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Drug Identification

Ecstasy	Methamphetamine	Cocaine	Marijuana	GHB
Heroin	LSD	Ketamine	Rohypnol	OxyContin



This page is to give you basic information about the illegal drugs that are currently on our streets, what they look like, symptoms of abuse, effects and photographs. This site is not designed to help in treatment of drug abuse. If you or someone you know has a drug problem contact a treatment center or your local hospital for guidance.

Ecstasy



Ecstasy is a Schedule I controlled substance. Ecstasy is currently on the rise among young adults and spreading rapidly into smaller rural communities.

MDMA, called "Adam," "ecstasy," or "XTC" on the street, is a synthetic, psychoactive (mind-altering) drug with hallucinogenic and amphetamine-like properties. Its chemical structure is similar to two other synthetic drugs, MDA and methamphetamine, which are known to cause brain damage.

Beliefs about MDMA are reminiscent of similar claims made about LSD in the 1950s and 1960s, which proved to be untrue. According to its proponents, MDMA can make people trust each other and can break down barriers between therapists and patients, lovers, and family members.

Health Hazards

Physical and psychological symptoms. Many problems users encounter with MDMA are similar to those found with the use of amphetamines and cocaine. They are:

Psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia during and sometimes weeks after taking MDMA (in some cases, psychotic episodes have been reported).

Physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating.

Increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease.

Long-term effects. Recent research findings also link MDMA use to long-term damage to those parts of the brain critical to thought and memory. It is believed that the drug causes damage to the neurons that use the chemical serotonin to communicate with other neurons.

MDMA is also related in structure and effects to methamphetamine, which has been shown to cause degeneration of neurons containing the neurotransmitter dopamine. Damage to dopamine containing neurons is the underlying cause of the motor disturbances seen in Parkinson's disease. Symptoms of this disease begin with lack of coordination and tremors, and can eventually result in a form of paralysis.

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Methamphetamine



Methamphetamine, meth, is a schedule II controlled substance. It is highly abused and has become an epidemic throughout the United States. Methamphetamine is a very strong central nervous system stimulant.

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some medical uses, primarily in the treatment of obesity, but their therapeutic use is limited.

Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk." Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as "ice," "crystal," and "glass."

Health Hazards

Neurological hazards. Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder.

Addiction. Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly, and use it with increasing frequency and in increasing doses.

Short-term effects. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Long-term effects. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

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Cocaine



Cocaine is a Schedule II controlled substance

Cocaine is a powerfully addictive drug of abuse. Individuals who have tried cocaine have described the experience as a powerful high that gave them a feeling of supremacy. However, once someone starts taking cocaine, one cannot predict or control the extent to which he or she will continue to use the drug. The major ways of taking cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine).

Health risks exist regardless of whether cocaine is inhaled (snorted), injected, or smoked. However, it appears that compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. Smoking allows extremely high doses of cocaine to reach the brain very quickly and results in an intense and immediate high. The injecting drug user is also at risk for acquiring or transmitting HIV infection/AIDS if needles or other injection equipment are shared.

Health Hazards

Physical effects. Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased body temperature, heart rate, and blood pressure. Some cocaine users report feelings of restlessness, irritability, and anxiety, both while using and between periods of use. An appreciable tolerance to the high may be developed, and many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure.

Paranoia and aggression. High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they may become depressed. This depression causes users to continue to use the drug to alleviate their depression.

Long-term effects. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Added Danger. When people mix cocaine and alcohol, they are compounding the danger each drug poses and unknowingly causing a complex chemical interaction within their bodies. Researchers have found that the human liver combines cocaine and alcohol to manufacture a third substance, cocaethylene, which intensifies cocaine's euphoric effects and possibly increases the risk of sudden death.

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Marijuana



Marijuana is a Schedule I controlled substance. It is commonly grown in any climate that can sustain plant life. Marijuana can be grown locally or smuggled into the United States from other source countries.

Usually smoked as a cigarette or joint, or in a pipe or bong, marijuana has appeared in "blunts" in recent years. These are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug, such as crack. Some users also mix marijuana into foods or use it to brew tea.

The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). Short-term effects of marijuana use include problems with memory and learning; distorted perception; difficulty in thinking and problem-solving; loss of coordination; and increased heart rate, anxiety, and panic attacks.

Health Hazards

Effects of Marijuana on the Brain. Researchers have found that THC changes the way in which sensory information gets into and is acted on by the hippocampus. This is a component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with

emotions and motivations. Investigations have shown that THC suppresses neurons in the information-processing system of the hippocampus. In addition, researchers have discovered that learned behaviors, which depend on the hippocampus, also deteriorate.

