

ILLEGAL DRUGS

WHAT YOU NEED TO KNOW

TEACHER VERSION

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INTRODUCTION

This resource has been developed to inform and educate teachers about illegal drugs and prevent and reduce the harms associated with illegal drug use. The best way for young people to avoid harm is to prevent use, delay the onset of use, and to reduce the harm from their own and other people's use. For example, young people may be affected by an adult or a friend's drug use. It is important they know how to avoid harm from other people's use and, where appropriate, to assist themselves or others affected by drug use.

WHAT ARE ILLEGAL DRUGS?

A drug is a substance that affects the way the body functions when it is used, and if it is illegal it means that it is forbidden by law. Different drugs have different effects on people. The effects of a drug are influenced by many factors, making them unpredictable and dangerous, especially for young people.

On pages 23–34 you will find a list of common illegal drugs and their effects.

BENZODIAZEPINES KETAMINE
CANNABIS INHALANTS
NEW PSYCHOACTIVE SUBSTANCES PILLS AND ECSTASY
HALLUCINOGENS COCAINE
METHAMPHETAMINE
GHB POLYDRUG USE
HEROIN

HOW MANY PEOPLE USE ILLEGAL DRUGS IN AUSTRALIA?

It may be shown differently by the media, but the truth is that most young people have never tried an illegal drug. This is important because if young people think that most of their friends use drugs they might be more inclined to try drugs as well.

HOW MANY YOUNG PEOPLE AGED 12-17 USED ILLEGAL DRUGS IN THE PAST YEAR?¹

CANNABIS	1 IN 7	13.6%
OPIATES (E.G. HEROIN)	1 IN 90	1.1%
ECSTASY	1 IN 38	2.6%
HALLUCINOGENS	1 IN 45	2.2%
METHAMPHETAMINE	1 IN 52	1.9%
COCAINE	1 IN 71	1.4%

¹ Australian Government Department of Health and Ageing (2016). Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014. Centre for Behavioural Research in Cancer, Victoria.

ILLEGAL DRUGS AND THE LAW

It is against the law to possess, use, make, import or sell illegal drugs. Possession of drug-using equipment (e.g. a cannabis bong or pipe) is also against the law in most states and territories. Likewise, if illegal drugs are found in a person's locker, home, car etc. they will be charged, unless they can prove that the drugs do not belong to them.

The penalties for drug offences vary depending on the age of the offender (adult or minor), type of drug, quantities involved, previous offences, and the state or territory in which the offence happened.

MINOR DRUG OFFENCE

Most states and territories will allow police to divert someone from going to court if charged for a minor drug offence such as possession of very small amounts of certain illegal drugs.

This can result in:



A CAUTION

A formal warning recorded on a database for police records.



A YOUTH JUSTICE CONFERENCE

A meeting where issues surrounding the offence are discussed with the parent/guardian, police, and health professionals.



A DRUG ASSESSMENT AND EDUCATION SESSION

This involves being assessed for drug use and undergoing an education and counselling session.

MAJOR DRUG OFFENCE

If someone is caught with a larger quantity of illegal drugs or is a repeat offender, they may not qualify for a diversion or caution and could face other penalties such as:



A FINE

This can be up to \$100,000.



A CRIMINAL PENALTY

This can include a heavy fine and/or imprisonment which may be up to 25 years.

A CRIMINAL RECORD CAN LEAD TO DIFFICULTIES GETTING A JOB, CREDIT CARD OR EVEN A VISA FOR OVERSEAS TRAVEL.

WHY DO YOUNG PEOPLE USE DRUGS?

An insight into the pressures young people face can give teachers an understanding of the reasons young people may use drugs and can help in responding in a constructive way. Below are some of the reasons young people give for using drugs and ideas for starting conversations with them:

“Someone had some and I just thought I’d try it”

- Ask if they knew what they were taking and discuss the effects of that particular drug;
- Ask whether it was what they expected, and talk about the risks of continued use;
- Try and find out if they felt pressured, and if so, discuss ways to handle similar situations in the future.

“I always wanted to try that stuff”

- Ask what made that particular drug appealing, and what they expected to get from it;
- If they are happy to talk, you could discuss whether they have tried other drugs, and if so, why.

