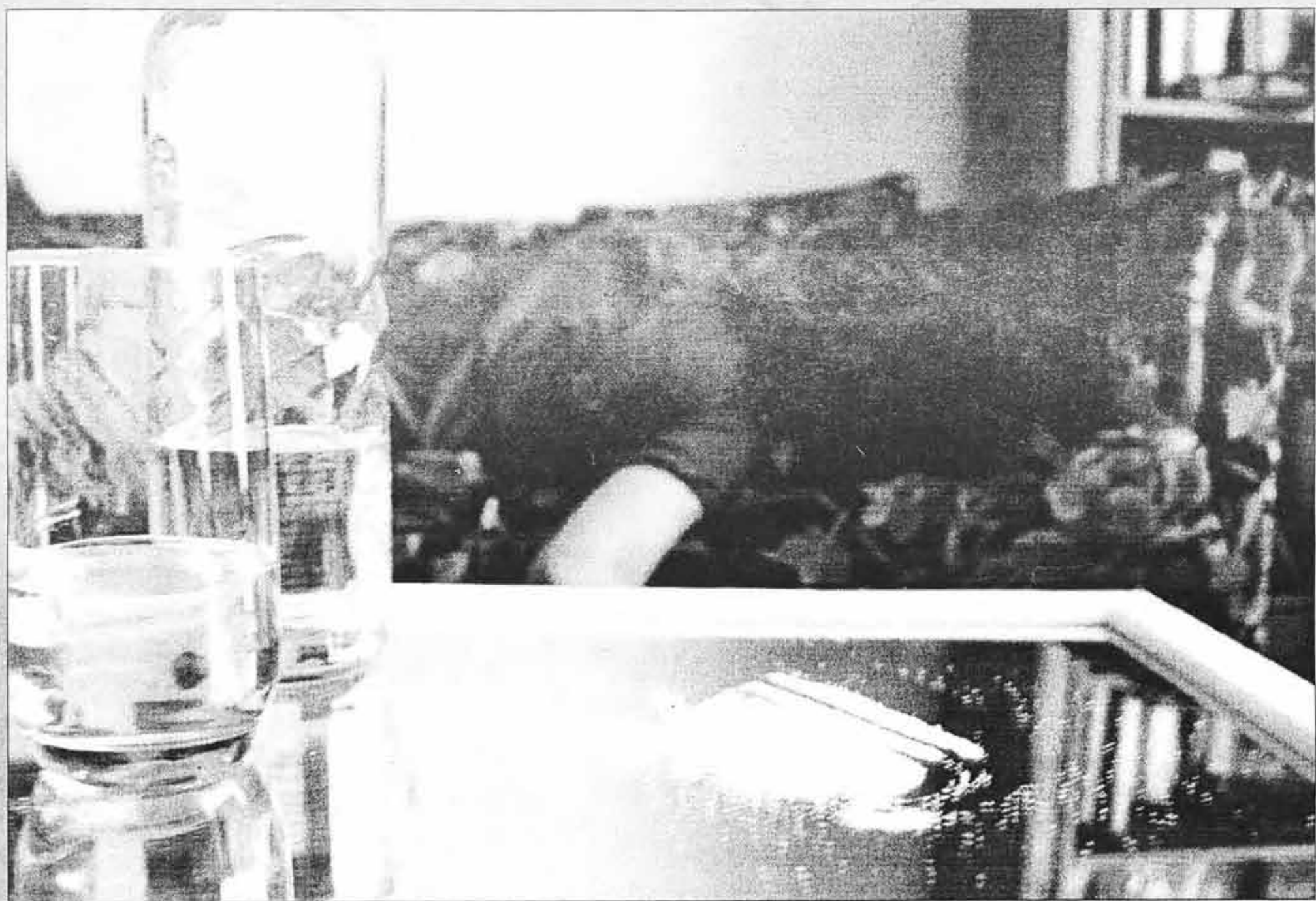


# PANDORA'S BOX

# drugs





# contents

## read me!

Welcome to the second edition of our magazine insert, Pandora's Box - Drugs.

This month we deal with a very sensitive topic, so an explanation seems in order.

The Cord does not condone drug use. It does not, however, necessarily condemn it either. The sections containing "The Good, The Bad and The Ugly" do not reflect any editorial judgement. Rather, they reflect the reasons why people use the drugs, why people don't, and a very negative personal experience someone has had while under the influence of that particular substance. All those who have contributed their personal experiences have been guaranteed anonymity.

It also needs to be recognized that there are risks associated with every drug, legal or otherwise, and no amount of precaution can ever be considered fully effective.

This supplement is not intended to be a comprehensive research or information source. It is not possible to get all the valuable information out there about drugs packed into the space available. We could easily devote entire magazines to any one of the drugs we include in this pullout. As well, there are numerous drugs that aren't even touched upon - diet pills, caffeine, ephedrine, steroids, sleeping pills, painkillers - because of space restrictions.

Asad Kiyani

### • stating the obvious:PAGE 2

*Drugs: they're everywhere you look in university. And we're not just talking about the tokers, we're talking about everyone. So, if everyone's doing it, is it even a problem?*

### • a self-portrait:PAGE 3

*Drugs: the word itself has a huge number of connotations, mostly negative. Where does the stereotype end and the useful sense of the term begin? Perhaps the first step towards dealing with the 'drug problem' is understanding it all falls under the same category.*

### • going dutch:PAGE 3

*Canada is supposed to be one of the most enlightened and progressive nations on the planet. And, in terms of the national attitude towards drugs, it is - somewhat. Perhaps the Netherlands can shed some light on the situation.*

### • the legal drugs [part one] ALCOHOL:PAGE 4

*Eighty years ago, the Americans tried to outlaw it, ostensibly for many of the same reasons most narcotics are illegal today. Is alcohol the drug of choice for university students?*

### • the legal drugs [part two] TOBACCO:PAGE 5

*Potentially the most lethal substance in human history, tobacco's history is filled with controversy. Both the government and the industry have openly admitted the genocidal power of tobacco, yet it's still ridiculously popular. Why?*

### • raving about...:PAGE 6

*Party kids have made a habit out of chemical concoctions - E, K and speed.*

### • the classics:PAGE 7

*Your basic needs for the sixties, seventies and eighties - weed, zoomers, acid and coke.*

### • date rape drugs:PAGE 8

*Before, you had to get your date drunk or feeling guilty. Now you don't even need a date - just a drink and a pill or two.*

### • images Sondra Schwartz, Eddy Schall and Luke Martyn.

Cover photos, Clockwise from bottom right: Sondra Schwartz, Eddy Schall, Sondra Schwartz.

## stating the obvious

asad kiyani

Even though Yasser and I went to grade school together in Saudi Arabia, I never really knew him that well. He was a year older than me and hung out with a different crowd. He dressed in dark clothes and constantly had his leather jacket with him, even in the brutal desert heat. Not in Gothic dark style, but a fairly conservative, dark preppie style, I guess you could say.

He had wavy, jet black hair framing his face and a silver ring on his left hand. He walked leaning slightly back, his arms casually splayed out to the side, as if John Travolta and The Fonz had gotten together to teach him how to walk.

I never thought too much about him when we went to school together. Every now and then, though, I would kind of wonder where he would end up down the road. I never once imagined I could remember so much about him or that he would wind up where he did.

After graduating from our school, Yasser went to boarding school in the Eastern U.S., as was tradition then. I moved to Canada a year later, and never thought twice about him. Until, that is, my brother told me the story.