Effects on the Lungs. Someone who smokes marijuana regularly may have many of the same respiratory problems that tobacco smokers have. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

Regardless of the THC content, the amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than among tobacco smokers. This may be due to marijuana users inhaling more deeply and holding the smoke in the lungs.

Effects of Marijuana Use during Pregnancy. Research has shown that babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased tremulousness, and a high-pitched cry, which may indicate problems with neurological development. During infancy and preschool years, marijuana-exposed children have been observed to have more behavioral problems and to perform tasks of visual perception, language comprehension, sustained attention, and memory more poorly than nonexposed children do. In school, these children are more likely to exhibit deficits in decision-making skills, memory, and the ability to remain attentive.

Effects of Heavy Marijuana Use on Learning and Social Behavior. A study of college students has shown that critical skills related to attention, memory, and learning are impaired among people who use marijuana heavily, even after discontinuing its use for at least 24 hours. Researchers compared 65 "heavy users," who had smoked marijuana a median of 29 of the past 30 days, and 64 "light users," who had smoked a median of 1 of the past 30 days. After a closely monitored 19- to 24-hour period of abstinence from marijuana and other illicit drugs and alcohol, the undergraduates were given several standard tests measuring aspects of attention, memory, and learning. Compared to the light users, heavy marijuana users made more errors and had more difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing, and using information. The findings suggest that the greater impairment among heavy users is likely due to an alteration of brain activity produced by marijuana.

Longitudinal research on marijuana use among young people below college age indicates those who used have lower achievement than the nonusers, more acceptance of deviant behavior, more delinquent behavior and aggression, greater rebelliousness, poorer relationships with parents, and more associations with delinquent and drug-using friends.

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GHB



GHB, (Gamma-hydroxybutyrate), is a Scheduled I controlled substance.

Gamma-hydroxybutyric acid or GHB, is a compound that was initially used by body builders to stimulate muscle growth. In recent years it has become popular as a recreational drug among club kids and partygoers.

This "designer" drug is often used in combination with other drugs, such as Ecstasy. GHB is synthesized from a chemical used to clean electrical circuit boards, and is available in clear liquid, white powder, tablet and capsule form.

GHB is odorless and nearly tasteless. Users report that it induces a state of relaxation. The effects can be felt within 5 to 20 minutes after ingestion and the high can last up to four hours.

The Food and Drug Administration banned GHB in 1990 after 57 cases of GHB-induced illnesses (ranging from nausea and vomiting to respiratory problems, seizures and comas) were reported to poison control centers and emergency rooms. The drug was only permitted under the supervision of a physician. Since then, the drug has been implicated in several deaths and was subsequently added to the Schedule I list of drugs in the Controlled Substance Act. Anyone who possesses, manufactures or distributes GHB could face a prison term of up to 20 years.

GHB users risk many negative physical effects including vomiting, liver failure, potentially fatal respiratory problems, and tremors and seizures, which can result in comas.

GHB has reportedly been used in cases of date rape. Because GHB is odorless and tasteless, it can be slipped into someone's drink without detection.

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Heroin



Heroin is a Scheduled I controlled substance.

Years ago, thoughts of using a needle kept many potential heroin users at bay. Not anymore. Today's heroin is so pure, users can smoke it or snort it, causing more kids under 18 to use it. Kids who snort or smoke heroin face the same high risk of overdose and death that haunts intravenous users. Yet 40% of high school seniors polled do not believe there is great risk in trying heroin.

Recent studies suggest a shift from injecting to snorting or smoking heroin because of increased purity and the misconception that these forms of use will not lead to addiction.

Heroin is processed from morphine, a naturally occurring substance extracted from the seed-pod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names associated with heroin include "smack," "H," "skag," and "junk." Other names may refer to types of heroin produced in a specific geographical area, such as "Mexican black tar."

The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system.

Reports from the Drug Abuse Warning Networks (DAWN) Annual Medical Examiner Data from 1997 show that heroin/morphine was the top-ranking drug among drug-related deaths in 14 US major metro areas. It ranked second in another eight.

According to DAWN's Year End 1998 Emergency Department Data, 14 percent of all emergency department drug-related episodes had mentions of heroin/morphine in 1998. From 1991-1996, the number of heroin/morphine mentions more than doubled.

Irreversible effects. Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis.

Long-term effects. Long-term effects of heroin include collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

Infection. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

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LSD



LSD is a Scheduled I controlled substance.

LSD, AKA "acid," is odorless, colorless, and has a slightly bitter taste and is usually taken by mouth. Often LSD is added to absorbent paper, such as blotter paper, and divided into small, decorated squares, with each square representing one dose.

