Here is a brief, factual tour of commonly used drugs – their active ingredients as well as methods of use, risks, prevalence (frequency of use), origin, and history.
Drugs ABCs

Alcohol
Active ingredient: Ethyl alcohol (ethanol)
Form of consumption: drunk in various forms and mixtures with very diverse alcohol contents between 2 percent (fermented mare’s milk, “kumis”) and 95 percent (corn schnapps, “Everclear”).
Effect: white paper ‘The real truth about drugs and their effects on the body’ page 5.
Prevalence: in the countries of the European Union, consumption among people over 15 is 12.5 liters of pure alcohol annually — which is twice as high as the global average.
Risks: the EU and WHO list more than 40 recognized alcohol related diseases, alcohol also “plays a role in numerous other health problems, such as injuries and fatalities on the roads.” In the countries of the EU, 10.6 percent of all deaths in 2004 in the age group between 15 and 64 were a result of alcohol consumption. Another 3.3 percent of this age group died as the result of other people’s alcohol consumption.
Origins and history: Since prehistoric times people have crafted drinks containing the potable alcohol, ethanol.
Synonyms: boozes, hooch, firewater.
Fortification: around 3000 BC, workers on the pyramids were given five liters of beer daily as a supplement to their diet and to keep their mood up.

Benzodiazepines
Active ingredient: a group of compounds whose basic constituents are 1,4- or 1,5-benzodiazepines. They were developed as tranquilizers for calming and sleep-inducing purposes; their international non-proprietary names often end in -azepam: Diazepam, Lorazepam and Oxazepam. Trade names include Valium, Librium, Rohypnol, Tranx and Pravelan.
Form of consumption: as tablets or injected intravenously.
Effect: anxiolytic, relaxing, soothing.
Risks: memory disorders, impaired reactions, and perception — consequently driving impairment; addictive if taken long-term without medical supervision.
Origins and history: traces of benzodiazepines occur in human and animal blood as well as certain plants. They were discovered more or less by accident in the USA in 1967. The first medicine in this group came onto the market in 1960 under the name Librium, and Valium followed in 1963. It was not until the 1980s that their addictive potential was recognized; a study of this group of substances in 2008 nevertheless forecasted that “they will still be prescribed for many years to come.”
Synonyms: tranks, benzos, val, rash and rofferies for rohypnol.
Sleepless: “My wife doesn’t let me take Valium,” said benzodiazepine’s inventor Leo Sternbach to The New Yorker.

Cannabis genus of the hemp plant
Active ingredient: Tetrahydrocannabinol (THC)
Form of consumption: usually smoked, mixed with tobacco in cigarettes, as blunts (larger) or joints (smaller), or with special hashish pipes. The effect occurs here almost immediately, delayed when cannabis drinks, yogurt, and baked cookies are consumed.
Effect: accentuates existing positive or negative moods; makes consumers feel more relaxed, inner peace and equilibrium; often reduces drive. Cheerfulness and heightened social communicative- ness are also observed.
Prevalence: almost 26 percent of all Europeans aged between 15 and 64 have consumed cannabis at least once in their lives. 6.8 percent of the same age group have consumed it within the past twelve months — or one out of three people have experimented with cannabis. Risks: restricted physical and mental capacity, coupled with self-overestimation; inability to drive. If consumed heavily and regularly: psychological dependency, paranoia.
Origins and history: it’s home is probably the Middle East and Central Asia. Used in folk medicine (to reduce the pain of neuralgia, migraine, and seizure disorders), but also in all cultural circles as an intoxicant. First mentioned in 2700 BC in a Chinese book of medicines. It was used as a remedy with euphorisic effect that began in 19th century Europe.
Synonyms: dope, ganja, bud, grass, weed, hash, pot, piece, shit, spiff.
Queen of Pot: physicians prescribed cannabis for Queen Victoria (1819–1901) to treat period pains.