Apparently, Yasser had grown quite fond of various substances during his time abroad. One night, drunk and high after some sort of social, he got into his car to head home. Leaving the parking lot, he slammed into a girl on the way to her car. She died right then, right there. And, for all intents and purposes, so did Yasser.

The rest of the story is up in the air.

Once someone you never really knew is in jail in a different country with no friends or family around them, it's pretty hard to find out what happened to them. Like I was when we went to grade school together, I'm still wondering where Yasser will finally end up.

>>>

In Saudi Arabia, where Yasser and I grew up, the hardest things to get were drugs. The laws are ridiculously strict about what a person can and cannot have on them, and one thing you cannot have at all, are

## You can't leave it alone - reality shows that people need some sort of direction with these things.

>>>

It's all about feeling good. That's what it all boils down to - how to feel good, better, happier. Drinking to escape is drinking to escape to a better [happier!] place. Smoking for relief is smoking for relief to get to a less painful [happier!] place. Snorting, shooting, popping and whatever are all supposed to lead to one place - the happier one.

But how happy is Yasser? Or the girl he killed? Or the families of them both? Not very, I'm sure.

Then again, how many hundreds of thousands of people consume the substances we call drugs without hurting anyone except maybe themselves? People can have fun responsibly and there's nothing wrong with wanting to be happy is there? Still, people screw up. People get hurt and people die. What to do?

drugs. If you were silly enough to run around with booze or weed or hash and get caught, you were in trouble.

If you were lucky, they would just deport you. If the cops were in a pissy mood, or if they thought you had too much or didn't like the tint of your skin, they would start chopping things off. And there were no warning swipes of the sword. Just one clean stroke and off with your head. Who's next?

That's no way to deal with the problem. Death for a reefer? It's a little extreme. Still, something has to be done. It can't be made illegal, that's obviously not going to work and some would argue it's even making the problem worse. You can't leave it alone - reality shows that people need some sort of direction with these things.

Well, you can do one of several things. What's been done in Canada is the estab-

lishment of numerous arbitrary, ill-founded, contradictory, poorly thought out and inconsistently applied laws regulating the sale, possession and consumption of all sorts of substances. What's so magical about nineteen? How are cigarettes legal while pot's prohibited? You can vote but you can't buy a beer?

What hasn't really been done is the presentation of any sort of useful, relatively neutral information with the pros and cons of these drugs. All the literature out there seems to take a strong anti-everything stance and is presented in a language that, while still English, is far removed from that which is used [and therefore accepted] by its target audience - us young punks. And while you can argue the "Ugly" experiences we present are not neutral, their presence is only to offer a deeper sense of the implications associated with drug use.

Here, hopefully, is an assembling of information university students can relate to. Not too play big brother or even pretend most of this hasn't been heard before, but to present the information in a way that makes sense and applies to our lives. As well, it will hopefully suggest some of the problems with the way we deal with drugs in our legal and regulatory systems - some of the inconsistencies and incoherencies found within those frameworks.

If anything actually hits home here, we'll start changing not only how we party but how we're allowed to party.

And if something really hits home, we'll all be partying together. Safely.



# a self-portrait

It used to be so clear what was a drug and what wasn't. It's not so simple anymore.

asad kiyani

*"Stress relief, y'know. Life's too much, it's too much to handle alone. You need help and there's nothing wrong with this stuff it's not a drug it's help, help you can't find anywhere else but need and without it you're done, sinking like a stone until you hit the bottom or the rock and believe me, there's a Difference, a Difference between the two just like there's a difference between you and that drugged-out junkie lying in the alley shivering in a pool of his own vomit while the pigeons shit on his head - you wanna' know what drugs are man, that's what drugs are, that scrawny pale little kid with the hollow eyes skin stretched so tightly over the cheekbones you think he should be lying in an Ethiopian death camp, not two blocks down from the synagogue. You want to know what drugs are? You take a picture of that, man. That's what drugs are. Not this, man. Not me."*

Everyone's always talking about drugs. Legalizing, decriminalizing, punishing, addicting, creating, synthetic, hard, soft, good and bad. You ask fifty different people what a drug is and you'll get fifty different answers. For something there's a war on about, you'd think people would have a better idea of what's being fought over.

You look it up in the dictionary, the Bible of words. Can't go wrong here, right? Spell the word out, find it and find out what it means. Easy as pie. Only this time, the entry for drugs is longer than the Dead Sea Scrolls and just as complicated.

You try and figure out what the law says about drugs, and it doesn't make any sense. Legal, illegal, sometimes, not quite, maybe if... it's just an absolute mess. At

just about any given point in time, the law could say everything or nothing is a drug and be right in both cases. Useless.

All you know are that drugs aren't good. So you go to the users, the people on the streets that everyone says are druggies.

The hippies say no man, it's not a drug if its herbal; this is NATURAL. The coke-heads and smack-fiends are too high to make sense or too low to live, let alone talk with you. And the ravers are so happy you can't possibly call that stuff a 'drug'.

And what about all those prescription drugs? Those are good, right? The pills the body builders are popping make them bigger and stronger, so they can't be bad. And the pills those girls are gulping, they make them slimmer, trimmer, less fat - that's healthy and good too, right? The booze-hounds, they're planted at the corner of the bar after a long day's work, just trying to relieve some stress before the stress of going home. That's okay, right?

That dude with the cigarette hanging out the side of his mouth, that's just more stress relief, right? Isn't that what he's saying?

But drugs are bad and these are good things. People are happy, so these aren't drugs. Or at least they're happier.

What's worse - Prozac or crack? What's better - a long miserable painful life or a shorter, happier one? Where's the dividing line? What's the difference? How do you know?

Does it matter?

IS BEER A DRUG?

SONDRA SCHWARTZ

# going dutch

Canada is looking to make a decision. Can the Dutch help us out?

yvonne farah

The issue of drug legalization is an important and controversial issue that lately has been on the minds of Canadians. A ruling by the Ontario Appeals Court deeming the prohibition of the possession of marijuana as unconstitutional, was a milestone.

The ruling, which came in August, was brought by a man who argued that smoking marijuana helped alleviate his epilepsy. The court gave the federal government a year to change the law, otherwise the relevant the legislation would no longer apply in Ontario.

This was only the first of major events that have slowly brought about the partial decriminalization of marijuana. In December, the federal government gave a contract to a Manitoba company to supply Canadians with the medicinal marijuana.

Drugs are now legal for those who are suffering from debilitating illnesses and have registered with the federal government. However the real issue is whether the government will allow the decriminalization of cannabis for recreational use.

## DRUGS FOR FUN

The Netherlands is looked at by the rest of the world to be an exception to the international standard on the marijuana rule. Since 1976, legislation in Netherlands has divided narcotics into two categories; hard, such as heroin, cocaine and ecstasy and soft, meaning cannabis. Possession of small amounts of cannabis (less than 30 grams) for personal use carries a very minor punishment and is rarely prosecuted.

The most famous aspect of Dutch drug policy is the allowance of "coffee shops". These cafes, usually small and independent, sell cannabis under very strict guidelines; the sale, however, remains an offence.

The guidelines are as follows:  
-no more than five grams per person are sold in any one transaction  
-no hard drugs are to be sold  
-drugs are not to be advertised  
-the coffee shop does not cause any nuisance  
-no drugs are sold to minors (under 18)  
-no minors are admitted to the premises

The rationale behind the operation of the 1500 or so cafes is to break the link between the use of soft drugs and the criminal underworld that is associated with stronger drugs. The cafe owners, however, are not permitted to grow the marijuana. Policy in regards to how these cafes will be treated depends on local authorities, the police and public prosecutors.

