What are drugs?

Drugs are chemical substances. Drugs that are taken recreationally are known as psychoactive drugs - they act on the brain to alter the way we think, feel or act. Psychoactive drugs include tobacco, alcohol, cannabis (gunja, weed, dope), amphetamines (speed, ice), ecstasy (E, eccy, Adam, XTC), cocaine (freebase, crack), opioids (such as heroin, morphine and methadone), and drugs prescribed for medical purposes such as analgesics (pain killers) and benzodiazepines (relaxants).

What are illicit drugs?

Illicit drugs are:
- drugs that are illegal to have and to use such as cannabis, amphetamines, cocaine and opioids
- drugs prescribed for medical purposes that are not used for the reasons they were prescribed such as analgesics and benzodiazepines

CANNABIS

THC (delta-9-tetrahydrocannabinol) is the main chemical ingredient in cannabis that affects the brain. THC is responsible for the positive short-term effects of cannabis that include:
- feelings of wellbeing
- an increased awareness of sight and sound
- an altered awareness of time

The negative short-term effects include:
- anxiety and panic
- paranoia (extreme and unreasonable suspicion of other people and their motives)
- short-term memory confusion

More detailed information about illicit drug use in Indigenous people can be found at:
http://www.healthinfonet.ecu.edu.au/illicits_review
The harms associated with long-term use include:
- a possible slight reduction in reasoning and thinking ability
- the increased chance of cancer and harm to lung function
- tolerance (needing to take more of the drug for the same effect)
- withdrawal (experiencing distress when the drug is not available)
- dependence (continuing to take the drug even though it is causing many problems for the individual)

**AMPHETAMINES**

Amphetamines are synthetic substances, that is, they are a copy of the naturally occurring substances adrenaline and ephedrine that increase the activity of the brain and the nervous system. The short-term effects of amphetamines include:
- a loss of appetite (having no desire to eat)
- a reduced need for sleep
- an increase in activity and confidence

Longer term effects include:
- weight loss and eating disorders
- restlessness
- confusion
- anxiety
- paranoia (extreme and unreasonable suspicion of other people)
- psychosis - a psychiatric disorder such as schizophrenia or mania where an individual experiences delusions (false beliefs), hallucinations (sensing somebody or something that is not really there), and a twisted sense of reality
- depression (feeling down) and other mood disorders

**ECSTASY**

Ecstasy is the street name for MDMA (3,4-methylenedioxyxymethamphetamine). MDMA increases the level of two brain chemicals: serotonin (at least at first, but then serotonin is used up) and dopamine. Serotonin is involved in mood, sexual activity, sleep, pain sensitivity, and memory and body temperature. Dopamine is involved in movement, thinking, motivation and reward, and is believed to be the reason for the stimulant (pick-me-up) properties of MDMA.

The short-term positive effects of ecstasy use include:
- feelings of wellbeing
- increased energy
- feeling close to others

The short-term negative effects are less common, but can include:
- anxiety
- paranoia (extreme and unreasonable suspicion of other people and their motives)
- depression

The occurrence of negative physical effects is low but when they do occur the impact on health can be serious and even fatal. Effects include:
- hyperthermia (overheating)
- hyponatraemia (water intoxication)

Longer term effects include:
- insomnia (inability to sleep)
- headaches and depression

**COCAINE**

Cocaine comes from the Coca plant. It increases the activity in the brain and the nervous system. The short-term effects include:
- sociability (the desire to seek out the company of others)
- feelings of wellbeing and a decreased need for sleep

A toxic dose of cocaine (an excessive amount) can result in a number of effects including:
- anxiety
- aggression
- confusion
- convulsions (violent shaking of the body or limbs)
- sweating and nausea (feeling sick)

Long term use can also result in:
- anxiety
- violence
- insomnia
- depression
- loss of libido (sexual drive)
- dependence

**OPIOIDS**

The brain naturally produces opium-containing substances that affect the opioid receptor system of the brain (this system is also called the endorphin system) which is involved in pain relief, feelings of wellbeing, and energy levels. Opioids are a group of drugs containing opium sourced from the opium poppy (such as morphine and heroin) or produced artificially (such as methadone). These drugs act mainly on the opioid system of the brain.
Short-term effects of opioid use include:

- feelings of wellbeing
- pain relief and sedation
- nausea
- constipation (infrequent or difficult bowel movements)
- reduced libido (sexual drive)

The harms arising from heroin use include:

- the risk of overdose (1-2% of heroin users fatally overdose)
- the risk of the spread of blood-borne viruses from injecting drug users who share needles (viruses which live in the blood such as Hepatitis C and HIV/AIDS)
- depression
- anxiety
- thoughts of suicide
- tolerance
- withdrawal
- dependence

**ANALGESICS**

Pain killers containing codeine are a form of opioid and can be used to make home-bake heroin.

**BENZODIAZEPINES**

Sedatives reduce brain activity and are used medically for the relief of anxiety. They are widely used illegally, with short-term effects ranging from:

- drowsiness
- reduced physical coordination
- reduced mental functioning

Relatively short-term use (3 to 6 weeks) can lead to:

- tolerance of the anti-anxiety effect
- withdrawal
- dependence
The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to ‘closing the gap’ in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet’s work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet’s work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource (www.healthinfonet.ecu.edu.au) is free and available to everyone.