

McDERMOTT'S GUIDE TO THE...

DEPRESSANT

DRUGS

OPIATES, METHADONE, ALCOHOL
BARBITURATES, BENZODIAZEPINES
AND THE REST...

McDERMOTT'S GUIDE TO THE DEPRESSANT DRUGS

INTRODUCTION

Since the emergence of the rave scene, drugs agencies have been falling over themselves to court the hip young Ecstasy, Acid and Speed user, thus neglecting a major staple of good problem drug users everywhere — the depressants.

Once again, sixties drug trends are repeating themselves, as danced-out paranoid psychotics begin turning to those old favourites, the opiates, the benzodiazepines and the barbiturates in an attempt to unwind after a

period of manic drug use, while on housing estates all over the north west, the true aficionado of quality intoxicants keeps the faith with a tenner bag of brown or a fist full of jellies.

Without further ado then, for the sake of those suffering from pain, anxiety or insomnia, let us take a trip down memory lane and try to discover what effects the various types of depressant drugs might have.



"A FIST FULL OF JELLIES"

OPIATES

Opiates is a term used to refer to any drug with an opium-like action, whether they be derived from the opium poppy, like morphine, or synthetic drugs made in a chemist's laboratory. All opiate drugs have similar effects. At low doses they relieve pain and anxiety, and if the dose is increased, they produce a sedative effect — a good nod.

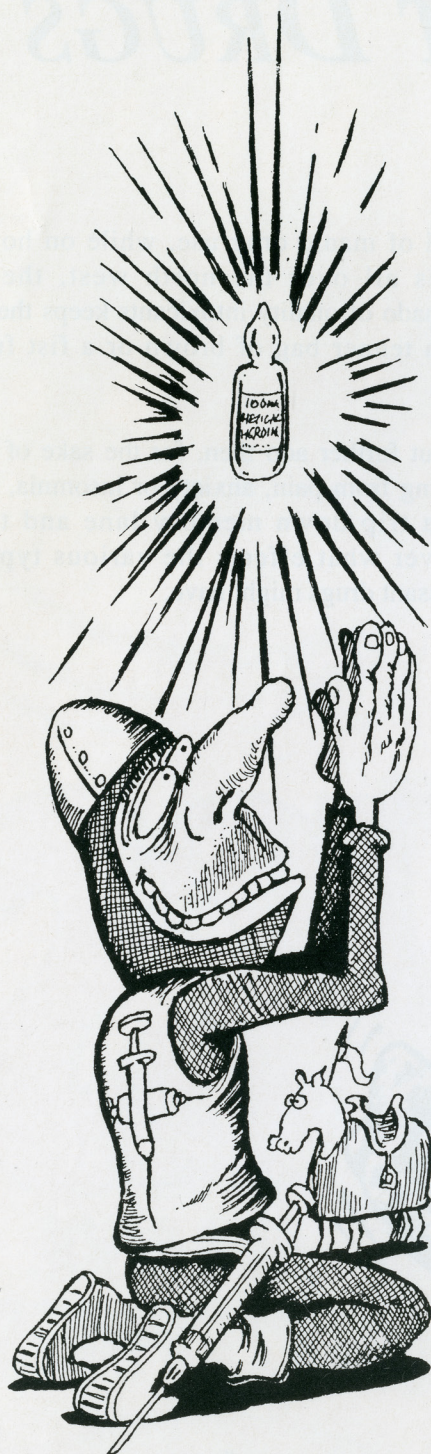
Opiates also give us the classical model of addiction. Used regularly, they produce tolerance — a need to continue increasing the dose in order to get the same effect, and stopping after repeated use produces withdrawal symptoms — physical discomfort and a mental craving for the drug.

Commonly available opiates include:

Heroin (Diamorphine Hydrochloride) — This is the daddy of all opiates, highly prized among opiate users because the drug has the minimum undesirable side effects and a far superior euphoric potential to other opiates. Heroin comes in several different forms.

Pharmaceutical heroin — A staple of the British drug scene in the days when Britain's heroin scene was limited to a couple of hundred whinging middle-class junkies who all lived in the toilets at Piccadilly Circus — this is now a rare, but increasingly available treat. During the sixties, it was available either as a white powder (from pharmacy and hospital thefts) and in 'jacks', 10 mg tablets made specifically for injection. The form that is most often spotted today is the 'dry amp', an injectable preparation that can occasionally be bought in 10 mg, 60 mg, and the highly sought after 100 mg ampoules. These are the drug equivalent of the holy grail for serious opiate users, but you need to be very careful. If you shot one of those up thinking that it was probably about as strong as a methadone ampoule, you could end up seriously dead.

