



Drug abuse at sea

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Drug abuse at sea

Introduction

Over the last few years we have seen an alarming increase in the number of accidents at sea in which drugs have been a causative factor. In some areas of the world and on certain types of vessel drug abuse is becoming a serious safety hazard.

The pattern of life at sea for many seafarers involves periods cut off from the diversions and entertainments enjoyed by those ashore. Periods of isolation and tedium induce a strong desire in many to party when they come ashore. Seafarers often pay off with large sums of cash either from their wages, or in the case of a fishing vessel, from their share of the catch. This combination of liquid assets and a thirst for excitement make them a target for various business ventures designed to part the seafarer from his money. In the past these have tended to revolve around alcohol and the opposite sex but now the seafarer has become an attractive target for drug dealers.

While it might be argued that the use of drugs whilst ashore on leave is no business of the shipowner, operator or employer, the argument does not stand up. It has been shown that most drugs have long term effects which continue long after drug taking has ceased. It may also only be a matter of time before the seafarer develops such a taste for the drugs that he takes them to sea with him.

In most countries of the world the law imposes a duty on the shipowner, operator or employer to provide a safe place for the seafarer to work. This includes providing fellow crew members who are fit and capable of carrying out their duties safely. Seafarers who are under the influence of drugs clearly present a safety hazard for which an employer may find himself both civilly and criminally liable.

The symptoms and effects of alcohol are widely known throughout the marine industry. The signs of drug abuse are not so well known, nor is there a widespread appreciation of the effects of various drugs on work performance, attitude and behaviour. The purpose of this booklet is to help owners, operators and employers of seafarers to become aware of the risks, to educate them in the effects of drugs and help eradicate this menace from our industry.



Drug abuse

What is a drug?

A drug is any substance that alters the function of mind or body.

What is drug abuse?

Abuse is the inappropriate taking of illegal or prescribed drugs, whether deliberate or unintentional.

What are the effects of drug abuse?

Drug abuse at sea is a serious problem which not only affects the abuser but also the safety of his crewmates and indeed the vessel itself.

When taken in excess the chemicals contained in drugs can cause both physical and mental harm to the abuser. Most drugs adversely affect physical co-ordination, making the abuser a danger to all around him whilst he remains under the influence of the drug. Drug abuse alters the way a person thinks, perceives and feels, leading to impaired memory, judgement and concentration which can cause harm both to the abuser and to other people. Abuse may be accompanied by neglect in personal health and wellbeing and work performance usually suffers. Simultaneous use of drugs and alcohol is particularly dangerous.

Statistics suggest that within two years of developing a drug problem, a crew member's work performance will deteriorate to the extent where they become unemployable.

Who is at risk?

Drug abuse falls mainly into the 17-30 years old age group.

How can I tell if there is a drugs problem on board?

There are no social divisions of class or classes of drug users. They may be found in all walks of life and at all social levels. The physical characteristics of drug addicts depends on the type of drug used and the time that has elapsed since the last dose. The drug user generally develops an ability to lie about his habit and keeps it secret. Crew members may not notice a drug user amongst their colleagues. In a closed community such as a ship's crew there may be a strong bond of group loyalty which may result in an unwillingness to believe the worst about a colleague.

The only way of establishing with any degree of certainty whether there is a drugs problem on board your vessel is to embark on a drug testing programme. There are however a number of other indicators which might help identify those with a drug problem. These are:

- o Sudden unexplained mood changes
- o Unusual irritability and aggression
- o Tendency to become confused
- o Abnormal changes in concentration
- o Poor job performance
- o Poor timekeeping
- o Loss of short term memory
- o Loss of interest in job
- o Deterioration of relationships with fellow crew
- o Dishonesty and theft from boat or fellow crew
- o Unexplained changes in financial circumstances



The safety implications

Safe working practices are of prime importance on an efficient well run ship. All drugs, including alcohol and prescribed drugs, may have side effects which increase the risk of accidents on board.

The effects of a drug may not be limited to the time immediately after it is taken. Even in moderate doses some drugs remain in the body and affect the user for hours or days. Slow reaction times, poor co-ordination and loss of memory caused by drugs can turn everyday tasks into a nightmare for the affected person and seriously increase shipboard hazards, not only for the drug abuser but for everyone involved in vessel operations.

Perfectly legal drugs can adversely affect crew performance and can be potentially just as dangerous as illegal drugs. Companies should encourage and require crew members to advise the company of any medication they are taking that has been prescribed by their doctor. This is particularly important because certain prescribed drugs may also give a positive result in a drugs test.

At sea everyone is responsible, not only for their own safety, but the safety of others. It is in everyone's interest that drug abuse be eliminated from every part of marine industry.

Drugs and safety don't mix

The legal implications

The possession of some drugs is illegal, exposing the user to risk of criminal charges as well as causing harm to his psychological and physical health. If found on board ship they may expose the owner/operator to criminal charges.

If you knowingly permit the possession, trafficking or use of illegal substances to take place on your ship, you could be committing a criminal offence.

If you knowingly allow an employee under the influence of drugs to continue working you may be prosecuted, especially if his behaviour places others at risk.

If you knowingly allow an employee under the influence of drugs to continue working and that employee causes an accident, you will be liable for any damage or injury which results.

The discovery of illegal drugs on board a vessel by customs officers can result in the vessel being detained and the owners or operators being fined. In extreme cases the vessel itself may be confiscated.

Drug users are more likely to be tempted into becoming involved in smuggling operations as a means of financing their expensive habit. Smuggling activities clearly increase the risk of a shipowner or operator being fined or having his vessel confiscated.

Can you afford this risk?