In comparison to other European countries the Dutch do not have a higher drug abuse rate. Actually their statistics place them somewhere in the middle.

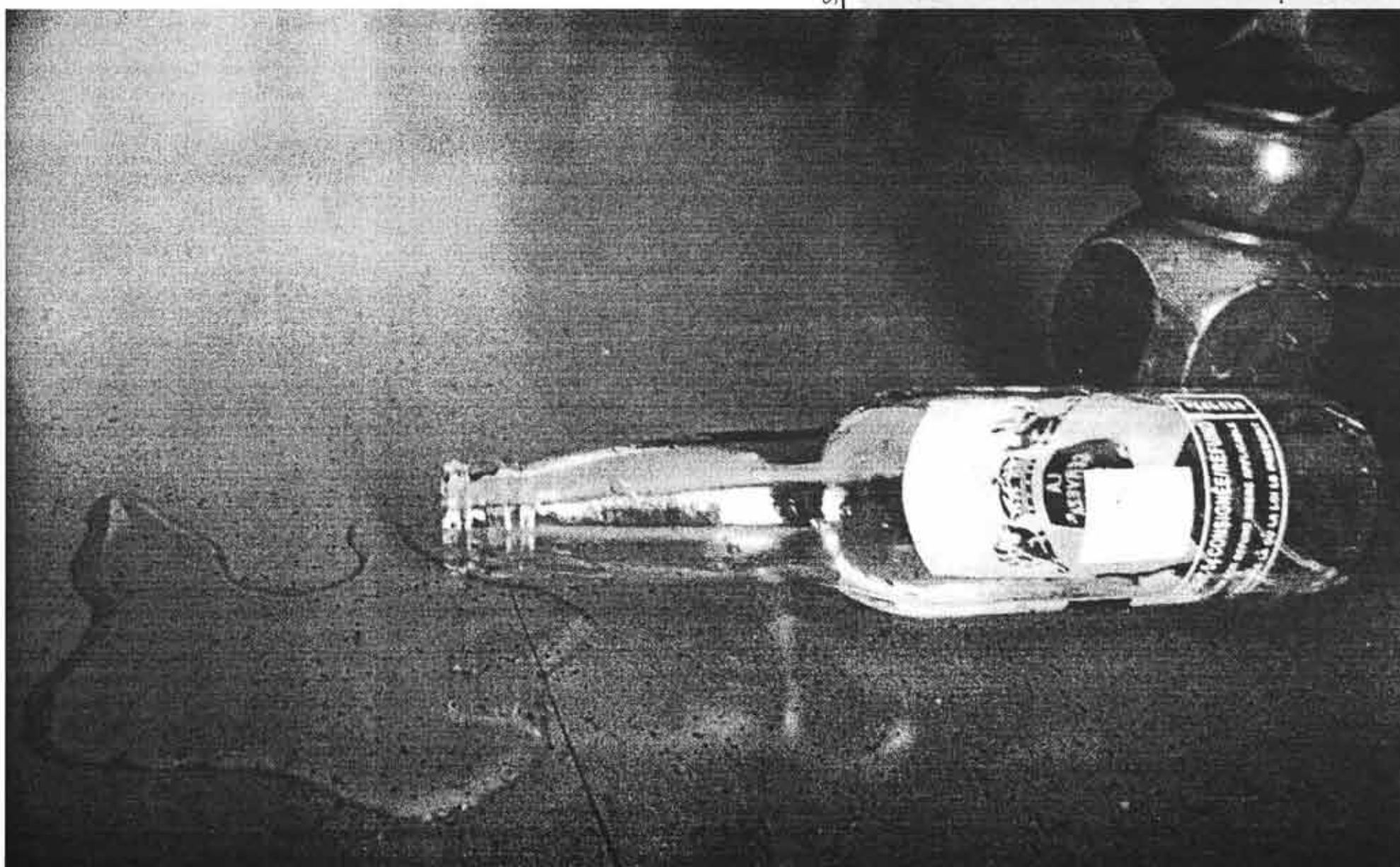
The commonly used argument that marijuana is the stepping stone to harder drugs, according to Dutch authorities, is not applicable in their case. They say there is no evidence that in the past 25 years the use of hard drugs has increased in the Netherlands.

The only problem the Netherlands has encountered is the fact they are such an anomaly. This has led to "drug tourists" who take advantage of the fact they can purchase marijuana and try to smuggle to their home country.

Because of this, a few years ago, the maximum amount a coffee shop could sell to a single customer was dropped from 30 grams to the current 5 grams.

Therefore in looking at a living model, the Netherlands it seems, has had a mostly positive test run in the 25 years. Other European nations are said to be looking to make similar changes to their drug enforcement policies. Even some states in the United States have or are in the process of legalizing the use of marijuana for medicinal purposes.

In a Canadian context, there is still a relatively conservative attitude surrounding drugs. Marijuana, however, is one that seems to bridge that gap. Perhaps, then, the Dutch are leading the way for Canada.





# the LEGAL drugs alcohol

Alcohol use by college students is a factor in 40% of academic problems. 28% of dropouts, 80% of acts of vandalism. 95% of violent crime on campuses is alcohol-related. 90% of all reported campus rapes involve alcohol use by the victim or the perpetrator. Welcome to university.

asad kiyani

Why is Phil's so popular? The deejays are awful and only play what they want to hear, the place is filthy, greasy, dingy and slimy, to say the least. There are puddles in the floor and what looks like asbestos hanging from the ceiling. Yet it's packed every night it's open, with lineups to the street. Why? The simple answer is alcohol. Cheap alcohol that is. For a buck-fifty a drink, people will put up with just about anything. Of course, you can find alcohol at other, more expensive places as well. In fact, every bar in the area is always packed, it seems. Why? The simple answer, again, is alcohol. This time, however, price doesn't matter. All that matters is the availability of that sweet libation, of that nectar, that elixir of ecstasy.

Alcohol is an undeniable part of our lives. And at university, it is the most accepted, most used and easiest found drug there is. More than coincidentally, it is the most dangerous and most abused drug a university student can find.

UNIVERSITY BINGES:

A good part of university social life revolves around drinking. It's at the bar, the keg party, the wine & cheese. It starts with the Frosh Week welcome-to-university-binge and ends with the Convocation thank-god-I'm-so-sorry-it's-over pissup. And in between, it's everywhere you look: the bottles in the recycling bin, the vomit stains outside the bar, the yellow snow.