Far Eastern Heroin — As the number of users increased and the law was changed so that



"PHARMACEUTICAL HEROIN 100mg
AMPOULE...THE HOLY GRAIL FOR
SERIOUS OPIATE USERS."

heroin was only available from special drug clinics at the end of the 1960's, the market in prescribed heroin began to dry up. The demand for heroin was partly met by the newly-imported 'Chinese' heroin. This came in one of two types, and sometimes had brand names that the drug had been given by the producers. Pink Elephant, Tiger and Rice Brand were all very popular on Gerard Street during the early seventies.

This heroin is also graded by number. Number 3 is a pinkish-greyish granular substance that resembles instant coffee. Although produced for smoking, it dissolves for injection when heated. Number 4 is a pure white powder that closely resembles pharmaceutical heroin. This form is produced for injection and the powder dissolves instantly on contact with cold water. Although this is still available in many parts of the world, these forms are rarely seen in Britain today. Most of the available heroin on the black market is

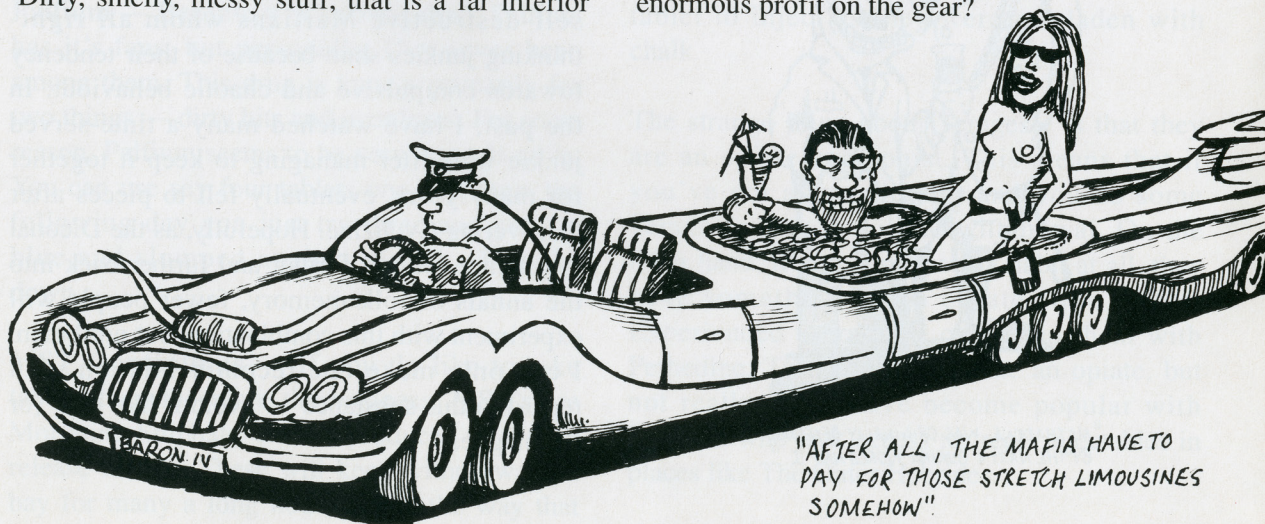
Middle/Near Eastern Heroin — The ubiquitous 'brown' that dominates both British and Dutch heroin markets. In fact, this stuff isn't actually heroin at all. True heroin is Diamorphine Hydrochloride — a hydrochloride salt. The brown that is sold in the U.K. is Diamorphine base. Just as Crack is the free base of Cocaine, i.e., Cocaine that has been prepared for smoking by removing the hydrochloride part, so brown heroin is a smokable product which is not soluble in water like pharmaceutical heroin, but must be dissolved in some form of acid before it can be injected. Dirty, smelly, messy stuff, that is a far inferior

product to all of the above. So who wants to throw in for a bag?

In Britain's big cities, this brown heroin currently dominates the market in opium-derived opiate drugs. From time to time, 'fancies' like raw opium or morphine ampoules appear, but always in limited quantities. In relation to other opiates, heroin is more efficient than morphine, and morphine is more efficient than opium, but once they get inside your body, they are all converted to morphine anyway, so the effects are much the same. The only place that any distinction can be discerned is in the rush, if the drug is injected intravenously. Morphine and opium may produce more nausea, or more itching, but they all do much the same thing.