The benefits of a drug policy

Successfully tackling drug abuse is beneficial to crew safety and the vessel's earning power:

- o By reducing the risk and cost of accidents caused by impaired judgement
- o By reducing the cost of absenteeism or poor work performance of the drug abuser
- o By saving on the cost and inconvenience of recruiting and training replacement crew when drug abusers become unreliable
- o By reducing the possibility of fines and vessel detention
- o By improving crew morale
- o A drug and alcohol policy has been proven to attract a higher quality of job applicant

Tackling a drug problem saves money

Combating the menace of drugs

What can I do?

You should:

- o Devise and implement a written policy on drugs
- o Implement a prevention and education programme to provide the seafarer with clear factual information about the nature of drugs, the short and long term effects of their use and the implications for the seafarer and personal safety on board ship
- o Introduce a drugs and alcohol clause to your seafarer's contract of employment
- o Implement a drug screening/testing programme

Many industries have developed systems of drug screening and testing to combat drug abuse in the workplace. Until relatively recently testing in the marine industry was uncommon however within the last 15 years it has become accepted practice, particularly in the oil related trades where the oil companies have instituted drug and alcohol clauses in charterparties.

As yet there is no widespread use of drug testing in the fishing industry but in response to an increasing drug problem amongst fishermen some operators in America, Canada, New Zealand and other parts of the world have successfully implemented screening and testing programmes. They report positive results in eliminating drug abuse at sea and raising standards of safety on board.

The initial reaction of many small vessel operators is that these methods are only suitable for large companies. While it is true that they were pioneered by airlines, oil companies and other large corporations, the methods are equally applicable to very small operations. Effective drugs policies have been implemented by the smallest operators. Small size is in many ways actually an advantage, for example a system of random drug testing is easily shown to be truly random when the entire crew can sit around the messroom table and someone literally draws the short straw.



Company policy

A clear and unambiguous company policy on drugs and alcohol should be prepared in consultation with joint venturers, business partners, seafarers, their unions and any other relevant industry body.

It is important to stress the paramount importance of safety at sea. A drug free ship not only provides a safer working environment but also enhances each individual seafarer's long term health prospects.

The policy statement should make it clear that failure to comply with the policy will be considered serious misconduct. In the case of joint venturers and business partners non-compliance should terminate their contract. In the case of employees non-compliance should lead to disciplinary procedures.

This policy should:

- o Identify drugs on board as a safety issue
- o Clearly state the company's position that the use or possession of any unauthorised drug on board any of their vessels is unacceptable
- o Introduce the concept of drug testing

Education

The second stage in tackling the drug risk is through education. There is a considerable amount of inaccurate information and misconceptions circulating in relation to drugs and their use. The first priority must be to provide clear factual information about the nature of drugs, the short and long term effects of their use and their implications for the seafarer and safety on board ship.

Many people believe for instance that cannabis is not addictive and is relatively harmless. However in 1996 the National Drug and Alcohol Research Centre in Australia found that 92% of long term cannabis users were dependent on the drug and 40% were severely dependent. As for cannabis being harmless research has proven that this is a fallacy and that cannabis smokers are far more likely to develop lung, neck and head cancer than cigarette smokers. The mental health organisation SANE points out that cannabis can cause hallucinations with paranoid delusions similar to those in schizophrenia in addition to inducing memory loss.

Similar misconceptions apply to the effects of the drug. In a recent government survey 10% of drivers in fatal accidents tested positive for cannabis, which disproves the widely held belief that small quantities of the drug do not impair the ability to drive. More worrying are the results of tests carried out in the USA on experienced airline pilots using flight simulators. 24 hours after smoking a single joint they all experienced difficulty in landing their aircraft yet before testing they felt normal and had no idea that their competence was impaired.

Education to dispel commonly held misconceptions and to provide information about the true effects of drugs on safety at sea is a fundamental step towards creating a drug free environment.

Crew contracts

The inclusion of a drugs and alcohol clause within a seafarer's contract clarifies the responsibilities and obligations of both parties, irrespective of whether the seafarer is a joint venturer, such as a share fisherman, or a direct employee of the company. If the seafarer is a direct employee a drug and alcohol policy may be required by national law. It is particularly important that by signing the contract the crew members give their consent to submit to the company's drug testing programme and authorise the company to receive the results of those tests. We would recommend that such a clause should:

- o Reiterate that the company's drug and alcohol policy is a safety issue of prime importance
- o Stress that no person shall take on board or be in possession of any unauthorised drug
- o Define an unauthorised drug as a drug which has not been prescribed by a fully qualified medical practitioner for use by the particular crew member
- o Stress that crew members shall disclose to the Master details of any prescribed drugs which they are carrying/using
- o State that they specifically consent to provide urine samples or blood samples on request
- o State that being in possession or under the influence of any unauthorised drug on board the vessel or reporting for duty under the influence of any unauthorised drug is serious misconduct which will result in immediate suspension and further disciplinary action
- o State that refusal to provide blood or urine samples when requested to do so will in itself be considered serious misconduct

How do I implement a drug testing and screening programme?

Shipowners/employers working together with industry groups/trade unions and maritime training establishments can work effectively together to promote the concept of drug testing as an integral part of Health and Safety at Sea. Screening becomes acceptable when it is seen as an occupational health policy designed to prevent unnecessary risks to the abuser and his colleagues in the workplace.

To successfully implement a drug screening and testing procedure you must first complete an education and consultation process with your workforce. Most companies have found that the vast majority of seafarers are supportive of drug education and testing programmes. Support is particularly strong amongst those who had had first hand experience of the problems that drugs can create on board ship. The minority who opposed the programme were mostly concerned about the possible infringement of human rights. Sensitive handling of these issues and the way that the programme is implemented can alleviate most of these concerns.

