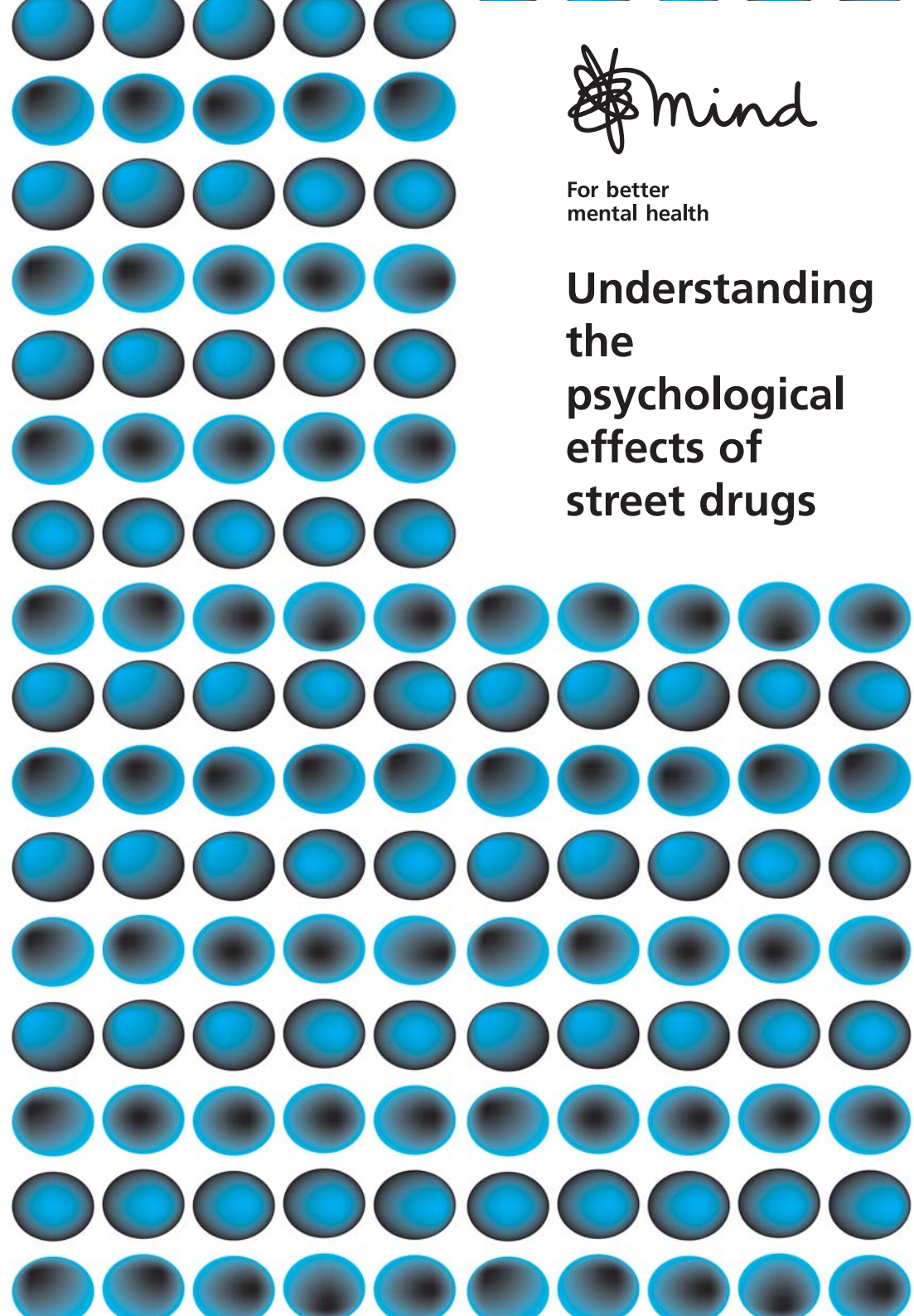




For better
mental health

Understanding the psychological effects of street drugs



This booklet is about the general effects of illegal or 'street' drugs on mental health. For specific information about the use of street drugs by people with existing mental health problems, see Mind's booklet, *Understanding dual diagnosis*. (For details of this, see *Further reading*, on p. 14.)



