feel the effects and how long they will last.
- Look at information on doses. Start with a lower dose than stated as it depends on weight, gender, metabolism, tolerance etc.
- Ensure you are somewhere safe with people you trust.
- Even if you have taken it before don't assume the effects will be the same.

2 PREPARATION

- Use a watch or timer to keep track of your doses.
- Crush substances down as fine as possible before use.
- Use scales to measure dose and start low.
- Avoid risky routes such as injecting, always use clean equipment and never share.

3 FEELING THE EFFECTS

- If smoking, people will generally feel the effect almost immediately.
- If swallowing, it will take longer to feel the effects but they may last longer and be more intense.
- If you take something and don't feel the effects, don't redose straight away, wait at least an hour as the drug may not be what you thought it was.

4 COMING UP

- This is where people will experience the initial effects of the drug.
- During this time people may feel excited, anxious or nervous.
- Some people may also feel nauseous so you may want to start off with an empty stomach.
- If the effects become overwhelming sit down and try to stay relaxed, the intensity will reduce with time.

DON'T FORGET THE COMEDOWN!



A comedown is the process your body goes through when recovering from the effects of drugs, like a hangover is to alcohol. If you or anyone you know has that sinking feeling after a night out the following information may help.

1 STARTING TO COME DOWN

- Try to resist taking more drugs.
- If you are worried or anxious speak to friends you feel safe with.
- If dehydrated, sip water or an isotonic drink.

2 TRYING TO GET TO SLEEP

- You may be irritable and bad tempered so do something that will relax you.
- Take a shower and drink some hot sweet decaffeinated tea or herbal tea.

3 THE NEXT DAY

- If you feel low, chill out with a friend.
- Eat healthy balanced meals; if you're not hungry try to eat fruit - especially bananas.
- Take multi-vitamins.

4 THE NEXT WEEK

- Your emotions could be up and down.
- Try not to compensate by redosing.
- Try ear acupuncture at Crew!



OVERDOSE



If someone takes too much of a drug they may overdose and you will need to get the casualty medical help as quickly as possible.

SIGNS TO LOOK OUT FOR:

- Unconsciousness
- Seizures/fitting
- Hyperthermia (overheating)
- Severe nausea and vomiting
- Rapid heart rate/chest pains
- Unexpected hallucinations
- Difficulty breathing
- Blue/pale tingeing of knees, hands and lips
- Anxiety/fear/panic

SEROTONIN TOXICITY

Some drugs, such as MDMA, have serotonergic properties, meaning they affect the levels of the neurotransmitter serotonin. Too much serotonin can cause serotonin syndrome which can be potentially life threatening.

MAIN SYMPTOMS

Rigid, jerky, twitchy unusual movements, often involving the legs shaking; fully dilated pupils; overheating; shivering; racing heart; the person appearing agitated and confused.

If in doubt, ring for an ambulance.

It is important if they have rigid, jerky movements, not to hold people down because of the risk of muscle tissue breaking down (rhabdomyolysis). As with people who have been using volatile substances (solvents) it can also be risky to startle or frighten people as this can lead to heart failure [UK DrugWatch, Overdose and Emergencies Sheet, 2014].



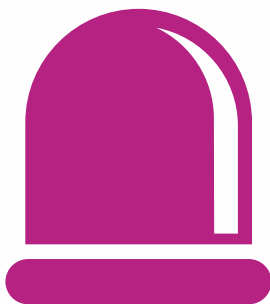
IN AN EMERGENCY

DO

- Keep calm
- Get help
- Call 999 (or 112)
- Give as much information as possible including location, age, gender, what has happened and what they have taken
- Stay with the casualty and reassure them
- Be honest with medical staff and hand over any packets or paraphernalia
- If unconscious put in the recovery position (or on their side)
- If they stop breathing perform CPR (chest compressions and rescue breaths)
- If opiate related (e.g. casualty has taken heroin or is on a methadone prescription) administer Naloxone: <http://www.naloxone.org.uk>

DON'T

- ✗ Leave them alone
- ✗ Inflict excessive pain to wake them
- ✗ Give them stimulants or any other drug
- ✗ Give them anything to eat or drink (apart from small sips of water)
- ✗ Put them in a bath/shower
- ✗ Walk them about
- ✗ Attempt to restrain them



MENTAL HEALTH

The likelihood of experiencing an issue with mental health when taking drugs is increased if the person is: not sleeping well, already diagnosed or experiencing problems with mental health, taking substances in high doses, frequently dosing or taking more than one substance at a time. Issues may include depression, mood disorders, anxiety and psychosis.