Drug testing by its nature is personal and must therefore be undertaken tactfully with appropriate concern for the rights of the individual crew member. It should be borne in mind that every test has the potential to have a profound effect on an individual's future and should therefore be carried out with care using internationally accepted procedures.



Legal considerations

In some countries it is a criminal offence to employ people at sea who have been convicted of drug offences. In others, although most support the concept of removing drugs from the workplace there may be restrictions on the steps that the shipowner or employer may take to ensure his vessels remain drug free.

Drug testing is recognised and promoted by the International Maritime Organisation, Oil Companies International Maritime Forum, International Ship Management Association, the New Zealand Fishing industry and other industry and Trade Union organisations. Most countries permit drug testing in one form or another where it can be demonstrated that there is a serious safety related aspect to an individual's employment.

The extent of any restrictions varies considerably from one country to another. For example some countries limit an employer's right to carry out drug screening tests as part of the interviewing and recruitment process. In others an employer's ability to carry out random testing of existing employees may be limited.

Problems are however not simply confined to the testing process. Human rights and employment laws can limit the courses of action open to an employer when evidence of drug abuse is discovered. In some countries identified drug abusers can be categorised as disabled and entitled to the benefits and protection of legislation designed to enhance the employment position of disabled persons. Some laws place restrictions on the employer's ability to dismiss seafarers, others require their dismissal. Some countries require the employer to provide medical treatment and rehabilitation.

We recommend that employers should obtain detailed advice about the position from lawyers specialising in employment law. The advice should encompass the law not only in the flag state but also in any other country connected with the seafarer, including his country of residence, the country in which he was recruited, and the country of domicile of any crewing or manning agent.

What form should testing take?

Drugs can be detected in blood, sweat, urine, saliva and hair. Urine testing is the most popular method used at sea, being relatively simple and capable of being administered by shipboard personnel.

There are a number of ways of testing samples, ranging from do-it-yourself kits through to detailed laboratory analysis. The kits currently available on the market provide a simple, quick and relatively cheap screening test. The drawback is that they are not particularly accurate. Where an accurate result is required a full analysis by an independent laboratory working to international standards should be carried out.

Many companies successfully operate a two tier system of testing, utilising both on the spot and laboratory testing. 'Do it yourself' kits are used as a screening test, i.e. if a negative result is obtained no further testing is required. If however it shows a positive result the sample is sent off to an independent laboratory for full analysis.



We would recommend that where disciplinary action is contemplated a full laboratory test is conducted.

Whichever system you adopt it is important to ensure that the procedures are properly defined and followed. For example collection procedures should make sure that there is no opportunity for the individual to dilute or substitute or otherwise adulterate the sample. Any sample sent to a laboratory must be sent in a tamper-proof container with a unique identifier linking the individual, the sample and the chain of custody of documentation. It may be necessary for the company to prove that the samples could not have been tampered with.

Methods of drug testing

The effectiveness of a drug screening and testing programme depends entirely upon its deterrent value. In other words it depends on whether the crew members believe that drug users will be detected or whether they believe that the system can be beaten. For example if seafarers feel that once a ship has been tested they are safe for six months, its effectiveness is greatly diminished.

There are a number of different methods of drug and alcohol testing. These include:

- o Pre-employment
- o Routine medical
- o Reasonable cause
- o Post incident
- o Random

Each has advantages and disadvantages. We recommend that more than one method of testing is utilised and that every programme should, if possible, include random testing.

Type	Advantages	Disadvantages
Pre-employment	Establishes company's attitude to drugs and alcohol Deters drug users joining company Does not require changes to terms and conditions of employment Helps to introduce concept of testing to other employees	Result is only valid for the day of the test No deterrent factor for future use May create 'blacklist' of applicants in some sectors Needs record-keeping to avoid people re-applying for the same job May be prohibited by local employment law
Routine medicals	Easy to administer	Advance notice of dates means alcohol/illegal drug use can be adjusted to avoid detection
Post accident/post incident	Indicates whether drugs or alcohol might have contributed to incident Demonstrates that drugs/alcohol did not contribute to incident which brings PR benefits	If drugs/alcohol are found this may mean that other contributory factors are ignored If drug or alcohol related this is identified after the event, i.e. too late
'Reasonable cause', i.e. behavioural indicators	May confirm suspicion of drug/alcohol consumption contributing to impairment and/or deteriorating work performance If negative, may direct attention to some medical condition or other cause	Perception of victimisation Is not seen to apply equally to all crew, e.g. who tests the Master? If behaviour is drug or alcohol related then problem use has probably already developed
Unannounced, random selection	Unpredictable Constant possibility of selection means constant threat of detection Impartial selection method can be inspected by crew representatives Deterrent effect encourages people to recognise problem use at an earlier stage Nil or below average positive rate is positive image for company Demonstrates company's pro-active approach to safety	Risk that administrative convenience can lead to bias in selection process Need to closely define and monitor reasons for 'unavailability' for test

Drug clearance times

The times shown below are based on a person of average stature and no established tolerance to the drug taken, (with the exception of cannabis), in a moderate dose. The clearance times shown are minimum periods necessary to reduce the amount of drug remaining in the body to internationally accepted levels. Traces of drugs may remain in the body for much longer. These times may increase depending upon individual metabolism, drug purity and quantity involved.

DRUG	TIME
Cocaine	2-4 days
Amphetamines	1-4 days
Opiates	2 days
LSD	1-3 days
Methadone	3 days
Cannabis 1-2 joints oral ingestion moderate (4 times per week)	2-3 days 1-5 days 5 days
heavy (daily) chronic (more than 5 joints per day)	10 days 14-20 days



What do I do if a drugs test proves positive?

A positive screening test should result in the immediate suspension of the seafarer from seagoing employment pending confirmation of the result from an independent testing laboratory.