Heroin is usually taken in one of two ways — it is either injected or smoked. Smoking is by far the safest way of using, as injecting makes you much more liable to the risks of infection or overdose. The risk of overdose is further amplified if the heroin is mixed with cocaine. Although the two drugs might seem to cancel each other out, in fact, they appear to potentiate each other, so the sum is greater than it's parts, so if you are used to heroin and you do try a speedball, make certain that you use less heroin than you normally would.

Though heroin dominates the market for opiates, the price is expensive. After all, the mafia have to pay for those stretch limousines somehow, and how else is your dealer going to afford a BMW and a cocaine habit if there isn't an enormous profit on the gear?



METHADONE

To cater for those of us seeking to starve the dealers, a newer product is becoming more widely available. Methadone was originally developed by the Nazi's during World War II. When the supply of opium was cut off, Nazi smackheads like Goering wanted to avoid the possibility of withdrawal, so he instructed the German drug companies to produce a wholly synthetic opiate that didn't need to rely on the poppy. With typical Teutonic efficiency, the chemists came up with a drug that not only worked, but also lasted a long time. As a result, Methadone has become the drug of choice for doctors who are trying to help users manage their opiate dependency. Heroin wears off after a couple of hours, thus requiring several hits each day. Methadone, on the other hand, lasts anywhere between 24 and 72 hours, depending on the dose that you take and on your individual metabolism.

Methadone comes in several forms — 10mg ampoules, 5 mg tablets, Methadone Linctus — 1 mg in 2.5 ml or Methadone Mixture DTF — 1 mg in 1 ml. Again, very rarely somebody will

break into a chemist and pharmaceutical methadone powder will come onto the market. This stuff is very, very strong, so if you ever happen to come across it, be extremely careful how much you use, especially if you are only used to street smack.

Many users claim that the problem with methadone is that it lacks heroin's intensity. It doesn't give you the same rush when injected and many users believe that the high is inferior compared to heroin. How much of this resistance to methadone is psychological is unclear. Many users become obsessed with the rituals of drug use — cooking up a hit, or rolling a bead around the foil.

In blind trials, users who were given both drugs orally were unable to distinguish between the effects of the two drugs. Where heroin does have a real advantage over methadone is in withdrawal. Withdrawal from heroin should be over after seven to ten days. Withdrawal from methadone though, can take up to a month or even longer.

Any discussion of the properties of Methadone must also be an appropriate place to warn of the dangers of Cyclizine. In an attempt to replicate the effects of a now almost defunct drug called Diconal, desperadoes of the drug scene have been known to mix certain travel sickness pills with methadone ampoules before injecting them in an attempt to produce a Diconal-like rush. In fact, the use of this combination just produces self-destructive Martians whom all right-thinking junkies shun because of their tendency towards compulsive and chaotic behaviour. In the past, I have watched many a time-served junkie who after managing to keep it together for many years, eventually fell to pieces after discovering Cyclizine. Hopefully, as the Diconal experience retreats further and further back into the annals of folk memory, fewer people will experiment with this combination, but until then, I can only make one recommendation with regard to this substance — avoid it like HIV (or the plague.)



"METHADONE WAS ORIGINALLY DEVELOPED BY THE NAZIS DURING WORLD WAR II."

THE BEST OF THE REST

There are a whole bunch of other weird and wonderful opiates in the British National Formulary, some of them organic, others totally synthetic. If you are serious about pursuing a career as an opiate user, the chances are you will come across them all at some point or another. Here are some of the more common ones.

Diconal — If pharmaceutical heroin is the holy grail of opiates, then Diconal is the Ark of the Covenant. For everybody who tried them, Diconal immediately replaced pharmaceutical heroin as the drug of choice. Diconal is a drug cocktail with the most amazing rush known to man. Unfortunately, in accordance with the great cosmic law of nish for nish, it also happens to be one of the most destructive forces known to man. The drug comes in pink tablets that are made from silicon rather than the more benign chalk base. After a couple of hits, your veins become filled with sand and get as hard as glass. Keep on injecting and you end up with abscesses and ulcers at best, and amputated limbs if you are unlucky. Thankfully for us all, creative intervention on the part of the ACMD and the Home Office meant that doctors needed a special license to prescribe Diconal to addicts, which now means that Diconal are currently as rare as hens' teeth. And all this time you really thought that those faceless bureaucrats were just a bunch of useless whores getting rich on other people's misery, didn't you? So now you know!

