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**MODULE ELEVEN**

**Alcohol and other drugs**

**Contents**

* Drug use among young people
* Drug classification
* Signs and symptoms of drug use
* Why young people use drugs
* Harm minimisation

**Overview**

This module will give participants a broad overview of types of drugs, harm minimisation and how, as mentors, they might deal with young people’s substance use.

**Duration**

This module is designed to be completed in 80 minutes.

**Learning outcomes**

By the end of this session participants will have a greater knowledge and understanding of alcohol and other drug use and be informed and prepared to cope calmly with young people’s alcohol and other drug use.

**Resources**

* Handout 11.1 – Drug use among young people
* Handout 11.2 – Drug classification
* Handout 11.3 – Commonly used drugs
* Handout 11.4 – Signs and symptoms of drug use
* Handout 11.5 – Harm minimisation

Facilitators are encouraged to invite a guest speaker from a drug and alcohol service to answer questions about drug and alcohol issues.

**Running sheet**

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| --- | --- | --- |
| **Topi** | **Activity** | **Duration (approx)** |
| **Overview** | *This module will give participants a broad overview of types of drugs, harm minimisation, and how, as mentors, they might deal with young people’s substance use.* | 2 mins |
| **Drug use among young people** | * Provide an overview of ‘Drug use among young people’ (Handout 11.1) | 10 mins |
| **Drug classification** | ***Activity: Drug classification (Handout 11.2)***  The aim of this activity is to provide an opportunity for participants to gain a better understanding of different types of drugs.  Ask participants to work in pairs or small groups to classify the list of drugs as depressants, stimulants or hallucinogens. NB. Some could fall into more than one category.   * Discuss answers with reference to ‘Commonly used drugs’ (Handout 11.3) | 20 mins |
| **Signs and symptoms of drug use** | * Provide a brief overview of handout on ‘Signs and symptoms of drug use’ (Handout 11.4) | 10 mins |
| **Why young people use drugs** | * **Brainstorm session:** Why might young people take drugs? * Provide handout on ‘Why young people use drugs’ (Handout 11.5) | 10 mins |
| **Harm minimisation** | * Introduce the concept of ‘Harm minimisation’ (Handout 11.6)   ***Activity: Harm minimisation***  The aim of this activity is to discuss how participants should respond to young people who might be drug affected.  Divide participants into small groups or pairs. Ask them to imagine they are meeting their young person who seems to be drug affected. (*Activity continued next page*)  (*Activity continued*)   * What do they do?   Groups report back. Explore responses based on your organisational policy. | 25 mins |

HANDOUT 11.1

Drug use among  
young people

The World Health Organisation defines a drug as ‘any chemical substance that alters mood, cognition or behaviour’.

In Australia today drug use is prevalent amongst young people. The Victorian Youth Alcohol and Drugs Survey measured the use of alcohol and illicit drugs by young people aged 16–24 in Victoria.

* 42% of young people reported engaging in high-level drinking (i.e. 20 or more standard drinks on at least one day) in the past year.
* 52 per cent of young people reported that, during a 12-month period, there was at least one instance of drinking until they couldn’t remember what happened.
* Young people who regularly consume 20 or more standard drinks in one day were found to be significantly more likely than others to engage in other risky/anti-social behaviours.
* Use of alcohol peaked at around 18–21 years of age.
* Reported use of cannabis was 38.4 per cent, ecstasy was 15 per cent, amphetamines was 11.5 per cent and cocaine was 6 per cent.
* The main reasons for first trying illicit drugs were curiosity (57%) and peer pressure (52%)
* Use of illicit drug peaked at around 22-24 years of age.[[1]](#footnote-1)

**Why young people use drugs**

Young people use psychoactive drugs for much the same reasons adults do.

The main reason people use drugs is the perceived beneficial effects: the drug will make them feel good, or feel better than before they took it.

The most common reasons young people use drugs are:

|  |  |
| --- | --- |
| * + curiosity   + altering, or escaping from, reality   + as an escape from life’s stresses   + as a rite of passage   + dependence | * + it makes them feel good; it’s fun   + social introjection – to be part of the group   + as a way of saying they’re ready or want to enter the adult world. |

HANDOUT 11.2

Drug classification

Under Australian state and federal drug policy we classify psychoactive drugs using a ‘value-free’ approach that describes them by their scientific properties and the effects they have.