Further disciplinary action should only be taken after full and fair investigation in which the crew member has the opportunity to challenge the results and to give their side of the story. If it becomes clear that drugs have been abused then disciplinary action should follow in accordance with the provisions of the crew contract and national law.

Every position on board ship has safety-related aspects. It is therefore essential that if a drug abuser is not dismissed, for example where rehabilitation treatment is mandatory under national law, his/her subsequent employment is restricted to land-based, non safety-related work.

In any event a drug abuser should be made aware of the dangers drugs pose to himself and others at sea and should be encouraged to seek assistance from his doctor and other specialised agencies.

What to do in an emergency

Amphetamines (speed), cannabis, ecstasy and LSD can sometimes make the user feel **tense and panicky**. If this happens:

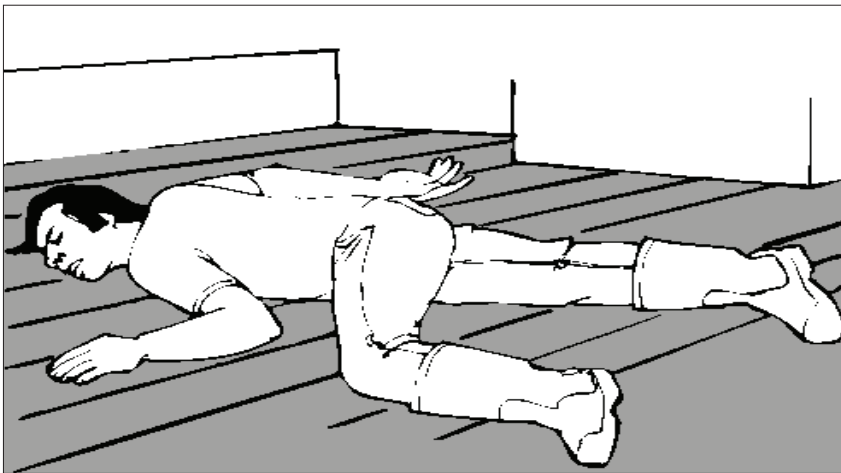
- o Calm the person and be reassuring. Try not to panic. Speak in a normal voice and if you¹⁵ feel scared or worried, try not to let them see it
- o Explain that the feelings will pass
- o Encourage them to settle in a quiet, dimly lit room
- o If they start breathing very quickly calm them down and tell them to take long, slow breaths

Heroin, tranquillisers and misuse of gases, glues and aerosols can make the user feel **very drowsy**. If this happens:

- o Calm the person and be reassuring. Speak in a low, quiet voice and try not to panic
- o Do not frighten or startle them, or let them exert themselves
- o NEVER give coffee to rouse them
- o If symptoms persist, place them in the recovery position
- o Obtain medical advice by radio if they do not start to become more alert

An overdose of most drugs will cause unconsciousness. This can also happen if someone suffers a bad reaction to ecstasy or if an ecstasy user dances energetically without taking regular breaks or drinking enough fluids. If this happens:

- o Place the person in a recovery position so they will not choke if they vomit
- o Check breathing. Be prepared to do mouth-to-mouth resuscitation
- o Keep them warm, but not too hot. However if someone has taken ecstasy and you think they may have overheated, make sure they have plenty of cool, fresh air and remove any excess clothing such as a hat, gloves, etc.
- o Stay with them at all times
- o Call for medical assistance by radio. If the casualty is evacuated send any drugs found in their possession with the casualty



The recovery position:

Pull up the leg and the arm on the side to which the head is facing,
pull up the chin;
Stretch other arm out as pictured

Appendix

This Appendix contains details of the drugs most commonly encountered at sea. Included within each description is a reference to the degree of addiction. Drug dependence can take various forms such as:

Physical Addiction

This is defined by the World Health Organisation as: “a state that shows itself by physical disturbances when the amount of a drug in the body is markedly reduced. The disturbances form a withdrawal or absence syndrome composed of psychosomatic and mental symptoms and signs which are characteristic for each drug type”. In the case of physical addiction the body develops a craving for the drug, withdrawal symptoms occur when the drug is withheld and some of the symptoms are physically visible in the form of excessive sweating, a constant desire for liquids, scratching, twitching of muscles, irritability, diarrhoea, muscle spasms and in extreme cases, coma and death.

Psychological Addiction

The World Health Organisation defines this as: “a condition in which the drug promotes a feeling of satisfaction and a drive to repeat the consumption of a drug in order to induce pleasure or avoid discomfort”. In this case the mind develops a dependence on the drug although there may be no physical dependence. Withdrawal symptoms are not as pronounced as in physical addiction but there may still be irritability, fits of anger, fixation on taking a further dosage, irrational behaviour, feelings of victimisation etc.

Environmental Addiction

This can occur when the addict becomes accustomed to a particular lifestyle, social meetings or meeting places, not just with opium or cannabis users, have been conducive to environmental addiction and provide opportunities for both addicts and pushers. If drugs circulate in particular places the addict has a permanent source and the pusher a constant market.

Bodily Tolerance

When physical addiction occurs the body requires progressively larger doses of the drug to achieve the same level of intoxication or ‘high’. The quicker this increase is noted the higher the body tolerance is said to be.

Amphetamines

(speed, whizz)



Description

Amphetamine products, legally manufactured, contain the drug in the form of the sulphate or phosphate salt. In pure form all are white powders except ipradol which is found as white crystals. There are hundreds of brand names. They are also found in pill or tablet form or as capsules, but occasionally in ampoules for injection.

Illicit products vary in colour from a white or off-white powder to yellow or brown depending on the type and amount of impurities and adulterants. They are often damp, with a characteristic unpleasant odour due to the presence of solvent residues.

Smell

All are normally odourless. Pure forms of amphetamine may smell faintly ammoniac or 'fishy'.

