

AIR CADET ADMINISTRATIVE INSTRUCTIONS

INSTRUCTION NO 209

MISUSE OF DRUGS

INTRODUCTION

1. **General.** Drug misuse in our society, especially among adolescents and young adults, is a major social problem, despite the fact that it is both contrary to the law and harmful to the individual.
2. **Definition.** A drug may broadly be described as any substance other than food or drink which when taken into the body by swallowing, injection, inhalation or otherwise, affects the mental and/or physical capability of the body. Types of drugs and their effects are listed at Annex A.

THE PROBLEM

3. Drugs taken illegally have in the past been classified by common usage as "hard" drugs, such as heroin, cocaine, morphine or LSD, or "soft" drugs such as amphetamines or cannabis. However, the terms "hard" and "soft" are no longer used as they can be misleading. It is generally more useful to categorize drugs according to the effects they produce, as follows:
 - a. **Depressants.** Reduce alertness, activity and speed of response.
 - b. **Stimulants.** Arouse excitement and a sense of elation, but may impair judgement and accuracy of response.
 - c. **Hallucinogens.** Distort perception, sensation and judgement.

Among the more common depressant drugs are tranquillisers, barbiturates, and the opiates. Stimulants include amphetamine drugs and cocaine, while hallucinogens include such substances as LSD. All these drugs have one thing in common; except when prescribed under medical supervision their use is illegal.

4. However, there are other substances, legally and openly available, which can be used singly or in combination to produce the same effects as drugs. These include some pharmaceuticals, eg medicinal drugs which can be bought freely in a chemist shop, and solvents or other volatile substances. The latter may appeal to juveniles because of their speed of action, transient duration, ease of usage and ready accessibility. Although not in themselves illegal, the use of them to produce the effects of drugs is not only harmful, but is unacceptable in the Corps environment and may incur disciplinary action.

5. The problem of drug abuse has more recently become compounded by the identification of intravenous drug abusers who share needles or other equipment as one of the principal groups at high risk of infection with the virus that causes AIDS (Acquired Immune Deficiency Syndrome). There is so far no reason to believe that this situation is likely to occur in the Corps, but the forecast progress of the disease and the possible development of drug abuse activities in society at large suggest that the possibility cannot be ignored.

EFFECTS

6. **The Individual.** The visible effects of drug taking will vary with the drug taken, but the most common effects include drowsiness, a drunken appearance, lack of co-ordination, confusion, a dreamy or blank expression, slurred speech, enlarged pupils, shakiness, aggressive behaviour, rapid speech or violence. Apart from these more immediate effects, longer term signs are; changes of behaviour pattern, "highs" followed by "lows", loss of pride and self respect, irrationality, deterioration in performance and loss of motivation. Other indications which might arouse suspicion are attendance at all night parties, the frequenting of places used by drug abusers or which are known to be sources of supply, the use of addicts' jargon and general disaffection or disinterest. These signs will normally be obvious and the serious drug offender will not easily escape detection. However, the casual or occasional drug offender, or the experimenter, may not show any such signs, and may in fact appear absolutely normal. Only keen observation by his superiors, colleagues and friends is likely to expose his activities.

7. **The Corps.** Apart from the harmful effect upon the individual, any publicity surrounding the misuse of drugs represents a serious threat to the image of the Corps. Those involved in such misuse simply cannot be relied upon to perform their ATC duties or conduct their lives in a proper manner and this is unacceptable in a National youth organization which lays great stress upon individual responsibility, team work and citizenship training. Drug takers are a danger to themselves and to others and in most cases must be removed from the Corps.

CORPS POLICY

8. The Corps policy against drug misuse is centred around prevention through education. To this end, Rgnl Comdts should aim for all uniformed adult supervisory staff under their command to receive a presentation on the dangers of drug abuse every 3 years from either the appropriate P&SS Drug Misuse Prevention Officer (contact via HQ P&SS) or the local civil police equivalents. Rgnl Comdts are to encourage Civilian Instructors to undertake the training regime.