Drug induced psychosis can cause people to lose touch with reality and interpret things around them differently to others. It may involve hallucinations or delusional thoughts and people may see or hear things that aren't there or believe things that aren't true. People experiencing psychosis may be hard to communicate with but are usually more at risk of harming themselves than anyone else.

If you are required to deal with a mental health emergency:

- Get someone else to help you where possible.
- Stay calm, reassure them and respect their boundaries.
- Do not attempt to restrain the person. This can increase strain on the heart.
- Whilst hallucinations may appear real to the person experiencing them, don't lie to them and pretend you can see things too.
- Avoid arguing with them or shouting.

- Establish a safe environment and support them.
- Ask about their own resources for managing anxiety i.e. what have they done before?
- Use relaxation techniques e.g. breathing, muscle relaxation, use of quiet music etc.
- Try to maintain calmness (further stress can exacerbate or prolong symptoms).

If symptoms start to reduce you can provide additional support by:

- Helping with sleep management (e.g. encourage them not to force sleep, ensure comfortable environment, engage in relaxing exercises, avoid stimulants including caffeine).
- Encouraging engagement in alternative therapies (Reiki, acupuncture, massage) and regular support until symptoms subside.

WITHDRAWAL



When someone stops taking drugs, or takes a reduced amount, they may experience withdrawal.

Withdrawal symptoms can include seizures, sickness and diarrhoea, headaches, pains and hallucinations. The severity of the symptoms will vary depending on the type and amount of drug used but most symptoms will ease after a few weeks.

Some people prefer to try a tapered reduction in substance use, rather than going 'cold turkey' and this is recommended for substances such as alcohol, GHB/GBL and benzodiazepines. Your GP or local drug service can help with this.

During this time, to help the body recover we would recommend a healthy diet, fresh air, light exercise and lots of rest. Try to resist taking more of the drug, or other drugs (including alcohol) to deal with the withdrawal symptoms.

If symptoms become too much seek medical help and in an emergency call 999.

SKILLS AND TECHNIQUES

C Once initial interventions are over and the person is safe we can look at how to best help them if they would like support. The quality of the relationship is more important than your knowledge of particular drugs and the person should feel supported to find the best way forward for them.

THE FOLLOWING TIPS CAN HELP WITH THIS:

- Ask the person why they are using and what is good about it.
- Set small goals based on their strengths and skills.
- Track patterns of use and identify strategies for managing triggers.
- Manage cravings. Try natural highs such as light exercise and meditation.
- Work with their motivation for change; good side and less good side of drug use.
- Use scaling questions e.g. “on a scale of 1-10, with 10 being happy and 1 being not happy, how do you feel about your current drug use?” If they answered 5, for example, you would then ask, “what would you have to do to move towards 6?”.
- Use miracle questions e.g. “if you could wake up tomorrow and one thing would be different, what would it be?”
- Encourage them to engage with peer support groups and other diversionary activities.
- Discuss harm reduction techniques.



HARM REDUCTION

GENERAL

- 1** Research the substance before trying it
- 2** Plan how you are getting home before you start your night
- 3** Avoid taking drugs alone and have a 'straight/sober' friend around if possible
- 4** Tell someone what you have taken, how much and when
- 5** Try not to accept/buy drugs from people you don't know
- 6** Avoid mixing with other drugs, including alcohol
- 7** If using for the first time or using a new batch/packet take a test dose first
- 8** Use scales to measure dose
- 9** Start by taking small amounts – this might be quarter of a pill, one small line, a single skin joint
- 10** Pace yourself and wait two hours before taking any more
- 11** Keep hydrated, drink small sips of water (about one pint per hour)
- 12** If experiencing issues with jaw clenching, chew gum or soft sweets
- 13** Take regular breaks when dancing
- 14** Use safe sex practices
- 15** If you start to feel unwell, tell someone and be honest about what has been taken
- 16** If the effects are too extreme try to relax and take small sips of flat sugary juice
- 17** If the person taking drugs is sleeping or unconscious place them in the recovery position (on their side) and check them frequently to ensure they are okay
- 18** Testing kits are available online and can give a greater understanding of what the drugs contain but they may not be efficient enough to identify newer compounds or adulterants
- 19** Try to have a few drink/drug free days a week to allow your body to recover
- 20** Get regular health check-ups and tests for blood borne viruses (e.g. hepatitis B, hepatitis C, HIV)