Administration

Pills are usually taken orally or as a powder either sniffed, smoked or dissolved in water and injected. They are frequently taken in association with alcohol.

Associated Equipment

Usually none, except empty wrappings. Occasionally hypodermic syringes and needles.

Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: fairly strong
- Physical addiction: none
- Body tolerance: high

It is a stimulant drug which produces sensations of alertness, confidence and well being, appears to raise levels of energy and stamina, and lessens the desire to eat and sleep. Regular use can produce a need to increase the dose to achieve the same effect and can produce a powerful craving for the drug. Long term use can produce serious mental and physical problems. Its use may cause compulsion or dependency and extended use can cause psychosis.

When the drug wears off there can be an unpleasant 'comedown'. Users feel tired, lethargic and depressed and can lead them to take more of the drug to try to avoid the comedown. There is also the added risk of dangerous infections being spread such as HIV and hepatitis B or C if injecting equipment is shared. Many users become physically run down, leaving them susceptible to a wide range of infections

Popular Myths

- Fiction: They are totally harmless. They just pep you up
- Fact: Instances of renal failure have been reported and these substances are known to affect other internal organs

- Fiction: They are all different
- Fact: Each of the types has many hundreds of brands. Only the colour and the presentation are different



Cannabis



Origin

Cannabis, the hemp plant (*Cannabis sativa*), is a bushy plant which grows wild throughout most of the tropical and temperate regions of the world, especially in the Middle East, south west North America, south east Asia and Mexico. It can be grown virtually anywhere in the world although the major 'commercial' movements generally originate in the West Indies, Africa, Turkey, the Indian sub-continent and Thailand.

The most important active ingredients are concentrated in the resin at the top of the plant. Hashish or 'hash' is resin scraped from the plant and compressed into blocks.

Cannabis is the most common illicit drug. It can be found in three forms:

Herbal (marijuana): This is found as a green, yellow or brown herbal material, rough or fine in texture depending on the grade of the sample and similar in appearance to dried stinging nettles or hay. Stalks, stems and twigs may be present as well as small white seeds. The substance smells of spicy damp earth and mild rotting vegetation. There is a noticeably acrid 'bonfire' smell when being smoked. The smell will linger in a non-ventilated environment.

Resin: This appears as beige to dark brown or black (occasionally with a yellowish or greenish tinge) and is normally found as slabs or small chunks, although occasionally in powdered form or moulded shapes. It is slightly sticky in texture. The substance can be moulded into various shapes such as the soles of shoes, beads, carved heads, etc.

Oil: This appears as a dark green to black, occasionally golden, viscous oily liquid, and has a smell similar to herbal cannabis but stronger.

Smell

In general, all forms of cannabis have a spicy smell reminiscent of damp earth and rotting vegetation. It is likely to cause nausea where exposure is prolonged. The smell varies with the age of the sample but is more noticeable in oil than in resin, which is itself stronger smelling than the herbal variety. The smell of the drug lingers in the clothing and the atmosphere where it has been smoked.

Administration

The herbal and resin forms of cannabis are usually smoked, but they may be eaten or chewed. In its oil form it can be painted on cigarettes. Cooking it and eating it makes the effects more intense and hard to control.



Associated Equipment

Long cigarette papers, often several layers, small earthenware bowls, wood pipes or any wide-bored article such as animal horns, water pipes, or crude cardboard tubes or filters are used – all designed to cool the temperature of the smoke. Commercial cigarettes may also be found with a line of oil ‘painted’ around them.

Degree of Addiction

- Psychological addiction: fairly strong
- Environmental addiction: fairly strong
- Physical addiction: none
- Body tolerance: none to slight

Influence and Symptoms

The most common effects are talkativeness, bouts of hilarity, relaxation and a greater appreciation of sound and colour. The substances can induce drowsy and uninhibited behaviour with the addict exhibiting markedly slow reactions. There will be a marked inability to follow reasoned argument, the pupils of the eye will dilate and the user may exhibit aggression when confronted. Cannabis may induce cravings for certain foods.

With higher doses there may be perceptual distortion and persons using the drug when anxious or depressed may find their feelings magnified. For people with disturbed personalities, heavy use can precipitate a temporary psychotic disorder.

Its use affects short term memory, the ability to concentrate and co-ordination thereby increasing the risk of accidents. Its use can make users paranoid and anxious. Many users find cannabis hard to give up.

Popular Myths

- Fiction: Cannabis is an aphrodisiac
- Fact: The drug can reduce sperm count and fertility

- Fiction: It is harmless
- Fact: Some experts believe it is stored in the brain and lowers the intelligence rating. It is also carcinogenic

Cocaine



Origin

Cocaine is derived from the leaves of the Andean coca shrub and has powerful stimulant properties similar to those of amphetamine. It is produced mainly in the northern half of South America, especially Colombia and Venezuela, where cocaine profits are a major influence on the economy.

It is moved in three forms: coca leaf, coca paste and cocaine.

Coca Leaf: This appears as an elliptical leaf, greenish brown to red in colour, similar to large bay leaves in appearance, usually dried. It is odourless.

Coca Paste: This appears as a white to off-white or creamy coloured putty-like substance. It has a strong chemical odour, rather like linseed oil.

Cocaine: This appears as a fluffy white crystalline powder which glistens like snow, though occasionally transported as a colourless solution. It is odourless.

Administration

The substance can be inhaled, injected or rubbed into gums, genitals or the anus. Regular users with sufficient supplies (and wealth) might consume 1-2 grams a day. Injection carries with it the added risk of contracting HIV or hepatitis C if needles etc. are shared.