INVESTIGATION OF SUSPECTED DRUG MISUSE

9. Whenever a CO suspects that a member of staff or a cadet may be involved in any way in drug abuse on a RAF station, the matter is to be reported immediately to the CO of the station concerned; in all other cases, the matter is to be reported immediately to the civil police. In all cases, OC Wing is to be informed of the incident by telephone as soon as possible after the initial reporting action has been taken followed by a written report to HQ Air Cadets (PSO) via Wing and Region. Care must be taken to preserve all evidence of the drug activity until the investigation has begun. Substances thought to be drugs, containers in which they have been kept and other associated materials are to be preserved in the state in which they were found.

DISCIPLINARY ACTION

10. If the investigation by the appropriate authority indicates that there is prima facie evidence of an offence having been committed the following action is to be taken:

- a. **RAFVR(T) Officers.** Suspend the individual concerned and raise a Special Report iaw ACP 20B AI 207 recommending that the individual concerned be removed from the RAFVR(T) under the terms of AP 1919 para 346.
- b. **Adult SNCOs/WOs, Civilian Instructors (when a certificate of appointment has been awarded).** Suspend the individual concerned and raise a Special Report iaw ACP 20B AI 207 recommending that the appointment of the individual concerned be terminated under the terms of AP 1919 para 356a.
- c. **Adult SNCOs/WOs, Civilian Instructors (when no certificate of appointment has been awarded).** Where the appointment of an adult SNCO/WO or civilian instructor has not been officially recognized the individual's service may be terminated iaw AP 1919 para 356b.
- d. **Cadets.** Normally to be dismissed for serious misconduct under the terms of AP 1919 para 420. However, where it is considered that the drug involvement was experimental, OC Sqn is to suspend the cadet from all ATC activities and submit a report on the incident through OC Wg to the Rgnl Comdt. Rgnl Comdt will review the case and notify a decision regarding the cadet's future in the ATC to OC Sqn through OC Wg.

GENERAL

11. All incidents of drug misuse are to be reported to HQ Air Cadets (PSO) as quickly as possible.

Annex:

- A. Types of Drugs and Their Effects.

**ANNEX A TO
ACP 20B
ACAI NO 209**

TYPES OF DRUGS AND THEIR EFFECTS

DEPRESSANTS - Regular use of depressants may lead to addiction or death by overdose.

Depressants are drugs which act on the central nervous system to promote relaxation or sleep. Legal drugs in this group which are most commonly misused include barbiturates, tranquilisers and painkillers.

| Drug Used | Slang Names | Method of Administration | Physical Symptoms | Withdrawal Symptoms | Warning Indicators | First Aid |
|---|--|-------------------------------------|---|--|--|---|
| Barbiturates Amytal Nembutal Seconal Tuinal | Angels Nemmies Red Devils Red & Blues | Oral or by Injection | Drowsiness, stupor, slurred speech, drunken appearance, nausea, confusion, lethargy, poor co-ordination | Insomnia, tremors, delirium, nervous anxiety, convulsions | Stockpile of tablets or capsules. Marked change in performance at work or in social attitude | Keep body warm, obtain medical assistance |
| Tranquilisers Ativan Librium Valium Mogadon Temazepam | Tranx Bennies Moggies Green Eggs | | | | | |
| Painkillers DF 118 Diconal | Dikes | | | | | |
| Heroin | Skag, Horse, "H", Smack | Inhalation of fumes or by Injection | Euphoria followed by relaxation to a comatose state. Shallow breathing, clammy skin | Irritability, tremors, nausea, cramps, loss of appetite, panic | Marked change in performance and possession of injection kit | Obtain medical assistance |

STIMULANTS - Drugs in this group are highly addictive

Stimulants act by increasing the blood flow and pressure and by boosting the adrenalin to stimulate the mind of the abuser. The general reaction is to relieve fatigue and to induce a feeling of well-being