Not everyone at university drinks to

the Good:	the Bad:	the UGLY:
<p>It makes you feel good – in moderate amounts. After a couple of drinks, a person's moods are intensified. A drink or two later, a warm, relaxed feeling begins to set in as emotions and moods are further enhanced. A nice mellow buzz sets in and everything feels fine</p> <p>Naturally, this mood enhancement depends on the original mood of the drinker but when do people drink? The vast majority of the time, it's when they're having or planning to have a good time. It's usually in a social setting, surrounded by friends and good music.</p> <p>As well, recent studies indicate that moderate consumption of alcohol, no more than two drinks a day, may provide health benefits, including a healthier heart.</p> <p>So it seems natural, then, that people drink.</p>	<p>The more you drink, the more impaired everything gets – speech, mental judgement, cognition, memory, physical ability – and that's when the problems begin.</p> <p>Drink enough in one binge and you'll wish your only problem was getting it up. Pretty soon, you'll be falling over, then in a coma and probably dead pretty soon after that.</p> <p>Even if you don't binge drink, prolonged drinking may have just as negative an effect. Chronic alcohol consumption will lead to heart disease, obesity, pancreatic failure and liver disease. And, for women, it may even raise the chances of getting breast cancer. As for the benefits for your heart, many scientists are arguing that you don't need to drink alcohol to get them. Rather, just consume the unfermented style of grapes.</p>	<p>"The aftermath of New Year's Eve three years ago was ridiculous. I went to a huge party at the Docks, downtown Toronto. It was incredible, a terrific party...I think.</p> <p>I'm a big guy, so I can handle my alcohol pretty well. But this night was a bit out of control.</p> <p>I guess I just got into the mood of things there and kept going. I wasn't really paying attention to it all. By the end of the night, I had spent over \$200 on drinks. Not all of it on myself, but most of it.</p> <p>The night quickly became a blur, except for the part where a not-too-pleasant gang kicked the crap out of me in the parking lot.</p> <p>When I finally made it home, I didn't leave bed for two days. I only got up to puke, drink water and wipe away the pus oozing from my balls."</p>

excess and not everyone at university even drinks. But most of us do. And at one point or another, most of us have been too drunk to add any sort of value to anything. In fact, our only redemptive value in such a state exists in the amusement our drunken antics provide our friends.

This binge drinking - the staple of university students - is probably the most dangerous things we do to our bodies. When you go to puke after six shots past your limit, the things you do to your insides are ridiculous. Every internal organ gets flipped upside down in a desperate attempt to expel the poisons it tastes. That's why it's called hurling. Do that enough times and pretty soon you're on

your way to cirrhosis [long-term problems] or the morgue [short-term; you're dead, honey]. Considering the lifestyle of the typical university student, it's amazing more of us aren't there already.

THE BATTLE OF THE SEXES

What's really surprising is that more women aren't there already. It's no secret that women get drunk faster than men. But why?

First, women are smaller than men. So equivalent doses of alcohol produce higher levels of concentration in women's bodies. As well, women have higher body fat concentrations. Body fat has little water in it. Consequently, most women have less body water to dilute the alcohol, meaning a higher concentration.

Finally, women have more alcohol enter their bloodstream as pure alcohol. Women have less of the enzyme Alcohol Dehydrogenase - which breaks down alcohol - than men.

So when guys and girls start matching each other shot for shot, odds are the girls are going to be more impaired than the guys.

HOW TO BECOME AN ALCOHOLIC

University is also a terrific breeding ground

for alcoholics. After a stressful set of exams that went poorly, it's easy enough to drown our sorrows. What happens though, is we start to invite more of the same.

Alcohol is a depressant, contrary to its popular use. So when you start to drink, you may feel that nice buzz going even though your brain is releasing chemical downers.

These downers stay in your system long after you're done drinking, and so you feel sadder or more depressed. The solution? More booze! And the vicious circle continues.

Great. So if you drink, you're going to die a quick miserable death. Or a long miserable death. Either way, you're screwed.

But it doesn't have to be that way, and for the vast majority of us, it isn't. However, when we lose a little bit of control, we're setting ourselves up for some serious problems. Whether it be puking on our new Hush Puppies, being date raped or winding up in a coma, halfway to dead, excess can mean Trouble.

The solution? Prohibition and capital punishment aren't going to work. They're not even needed. What's needed is some common sense and some good friends to watch out for us when that isn't enough. Simple, no?

are you an alcoholic?

The **CAGE** questionnaire is considered to be 82 percent predictive for anyone who answers two or more questions affirmatively. Some experts consider it the most effective screening tool.

1. Have you ever felt you should Cut down on your drinking?

2. Have people Annoyed you by criticizing your drinking?

3. Have you ever felt bad or Guilty about your drinking?

4. Have you ever had an Eye-opener (a drink first thing in the morning to steady your nerves or treat a hangover)?



LEGAL  
drugs

SONDRA SCHWARTZ

# tobacco



lynnette visaya

Tobacco. Despite the health warnings, thousands of people use it everyday.

Carcinogenic effects, cardiovascular disease, and respiratory problems are just some of the afflictions that occur in frequent tobacco users. Statistics show that smokers are more likely to develop these ailments than non-smokers.

Tobacco use kills 12,000 Canadians annually. That's four times the number of deaths caused by traffic accidents, suicide, homicide and AIDS combined.

The numbers are proof alone that something has to be done to discourage people from using tobacco. A man who currently smokes has a 1 in 6 chance of developing lung cancer. That is a great difference compared to the statistic of a non-smoker, who has a 1 in 77 chance of developing lung cancer.

Youth smoking is on the rise in Ontario. Even though numbers have declined in recent years, more and more young people are smoking today.

Only 28.9 percent of Canadians are smokers today, which is a 10 percent decrease from the number of smokers that were around 20 years ago. However, the percentage of smokers is highest among young adults. Thirty-four percent of all smokers in Ontario are between the ages of 18-34.

According to the 1997 statistics, the number of youth smokers in Ontario is back up to where it was in the 1980's with 26 percent of male students and 29 percent of female students claiming to have smoked more than one cigarette.

## KILLING ME SOFTLY...

When one uses tobacco, the effects are immediate. From the first puff, your heart rate increases, breathing becomes faster and more shallow, and circulation flow decreases.

Young tobacco users have abnormally high heartbeats, low tolerance for exercise, lower lung capacity, worse asthma, and have an increased chance of damaging arteries from fat build-ups associated with

heart disease. It also increases the chances of losing hair, messes up one's immune system, and causes ulcers in the mouth. Anyone who has smoked over 20 cigarettes is twice as likely to get cataracts.

However, the greatest illness that has affected tobacco users is lung cancer. Lung cancer is leading cause of death due to cancer in Canada. It accounts for 30 percent of cancer deaths among males and 20 percent of cancer deaths among females. Cigarette smoking accounts for about 80 percent of new cases of cancer in women and 90 percent of incidences with men.

There are over 600 different poisons in each cigarette. According to a document just released by the British government, cigarettes contain paint stripper, lighter fuel, the chemicals in moth balls, a poison used in gas chambers, a rocket fuel, and many other poisons. No wonder people develop deadly illnesses from the use of tobacco.

## KICKING THE HABIT BEFORE YOU KICK THE BUCKET

However, there are ways to try to quit smoking. As an individual, people can try using the patch, quit cold turkey, or try a step program. Most of the time, people who try quitting cold turkey find themselves smoking again after a short period of time. The patch may be useful if used properly and at appropriate times,

but this method too is not effective for all. It is difficult to stop a habit.

First of all, quitting takes some preparation and research. Know what makes you want to smoke. You may be unaware of when you decide to pick up a cigarette. This information will allow you to understand what makes you want to smoke in the first place.

Next, pick a date when you want to quit completely, preferably two weeks from the beginning period of trying to quit. When choosing a quitting time, make sure it is during a period that is not too stressful. For example, an exam period or when you are getting evaluated for some work is not the best time to try and kick the habit.

Now that you know your smoking pattern, make it difficult to pick up a cigarette. Do this by changing your daily pattern of events and routines. If your daily routine is changed, then those times when you are more likely to pick up a cigarette are going to be eliminated.

The next step is to discard any thing that contributes to your deadly habit. This

means getting rid of your lighter or matches. Pick a less desirable brand of cigarettes. If you don't like the taste or the feeling, maybe you will prefer not to smoke it! When you do decide to have a cigarette, try to inhale less of the smoke. Also, cut back on the number of cigarettes you have in a day.