Palfium — Because it is a strong drug, Palfium has it's fans, but personally, I've never been among them. This drug is known primarily for two things — dirty hits and overdoses. For some reason, Palfium seems to be very unpredictable. You can use say four tablets one day, then, the following day you just try three and end up blue and slumped against a wall. Thumbs down.

MST Continuous — If you do like to take tablets then these are the business. MST's are Morphine Sulphate Tablets produced in a time release format. These will keep withdrawals at bay for many a long hour, due to the way that

the tablet is manufactured. The particles of drug are enveloped in wax particles of different sizes and densities, so the drug is continuously released over a 12 hour period. This production process makes the tablets difficult to inject as there is no apparent way to separate the morphine from the wax. Do you really want to shoot half a Latin Mass up your arm?

DF118's, Di-Hydro Codeine — DHC's are popular with people who have a small habit and are looking to withdraw. If you fall into this category, then DHC's are ideal. However, if you plan to use them long term, there are serious drawbacks. Due to the effect that opiates have upon gut motility (your ability to shit), the combination of opiates and chalk in DHC can make you extremely constipated. If you are being maintained or you have a large habit, think seriously about changing to methadone. Chronic constipation can be a serious health risk, as well as depriving you of one of the greatest pleasures in every junkie's life — discussing the state of one's bowels.

Temgesic — in places like Scotland where the heroin supply is erratic, there is a greater reliance upon various pills. Temgesic grew in popularity because for a while, the medical profession thought that they had little potential for misuse. In fact, because they were designed to dissolve by being placed under the tongue, it was discovered that they were quite a reasonable tablet to inject as they were not laden with chalk.

The strange thing about Temgesic is that they are an opiate antagonist. This means that if you've got a smack habit and you do some Temgesic, you'll go into withdrawal. On the other hand, if you don't have a habit at all, they have something of an opiate- like effect. Experienced users have compared them with Pethedine. They are a little like an opiate, but not really. They have become popular with injectors who lack access to 'real' injectables in places like The Outer Hebrides.

BARBITURATES

During the seventies, the 'barb freak' was probably the most regular punter at street drugs agencies like Lifeline. This was because they tended to be those drug users who were least able to take care of themselves. Even the most

desperate bag-heads look down upon barb freaks because of the mess that they invariably get themselves into.

Barbiturates are a sedative drug. Normally prescribed to induce sleep, their use is now almost completely discontinued for this purpose, though milder variants such as phenobarbitone may still be used to manage epilepsy. Nevertheless, Barbiturates occasionally turn up from time to time, usually as

Sodium Amytal - most frequently as a bright blue capsule that contains 60 mg of the drug.

Seconal — 50 mg orange capsules, and finally

Tuinal - which are a cocktail of 50 mg of Amytal and 50 mg of Seconal which, unsurprisingly perhaps, come in a capsule that is half Amytal blue, half Seconal orange. Whoever was responsible for the design of these capsules certainly had a flair for marketing substances to junkies and hypochondriacs.

The first thing to get clear about barbiturates is that these things are dangerous. I don't mean 'Heroin screws you up' dangerous, I mean seriously fucked-up style dangerous. Is that clear enough for you? During the seventies around 2,000 people died every year as a result of barbiturate poisoning. Many of those deaths were people who just took the drug to sleep.

The pattern usually went like this. Have a few scoops to help you get your head down. Then, drop a couple of Nembs and pour yourself another drink while you wait for the drug to take effect. After a while, you don't remember whether you took the caps or not, so you'd better take a couple more to be on the safe side. They'd find your body in the morning. If you hadn't choked on your own vomit, your breathing had slowed down progressively until it stopped.

Like opiates, barbiturates are addictive, only more so. Taken to help you sleep, after a few



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days, it becomes impossible to sleep without them. Like the opiates, barbiturates produce tolerance so that you need to keep uping the dose to get the same effect, but the real hum-dinger is the withdrawal syndrome. If withdrawal from opiates is cold turkey, then withdrawal from barbiturates could be cold raven. Besides the craving, discomfort and inability to sleep, barbiturate withdrawal also causes major epileptic seizures. Nobody dies from opiate withdrawal, but it is a strong possibility with barbiturates and you should only think about it under the supervision of a doctor, preferably as a hospital in-patient.

The possibility of overdose is amplified greatly if barbs are injected into a vein rather than taken

orally. By and large, it is usually only those people who have had their switches set to automatic self-destruct mode who use barbiturates because the drug isn't at all pleasant or enjoyable. Barbs lack the euphoric content of opiates and the social lubricant properties associated with alcohol. They simply produce a dark, blank oblivion and as such will always remain popular with those people who hate themselves or their lives so much that their behaviour is governed by a compulsion to obliterate all possibility of thought and self-examination. Do yourself a favour. Just say no.