Associated Equipment

Equipment consists of hypodermic syringes, needles, eye-droppers, snuff spoons, razor blades, mirrors, fancy phials or pill boxes, straws, etc. The 'sniffing' paraphernalia can be antique or expensive metal tubes encrusted with precious stones worn as ornaments. Less wealthy addicts use plastic spoons, straws, empty ball point pen refills, etc.

Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: strong
- Physical addiction: none to slight
- Body tolerance: slight

Influence and Symptoms

Like an amphetamine, cocaine produces psychological arousal accompanied by exhilaration, decreased hunger, indifference to pain and fatigue and feelings of great strength and mental capacity. Users will exhibit pinpoint pupils and suffer from a highly excitable state and erratic behaviour. They will be talkative and may have an increased heart rate and respiration. Repeated doses over a short period of time can lead to an extreme state of agitation, anxiety, paranoia and perhaps hallucination. Continued use can also cause heart problems and chest pain. Heavy use can cause convulsions and can also damage the lungs.

When sniffed, the physical effects peak after about 15-30 minutes and then diminish. The after effects will include fatigue and depression. This means that the dose may have to be repeated every 20 minutes or so to maintain the effect. Withdrawal symptoms include depression, anxiety for another dosage and feelings of victimisation.

The physical signs of abuse include injection marks, abscesses on gums, etc., running nose, sniffing and streaming eyes.

Popular Myths

- Fiction: It is not physically addictive like heroin
- Fact: Although there are no physical withdrawal symptoms there is a very strong psychological addiction. The drug can also damage the membranes lining the nose and also the structure separating the nostrils

- Fiction: It does not do any real harm
- Fact: HIV has commonly been transmitted by contaminated needles or syringes. There is no known cure for HIV

Crack



Crack

Crack is a smokeable form of cocaine.

'Crack' emerged as the 'in' drug in the early 1980s, initially in the United States. Its use has now spread to other countries. It is produced by mixing cocaine hydrochloride with baking soda or ammonia and/or amphetamine powder. Water is then added to form a paste which is heated and dried. After drying the 'Crack' is broken into small pieces.

Administration

Crack crystals are heated until they evaporate and the resulting smoke inhaled.

Associated Equipment

Equipment consists of snuff spoons, razor blades, mirrors, fancy phials or pill boxes, glass or metal tubes or empty ball point pen refills.

Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: strong
- Physical addiction: none to slight
- Body tolerance: slight

Influence and Symptoms

Smoking Crack is much more dangerous than sniffing cocaine. The symptoms of Crack are an immediate high lasting no more than 30 minutes and sometimes as little as 10. The high is followed by intense depression. The user can become psychotic, violent, paranoid and extremely confused. Physical effects are brain seizure, loss of consciousness and lung damage.

Crack like cocaine produces tolerance and users need to keep taking larger amounts to get the same effect, thereby increasing the risk of overdose. Users often chase the high by repeating the dose. Heavy users may take heroin to dull the craving caused by the use of Crack. Heavy use can lead to potentially fatal heart problems, convulsions and can seriously harm the lungs and cause chest pain. Crack is highly addictive.

MDMA (Ecstasy)



Ecstasy is a drug called MDMA (methylene dioxymethylamphetamine), a natural version of which is found in nutmeg and oil of sassafras. Ecstasy is a stimulant drug with some of the properties of LSD but it does not cause hallucinations. It has only been used widely as a recreational drug since the mid 1980s and little is known about the possible long term effects.

Ecstasy is a white powder but usually comes in tablet or capsule form which vary widely in colour and size. These different 'brands' of ecstasy are sold under different names. Tablets change from week to week and counterfeit tablets are sold widely so descriptions and brand names are pointless. However many are based on cartoon characters, animals, cars or other symbols and an impression is shown on the face of the tablet. Half of all ecstasy tablets seized contain no MDMA but contain LSD, amphetamine MDA and ketamine.

Administration

Tablets are swallowed.

Associated Equipment

None.

Degree of Addiction

- Psychological addiction: moderate
- Environmental addiction: strong
- Physical addiction: none
- Body tolerance: moderate

Influence and Symptoms

The effects of ecstasy depend on the amount taken and the surroundings in which the drug is taken. These include sweating, dry mouth, increased heart rate and loss of appetite. This may be followed by feelings of serenity and calm, emotional closeness and understanding with people around. There is often an increase in the sensitivity of both touch and hearing. Ecstasy is not a truly hallucinogenic drug but some images are sometimes seen when high doses are used. The effects usually peak for about two hours although they may persist for several hours in total.

Ecstasy can leave users feeling tired and depressed for days and has been linked to liver and kidney problems. Other side effects include nausea, dizziness and jaw tension. When taken in larger doses users may suffer anxiety and panic attacks, insomnia and confusion.

Popular Myths

- Fiction: Ecstasy is harmless
- Fact: Because ecstasy increases heart rate and blood pressure there is a risk for anyone with heart problems or high blood pressure. Many experts now believe that ecstasy can lead to brain damage.



Gases, glues and aerosols (solvents)



Description

Solvents are substances that are inhaled to get 'high'. They include glue, lighter fuel, petrol and aerosols. The product used is often determined by availability and some products also contain more dangerous chemicals.

Administration

Sniffed or breathed into the lungs from a cloth, sleeve or bag. Gas products are sometimes squirted directly into the back of the throat.

Associated Equipment

None.

Degree of Addiction

- Psychological addiction: moderate
- Environmental addiction: none to slight
- Physical addiction: none to slight
- Body tolerance: none to slight

Influence and Symptoms

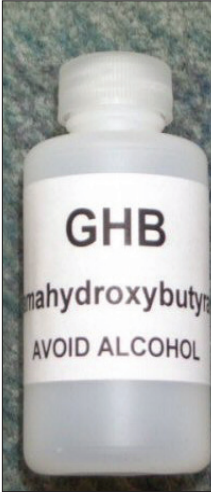
The effects of sniffing solvents are similar to those of alcohol and may bring on light-headedness, giddiness and a sense of adventure and in larger doses confusion, drowsiness and feeling out of control. The effects do not usually last longer than half an hour.