Coctaine crystal-like powder made from the leaves of the coca bush
Active ingredient: Cocaine
Form of consumption: snuffed, intravenously injected, and smoked (crack).
Effect: stimulates the central nervous system strongly by suppressing the re-uptake of noradrenaline, dopamine, and serotonin in synaptic vesicles. Immediately effective, euphoric, stress-reducing. Loss of inhibition coupled with increased energy and creativity.
Prevalence: around 4.6 percent of all Europeans aged between 15 and 64 have consumed cocaine at least once in their lives. 1.2 percent of the same age group have consumed it within the past twelve months — or one out of three people have experimented with cocaine. Risks: rapid psychological dependency, all the way to ‘cocaine psychosis’; impurities in filler substances increase the risk of side-effects.

Origins and history: the coca bush has been cultivated in South America for a good 5,000 years. Its leaves may only have been used for ritual activities initially. When impoverishment set in with the Spanish conquest, large sections of the population used the plant to stave off hunger and cold, and to increase their productivity. The active ingredient was isolated around 1860 and used initially as a local anesthetic and anti-depressant. Cocaine epidemic among artists and intellectuals in the 1920s; renaissance in the 1970s and since the early 1990s as a ‘performance drug’
Synonyms: coke, snow, blow, crack and rocks (for crack).
Descent: “If you wanna get down, down on the ground, Cocaine” — JJ Cale (1970).
Crack cocaine hydrochloride mixed with alkaloids Cocaine is smoked. First appeared in 1983/84 on the West Coast of the USA.

‘Designer Drugs’
Amphetamines (‘speed’)
Methamphetamine (‘ecstasy’)
Active ingredients: these structurally similar and synthetically produced designer drugs belong to the substance category of beta-phenylalkylamines (beta-phenethylamines).
Form of consumption: usually swallowed, more seldom snorted, taken intravenously, or even smoked (methamphetamine).
Effect: as an analeptic it provides a lift and produces wakefulness, vitality, and self-confidence; methamphetamine often have a much stronger effect than amphetamines.
Prevalence, amphetamines: around 0.5 percent of all Europeans aged between 15 and 64 have consumed amphetamines at least once in their lives. 0.6 percent of the same age group have consumed amphetamines in the last twelve months — or one out of six people have experimented with amphetamines.
Prevalence, ecstasy: around
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Nobel prize: ‘The service is tight, ... today I am writing primarily about Persib ...’


Indeed, there is now a consensus in various forms. The development of methamphetamines occurred in parallel with the first time in 1893 in Japan, they became the name pervitin, which was patented in 1897 by I.G. Farben as ‘Va 10820’, and named ‘methadone’ in the USA in 1947. Used in the USA from the 1930s onwards to compensate for the withdrawal symptoms suffered by patients addicted to heroin; in Germany from 1950 onwards as ‘Pironoxid’. First experimental methadone program in Germany between 1973 and 1975 in Hanover. Substitution programs using methadone were established in Germany from 1975 onwards following positive research work there. Synonyms: dolly, dolly, red rock.

Experience: the idea that methadone (Amidon) entered the market as ‘Adolphine’ prior to 1945 proved to be an urban legend spread in New York in the 1970s in the form of substitution therapy by associating it with the Nazi regime.

Opioids (active in drugs such as morphine, opium, heroin, codeine, etc.)

Active ingredients: naturally occurring or synthesized substances which stimulate what is known as the opioid or μ-receptors in the brain and spinal cord. Form of consumption: smoked, eaten, sniffed, or intravenously injected. Effect: induces states ranging from euphoric happiness (heroin) to fantasies and (erotic) hallucinations. Prevalence: the number of ‘problematic opioid consumers’ in Europe is estimated at 1.6 million. Three percent of all drug-induced deaths among Europeans aged between 10 and 30 are connected to opioids. Risks: heavy dependency, death if overdosed, severe withdrawal symptoms (‘turkey’) – especially after heroin. Origins and history: opioids entered in what is now Turkey by 8,000 years ago as opium, which was garnered from the opium poppy. Juice obtained from seeds, unique poppy seed capsu...