"BY AND LARGE, IT IS USUALLY ONLY THOSE PEOPLE WHO HAVE HAD THEIR SWITCHES SET TO AUTOMATIC SELF-DESTRUCT MODE WHO USE BARBITURATES."

BENZODIAZEPINES

When it became clear that large numbers of people died each year simply as a result of trying to cure insomnia, the drug companies spent a vast amount of money in an attempt to discover a replacement for the barbiturates. Eventually, the pharmaceutical industry came up with the Benzodiazepines. Eureka! No side-effects, they said. Non-addictive, they said. Safe, they said. Unlikely to be misused, they said. Loads of money, they said. (Much more quietly, to stockholders, in boardrooms.)

Like opiates and snake oil before them, Benzodiazepines were marketed as being good for whatever ails you — the original mothers little helper. If you go to the doctor and tell him that you've lost your job, your wife has left you, your dog has died and your next door neighbour keeps giving you funny looks, the chances are, that he'll write you a prescription for Benzodiazepines. Well, five or six years ago, he would. At the moment, doctors and the drug companies are being sued by thousands of people who allege that they have suffered from the side effects of Benzodiazepines, so now they think twice about it. Then write the prescription.

They tend to be divided into two major types. Some are used as hypnotics or sedatives, drugs that are used to induce sleep in insomnia. Benzodiazepines in this category include

Nitrazepam — Nitrazepam are a long-acting Benzodiazepine hypnotic. Before doctors were forced to prescribe the generic equivalent of a drug, Nitrazepam were possibly the most commonly used sleeper in the U.K. Sold as 'Mogadon', they were the sleeping tablet with the smiley face. In recent years, their popularity seems to have been massively outstripped by the shorter acting Benzodiazepine hypnotics, the most popular being

Temazepam — Also known as eggs, jellies, temazzies, norries, rugby balls and a host of other pseudonyms, Temazepam seem to be the drug of choice for the treatment of insomnia. They have also replaced the barbiturates as the

self-destructive drug user's intoxicant of choice. We will discuss this substance at some length a little later.

Other hypnotic Benzodiazepines include Flunitrazepam, Flurazepam, Loprazelam and Triazolam. They all have similar effects. Triazolam (also known as Halcyon) have recently been taken off the market because of concern over the side effects. So much for safe!

The other major use for Benzodiazepines is as anxiolytics — drugs that reduce the anxiety levels of the user. The most commonly used Benzodiazepines of this type include

Diazepam — Also known by the trade name, Valium

Lorazepam — A short-acting anxiolytic, also known as Ativan

And a whole host of others with very similar effects, including Alprazolam (Xanax), Bromazepam, Chlordiazepoxide (Librium), Clobazam, Chlorazepate Dipotassium (Tranxene) Medazepam and Oxazepam.

Regardless of which particular Benzodiazepine is being used, the side-effects seem to be much the same. Some experts feel that the shorter-acting Benzodiazepines like Lorazepam (Ativan) are more addictive and more difficult to withdraw from than the longer-acting types such as Diazepam. For this reason, many doctors recommend substituting Diazepam in any detoxification programme.

All Benzodiazepines depress the breathing and so if taken with opiates or alcohol, can result in death from respiratory failure. They should be used with caution by anybody who is pregnant or who may have suffered from hepatitis or any other kidney or liver problems.

Taken over a longer period, these drugs can make you crazy. Besides becoming addicted, you can become paranoid, agoraphobic

(frightened of leaving the house) or develop obsessive/compulsive patterns of behaviour. Still, if it ever happens to you, at least you've got the consolation of suspecting that it's probably a result of the weird, mind-bending drugs that you've been taking. Imagine how it must feel to be a straight housewife, getting a terrible habit with all these weird side effects, which you got from the medicine that your doctor gave you to help you cope with the depression that you felt when you found your husband was fucking his secretary. Just a little something to help you sleep, my dear. Oooo—eee—ooo!

At the moment though, the most popular Benzodiazepine must be Temazepam. Temazepam use is on the increase among several different constituencies of drug user. Due to a lack of real MDMA on the club scene, amphetamines, LSD and other, longer-acting psychedelics like MDA currently dominate. As a result, many club-goers have taken to using the little green and yellow Rugby Balls in an attempt to get some sleep. Smoking a reefer is a much less hazardous method of chilling out, but if you must use Benzodiazepines to get to sleep, then don't take more than one and don't use them regularly. Once a week is probably still too often.