“All my friends were doing it so I thought why not?”

- Ask if they felt safe because their friends were using it;
- Ask why they thought their friends used the drug;
- It’s useful to discuss the importance of being able to make their own choices, even if these choices are different from those of their friends.

“It made me feel really good”

- Find out how they have been feeling in general, as this may be a good time to offer help and to find out if there is anything else going on, or if they want to talk about another issue;
- Talk about less risky and healthier ways of feeling good.

“All my problems from school, at home and in life just went away”

- Let them know that you’d like to talk about any problems and discuss how to make things better;
- Discuss whether the problems returned after the effects of the drug wore off and highlight that using only makes the problems disappear for a while;
- Make it clear that you want to work together to find a better way of solving their problems.

“It gave me more confidence”

- Let them know that they don’t need drugs to be more confident;
- Share similar experiences where you found it difficult in social situations and explain things you did to gain more confidence;
- Consider ways in which you can help improve their confidence and self-esteem.

“I don’t want to talk about it”

- If they don’t want to discuss their use with you, offer to help them find someone else to talk to;
- Reassure them that what you want is what is best for them and understand if they would prefer to speak to someone else outside of the situation.

HOW TEACHERS CAN GUIDE THEIR STUDENTS AGAINST DRUG USE AND RELATED HARMS

Young people are likely to spend more waking hours in the school environment around teachers than at home with their parents; and because of this, the social environment of the school is a key factor influencing the development of young people. Research has shown that a positive relationship with school, which creates a greater sense of community, attachment, and performance, is associated with reduced potential for drug abuse. As a teacher, you can help a student have a positive relationship with their school by:

- **Setting clear rules and boundaries which are consistently enforced in a reasonable and measured manner.**
- **Keeping an open mind and asking students for their opinions.**
- **Giving praise and reward for students' good behaviour, achievements and accomplishments.**
- **Encouraging constructive use of time.**
- **Modelling a sense of optimism and a positive view of learning.**
- **Encouraging participation in extracurricular activities.**
- **Encouraging reading for pleasure outside of school hours.**
- **Being a good listener.**



TALKING TO A YOUNG PERSON ABOUT ILLEGAL DRUGS

Students might feel more comfortable talking about their personal issues with a trusted teacher, than with a parent, and teachers trained in dealing with drug problems might have a better chance of assisting a student in obtaining necessary resources or medical referrals. When suspecting drug use, duty of care procedures must be followed. Only the appropriate school committee should be notified, and as schools will have different reporting and referral procedures it is important to be aware of these and respond accordingly.

Illegal drugs are associated with many short and long-term harms. These relate not just to how much someone is using, but also how much their use affects their life and the lives of those around them. If you think a student or someone else is affected by drug use, here are some tips to allow you to support them and communicate effectively with them about their drug use:

- **Gather information** to make sure you understand about the drug/s you think they may be taking. Reflect on their situation so you can organise your thoughts and have a clear idea of what it is that concerns you about their drug use.
- **Arrange a suitable time to talk** where you will have some privacy and won't be interrupted.
- Ask about their drug use; **don't make assumptions** that they are using.
- Behavioural changes are a good starting point for discussion, for example "I noticed you haven't been yourself lately..."
- **Be prepared for a negative reaction.** One reason for this may be because they do not view their drug use as a problem. Be sure to stay calm and reasonable. Don't let it turn into an argument.
- **Don't be judgemental or tell them what to do.** When people are having a hard time, the last thing they need is a lecture. **Be sure to listen** and express your concerns in a supportive non-confrontational manner.
- Don't focus on the reasons for why they are using drugs as this can be counterproductive.
- **Use statements including "I"** as this doesn't put the blame on them. Instead of saying "You make me feel worried when you use drugs" say something like "I feel worried about your drug use".

IF NOTHING SEEMS TO BE WORKING, THEN SEEKING PROFESSIONAL HELP MAY BE THE NEXT STEP. YOU CAN CONSULT THE SCHOOL COUNSELLOR WHO WILL BE ABLE TO SUPPORT YOU IN YOUR EFFORTS TO COMMUNICATE WITH A STUDENT.