Why do people start using illegal drugs?

The main reason why people use drugs is because they find it enjoyable. Curiosity, rebelliousness, the influence of friends, the pressure of 'everyone else' using them, and the fact that the drugs are easily available may encourage young people to start. But, in most cases, they are offered the opportunity by a friend they trust, who wants them to enjoy the same experience they have had.

Illegal drugs are now an unsensational part of youth culture. Up to half of young people may have experimented with illegal drugs or solvents by the time they are 16. At the same time, there is a lot of concern about the increasing use of illegal drugs, and their effect on physical and mental health.

Media information can often be inaccurate and sensationalised. Research on illegal drugs tends to concentrate on their chemical make-up, and how they affect laboratory animals. There are few long-term studies, and because of society's attitudes towards illegal drug users, truly objective studies are quite scarce.



When does drug use count as a problem?

There are four overlapping patterns of drug use. It's useful to bear in mind that this includes legal drugs (caffeine, alcohol, tobacco, and volatile substances that are sniffed) as well as street drugs. The pattern can also apply to medicines, particularly if they're not medically recommended or supervised.

Abstinence

This means that a person is not taking a particular drug at the time. They may never have tried it, or they may have experimented with it and disliked it, or have used it for a time and then stopped.

Experimentation

This means trying a drug out, usually as a conscious decision. A person may try out drugs a number of times before deciding whether they want to carry on using them. Some drugs (for example, cannabis) may not have much effect the first time, and the person may ask themselves whether it's worth taking. Other drugs may even be unpleasant to begin with (cigarettes, for example), so it takes persistence to feel the 'benefits'. Most people who experiment with illegal drugs and solvents don't continue using them for long.

Casual, recreational and regular use

If someone decides to carry on using a drug, they may use it casually, recreationally or regularly. A casual drug user will take the drug when it's easily available, and won't be too concerned when it's not. They don't feel they need it to increase their enjoyment of whatever they're doing.

A recreational user will use their chosen drug for a specific effect on particular occasions. Alcohol, caffeine and tobacco are all used for recreational reasons, in a variety of circumstances, as are cannabis, LSD and ecstasy, for example. A regular user will take their drug on most days or, with some drugs, most weeks.

Whatever the drug, and in whatever way they are used, they may have undesirable effects. But, most drug users believe the drug enhances their life, and that they suffer no unwanted consequences. They don't fall into the category of problem drug-user.

Dependent, problem and chaotic use

There are several reasons why somebody who has been using drugs, recreationally, may then slip into dependent, problem or chaotic use. It may be to do with them as a person, their situation, or the drugs they are using.

Someone with serious anxieties, perhaps related to personal difficulties and emotional pain, may use drugs, right from the start, in a way that's a problem and even quite chaotic. Any drug use that harms health or functioning is officially described as 'drug misuse'.

With some drugs, users can become physically dependent when they have used it, regularly, for a long time. Their body needs the drug to function normally. Users of any drugs may become psychologically dependent on them, if they come to rely on them for support, or if they believe they can't function without them.

Problem drug-users face unwanted, and sometimes harmful, physical, social, legal, financial or mental health consequences, as a result of their use.

Chaotic drug use means the person isn't taking care of themselves, or the way they use the drug. Often, their lifestyle deteriorates, as they focus more and more on getting hold of the drugs and taking them, and less and less on the rest of their life and their health. This is by far the least common pattern of use, and is usually only seen in someone already in serious inner turmoil. Even so, people aren't necessarily stuck in this pattern of drug use, and can usually reverse it, with enough motivation and support.

Using drugs may bring underlying mental health problems to the surface, reinforce or worsen them. But it's very hard to tell cause from effect in these situations. Anybody who takes non-medical drugs may be trying, to some extent, to medicate themselves. For example, they may be taking amphetamines to increase their confidence, anabolic steroids to change their body image, or heroin to withdraw from a reality they find hard to cope with.



What effect do drugs usually have?

This varies greatly, depending on the type of drug, the amount, the user's previous experience of it, what they want and expect to happen, the environment or social situation in which it's taken, and their mental state. The same person may react differently to the same drug at different times. They may become tolerant of some drugs, which means their body gets used to having it, so that higher doses are needed to maintain the same effect. Withdrawal is the body's reaction when it doesn't get the drug it's adapted to. The effects of withdrawal can be stopped, either by taking more of the drug, or by stopping using it completely (sometimes called 'cold turkey'), which may take up to a week.