Finally, a tool that can really help during the quitting period is a support system. Having a friend around who will yell at you when you have a cigarette in your hand helps a great deal. Nothing better than a nag to make you want to stop!

## SHORT-TERM BENEFITS OF QUITTING

*within 20 minutes of quitting*  
blood pressure and pulse rate drop to normal  
body temperature of extremities (hands/feet) increases to normal

*within 8 hours of quitting*  
carbon monoxide level in blood drops to normal, oxygen level in blood increases to normal

*within 24 hours of quitting*  
risk of sudden heart attack decreases

*within 48 hours of quitting*  
nerve endings begin to regenerate  
senses of smell and taste begin to return to normal

*within 2 weeks to 3 months of quitting*  
circulation improves  
walking becomes easier  
lung function increases up to 30%

## the Good:

The "positive" effects of nicotine upon the body should be noted.

As a euphoric agent, nicotine causes arousal as well as relaxation from stressful situations.

It stimulates memory and alertness, enhancing cognitive skills that require speed, reaction time, vigilance and work performance.

As a mood-altering agent, it tends to alleviate boredom and reduce stress and reduces aggressive responses to stressful events. It also tends to be an appetite suppressant, specifically decreasing the appetite for simple carbohydrates (sweets) and inhibiting the efficiency with which food is metabolized.

People who use tobacco products frequently depend upon it providing these side effects to help them accomplish certain tasks at specific levels of performance.

## the Bad:

In general, chronic exposure to nicotine may cause an acceleration of coronary artery disease, peptic ulcer disease, reproductive disturbances, esophageal reflux, hypertension, fetal illnesses and death, and delayed wound healing.

Tobacco, the vehicle of nicotine delivery, contains tar (numerous chemicals that cause a thick, sticky substance when smoked) and about 2,000 chemicals total.

Tobacco and its various components have been associated with an increased risk for cancer of various body organs.

For more "bad" stuff on tobacco, read the main article.

## the UGLY:

*This is Smoker's Lung:*





# raving about...

anthony iantorno

Along with electronically synthesized music, and distinct fashion styles, the most touted aspect of the rave scene are the designer 'rave drugs'. The most popular of these drugs is of course MDMA or ecstasy, but others including speed and ketamine. In the following sections, we will explore the good, the bad, and the ugly of these drugs and the effects on their users.

## MDMA (E, Ecstasy, X)

Ecstasy, the drug most commonly associated with the rave scene, was first introduced into the underground parties of the mid 80's on the island of Ibiza. Since then, the ecstasy fever has caught on in England and the rest of the world. Despite the negative views of ecstasy in the media, its recreational use has significantly increased over the years.

The active component of ecstasy which creates its euphoric effects is MDMA (3,4-Methylenedioxy-N-methamphetamine). MDMA is an amphetamine-based hallucinogen which produces both stimulant and psychedelic effects. Ecstasy basically comes in two forms, as powder or pressed tablet. Similar designer drugs include MDEA and MDA, but lack the empathetic qualities of MDMA.

The altered states resulting from the ingestion of E are caused by the release of serotonin in the brain. The most common effects of MDMA are feelings of love, empathy, and peace.

In doses of 75 to 150mg, users will experience increased heart rate, blood pressure, body temperature, tremors, teeth grinding, sweating and occasional nausea. Health concerns arise when combined with excessive physical exertion and the hot, and often crowded rave environment. The negative effects of these result in kidney and cardiovascular failure, dehydration, and hyperthermia.

Additional effects of ecstasy intake can include paranoia, confusion, faintness, depression, muscle tension, anxiety, sleep problems, rapid eye movement, and blurred vision. Also, users run the risk of not buying pure MDMA, and when manufactured in backroom laboratories by amateur chemists, the resulting synthesis can be dangerously toxic. Pseudo-tablets have been found to contain anything from caffeine, to ephedrine, to ketamine, to strychnine (rat poison). Often, the compounds that are passed off as E are more dangerous than MDMA itself.

In order to avoid dehydration, it is recommended that users ingest 2 to 4 cups of water an hour, and take bathroom breaks regularly in order to flush the body of toxins. Also, make sure that you know where the drugs are coming from, and that you



trust the dealer you attain them from.

MDMA is neither a hallucinogen nor a designer drug. It is not physically addictive and has never been proven to cause brain damage in users. In other words, most of what the media and government have preached to the public about ecstasy is completely inaccurate.

## KETAMINE (Special K, K, Ket)

Ketamine hydrochloride was originally created for use as a human anaesthetic, and is still used as a general anaesthetic for children, persons of poor health, and in veterinary medicine. Ketamine belongs to a class of drugs called "dissociative anaesthetics," which separate perception from sensation. Ketamine usually comes as a liquid in small pharmaceutical bottles, and is most often cooked into a white powder for snorting.

At lower doses it has a mild, dreamy effect. Users report feeling floaty with occasional numbness in the extremities. Higher doses produce a hallucinogenic effect, and may cause the feeling of an out of body

experience. This experience is often referred to as entering a "K-hole" and has been compared to a near death experience with sensations of rising above one's body. While in a K-hole it is very difficult to move. People usually remain seated or lying down during the experience.

Adverse physical effects include loss of motor control, temporary memory loss, numbness, drowsiness and nausea. It is extremely dangerous to mix with respiratory depressants such as alcohol, or valium. The onset of K is usually 5 to 20 minutes, with peak between 20 minutes and an hour and fades over 2-3 hours. Effects of an overdose include unconsciousness and oxygen depletion in the brain.

Frequent use can cause disruptions in consciousness and lead to neuroses or other mental disorders. Ketamine can cause a tremendous psychological dependence. The dissociation from one's consciousness experienced with ketamine can be highly seductive to some people, and there are many cases of ketamine addiction.

## METHAMPHETAMINES (Speed, Ice, Crank, Crystal, Meth)

Speed is a stimulant drug which works on the nervous system causing hypertension, increased heart rate, and blood pressure. It produces such effects as alertness, confidence and raises levels of energy and stamina. It reduces appetite and lessens the desire and ability to sleep. Side effects include tremors, insomnia, and impaired coordination.

Regular use can produce a need to increase the dose to get the same effect, and can lead to physical dependence on the drug. Long-term use can result in serious mental and physical problems.

Speed has serious long term effects on the body. The effects can last 4 to 6 hours, usually followed by an unpleasant comedown including chills, nervous twitching, sweats and fatigue. Long term use can cause depression and paranoia.

Speed can be swallowed, snorted, smoked, or injected. Swallowing is the safest method of using speed. The effects come on gradually and last longer than with other methods. Snorting speed takes effect faster than swallowing but it can damage the nose. Smoking speed takes effect immediately and can more easily lead to addiction. Injecting is the riskiest method of using speed. The dose reaches the brain almost immediately, increasing the possibility of overdose.

The 'comedown' off speed can make you feel tired, lethargic and depressed. This may tempt users to take more, and can lead to dependency. Although rare, speed can cause seizures, heart attacks, strokes, and death from overdose.

Many users become physically run down, which leaves them susceptible to a wide range of illnesses. Extended use of speed can cause psychosis. The user may think that everybody is out to get them, or that they are being followed or watched. Mixing speed with other drugs, particularly other stimulants, can increase the risk of adverse reactions.

## the ugly side of things...

"Last year I went to a rave with some of my friends. Everyone was there, and it seemed that it was going to be the party of all parties.

Anyways, I decided that night that instead of doing just E as I normally did, I would also do some crystal meth.