- **Remind them of their good qualities.** Young people will be more likely to listen and take advice on board if they feel valued and respected.
- **Be trustworthy and supportive** so they know that they can rely on you in a time of need, and that what they tell you is kept confidential (unless concerns for safety override).
- Remind them that we are all human and that we all have problems, so that they are not too hard on themselves. **Let them know that help is available.**
- If someone does not want to change, encourage them to learn how to reduce their risk of harm until they're ready to quit. **Let them know you are available to talk in the future.**
- At the back of this booklet you can find a list of places available to help people of all ages with any drug issues.



HELPING A YOUNG PERSON WHO HAS TAKEN AN ILLEGAL DRUG

The majority of people never use drugs but it is important for people to know how to assist someone if a drug related emergency happens. Drugs are unpredictable; they can affect people in different ways and as there is no quality control for illegal drugs there is no way of knowing their content or strength.

CALL 000 FOR AN AMBULANCE IMMEDIATELY IF THERE IS EVEN THE SLIGHTEST RISK THAT ANOTHER PERSON MAY BE HAVING AN UNUSUAL REACTION TO A DRUG.

A PARENT OR GUARDIAN WILL ONLY BE NOTIFIED IF THE PERSON IS UNDER THE AGE OF 18 AND TAKEN TO HOSPITAL. POLICE WILL ONLY BE NOTIFIED IF THERE IS A RISK TO THEIR OWN PERSONAL SAFETY OR IF SOMEONE DIES.

WHAT TO DO IN THESE SITUATIONS:

PANIC ATTACKS

These can happen due to the increased feelings of paranoia, anxiety, and hallucinations that illegal drugs can bring on. These can be very frightening at the time, but it is important to know that these usually pass with time.

WHAT ARE SOME OF THE SIGNS

- Sweating and shaking
- Chest pains and difficulty breathing
- Increased heart rate
- Sense of impending death
- Dizziness, headaches, and lightheadedness
- 'Spaced-out' and non-responsiveness

WHAT TO DO IF SOMEONE HAS A PANIC ATTACK

- Calm them down and reassure them that the feeling will pass
- Take them somewhere cool and quiet away from crowds and bright lights
- Encourage them to relax and take long, slow, deep breaths
- If they pass out due to over-breathing, follow the DRS-ABCD life support chart (see page 13)



OVERHEATING AND DEHYDRATION

There is a serious risk of overheating and dehydration when people dance for hours and do not maintain their fluids. Stimulants such as ecstasy and methamphetamine will increase the body temperature, and this problem can be made worse if taken with alcohol as it will further dehydrate the body. Those who take stimulants should try to drink half a litre of water every hour, but make sure not to drink too much too quickly.

WHAT ARE SOME OF THE SIGNS

- Feeling hot, unwell, lethargic, faint, or dizzy
- Inability to talk properly
- Headache
- Vomiting
- Inability to urinate or urine becoming thick and dark
- Not sweating even when dancing
- Fainting, collapsing, or convulsing

WHAT TO DO IF SOMEONE BECOMES OVERHEATED AND DEHYDRATED

- Take them somewhere cool and quiet such as the first aid area or 'chill-out' room
- Get the person some cold water and get them to sip it slowly
- Make sure someone stays with them
- Give them salted foods like crisps or peanuts to replace salts lost through sweating
- Fan them to cool them down
- If symptoms persist or get worse seek first aid immediately, call 000, or take them to the nearest emergency department

FEELING VERY DROWSY

If someone becomes very drowsy from using drugs they could fall asleep and lose consciousness. It is important to keep them awake while waiting for the ambulance.

WHAT TO DO IF SOMEONE BECOMES VERY DROWSY

- Call an ambulance, but make sure they are not left on their own
- Keep them awake; make them walk around or make them talk to you
- Don't give them coffee or try to shock them
- If they aren't responsive or lose consciousness put them in the recovery position (see page 14)

FITS OR SEIZURES (CONVULSIONS)

Large amounts of alcohol and some drugs can cause convulsions, otherwise known as a fit or seizure.