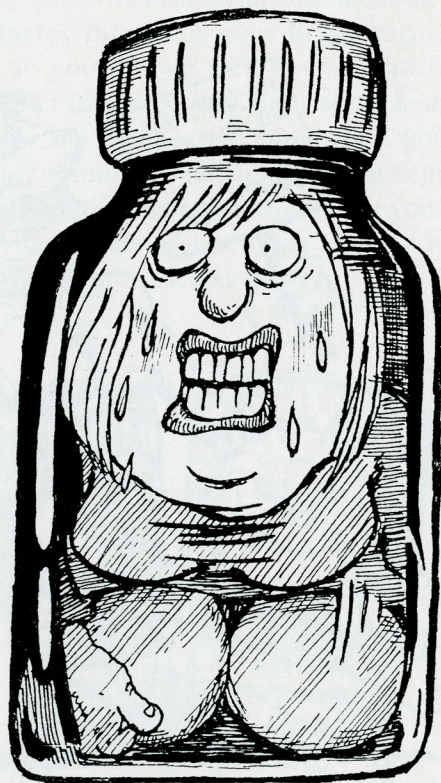
Hard-core cocaine and rock users are also turning to Temazzies to soften the crash when the Charlie or the rock is all gone. The same messages apply here. Using weed or even alcohol is a much safer strategy, but if you must use them, then do make sure that you stick to occasional oral use. Your cocaine use is probably a problem already — try not to make it worse by getting another habit.

The final group who are using Temazepam are injectors who probably prefer heroin, but use Temazzies because they can't afford to score, or because their tolerance is such that supplementing their script with Temazepam is the only way they can work up a good gouch from their methadone. If this description applies

to you, then you are probably at enormous risk from the impact of Temazepam on your life, your health and your social status. Even the worst smackheads look down on a Temazzie user.

Benzo's reduce inhibitions, making some people aggressive, but the lack of co-ordination the drug produces means that you are more likely to get a pasting.

Some people feel that the Dutch courage Benzodiazepines produce is actually a cloak of invisibility, even invulnerability. They might go out shoplifting, believing that nobody will be able to see their subtle moves as they swiftly teleport the goods into their stash. In actual fact, the store detectives are thinking, 'If this shop thinks that they pay me enough to apprehend that dirty, stinking AIDS victim, they've got another think coming. Phone for the man with the big net and the tranquilliser gun.'



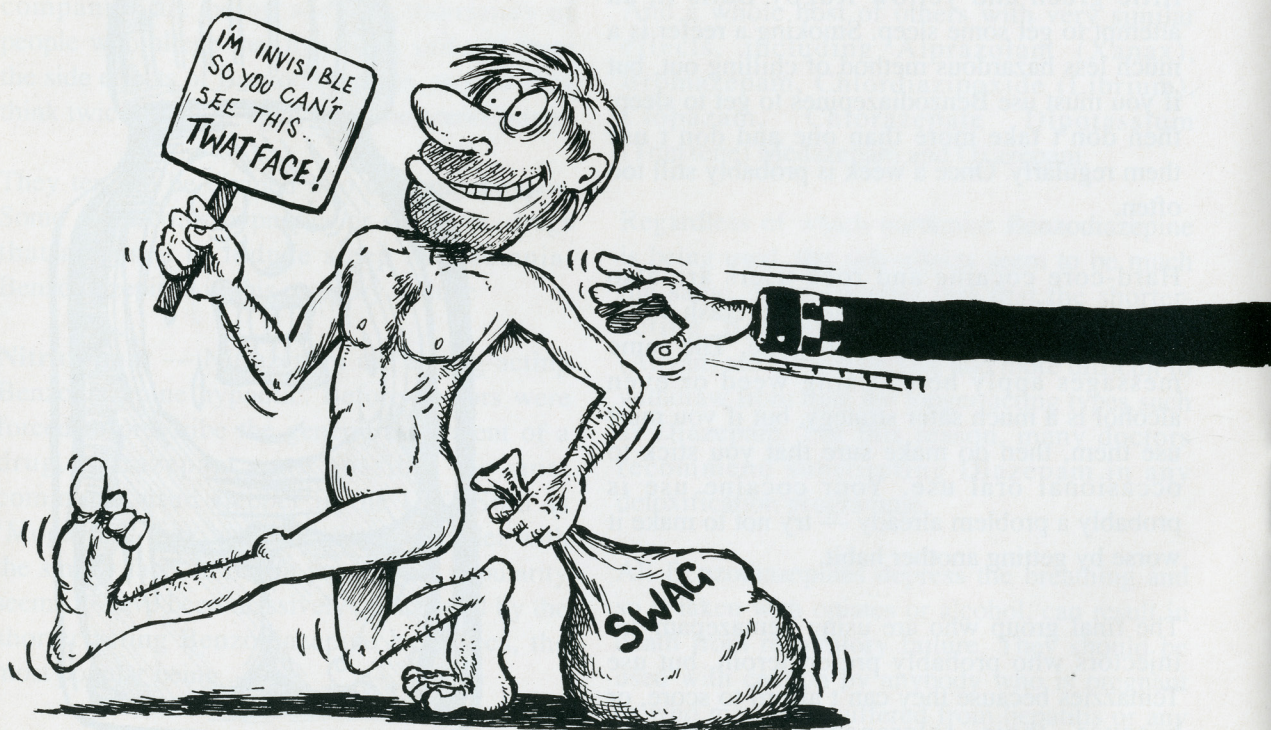
"IMAGINE HOW IT MUST FEEL TO BE A STRAIGHT HOUSEWIFE, GETTING A TERRIBLE HABIT WITH ALL THESE WEIRD SIDE EFFECTS"