What are the different types of drugs?

There are four main groups, divided according to their major effect (or the reason why people take them).

Stimulants

These include caffeine and tobacco, as well as amphetamines, anabolic steroids, 'poppers', hallucinogenic amphetamines (including ecstasy), cocaine and crack. They affect the central nervous system, increasing brain activity. Most stimulants (except steroids and 'poppers') make people more alert and less tired. Because the drug stops them feeling sleepy, it enables users to remain focused and to perform physical tasks over a long period of time. They also lift the user's mood.

Apart from tobacco, high doses of these stimulants can cause nervousness, anxiety and (except, also, for caffeine) temporary, paranoid psychosis. This means the person loses touch with reality (psychosis) and believes that other people are intent on harming them (paranoia). Someone withdrawing from stimulants may become very hungry and exhausted, but shouldn't need any medical help.



Depressants

These include alcohol, benzodiazepines (minor tranquillisers, such as Valium, Librium, Mogadon and Temazepam), and volatile substances that are sniffable (such as, solvents, glues, aerosols and gases). Depressants damp down brain activity. They relieve tension or anxiety and promote relaxation, but reduce mental and physical functioning and decrease self-control.

Analgesics

Analgesics are painkillers, and include heroin, opium, pethidine and codeine. They reduce sensitivity to emotional and physical pain, giving people a sense of warmth and contentment, and making little other difference to them, mentally or physically.

Hallucinogens

Hallucinogens include cannabis, LSD, 'magic' mushrooms and ecstasy (although, strictly speaking, this is an amphetamine). These heighten users' appreciation of sensory experiences. The drugs may distort their perceptions, giving them hallucinations, feelings of insight and of being disconnected from the world around them or from themselves. They also enhance a user's mood.

The dangers of mixing drugs

If users mix drugs, either on purpose or accidentally, the results are unpredictable and may be very dangerous indeed. This is particularly true of mixing any two in the depressant or analgesic categories, which may lead to unconsciousness, coma or death, because of the combined effects. This also applies to using street drugs while taking prescribed medicines.

What effect can illegal drugs have on mental health?

Any drug will affect a user's perceptions and behaviour, and may magnify their mood or their underlying mental state. But drugs affect people in different ways, at different times. Just because someone is taking a particular drug, doesn't mean their mental health will be affected in the way described below. Nor is it right to assume that someone demonstrating the effects listed here is taking drugs.

Amphetamines

Amphetamines can make people feel alert, energetic and confident, and less bored or tired. A single dose can last about three or four hours, but can leave the user feeling exhausted afterwards, sometimes for a couple of days. Higher doses commonly lead to an intense sense of exhilaration, a fast-flowing stream of ideas, and feelings of greatly increased physical and mental capacity.

Taking frequent high doses, over a period of time, can make people delirious and cause panic, hallucinations, hostility and a sense of persecution (commonly known as 'amphetamine psychosis'). These gradually disappear, as the drug is eliminated from the body. Because amphetamines lift the mood, long-term users may become psychologically dependent. They are likely to feel depressed, lethargic, and ravenously hungry until the drug is completely eliminated.

Anabolic steroids

Anabolic steroids help to build up muscles, and a few people use them, illicitly, as a training aid. Some men who want to develop their bodies quickly, to look good, also try them.

The drugs may cause aggression, called 'roid rage', in the most extreme cases. Men may lose their sex drive and become depressed, until they stop taking them. Some steroids may cause breasts to develop, which can only be reversed by surgery. Women may find their sex drive is increased, and they may also develop secondary male sexual characteristics, such as facial hair and a deeper voice, which can't be reversed. It's possible for people to be temporarily troubled by mental health problems, such as confusion, sleeping problems, depression and paranoia, but these subside after stopping the steroids. If someone has become psychologically dependent on them, they may become lethargic and depressed, even after they stop.

Cocaine

Cocaine and its smokeable form, crack, have a similar effect to amphetamines, but are more extreme and short-lived, which means that people tend to take them, repeatedly, over a number of hours.