* **Stimulants** speed up the functioning of the central nervous system (CNS).
* **Depressants** slow down the functioning of the CNS.
* **Hallucinogens** distort the functioning of the CNS.[[2]](#footnote-2)

We hear about drugs almost every day, but do we really understand what they are and how they can affect users?

Classify the following list of drugs as depressants, stimulants or hallucinogens. Some drugs may fall under more than one category.

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Depressant** | **Stimulant** | **Hallucinogen** |
| Coffee |  |  |  |
| Alcohol |  |  |  |
| Cannabis |  |  |  |
| Amphetamines |  |  |  |
| Amphetamine analogues |  |  |  |
| Ecstasy |  |  |  |
| Heroin |  |  |  |
| Morphine |  |  |  |
| LSD/acid |  |  |  |
| Cocaine |  |  |  |
| Benzodiazepines |  |  |  |
| Inhalants |  |  |  |
| Chocolate |  |  |  |
| Ketamine (Special K) |  |  |  |
| Grievous Bodily Harm (GHB) |  |  |  |
| Energy drinks |  |  |  |
| Magic mushrooms |  |  |  |

HANDOUT 11.3

Commonly used drugs

**Depressants** slow down the functioning of the Central Nervous System (CNS). They include:

* alcohol
* benzodiazepine (including Hibrium, Diazepam, Valium, Ducene, Propan, Serepax, Temazepam). The street name for these drugs is ‘tranx’
* opiates (opium, codeine, morphine, heroin, and the synthetic opiates pethidine and methadone)
* cannabis (marijuana is the dried leaves and flowers; hashish is the resin from the plant)
* ketamine (or Special K, an animal tranquilliser)
* GHB (gamma hydroxybutyrate, or GBH – ‘grievous bodily harm’)
* inhalants (petrol, aerosol paints and glue).

**Stimulants** speed up the functioning of the CNS. They include:

* amphetamines
* amphetamine analogues
* ecstasy (active constituent MDMA – **m**ethylene**d**ioxy**m**eth**a**mphetamine)
* crystal methamphetamine (ice, fantasy, shabu)
* dexamphetamine and Ritalin
* ephedrine, pseudoephedrine, ‘diet pills’, Duromine
* nicotine
* cocaine
* caffeine (coffee, tea, chocolate, energy drinks).

**Hallucinogens** distort the functioning of the CNS. They include:

* LSD (lysergic acid diethylamide or acid)
* psilocybin (magic mushrooms)
* ecstasy (MDMA, ecstasy, biccies, eccies, E)
* cannabis (in large or strong enough doses).[[3]](#footnote-3)

Some drugs have properties from two categories – cannabis is both depressant and hallucinogen, ecstasy both stimulant and hallucinogen – but none is both stimulant and depressant.

HANDOUT 11.4

Signs and symptoms  
of drug use

It is important to keep in mind that if a young person shows any of the following symptoms, it does not necessarily mean that he or she is using drugs. The presence of some of these behaviours could be the product of stress, depression or a host of other problems.

**Physical signs**

* Loss of appetite; increase in appetite; changes in eating habits; unexplained weight loss or gain.
* Slowed or staggering walk; poor physical coordination.
* Inability to sleep; awake at unusual times; unusual laziness.
* Red, watery eyes; pupils larger or smaller than usual; blank stare.
* Cold, sweaty palms; shaking hands.
* Puffy face, blushing or paleness.
* Smell of substance on breath, body or clothes.
* Extreme hyperactivity; excessive talkativeness.
* Runny nose; hacking cough.
* Needle marks on lower arm, leg or bottom of feet.
* Nausea, vomiting or excessive sweating.
* Tremors or shakes of hands, feet or head.

**Behavioural signs**

* Change in overall attitude/personality with no other identifiable cause.
* Changes in friends; new hang-outs; sudden avoidance of old crowd; doesn't want to talk about new friends; friends are known drug users.
* Change in activities or hobbies.
* Drop in grades at school or performance at work; skips school or is late for school.
* Change in habits at home; loss of interest in family and family activities.
* Difficulty in paying attention; forgetfulness.
* General lack of motivation, energy, self-esteem, an ‘I don't care’ attitude.
* Sudden oversensitivity, temper tantrums, or resentful behaviour.
* Moodiness, irritability, paranoia or nervousness.
* Silliness or giddiness.
* Excessive need for privacy; unreachable.
* Secretive or suspicious behaviour.
* Chronic dishonesty.
* Unexplained need for money, stealing money or items.
* Change in personal grooming habits.
* Possession of drug paraphernalia.