Due to the way that the Benzodiazepines reduce inhibitions, some people view downers as an aphrodisiac. (Remember 'Mandies make you randy!') In fact, this is a myth that is perpetuated by rapists. ("Err, they were a good hit them Temazzies, but they haven't half given me a sore arse!") Using any downer decreases your self control. Given the role that sex plays in the transmission of the HIV virus, everybody needs to maximise the amount of control that they exercise whenever there is the possibility of sexual contact — downers and fucking just do not mix.

The same is true of injecting. Like the barbiturates before them, Temazepam have become popular among certain sections of injecting drug users. However, the risks associated with this drug are far greater than the risks associated with heroin. As with sex, the drug minimises the control that you have over your injecting behaviour. This may lead you to

forget which syringe belongs to who. Have you cleaned it out? You may even forget all about the need to stay safe and not share other people's works. You probably couldn't care less — drugs like Temazepam make you feel invulnerable while you are under the influence.

Temazepam also creates other risks for injectors. In order to stop people injecting the eggs, the drug company filled them with a solid gel in an attempt to prevent the drug from passing through the needle. People got around this by warming the gel and diluting it with water. However, now when it hits the vein, it re-solidifies, causing thrombosis. This can lead to Deep Vein Thrombosis, serious abscesses and ulcers. Should you miss the vein and inject into an artery, you will probably develop gangrene, which often results in the loss of a limb. Injecting Temazepam, or any other tablet or capsule come to that, is not a good idea at all.



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ALCOHOL

When considering the depressant drugs, few people pay sufficient attention to alcohol. Alcohol has very paradoxical effects — in small doses, it acts as a stimulant, but after a few more drinks it acts as a depressant. While some experts believe that a couple of glasses of wine a day may improve your health, larger amounts are definitely not good for you.

Just because a drug is legal, it doesn't mean that it is safe. Like all of the other depressant drugs, alcohol is addictive. Unlike the opiates, alcohol causes damage to various organs. Brain damage and cirrhosis of the liver are just two serious potential side effects. Contrary to popular opinion, you can also overdose on alcohol. Every year there are a sizeable number of deaths from alcohol poisoning — generally when young people who are unused to drinking start drinking spirits. With beer and wine, the volume that you have to drink to get rat-arsed helps you to measure the dose — take the drug in successive small doses (i.e. pints) until you reach the effect that you desire. With spirits, you can easily pour half a bottle or more down your neck after earlier drinks have rendered your taste buds inactive — before you know it, you are in a coma.

Another crucial fact to remember about alcohol is that it potentiates the impact of all the other depressant drugs. Alcohol is a contributory factor in a majority of deaths from drug overdoses. Opiates like heroin depress the respiratory system — they slow down the rate at which you breath. Alcohol has the same effect. Mix the two together, and you may find that your breathing slows down to the point of stopping. This is bad enough if it happens in company, but at least they can attempt to resuscitate you or call an ambulance. Very often, you are O.K. while you are out with your mates — the problem occurs when you sink that last pint at closing time and then go home to bed. Alcohol doesn't produce it's full effect until some time after you have taken it — so you always feel a couple of drinks behind your consumption. Go home, hit the pillow, and the

next morning your partner wakes up next to a stiff.