| Drug Used | Slang Names | Method of Administration | Physical Symptoms | Withdrawal Symptoms | Warning Indicators | First Aid |
|-----------------------------------|---------------------------------------|--|--|--|---|---|
| Cocaine Hydrochloride | Coke Snow White Lady Charlie | Oral with food or drink. Inhalation by snorting, injection | Agitation, Talkativeness , nervous energy, euphoria | Depression, insomnia, irritability, confusion | Possession of kit including mirrors, fine blade knives and purpose made straws | Reassurance |
| Crack | Rock Crystal Free Base | Inhalation of fumes | Intense exhilaration sudden mood changes, violent behaviour | Deep depression, acute anxiety | Possession of kit including specially made pipes | Reassurance, protect against self inflicted injury |
| Amphetamine Sulphate | Speed Whizz Amphet | Injection or oral when mixed with food or drink | Excitability talkative, tremors and aggressive behaviour | Depression, fatigue, paranoia | Injection kits | Reassurance to avoid panic |
| Methylene-Dioxy-Meth-Amphetamine | Ecstasy MDMA "E" | Oral in tablet or capsule form | Intense exhilaration, tremors, muscle spasms, excess energy | Depression, anxiety, confusion | Drug related heartstroke, liver and kidney disorder, severe internal bleeding | Reassurance, protect against self inflicted injury |
| Methylene-Dioxy-Amphetamine | Ecstasy MDA | | | | | |
| Methylene-Dioxy-Ethyl-Amphetamine | Ecstasy MDEA Eve | | | | | |

HALLUCINOGENS - Drugs in this group are not addictive but their use may lead to mental instability or death from actions undertaken whilst under their influence

| Drug Used | Slang Names | Method of Administration | Physical Symptoms | Withdrawal Symptoms | Warning Indicators | |
|----------------------------------|--|--|---|--|--------------------|---|
| Lysergic Acid Diethylamide (LSD) | Trips Acid Flash Tab Microdots | Oral in paper/ small Gelatine tablet form | Hallucinations and distortion of perception | None known, possibility of flashback for up to 4 years after use | None known | Reassurance to avoid panic. Obtain medical assistance |
| Psilocybin (Mushrooms) | Magic Mushrooms | Inhalation by smoking. Oral | Uncontrolled hallucinations | None known. 15% chance of flashback | | |
| Datura (Common Weed) | | Inhalation by smoking | Hallucinations | None known | | |

SOLVENTS - The misuse of solvents is not likely to be addictive but may lead to long-term damage to vital organs or to accidental death.

Solvent misuse (eg glue sniffing) involves the inhalation of a wide variety of substances including adhesives, solvents, petrol, aerosol sprays and butane gas to obtain an intoxicating, stupefying or hallucinatory effect.

| Drug Used | Slang Names | Method of Administration | Physical Symptoms | Withdrawal Symptoms | Warning Indicators | First Aid |
|---|-------------|--|--|---|---|--|
| Butane Gas Nail Varnish Petrol Thinners Adhesives Solvents | | Inhalation. Usually a bag or container is used to concentrate the fumes | Apparent drunkenness, nausea, lethargy, lack of co-ordination | Depression, agitation, loss of memory | Anti-social behaviour. Glue or solvent stained bags or clothing. Sores around nose or lips. Confusion or personality change | Reassurance; treat as for shock. Obtain medical assistance if required |
| Amyl nitrite | Poppers | Inhalation | Mild stimulation. Increase in heart rate | Depression, agitation, loss of memory | Anti-social behaviour. Confusion or personality change | |

CANNABIS - Cannabis is the most common drug of misuse in the UK. Long term use of the drug may lead to serious medical problems including damage to the liver and/or the respiratory and circulation system, a tendency to muddled thinking and an adverse effect on the reproductive system in both male and female misusers

| Drug Used | Slang Names | Method of Administration | Physical Symptoms | Withdrawal Symptoms | Warning Indicators | |
|-----------------|---|---|--|-------------------------------------|--|--------------------------|
| Cannabis Resin | Hash Shit Red Blow Black Ganga Gold | Inhalation from cigarettes (joints, reefers, or spliffs or pipes) | Apparent drunkenness, lack of co-ordination, minor hallucinations, hysteria, confusion | Insomnia, fatigue, loss of appetite | Possession of kits including extra length cigarette papers | Reassurance to calm user |
| Herbal Cannabis | Hash Pot Grass Draw Blow Marijuana | Inhalation same as above. Oral when mixed with food | | | Possession of specially made pipes | |
| Cannabis Oil | Hash oil Oil | Inhalation. Oil applied to normal cigarettes | | | | |