After dropping two tablets of ecstasy, I decided that I would go do a couple of lines of crystal in the washroom to enhance my experience.

To my disappointment, the crystal didn't kick in. I waited a few more minutes, and thought to myself that I got ripped off, so I got another one from a friend, and proceeded to do that one. Again nothing.

Once more I got another cap to give it one last try. This time I tried a cap from a different batch and ingested it orally.

Well, to my dismay, as I found out later, it was not crystal that I was doing lines of

earlier - it was mescaline with an onslaught of 20 minutes to a half hour before its effects kick in. So, with my luck, the effects of the 2 E's, 2 caps of mescaline and cap of crystal all set in at once.

What ensued was anything but a fun time. I couldn't move, I began hallucinating from the mescaline, I began trembling and worst of all I couldn't get the thought out of my head that I was going to die. Since then, I have refrained from doing drugs. I just thank God that I didn't overdose." -- Joel, 22

### MORAL OF STORY:

1. Always know where your drugs are coming from

2. If nothing happens right away, wait at least an hour to see what happens. It's better to be safe than sorry ;)



# the classics

LUKE MARTYN

laura carey

## MARIJUANA (Pot, Weed, Doja, Herb)

Pot has had a bad reputation for a long time. From the days of Reefer Madness through the 60's and 70's, smoking pot was widely regarded as being irresponsible.

Nowadays, with the recent legalization of pot for selective medical use, cannabis' good qualities have been recognized by the government after many years of struggle with the issue.

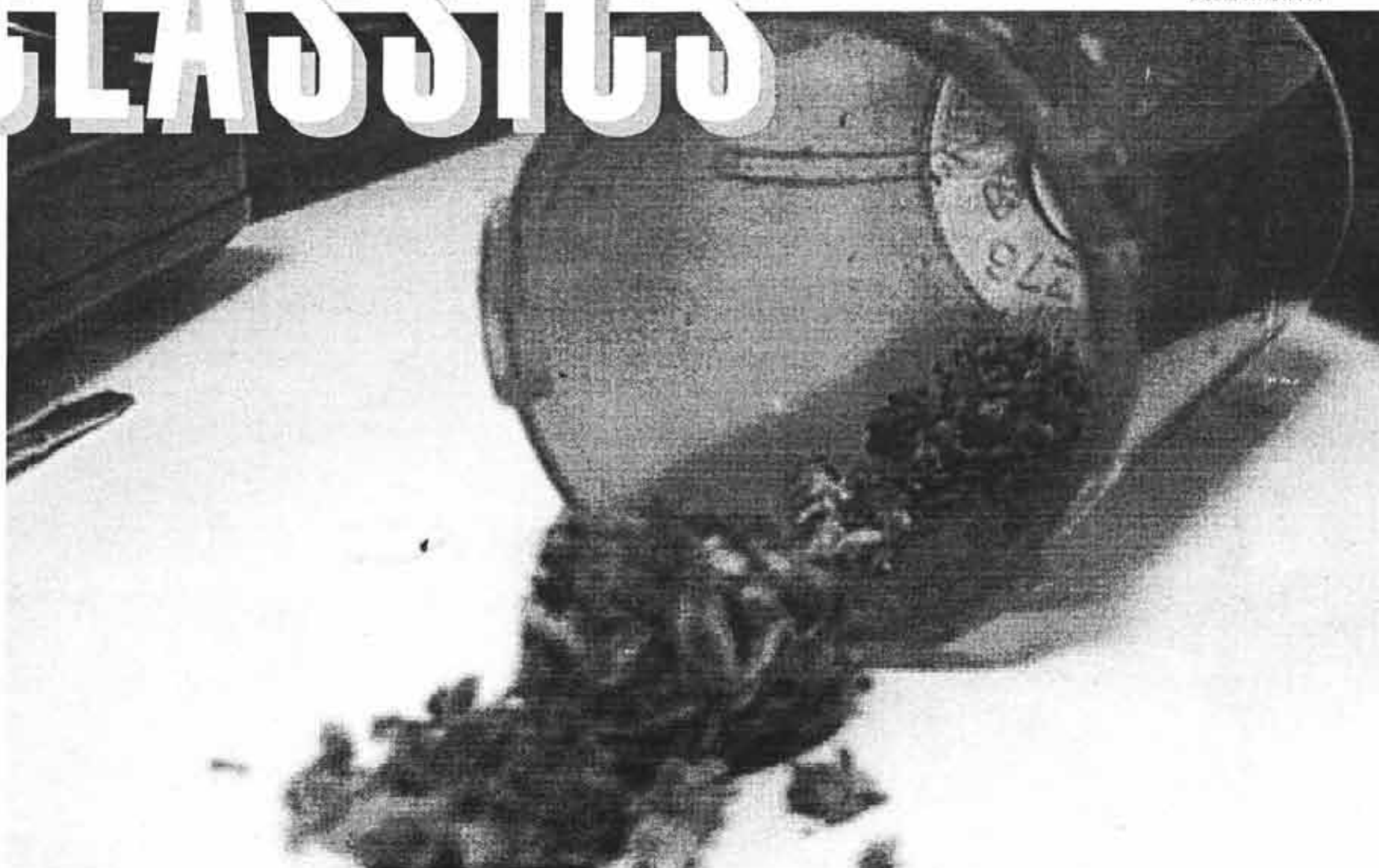
For example, pot has the tendency to increase one's appetite and enhance the pleasure of eating. For some terminally or otherwise ill patients who cannot comfortably eat, smoking pot can help them regain appetite and calm the body enough to digest. Marijuana also can make the patient feel tired, which is especially important to people who have a difficult time relaxing enough to sleep while in constant pain. As well, marijuana has the ability to lessen pain, dulling it and allowing the body to relax.

The average person can also use marijuana as a means of controlling pain and difficulty sleeping. Smoking pot makes the user mellow, relaxed. One of the additional benefits of pot is that unlike some other intoxicants, like alcohol, pot does not at all encourage violent tendencies in the user. When pot is smoked the user generally feels a sense of calmness and well being.

There are downsides to pot, like any other intoxicant. Smoke is bad for lung tissue and pot smoke is no different. Testing has shown that marijuana smoke contains tar, a carcinogenic substance which leads to lung cancer. Prolonged heavy use of marijuana damages brain cells and leads to weakening of the short term memory.

Non medical side effects of marijuana also exist, as not every smoker's body reacts to the drug in the same way. Some people experience paranoia, even severely, when they smoke marijuana. Normally, people with psychitophrenia do not smoke pot as it increases the symptoms of their disease like paranoia. The flip side of pot making the user mellow is that lethargy and loss of motivation can accompany the relaxation. It can be easy to believe that marijuana is a harmless habit, but there are side effects to it like any other drug. When using any mind-altering substances, moderate use is the best idea.

Pot can be eaten as well as smoked, and the two methods of intake provide very different effects.



## 'SHROOMS

Psilocyban mushrooms, better known as « magic mushrooms » are a very common drug. The effects can vary, but are standardly similar to LSD, but milder. This can include seeing tracer lines, colors, and smoke in your peripheral vision.

Inanimate objects move and vibrate. Large, flat objects like doors, walls and ceilings breathe and drip. Usually, the users find themselves engaging in deep thought or conversation.

As clichéd as it may seem, mushrooms are a way to expand your mind and thoughts. After seeing the world differently for the first time, your views change. Mushrooms are a relatively harmless way to experience hallucinations.

Mushrooms do not seem to pose any real health threats, but in itself the research is debatable. Not many studies have been done on Psilocyban mushrooms, but the general consensus is that excessive consumption of magic mushrooms leads to the same brain damage as excessive pot smoking.