WHAT TO DO IF SOMEONE STARTS CONVULSING

- Call an ambulance
- Clear the area of any nearby harmful objects
- Loosen any tight clothing
- Cushion their head
- It is important not to put anything in their mouth or to try and restrict their movement
- Once the fit has finished, check their breathing and put them in the recovery position (see page 14)

A PERSON COLLAPSES

If a person collapses it may be necessary to perform cardiopulmonary resuscitation (CPR) in order to temporarily maintain circulation to provide the brain with enough oxygen and glucose to keep functioning. An easy way to remember the steps involved in this process is to remember the acronym DRS-ABCD (see next page).



DRS-ABCD: BASIC LIFE SUPPORT FLOW CHART

D	check for DANGER -First ensure that your safety is not at risk. -If your safety is assured and the person is in danger move them out of the dangerous situation.
R	check for RESPONSE - Ask them their name or to open their eyes.
S	SEND for help - If you receive no response call for an ambulance on '000'. - If you are on your own with the person, first place them in the recovery position (see next page) and then call '000'. - If you know what drugs the person has taken tell the operator and ambulance officers.
A	open the AIRWAYS -If the airway is not clear, place them in the recovery position and open and clear the airway. -If the airway is clear, leave on back, then tilt the head backwards and lift the chin.
B	check for BREATHING Look and feel for chest movements. Listen for breathing from airways. -If they are breathing, place them in the recovery position and monitor until ambulance arrives. -If the person is not breathing, place the person on their back, pinch their nose closed, seal your lips over their mouth and give two initial breaths, ensuring that the chest rises with each breath.
C	CPR If they are still not breathing, commence CPR until the ambulance services arrive. -Place one hand on top of the other, palms facing down, over the centre of the chest. -Compress the chest one third of the depth, 30 times, at a rate of two per second. -Give 2 breaths for every 30 chest compressions (mouth to mouth can be considered unnecessary). -Continue CPR until: <ul style="list-style-type: none">• Signs of life return;• Qualified help arrives; or• It is impossible to continue (e.g. exhaustion)
D	Attach an automated external DEFIBRILLATOR if available and follow the prompts.

PUTTING SOMEONE IN THE RECOVERY POSITION

1

Kneel beside the person



2

Straighten their arms and legs



3

Fold the arm closest to you over their chest



4

Place the other arm at a right angle to their body



5

Get the leg closest to you and bend the knee



6

While supporting the person's head and neck, gently take the bent knee closest to you and very gently roll the person away from you. Adjust the upper leg, so both the hip and knee are bent at right angles. Ensure the person is steady and cannot roll



7

Tilt the head back and make sure the airways are clear and open



EVIDENCE-BASED DRUG EDUCATION PROGRAMS: AUSTRALIA

Drug education and prevention programs are generally designed for use in a particular setting and for a specific audience. The school environment is an ideal setting due to the developmental stage of the students, ease of access to the students, and the role teachers play in the lives of students. The audience for these programs can be universal (for the general population) or selective (targeted to specific groups at higher risk of drug use).

Below is a summary of drug education and prevention programs which have been evaluated and shown to have positive outcomes in Australia. These programs contain activities, information, and ideas to help your students learn about drugs and related harms.

Program	Climate Schools: Alcohol Module
Targeted Drugs	Alcohol
Student Year Level	Year 8
Level of Intervention	Universal
Origin	Australia Culturally adaptable - has been implemented in the United Kingdom
Format	Curriculum-based online program Conducted in classrooms (teacher administered): Involves: 6 x 45 minute lessons, each with two components: 1) A 15 minute computer-based component 2) Teacher delivered classroom activities Booster sessions available (see next page) Training: No teacher training required
Program Effects¹	<ul style="list-style-type: none"> ✓ Increases alcohol knowledge ✓ Reduces alcohol consumption ✓ Reduces binge drinking
Available	The Climate Schools programs are available through: www.climateschools.com.au

¹ All program effects listed have been demonstrated in clinical trials with Australian school populations.