Inhaling solvents can cause nausea, vomiting, blackouts, headaches and heart problems that can be fatal. Squirted gas products down the throat may cause the body to release fluids that floods the lungs, causing instant death. Long term abuse can damage the brain, liver and kidneys.

Popular Myths

- Fiction: Solvents are no worse than alcohol
- Fact: Long term abuse can damage the brain, liver and kidneys

GHB



Description

GHB, (sometimes known as GBH) is short for gamma-hydroxybutyrate. It was originally developed as a medicine for use during surgery and can also be used as an alternative to anabolic steroids. It is a colourless liquid which normally comes in small bottles or capsules. GHB has no smell but a salty taste.

Administration

The liquid is swallowed, usually by the capful.

Associated Equipment

None.

Degree of Addiction

Not known.

Influence and Symptoms

GHB has sedative properties and can produce feelings of euphoria. The effects have been known to last for up to one day.

Abuse of GHB can lead to sickness, stiff muscles, fits and collapse. It is very dangerous and can be fatal when mixed with alcohol or other drugs. The long term effects of GHB are not yet fully known.

Heroin

Description



Heroin is a chemical derived from opium. Opium is converted to morphine in a relatively simple chemical process that

usually takes place in a makeshift laboratory near the poppy fields. It takes about 10 kg of opium to produce 1 kg of morphine and 3 kg of morphine to produce 1 kg of heroin. Heroin is a name commonly used to describe a preparation containing diacetyl morphine base or its salts.

Heroin is similar to face powder in appearance and is perhaps slightly coarser. It comes as a white powder when pure but street heroin is usually cream to light brown in colour and is generally odourless but may have a faint vinegary smell.



Administration

Heroin may be smoked, inhaled or injected.

Associated Equipment

This may consist of pipes, porcelain bowls, skewers, small peanut oil lamps, rags, charred silver foil, matchbox covers, hypodermic needles, eye droppers, etc. Possession of opium utensils is in itself an offence in many countries.



Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: strong
- Physical addiction: strong
- Body tolerance: high

Influence and Symptoms

Like sedatives heroin depresses the nervous system activity including reflex functions such as coughing, respiration and heart rate. It also dilates blood vessels, giving a feeling of warmth and depresses bowel activity, resulting in constipation. Those who start by smoking or snorting heroin sometimes switch to injecting it to maximise the high.

There may be needle marks on addicts' veins.

Immediately after taking the drug the user's eyes will become constricted. Subsequently the pupils will dilate and the drug will induce a drowsy torpid state in the addict, with dilated pupils, constipation and a slow response to stimuli. Heroin is very addictive and can dominate a user's life, resulting in them taking the drug just to feel normal. In the longer term loss of



appetite and general apathy may result in the addict becoming emaciated and in poor health with poor hygiene. Symptoms are similar to influenza or malaria but longer lasting effects will appear if the drug is withdrawn. Excessive use can result in overdose, coma and possibly death. Injecting adds the risk of dangerous infections

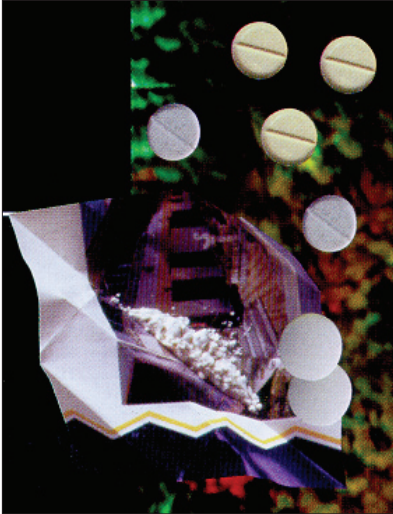
being spread such as HIV and hepatitis B or C if equipment is shared.

Popular Myths

- Fiction: The high purity of black market opiates is guaranteed
- Fact: Purity at street level varies greatly. Sugar, caffeine, milk powder, benzocaine, diazepam and phenobarbitone are known adulterants to so-called 'pure smack' (diamorphine)
- Fiction: It is easy to be cured
- Fact: Research shows that of treated addicts, 10% have stayed off for more than six months but only 2% or 4% for more than two years
- Fiction: The substance is not really dangerous
- Fact: The average life expectancy of a heroin or morphine addict is about 6-8 years. Some can survive much longer. Many die within 4-5 years. HIV can be transmitted by using infected needles or syringes

Ketamine

(special K, vitamin K, K)



Description

Ketamine is an anaesthetic drug with painkilling and psychedelic properties. It is very similar to the anaesthetic drugs used by vets when they operate on animals. Ketamine is an off-white to white-brown powder which is often pressed into tablets.

Administration

In powder form ketamine is inhaled up the nose. Tablets are ingested.

Associated Equipment

The powder form is normally inhaled through a tube which may be purpose designed. Alternatively straws and empty ballpoint refills may be used.

Degree of addiction

- | | |
|----------------------------|----------------|
| • Psychological addiction: | moderate |
| • Environmental addiction: | moderate |
| • Physical addiction: | none to slight |
| • Body tolerance | slight |

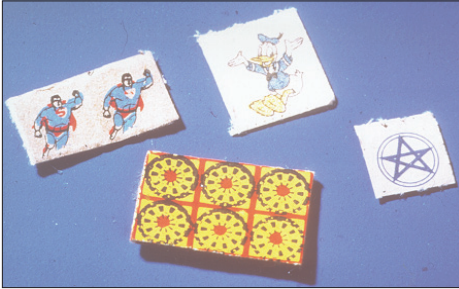
Influence and Symptoms

Ketamine is a hallucinogenic which makes users feel that their mind has been separated from their body. These out of body and hallucinatory experiences can last for up to three hours, during which time the user may be unable to move much, if at all, and can feel dizzy. Like LSD the drug's effects are influenced by the user's mood and environment. Experiences can be very alarming.