Regular users are often nervous, excitable and paranoid, and can be confused because of lack of sleep. If they take a lot of these drugs, on a long-term basis, they may lose weight, and feel uncomfortably restless, overexcited, nauseous, and sleepless, instead of euphoric. They may end up in a state of mind similar to paranoid psychosis, believing that others are plotting against them. The symptoms should disappear once they stop taking the drugs.

Ecstasy

Ecstasy, or MDMA, was first used in the USA to help improve empathy between couples in marital therapy. This kind of effect has made it very popular with young people. They also use it because of the heightened sense of perception and the stimulant effect the amphetamine-based drug gives.

Most users report good experiences. The unpleasant ones appear to be connected with taking repeated, high doses, over a period of time, which provokes anxiety, panic, confusion, insomnia and psychosis. These disappear once the drugs are stopped, but may leave someone in a weakened mental and physical condition, for a while. Some people who have taken ecstasy for 'self-therapy' have been unable to cope with the emotions it has brought to the surface. There is a good deal of concern about what the long-term effects of using this drug might be, but research is only in its early days.

Other stimulants

Caffeine and nicotine are both stimulants, although one is far more socially acceptable than the other, nowadays. Many people are happily addicted to caffeine. Nicotine is a far more powerfully addictive stimulant, and the tobacco it comes from kills more people, in time, than all the other drugs put together. Stopping smoking usually causes irritability, restlessness and depression.

'Poppers' (alkyl nitrites) are mainly used by gay men to enhance sexual activity and loosen inhibitions when dancing. But they are gradually becoming more widely used. The effects are almost instant, and last up to five minutes. There's no real evidence of withdrawal or dependence, and they don't seem to cause any mental health problems.

Tranquillisers

Regular drug users may take tranquillisers (benzodiazepines) if they can't get their usual drug, or when they want to add to the effects of other similar drugs, such as alcohol or opiates. Tranquillisers also offset the effects of stimulants, including ecstasy or amphetamines. They can relieve tension and anxiety, making users feel calm and relaxed, without affecting alertness and clarity of thought. This is the main reason GPs prescribe them.

However, people often start relying on them to cope with situations they find hard to manage. It follows that they can feel severe anxiety and panic if the drugs aren't available. It's possible to become tolerant of the drug, after a few weeks of use, and to develop a mainly psychological (rather than physical) dependence, after about a year. Stopping after six years of continual use, or longer, will generally cause withdrawal symptoms, which can include insomnia, anxiety, shaking, irritability, nausea, vomiting, and heightened senses.

Alcohol

Alcohol is the most widely used depressant. While most careful users can manage it perfectly well, regular, heavy users can become tolerant and even addicted, in a way that can be hard to break. Addicts may use alcohol much like heroin – as a refuge from life, or as a means of facing what would otherwise seem unfaceable. It lowers people's inhibitions and encourages them to express their inner feelings, which may be aggression and frustration that emerge in violence.

Alcohol is the most toxic, or poisonous, of the commonly used non-medical drugs. Withdrawal causes sweating, anxiety, trembling and delirium. As with other addictions, escape is possible if the person is determined and, usually, if they are prepared to deal with other contributory personal issues.

Solvents

It's mainly a small percentage of 12 to 16-year-olds who use solvents, glues, gases and aerosols, and only for a short period. The effects are like getting drunk, and include feeling dizzy, unreal, euphorically happy, and less inhibited.

The effects can also include 'pseudo-hallucinations', which the user knows are not real. Repeated 'sniffing' can cause a hangover effect, with the user looking pale, being very tired, forgetful and losing concentration.

Tolerance and dependence may develop over a long period of time, but only for a minority of young people. They often have underlying family or personal problems, and tend to sniff on their own rather than in a group. (Sniffing directly from a pressurised container, such as an aerosol or butane canister, can freeze the airways and cause suffocation.)

Analgesics

Heroin can be sniffed and smoked, but users inject it for the most immediate and extreme effect. Taking enough heroin to feel elated doesn't have a sedative effect, but at higher doses, it makes people drowsy and contented. It's easy to become tolerant with regular use, so people try higher and higher doses and quicker methods of getting it into the body. However, there comes a point when further increases only enable the user to feel 'normal'.