Health Hazards

Physical Psychological short-term effects. The effects of LSD are unpredictable. They depend on the amount taken; the user's personality, mood, and expectations; and the surroundings in which the drug is used. Usually, the user feels the first effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

Sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. The user's sense of time and self changes. Sensations may seem to "cross over," giving the user the feeling of hearing colors and seeing sounds. These changes can be frightening and can cause panic.

LSD trips are long - typically they begin to clear after about 12 hours. Some users experience severe, terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair while using LSD. In some cases, fatal accidents have occurred during states of LSD intoxication.

Flashbacks. Many LSD users experience flashbacks, recurrence of certain aspects of a person's experience, without the user having taken the drug again. A flashback occurs suddenly, often without warning, and may occur within a few days or more than a year after LSD use. Flashbacks usually occur in people who use hallucinogens chronically or have an underlying personality problem; however, otherwise healthy people who use LSD occasionally may also have flashbacks. Bad trips and flashbacks are only part of the risks of LSD use. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depression. It is difficult to determine the extent and mechanism of the LSD involvement in these illnesses.

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Ketamine



Ketamine is a Scheduled III controlled substance.

Ketamine hydrochloride, or "Special K," is a powerful hallucinogen widely used as an animal tranquilizer by veterinarians. Users sometimes call the high caused by Special K, "K hole," and describe profound hallucinations that include visual distortions and a lost sense of time, sense, and identity. The high can last from a half-hour to 2 hours. The Drug Enforcement Administration reports that overt effects can last an hour but the drug can still affect the body for up to 24 hours.

Use of Special K can result in profound physical and mental problems including delirium, amnesia, impaired motor function and potentially fatal respiratory problems.

Special K is a powder. The drug is usually snorted, but is sometimes sprinkled on tobacco or marijuana and smoked. Special K is frequently used in combination with other drugs, such as ecstasy, heroin or cocaine.

Liquid Ketamine was developed in the early 1960s as an anesthetic for surgeries, and was used on the battlefields of Vietnam as an anesthetic. Powdered Ketamine emerged as a recreational drug in the 1970s, and was known as "Vitamin K" in the 1980s. It resurfaced in the 1990s rave scene as "Special K."

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Rohypnol



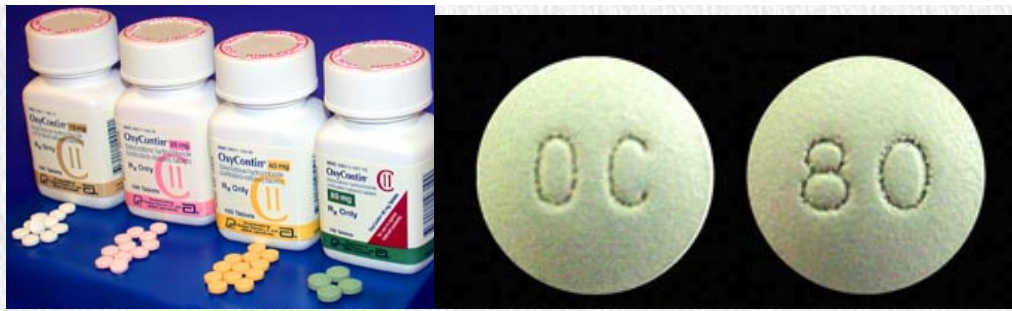
Rohypnol has been a concern for the last few years because of its abuse as a "date rape" drug. People may unknowingly be given the drug which, when mixed with alcohol, can incapacitate and prevent a victim from resisting sexual assault. Also, Rohypnol may be lethal when mixed with alcohol and/or other depressants.

Rohypnol produces sedative-hypnotic effects including muscle relaxation and amnesia. In Miami, one of the first sites of Rohypnol abuse, poison control centers report an increase in withdrawal seizures among people addicted to Rohypnol.

Rohypnol is not approved for use in the United States and its importation is banned. Illicit use of Rohypnol began in Europe in the 1970s and started appearing in the United States in the early 1990s, where it became known as "rophies," "roofies," "roach," "rope," and the "date rape" drug.

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OxyContin



OxyContin Abuse is becoming a wide spread problem in America. OxyContin is a leading treatment for chronic pain, but officials fear it may succeed crack cocaine on the street. The DEA says it is only a matter of time before every community in the country is confronted with the problem of OxyContin abuse. No prescription drug in the last 20 years has been so widely abused after its release, federal officials say. Rather than ingesting the pill as indicated, people who abuse OxyContin use other methods of administering the drug. To avoid the controlled-release, they chew, snort, or inject the medication to get an instant and intense "high". Improper prescribing practices by unscrupulous physicians are a way of diverting pharmaceuticals, according to law enforcement sources survey by the NDIC. The abuse of OxyContin, as with the abuse of most prescription drugs, creates a cycle of health care fraud. For example, a corrupt physician writes a patient a prescription for OxyContin for a nonexistent injury. The physician bills the insurance company for that, and subsequent visits. The patient uses a portion of the OxyContin and sells the rest for a substantial profit. The Huntington Drug and Violent Crime Task Force reports "There are too many doctors supplementing their income by writing improper prescriptions."