In addition the following harm reduction advice can be used when using certain routes of administration:

SMOKING

- 21** If using rolling papers use as little paper as possible
- 22** Clean all pipes/bongs regularly
- 23** Use a filter or non-printed, long roach
- 24** Avoid holding smoke in your lungs as this can damage tissue without giving a better 'hit'
- 25** Use glass or metal pipes where possible as these give off less fumes than wood and plastic
- 26** If smoking from foil use clean foil each time. This is available from needle exchanges

SNORTING

- 27** Grind substances before snorting
- 28** Use a straw as a 'tooter/snorter' rather than money and throw away after use
- 29** Position the 'tooter/snorter' as high up the nostril as possible
- 30** Don't share your 'tooter/snorter' with anyone else (this could spread viruses)
- 31** Alternate nostrils
- 32** Rinse out your nose with water afterwards. Some powders, like ketamine, clump in the nose and drip down the throat. Where possible spit this out as it won't improve your experience but may cause more harm

INJECTING

This route of administration poses the highest risk.

- 33** Only use clean needles and supplies. Free, clean needles are available from needle exchange services. Alternatively they can be bought online
- 34** Use the smallest needle you can without it becoming blocked
- 35** Follow good hygiene practice and wash injection sites (before and after)
- 36** Always filter your drugs
- 37** Use a fresh needle if you fail to find a vein first time; needles become blunt after one use
- 38** Never share equipment (including needles, filters, containers, spoons and water)
- 39** Do not use citric acid or heat to dissolve substances if it is not needed. This is unnecessary and it may cause greater harm to injection sites
- 40** Rotate injection sites
- 41** Dispose of needles responsibly. These can be returned to a needle exchange
- 42** Seek medical assistance if site becomes painful, tender or hot, or there is swelling for more than a few days

SUPPORT SERVICES

If the person would like help with their drug use a number of services are available.

Crew defines recovery as anyone wishing to reduce, stabilise or cease drug use.

If someone wishes to use Crew's support services they can self-refer by calling 0131 220 3404 or by visiting our drop-in.

- One-to-one drug counselling
- Auricular (ear) acupuncture
- Support groups
- Cognitive based therapies
- Information, advice and support via our drop-in

OTHER TREATMENT (not available from Crew)

- Massage
- Reiki
- Residential treatment
- Fellowships and self help
- SMART recovery groups
- Prescription: most new drugs do not have a current prescriptive therapy (such as methadone for heroin use), but many drugs can be given that may help to alleviate symptoms of withdrawal such as insomnia and paranoia. These drugs include: benzodiazepines, anti-anxiety medications, beta blockers, anti-psychotics and sleep medication.



SOURCES OF HELP

Crew | Up to date drug info and advice. Use our 'check it out' tool to find out how risky your drug use is
www.crew.scot | 0131 220 3404



Blue Light | Information forum | www.bluelight.org
Bunk Police | Substance testing | www.bunkpolice.com
City of Edinburgh Services | www.edinburgh.gov.uk/info/20081/mental_health_and_addiction
Drugs Meter | Feedback on your drug use | www.drugsmeter.com
DrugWise | Evidence based drugs info | www.drugwise.org.uk
Erowid | Education and harm reduction resource | www.erowid.org
Global Drug Survey | World's biggest drug survey | www.globaldrugsurvey.com
Know the Score | Info and support | www.knowthescore.info | 0800 587 5879
Mentor UK | Children and young people | www.mentoruk.org.uk
Midlothian Services | www.midlothian.gov.uk/info/1404/mental_health_and_addiction
Narcotics Anonymous | Recovery group | www.ukna.org | 0300 999 1212
NEPTUNE | Clinical Guidance | www.neptune-clinical-guidance.co.uk
PsychonautWiki | Drugs Encyclopaedia | www.psychonautwiki.org
Release | Drugs and the law | www.release.org.uk
Scottish Drug Services Directory | www.scottishdrugservices.com
Scottish Drugs Forum | www.sdf.org.uk | 0141 221 1175 | 0131 221 1556
Scottish Families Affected by Drugs | www.sfad.org.uk | 0808 010 1011
SMART Recovery | Recovery training | www.smartrecovery.org.uk
The Drugs Wheel | Model for substance awareness | www.thedrugswheel.com
TripSit | Harm reduction and support | www.tripsit.me
West Lothian Drug and Alcohol Service | www.wldas.com

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