Stopping suddenly, after several weeks of high doses, will bring on withdrawal symptoms similar to a bout of 'flu. These may last for up to ten days, but can make a person feel weak and unwell for several months. Long-term use can lead to physical and mental health problems, as the person loses their appetite, becomes apathetic and stops paying proper attention to safety and hygiene. People don't inevitably become dependent, and some heroin users are virtually indistinguishable from non-drug users. Other chemically similar analgesics, such as methadone, pethidine and codeine, have the same kind of effects.

Cannabis

Up to a quarter of 16 to 29-year-olds in this country take cannabis as a way of relaxing and getting high. The effect will depend largely on their expectations and mood, the amount taken and their situation. They include a pleasurable state of relaxation, talkativeness, bouts of hilarity and a greater appreciation of sensory experience. It's common for people to feel hungry. Inexperienced users may become anxious.

Low doses have more of a depressant effect, while high doses can distort people's perceptions, make them forgetful, and confuse them. If an anxious, depressed or inexperienced user takes a high dose, they may become very distressed and confused.

There is no conclusive proof that, for the majority of users, using cannabis over a long period of time causes lasting damage to physical or mental health. But, high doses can lead to panic attacks, confusion and paranoia, and can aggravate underlying or pre-existing mental illness, especially schizophrenia. Dependent, heavy use can seriously disrupt lifestyle. Regular, moderate users may feel a psychological need for cannabis, or rely on it to cope with social situations. Heavy users may seem apathetic, lacking energy and performing badly at school, university or work.

LSD

LSD was first used to help recover repressed thoughts and feelings during psychotherapy. About 10 per cent of 15 to 24-year-olds use it. They report seeing colours as more intense, things around them looking distorted in shape and size, and stationary objects appearing to move. They may hear distorted sounds and experience changes of time and place, although they usually know that these aren't real. Emotionally, they may have a heightened sense of self-awareness, go through mystical or ecstatic experiences, or feel disconnected from their body.

Anyone who is already anxious or depressed is more likely to have an unpleasant reaction, which may include dizziness, depression, disorientation, and, sometimes, short-lived psychotic episodes, hallucinations and paranoia. People may have 'good' or 'bad' 'trips', at different times. The user's own intentions, and other people's suggestions, can influence the experience, so friendly reassurance can help someone on a bad trip.

If someone already has an underlying mental health problem, LSD may, occasionally, produce prolonged, unpleasant and serious psychological reactions. Some people report short-lived, vivid re-experiences of a previous trip (flashbacks). It may leave them disorientated, anxious and distressed for some time. 'Magic' mushrooms have similar effects to a mild LSD experience.

Other drugs

Khat is a green, leafy plant that is usually chewed, while fresh, in East African countries, in the same way that tea and coffee are used in this country. It makes people feel happy, talkative and calmer. Prolonged and excessive use (for example, by refugees trying to cope with their changed circumstances) can bring on psychological problems, such as depression, anxiety and irritation; sometimes leading to psychosis.

Ketamine is an anaesthetic, which has pain-relieving and so-called mind-expanding (psychedelic) effects. It makes users feel detached and remote from their immediate surroundings. Occasionally, it causes a cataleptic state, which means that muscles go rigid and the person can't move. Some of the effects are similar to LSD, but a few users hallucinate and believe their perceptions are real or become aggressive.



What if illegal drugs are having a bad effect on someone's mental health?

Fortunately, as research shows, most people don't suffer any ill-effects to their mental health as a direct result of using drugs. They may feel better, in the short term, and believe they benefit from a variety of social and other factors, in the long term. Trying to get them to stop, when they don't want to, is therefore unlikely to work.

For most people, taking drugs is a purely recreational activity. But, for some, it offers a relief from other problems, and for others, it may be a symptom of problems rather than a cause. If you are concerned about someone who is taking drugs, you need to focus on their feelings, behaviour, and personal circumstances, and not on their drug use, in isolation. The most effective way of supporting a drug user who is having mental health problems is to see the drug as just one element affecting them, and not necessarily the major one. Their own feelings about their drug use, the reasons for it and its consequences need to be understood before any action is taken. If the person decides that their drug use is a problem, and they want to do something about it, the organisations, opposite, should be able to help.

Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or *MindinfoLine* on 0845 766 0163.

Drugscope

tel. 020 7940 7500, web: www.drugscope.org.uk
Aims to reduce drug-related risk. Provides drug information, including in some community languages

Families Anonymous

tel. 0845 1200 660, web: www.famanon.org.uk
Self-help groups in the UK run by and for families and friends of those with a drug problem

National Drugs Helpline

helpline: 0800 77 66 00, textphone: 0800 917 8765
web: www.talktofrank.com
Free 24-hour helpline for information and advice about drug use

Release

helpline: 0845 4500 215, web: www.release.org.uk
Facts and advice on drug use and related legal matters

Turning Point

tel. 020 7481 7600
web: www.turning-point.co.uk
National network of services for people with drug, alcohol and mental health problems or learning difficulties

Further reading

- How to cope with panic attacks* (Mind 2006) £1
- How to cope with the stress of student life* (Mind 2006) £1
- How to improve your mental wellbeing* (Mind 2007) £1
- How to increase your self-esteem* (Mind 2007) £1
- How to recognise the early signs of mental distress* (Mind 2004) £1
- How to restrain your violent impulses* (Mind 2006) £1
- How to survive family life* (Mind 2004) £1
- How to survive mid-life crisis* (Mind 2006) £1
- Making sense of antidepressants* (Mind 2006) £2.50
- Making sense of antipsychotics (major tranquillisers)* (Mind 2004) £2.50
- Making sense of cognitive behaviour therapy* (Mind 2007) £2.50
- Making sense of herbal remedies* (Mind 2004) £2.50
- Making sense of homeopathy* (Mind 2004) £2.50
- Making sense of minor tranquillisers* (Mind 2003) £2.50
- Making sense of sleeping pills* (Mind 2005) £2.50
- The Mind guide to food and mood* (Mind 2006) £1
- The Mind guide to managing stress* (Mind 2006) £1
- The Mind guide to relaxation* (Mind 2004) £1
- The Mind guide to surviving working life* (Mind 2006) £1
- The Mind guide to yoga* (Mind 2004) £1
- Mind troubleshooters: sleep problems* (Mind 2007) 50p
- Mind troubleshooters: stress* (Mind 2006) 50p
- Mind troubleshooters: panic attacks* (Mind 2004) 50p
- Toxic psychiatry: a psychiatrist speaks out* P. Breggin (HarperCollins 1993) £12.99
- Understanding addiction and dependency* (Mind 2005) £1
- Understanding anxiety* (Mind 2006) £1
- Understanding bipolar disorder (manic depression)* (Mind 2006) £1
- Understanding childhood distress* (Mind 2004) £1
- Understanding depression* (Mind 2007) £1
- Understanding dissociative disorders* (Mind 2003) £1
- Understanding dual diagnosis* (Mind 2004) £1
- Understanding learning disabilities* (Mind 2004) £1
- Understanding mental illness* (Mind 2006) £1
- Understanding paranoia* (Mind 2004) £1
- Understanding schizophrenia* (Mind 2005) £1

order form

For a catalogue of publications from Mind, send an A4 SAE to the address below.

If you would like to order any of the titles listed here, please photocopy or tear out these pages, and indicate in the appropriate boxes the number of each title that you require.

Please add 10 per cent for postage and packing, and enclose a cheque for the whole amount, payable to Mind. Return your completed order form together with your cheque to:

Mind Publications
15–19 Broadway
London E15 4BQ
tel. 0844 448 4448
fax: 020 8534 6399
email: publications@mind.org.uk
web: www.mind.org.uk
(Allow 28 days for delivery.)

Please send me the titles marked opposite. I enclose a cheque (including 10 per cent for p&p) payable to Mind for £

Name

Address

Postcode

Tel.

Mind's mission

- Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.
- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

This booklet was written by Terry Brown and revised by Adrian King

First published by Mind 1998. Revised edition © Mind 2007

ISBN 9781874690696

No reproduction without permission

Mind is a registered charity No. 219830

Mind (National Association for Mental Health)

15-19 Broadway

London E15 4BQ

tel: 020 8519 2122

fax: 020 8522 1725

web: www.mind.org.uk



**For better
mental health**