The real health threat of mushrooms is usually in the picking stages. Most people who even think about going mushroom hunting know what they are doing, and can distinguish psilocyban from other similar looking poisonous varieties. However, not everyone is so sure what they are picking.

## LSD

LSD has been a concerning drug for decades now. Most people who consume LSD are looking for a harder hallucinogen than mushrooms. The effects are very similar, but LSD lasts at least 8 hours, while mushrooms wear off in about 4 or 5.

The medical effects of LSD include spinal damage (with excessive use), pinched nerves in the neck and back from having tensed muscles for 8-12 hours, and brain tissue damage.

Most people who have a bad trip on a hallucinogen experience it with LSD rather than mushrooms due to the elongated period of time for which the drug is effective.

## the Ugly:

"I was walking on a path in the dark. As I walked, I neared a little bend with a huge, round sewer grate. As I walked up to the bend, I could hear something that sounded like singing. It was really creepy because it sounded like it was coming from the sewer. I was watching it as I walked by and I swear the cover part started to move and the singing got louder and louder. Suddenly The Little Mermaid came out of the sewer and sang the « Under the Sea » song to me. It sounds funny, but let me tell you, when the Little Mermaid is crawling out of a dark sewer and chasing you, it's terrifying. I spent the rest of the night sitting with my back pressed up against my bedroom door with my windows covered."

-- Joy, 21 [17 at the time]

## COCAINE (Coke, Crack, Blow)

Cocaine Hydrochloride is a white powder derived from the leaves of the coca plant, which grows mainly in South America. Cocaine is both a central nervous system stimulant and an anaesthetic. The traditional method of coca use is to chew the leaves, producing a mild stimulation. Outside of South America it is generally used in its more refined and extracted forms; either powder cocaine, or freebase cocaine and produces a much stronger effect than chewing the leaves.

Powdered cocaine is generally snorted

(inhaled), and crack or freebase cocaine is generally smoked. Smoking freebase cocaine causes a strong, short-lived peak of about 3-5 minutes, while snorting cocaine provides a lower high with major effects lasting closer to 30 minutes.

Cocaine is a stimulant drug like speed, but much shorter acting. Possible effects of use include feelings of confidence, alertness, euphoria, increased concentration, energy, irritability, insomnia, and restlessness. The psychological effects of cocaine use vary with dose and the tolerance of the user. With high doses users may exhibit a pattern of psychosis with confused and disorganized behavior, irritability, fear, paranoia, hallucinations, and may become extremely antisocial and aggressive. High or frequent doses have caused seizures, strokes or heart attacks in some people. Repeated snorting can damage the membranes of the nose.

The physical effects of cocaine use include increased heart rate, blood pressure, and body temperature, dilatation of the pupils, decreased sleep and appetite, seizures, strokes, heart attacks, death. Symptoms such as intense cravings, hunger, irritability, apathy, depression, paranoia, suicidal ideation, loss of sex drive, insomnia or excessive sleep are often associated with withdrawal. Often, more cocaine is taken to reduce these effects.

## the Ugly:

"One night I was at my boyfriend's house, and he had pulled out a baggie and in it was a white powder. I knew he had wanted to try cocaine, but never thought he would do it, he then snorted it, like crack, and was fine for a while. I told him I wanted to see what effect it had on him before I tried it. A while passed, and he started to shake really bad. What happened next was hard for me to handle - I saw my boyfriend OD right before my eyes. He died in my arms before the ambulance even got there. I sometimes still wonder what have happened if I too had taken some. I'm glad I didn't, but sometimes, I still feel the urge to start up all the drugs again, to forget, but I remember the last thing he said to me, he said, 'I don't want to die.' I've been clean ever since." -- Jessie, 19

## the Ugly:

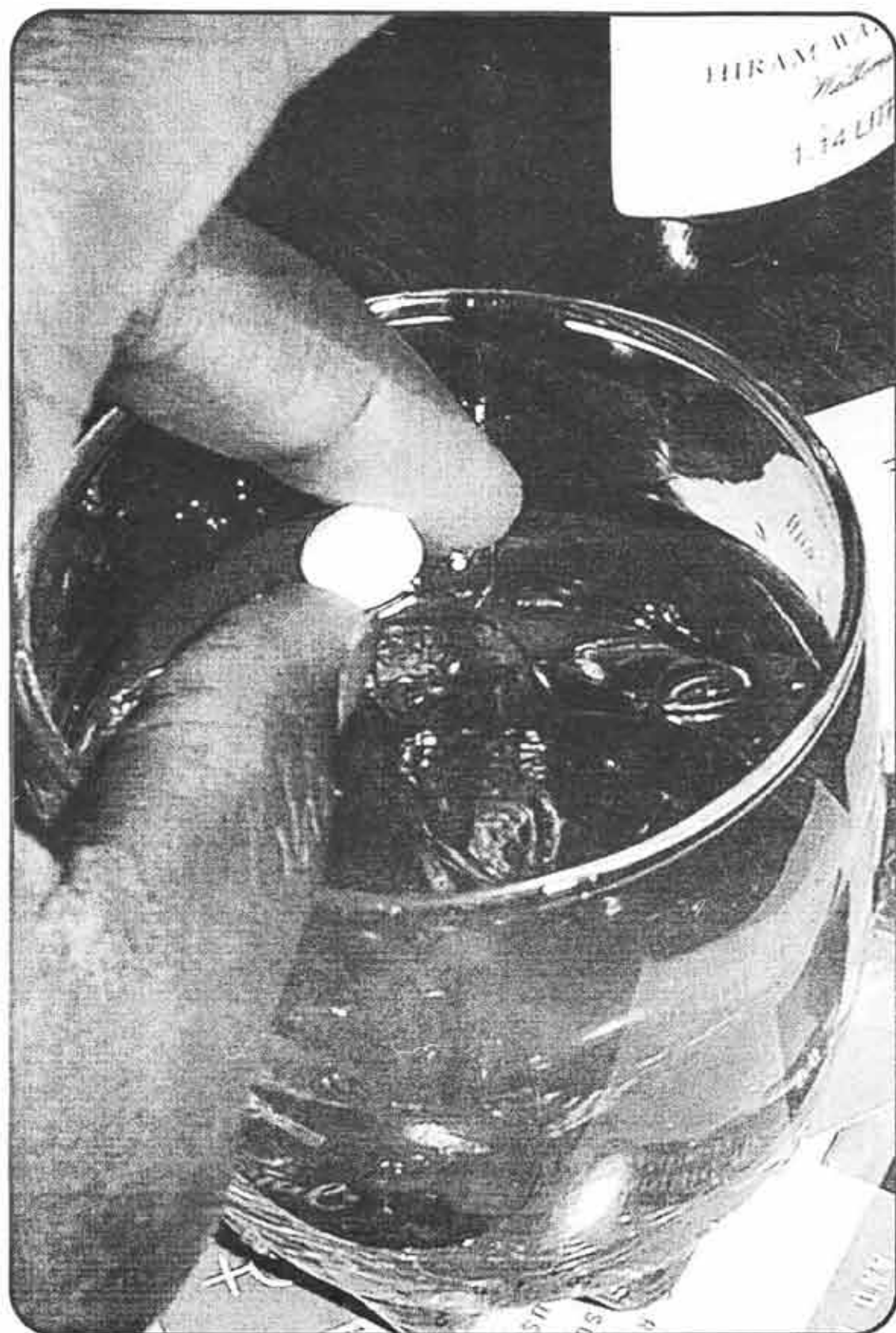
Alexandra, 20, ate a cookie cooked with pot butter and got too high.