Oxycodone is an agonist opioid. It is thought to be one of the most effective pain relievers available. Unlike the other analgesics, opioid agonists have an increasing analgesic effect with increased doses. Meaning that the more you take, the better you feel. Other analgesics, like aspirin or acetaminophen, have a threshold to their effectiveness. You can see why OxyContin has become one of the leading painkillers of abuse. It can potentially provide up to four times the relief of a non-opioid analgesic.

OxyContin, especially when chewed or snorted lowers a person's respiration rate. Each person is different, but as little as half a pill when combined with alcohol or other depressants can lower your respiratory system enough to be deadly. Excessive amounts of OxyContin taken alone or combined with a long list of other medications can also easily kill a person by lowering their respiration until they eventually stop breathing. The most dangerous side effect is overdosing.

Symptoms of an overdose from OxyContin are:

- low breathing
- seizures
- dizziness
- confusion

- anorexia
- dry mouth
- weakness
- loss of consciousness
- coma
- confusion
- tiredness
- cold and clammy skin
- small pupils

A drug known as naltrexone is capable of restoring respiratory function within 1 to 2 minutes. This is important when counteracting the side effects of OxyContin. It is used primarily for the treatment of narcotic addiction to block the effects of opiates, especially the euphoric effects experienced in opiate addiction.

Some side effects are more uncommon and are not clearly displayed in all individuals:

- excessive itching
- sleepiness
- profuse sweating
- headaches
- distant look
- slurred speech

OxyContin's side effects vary in degree. When the pill is broken or crushed it will release a toxic amount of oxycontin increasing the potency of its effects, and side effects. This can cause OxyContin to be deadly.

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Inhalants

Inhalants are a chemically diverse group of psychoactive substances composed of organic solvents and volatile substances commonly found in more than 1,000 common household products, such as glues, hair spray, air fresheners, lighter fluid, and paint products. While not regulated under the Controlled Substances Act, many states have placed restrictions on the sale of these products to minors.

Inhalants may be sniffed directly from an open container or "huffed" from a rag soaked in the substance and held to the face. Alternatively, the open container or soaked rag can be placed in a bag where the vapors concentrate before being inhaled. Although inhalant abusers may prefer one particular substance because of the odor or taste, a variety of substances may be used because of their similar effects, availability, and cost. Once inhaled, the extensive capillary surface of the lungs allows rapid absorption of the substance, and blood levels peak rapidly. Entry into the brain is so fast that the effects of inhalation can resemble the intensity of effects produced by intravenous injection of other psychoactive drugs.

The effects of inhalant intoxication resemble those of alcohol inebriation - stimulation and loss of inhibition, followed by depression. Users report distortion in perceptions of time and space. Many users experience headache, nausea or vomiting, slurred speech, loss of motor coordination, and wheezing. A characteristic "glue sniffer's rash" around the nose and mouth may be seen. An odor of paint or solvents on clothes, skin, and breath is sometimes a sign of inhalant abuse.

Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. They also cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system, causing breathing to cease. The chronic use of inhalants has been associated with a number of serious, long-term, and often irreversible health problems. These include hearing loss, brain and central nervous system damage, bone marrow damage, liver and kidney damage, and blood oxygen depletion.

Inhalant abuse is shockingly common among children and adolescents. In a 1998 survey by the National Parents' Resource Institute for Drug Education, 2.2 percent of fourth graders and 2.7 percent of sixth graders admitted to sniffing glue and other inhalants on a monthly basis. By the time they reach the eighth grade, 5.0 percent will be using inhalants monthly, and 19.7 percent will have used inhalants at least once in their lifetime, according to statistics from the 1999 Monitoring the Future study. Inhalants are readily available, inexpensive, and easy to conceal. Therefore, they are increasingly popular with young people and are, for many, one of the first substances abused. The extent of the inhalant problem among children and adolescents was, at first, virtually unrecognized by the general public. However, a tragic event in early 1999 called national attention to this severe problem. Five high school girls were killed in a car accident outside Philadelphia, and the coroner's report showed that four of the five, including the driver, had ingested "significant" amounts of a computer keyboard cleaner. Since this event, there has been an increased awareness of the threat of inhalant abuse.

Visit our [drug identification table](#) page for other drugs, effects, uses, street names, how they are used and the Schedule.

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