Because the drug numbs pain, users can seriously injure themselves without realising it. The drug carries a risk of heart failure and breathing problems and is extremely dangerous if mixed with alcohol and other drugs.

LSD

(acid)



Description

Lysergic Acid Diethylamide (LSD) is a synthetic white powder which can be formed into crude pills or shapes. It is also found as impregnated papers the size of postage stamps, often with mystic signs or sheets of cartoon characters or miniature pictures printed on it. It is a pale or colourless solution in its pure form. All forms of the drug are odourless.

Administration

This can be by eating or by rubbing into gums, genitals or anus.

Associated Equipment

This may include silver foil wrappings or photographic paper (LSD degenerates in daylight). Clear gelatine capsules may also be found.

Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: fairly strong
- Physical addiction: none
- Body tolerance: none to slight

Influence and Symptoms

It is a hallucinogenic drug and has a powerful effect on the mind. The effects are known as a 'trip' and can last anything between 5 and 24 hours although 6 to 12 is more usual. While under the influence of the drug the user will experience their surroundings in a very different way and the user's mood and environment influence the effects. Their sense of movement and time may speed up or slow down, and objects colour and sound may become distorted. The experience differs every time the drug is used. Once the effects have begun there is no way of stopping them, and the experience may be terrifying.

Users may feel very threatened and can even forget that the drug is responsible. Feeling paranoid or out of control can leave users shaken for a long time afterwards. Users may experience flashbacks where parts of a trip are briefly relived some time after the event. LSD can complicate mental problems such as depression, anxiety and schizophrenia.

Popular Myths:

- Fiction: Good 'trips' bring you into contact with God, the Universe, Nature, etc.
- Fact: Sometimes the 'trips' are bad and permanently scar the personality

Methadone

(met, linctus, physeptone)



Description

Methadone is an opiate. This means that it falls into the same group of drugs as heroin and morphine which are derived from the opium poppy. Methadone however is artificially produced. The brand name for methadone is physeptone.

Methadone usually comes in the form of a green or blue syrup or linctus but it also comes in injectable and tablet forms. Methadone is prescribed to people who take heroin or other opiates to help reduce the risk of their illicit drug use.

Administration

Methadone can be ingested or injected. Methadone syrup/linctus contains a substance that makes it painful and potentially dangerous to inject.

Associated Equipment

Equipment may consist of hypodermic syringes and needles.

Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: strong
- Physical addiction: strong
- Body tolerance: high

Influence and Symptoms

Like heroin methadone is a painkiller, making the user feel drowsy and giving a feeling of warmth. The sense of wellbeing and absence of stress produced is much less intense but much longer acting than that produced by heroin. The effects of methadone are much longer lasting than for heroin and therefore it is not usually necessary to take it more than once every 24 hours. As with heroin if injecting equipment is shared there is the added risk of dangerous infections being spread such as HIV and hepatitis B or C.

Popular Myths

- Fiction: It is not as addictive as heroin
- Fact: Methadone is no less addictive than heroin. Some users feel that it is more addictive and report that withdrawal lasts longer

Sedatives

(tranquillisers, sleeping tablets)



Description

Sedatives depress the nervous system in the same way as alcohol and produces similar effects. There are many hundreds of brand names on the market containing a variety of active ingredients including barbiturates, methaqualone and benzodiazepines. Sedatives are sometimes used to offset the effects of stimulant drugs or with other downer drugs such as alcohol and heroin. Some users inject them which carries the added risk of contracting HIV and hepatitis B or C and can also damage veins.

In their pure form all are white powders but they are normally found as pills, tablets and capsules and may be coloured.

Smell

All forms are normally odourless.

Associated Equipment

Usually none except empty wrappings.

Degree of Addiction

- Psychological addiction: strong
- Environmental addiction: fairly strong
- Physical addiction: fairly strong
- Body tolerance: fairly strong

Influence and Symptoms


The user may exhibit dilated pupils, have a drowsy appearance and slurred speech. Side effects include forgetfulness, confusion, depression and digestive problems. Some users may become over-excited and occasionally violent. Large doses can produce unconsciousness, eventual respiratory failure and death. Withdrawal symptoms may include anxiety, sleeping problems, panic attacks, nausea, fits and occasionally hallucinations. The drugs stay in the body for a long time and withdrawal symptoms can last for months or longer after stopping the tablets.

Popular Myths

- Fiction: It is not a dangerous drug. Easy to get hold of and cheaper than hard drugs
- Fact: It is easily overdosed and is extremely dangerous when mixed with alcohol or if the contents of capsules are injected. Black market prices can be high



Notes



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London Office

The Shipowners' Protection Limited
St Clare House, 30-33 Minories
London EC3N 1BP
Tel : +44(0) 207 488 0911
Fax: +44(0) 207 480 5806
e-mail: info@shipowners.co.uk

Singapore Office

Shipowners' Asia Pte Ltd
6 Temasek Boulevard
#36-05 Suntec Tower 4
Singapore 038986
Tel : +65 6593 0420
Fax: +65 6593 0449
e-mail: info@shipowners.com.sg

Vancouver Office

Shipowners' North America Protection Ltd
1157-409 Granville Street
Vancouver, BC
Canada V6C 1T2
Tel : +1 604 681 5999
Fax: +1 604 681 3946
email: info@shipownersclub.ca