"I remember feeling like I had eaten mushrooms or something... everything around me was warped. It was cool for a while but then I just kept getting higher and higher... the peaks wouldn't end. After a few hours I started thinking I wasn't going to come down, and I really freaked out. I ended up waking up my mom at 3 o'clock in the morning and begging her to take me to the hospital to have my stomach pumped."

## the Ugly:

"Some friends and I met a traveller from Quebec who said he knew where to pick magic mushrooms locally. We all ended up picking together because there were supposedly enough for everyone to take home a couple pounds. In the next few days everyone who went mushroom picking had to be taken to the hospital for bloody diarrhoea and cramps. Turns out the guy didn't know jack about mushrooms and took us all to a place where there were just wild mushrooms... he didn't know what they were and they turned out to be poisonous." -- Jade, 19





danielle fielder

In the last ten years, the number of sexual assaults in which drugs are used has risen dramatically. Certain drugs are slipped into drinks at high school and University parties, bars, and nightclubs in order to incapacitate men and women to the point at which they can be assaulted without resistance. While illegal, many of these drugs are easy to obtain and inexpensive.

The two most commonly known date rape drugs are Rohypnol (flunitrazepam) and GHB (gamma hydroxybutyrate).

### ROOFIES

Rohypnol is a very potent tranquilizer. It is similar to Valium, but ten times as strong. It is also referred to by several street names, such as Roofies, Roachies, Rope, and the Forget Pill. Rohypnol comes in the shape of a small pill that can be dissolved in either alcoholic or non-alcoholic drinks, and is tasteless.

### GHB

GHB (gamma hydroxybutyrate) is a sedative originally made for sleep aid. It is sometimes made from GBL (gamma butyrolactone) and Sodium Hydroxide or Potassium Hydroxide, which is basically a mixture of degreasing solvent or floor stripper and drain cleaner. When GBL is ingested, GHB is produced in the body. It comes as a clear, odourless liquid that looks just like water, and is usually sold in small bottles. It has also been found in powder and capsule form. Street names for GHB include "G", Liquid Ecstasy, Grievous Bodily Harm, Easy Lay, and Salty Water.

### TOP OF THE CLASS

It's legal. It's sold on every campus. And it's involved in virtually every case of date rape involving drugs. And the winner is...Alcohol! Usually, the victim is either drunk or the requisite chemicals are mixed in with their drink.

Try following some basic precautions to better protect yourself.

#### 1. Never leave your drink unattended at parties or bars.

*In the mind of the potential attacker, it's an open invitation.*

#### 2. Do not accept beverages from open containers, and do not take open beverages from someone you do not know or trust.

*Did you make the drink? Did you see it being opened? Do you know what's in it?*

#### 3. If you order a mixed drink, watch the person who mixes it.

*It's the perfect opportunity to pop something into your drink.*

#### 4. Never drink anything from a punch bowl.

*Combine numbers 2 and 3 above.*

#### 5. If someone offers to buy you a drink, go up to the bar with him or her to accept it.

*Combine numbers 2 and 3 above.*

#### 6. Always party with one or more friends, and watch out for each other.

*If someone appears too drunk, or too disoriented too fast, get him or her to a safe place.*

# DATE RAPE DRUGS

## the Good:

Rohypnol can be crushed with other drugs and snorted it to get high. Taken on its own, its effects roughly equate those of excessive alcohol consumption.

GHB has similar effects to that of Ecstasy, including increased happiness, feeling affectionate, muscle relaxation, and enhanced sexual experience, which may make it attractive to some. However, the negative effects of these drugs far outweigh any perceived "positive" effects.

## the Bad:

Rohypnol causes muscle relaxation, dizziness, and lowers inhibitions. When combined with alcohol, Rohypnol produces a rapid "high", and causes severe disorientation and a loss of memory. During long periods of memory blackouts, a person on the drug may or may not appear to be awake.

When an attacker slips a victim the drug, it only takes about half an hour for it to be effective. The attacker may then take the victim to another location in order to assault them. When the victim wakes up several hours later, they feel disoriented and have no memory of the event. They may find bodily or physical evidence that rape took place, but can only piece together what happened from eyewitness reports.

In addition to the threat of unprotected sex while under the influence of the drug, there is a possibility that Rohypnol can lead to respiratory depression, aspiration, and even death. It is also a physically addictive drug, and when taken repeatedly can lead to dependence.

There are many negative reactions to GHB, including nausea, headaches, dizziness, amnesia, respiratory problems, loss of consciousness, being conscious but unable to move. These last two effects make GHB a desirable drug to use for sexual assault, but it is particularly dangerous in the hands of someone who has little knowledge of the drug.

It is almost impossible to find the proper dose of GHB, as it depends on body weight, how much food is in the stomach, and other random factors. A teaspoon could have no effect on one person, but cause an overdose in another. In some cases, when mixed with alcohol, the drug has slowed breathing to a low rate causing death. An overdose of GHB will cause sleep from which a person cannot be awakened, and in many cases, death.

In the cases of both Rohypnol and GHB, the drug can usually only be detected with a urine test. If you or someone you know believe that you have been administered either one of these drugs, it is important to get tested for it within four to twelve hours. These drugs leave the system very quickly.

## the Ugly:

*The top date rape drug is alcohol.*

"It's early, early morning on New Year's Day and my best friend and I are passed out in a bed in my friend's apartment. She's snoring really loudly. I wake up because I hear the door to the bedroom open. It's my friend's roommate. He turns on the radio. A few moments later I sit up and look at him. He appears sound asleep. Of all the things I remember from that night, the song on the radio stands out. Leonard Cohen's *Suzanne* is playing as I leave the room to be sick again.

I start to feel better, so I go into the living room and talk to my other friend for awhile, then he and I fall asleep on the floor. I awake to another friend shaking me. "I think something's going on in the bedroom," she says. We don't know what to do. I open the door to the bedroom, and everything is pitch dark. I can't even see her. "Five more minutes," he almost yells. I am so confused. The door opens and she comes out into the kitchen. She looks at me and starts sobbing. I take her into the bathroom. There's blood all over her underwear and her legs. I ask her what happened. She is crying too hard to talk, but it doesn't matter. She looks at me and I already know. I am completely sober now.

A few hours later, I'm sitting in the hospital with her and she is starting to talk a bit more. I go with her while she is examined, while she is prescribed the morning-after pill. The doctor asks her if it was raped. She pauses, then shakes her head. Over the next few days, she tells me everything she remembers. She remembers waking up with her clothes already taken off. She remembers him laughing at her crying in pain. I put a four-letter label on what happened to her. She doesn't want to believe it. I don't want to believe it. We go to the police and a detective videotapes our re-iteration of what happened. There are big gaps that neither of us can remember because of all of the alcohol. A few days later he is arrested and charged with sexual assault.

A few days after this she tells the detective she wants to drop the charges. She's scared to tell her parents. She's scared it was her fault for putting herself in the situation. She's just so scared. It doesn't matter how many times I tell her it wasn't her fault. She will never believe me. She sits in a silent mixture of fear and pain. I sit in a mixture of guilt and frustration.

I'm watching a movie with her on the weekend and she hears an expression he must have said that night. Her blue eyes look the same as they did in the bathroom, the moment I knew what had happened. "I just want this to be over," she sighs. I'm seized by a moment of sadness because I know that's never going to happen."

-Lisa, 22