The other problem with alcohol, is that it also produces nausea. Likewise, the opiates. So once again, the two drugs enhance each other's side-effects. Pulmonary oedema — drowning in your own vomit — is the second major cause of drug related death and alcohol is often a major contributory factor.

Personally, I think it best to avoid the stuff altogether. Anybody who has ever had Hepatitis B has already done serious damage to the liver — alcohol will make that damage far worse. The same is true of Hepatitis C — although the damage may not be apparent for some years to come.

If you do drink, the liver works overtime in order to metabolise the alcohol. If you've got a habit, the liver will also metabolise the drug at a much faster rate than your body normally would, so you end up sick from withdrawal much earlier than necessary. So, a sociable drink every now and again is one thing, but if you do drink large amounts of alcohol on a regular basis, then you're stirring up trouble for yourself one way or another — but if you've got a habit as well, then you're fucked, mate.



SUMMARY

There is a whole lot of information in this booklet, so when it comes to the depressants, what are the key points that we need to bear in mind?

- 1. All depressants are addictive. If you must use them, try to limit your use to occasional use. That way, you will maximise the effects and minimise the cost.**
- 2. Injecting drugs raises the stakes enormously. The risks from HIV, Hepatitis, Abscesses, Gangrene, Overdose are very high. It is best if you can avoid injecting drugs.**
- 3. If you do inject drugs, only use drugs that are designed to be injected. Follow safer injecting practices.**
- 4. Many drugs have a synergistic effect. This means that the total effect of two drugs together may be greater than the sum of the two parts. Heroin and cocaine have this synergistic effect, as do opiates and Benzodiazepines or alcohol and barbiturates. Mixing drugs increases the risks enormously. Try to use one drug at a time.**
- 5. Alcohol is a drug too. Used in combination with other drugs, alcohol can potentiate their side effects. Never drink and use other depressants together.**
- 6. Some depressants reduce your self control. Remember, if engaging in risky behaviour of any kind, self control can mean the difference between being alive and being dead.**

LifeLine

ABOUT THE AUTHOR

Peter McDermott has a background in drugs research that has embraced both formal and informal styles of data collection. After many years experience of using drugs services, he is currently the Director of the Mersey AIDS Prevention Project and editor of The International Journal of Drug Policy. He writes extensively about a range of drug-related issues for professional periodicals and national newspapers and magazines and has also worked as a researcher/consultant on a number of television documentaries .



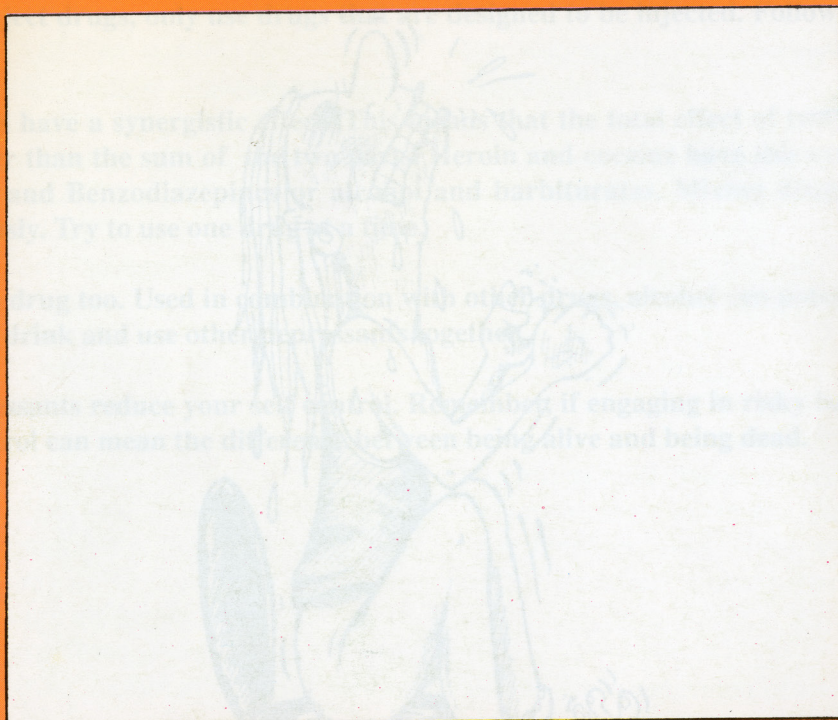
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MICHAEL LINNELL

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M A N C H E S T E R

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