**Drug-specific symptoms**

**Marijuana.** Glassy, red eyes; loud talking and inappropriate laughter followed by sleepiness; a sweet, burnt scent; loss of interest, motivation; weight gain or loss.

**Alcohol.** Clumsiness; difficulty walking; slurred speech; sleepiness; poor judgment; dilated pupils; possession of a false ID card.

**Depressants (including barbiturates and tranquilisers).** Seems drunk but without the associated odour of alcohol; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness; and contracted pupils.

**Stimulants.** Hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; dilated pupils; weight loss; dry mouth and nose.

**Inhalants (glues, aerosols and vapours).** Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; an unusual number of spray cans in the garbage.

**Hallucinogens.** Dilated pupils; bizarre and irrational behaviour, including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.

**Heroin.** Needle marks; sleeping at unusual times; sweating; vomiting; coughing and sniffling; twitching; loss of appetite; contracted pupils; no response of pupils to light. [[4]](#footnote-4)

HANDOUT 11.5

Harm minimisation

For the past two decades, Australia has been at the forefront of a unique approach to drug policy and practice, known as 'harm minimisation'.[[5]](#footnote-5)

**What is harm minimisation?**

A harm-minimisation approach considers the actual harms associated with the use of a particular drug (rather than just the drug use itself), and how these harms can be minimised or reduced. It recognises that drugs are, and will continue to be, a part of our society.

**A change in our attitudes towards drug use**

Harm minimisation encourages a change in our attitudes towards people who use drugs, including those who are physically and psychologically dependent on illegal drugs such as heroin. This approach moves away from the unhelpful stereotypes of drug users as homeless alcoholics drinking in parks or 'junkies' shooting up in alleyways.

**All drugs can cause harm**

Harm minimisation highlights that all drugs have the potential to cause harm, not just the illegal ones. This is especially important when we consider that the legal drugs tobacco and alcohol are responsible for the greatest social and economic harms in our society.

**How does it work?**

Harm minimisation uses multiple strategies to reduce the harmful consequences of drug use, by providing options for people who choose to use drugs to do so in the safest possible way.

A mixture of information and education, along with regulatory controls and financial penalties, help to make drug use less attractive.

**Harm minimisation and young people**

Mentors can’t control a young person who has a mind to use drugs – be it tobacco, alcohol or an illegal substance.

The best a mentor can do is to share clear information (or know where to find it) to the young person in a calm, non-imposing and non-judgmental way.

The mentor should never engage in conversation that condones the use of alcohol or other drugs.

If the young person asks their advice about drug use, the mentor can offer it, but based on sound knowledge rather than emotion, or generalising from one experience or story.

A mentor should understand that their friendly and supportive presence in a young person’s life is the strongest protection they can give that young person.[[6]](#footnote-6)

**If the young person is drug affected**

***[Each program should introduce its own organisational policy or procedure here.]***

If a mentor meets the young person and believes them to be substance-affected, the quality and value of their time together is likely to be diminished. The mentor might be tempted to ‘talk it through’ with the young person, but should be aware that the young person’s ability to do that is likely to be compromised. Suggesting, or stating if need be, that this is not the best time to meet is a sensible alternative.

If a young person tells a mentor that they believe they have an alcohol or drug problem, the mentor should speak to the program co-ordinator about a referral to a drug and alcohol service.

1. *Victorian Youth Alcohol and Drug Survey*, 2010. Victorian Drug and Alcohol Prevention Council, Melbourne: Victorian Government Department of Health. [↑](#footnote-ref-1)
2. The Australian Drug Foundation. Available online at www.adf.org.au. [↑](#footnote-ref-2)
3. *Mentor One on One Volunteers Manual* (MOOOV), 2008. Collingwood, VIC: Good Shepherd Youth and Family Services. [↑](#footnote-ref-3)
4. American Council for Drug Education. ‘Signs and Symptoms of Drug Use. Available online at: www.acde.org/parent/signs.htm [↑](#footnote-ref-4)
5. *The National Drug Strategy: Australia's Integrated Framework 2004-2009*, 2004. Canberra: Federal Government Department of Health and Ageing. [↑](#footnote-ref-5)
6. Australian Drug Foundation, ‘Drug Info’. Available online at: www.druginfo.adf.org.au. [↑](#footnote-ref-6)