Program	Climate Schools: Alcohol and Cannabis Module	
Targeted Drugs	Alcohol and cannabis	
Student Year Level	Year 8 or 9	
Level of Intervention	Universal	
Origin	Australia Culturally adaptable - implemented in the United Kingdom	
Format	Curriculum-based online program Conducted in classrooms (teacher administered): Involves: 6 x 45 minute lessons, each with two components: 1) A 15 minute computer-based component 2) Teacher delivered classroom activities Ideally delivered 6 months to 1 year after the Climate Schools: Alcohol Module Booster sessions available (see below) Training: No teacher training required	
Program Effects¹	<ul style="list-style-type: none"> ✓ Increases alcohol and cannabis knowledge ✓ Reduces frequency of binge drinking ✓ Increases resistance to peer pressure ✓ Reduces frequency of cannabis use 	<ul style="list-style-type: none"> ✓ Reduces alcohol consumption ✓ Reduces truancy ✓ Reduces psychological distress
Available	The Climate Schools programs are available through: www.climateschools.com.au	

Program	Climate Schools: Psychostimulant and Cannabis Module	
Targeted Drugs	Cannabis and psychostimulants	
Student Year Level	Year 9 or 10	
Level of Intervention	Universal	
Origin	Australia	
Format	Curriculum-based online program Conducted in classrooms (teacher administered): Involves: 6 x 45 minute lessons, each with two components: 1) A 15 minute computer-based component 2) Teacher delivered classroom activities Ideally delivered 6 months to 1 year after the Climate Schools: Alcohol and Cannabis Module Training: No teacher training required	
Program Effects¹	<ul style="list-style-type: none"> ✓ Increases knowledge of cannabis and psychostimulants ✓ Decreases pro-drug attitudes ✓ Reduces cannabis use frequency in female students ✓ Decreasing students' intentions to use meth/amphetamine and ecstasy in the future ✓ Subduing the uptake and plateauing the frequency of ecstasy use 	
Available	The Climate Schools programs are available through: www.climateschools.com.au	



Program	SHAHRP: School Health and Alcohol Harm Reduction Project
Targeted Drugs	Alcohol, tobacco and cannabis
Student Year Level	Year 8 and 9
Level of Intervention	Universal
Origin	Australia Culturally adaptable - has been replicated in Northern Ireland and Brazil
Format	Curriculum-based program Conducted in classrooms over two years (teacher administered): Involves: <u>Phase 1</u> (Year 8): 8 x 60 minute lessons <u>Phase 2</u> (Year 9): 5 x 50 minute lessons and a DVD Training: Two days teacher training required prior to each phase
Program Effects¹	<ul style="list-style-type: none"> ✓ Delays and reduces the rate of growth in alcohol use ✓ Reduces alcohol-related harm
Available	The SHAHRP program materials are available via: db.ndri.curtin.edu.au/research/shahrp/download.asp

Program	Smoking Cessation for Youth Project (SCYP)
Targeted Drugs	Tobacco
Student Year Level	Year 9 and 10
Level of Intervention	Universal
Origin	Australia
Format	Curriculum-based program Conducted in classrooms (teacher administered): Involves: 8 x 1 hour lessons administered over two years Training: Half a day teacher training required
Program Effects¹	<ul style="list-style-type: none"> ✓ Reduces frequency of tobacco smoking ✓ Reduces recent use of tobacco smoking
Available	For more information on SCYP: www.chprc.ecu.edu.au

¹ All program effects listed have been demonstrated in clinical trials with Australian school populations.

Program	Get READY
Targeted Drugs	Alcohol, tobacco, and illegal drugs
Student Year Level	Year 8 and 9
Level of Intervention	Universal
Origin	Australia
Format	Curriculum-based program Conducted in classrooms over three years (teacher administered): Involves: <u>Year 8:</u> 10 x 60 minute lessons <u>Year 9:</u> 10 x 60 minute lessons Training: Two days teacher training required
Program Effects¹	<ul style="list-style-type: none"> ✓ Increases knowledge about alcohol and other drugs ✓ Increases communication between parents and students about alcohol ✓ Reduces annual alcohol consumption ✓ Decreases alcohol related harms ✓ Reduces tobacco smoking ✓ Reduces tobacco smoking related harms
Available	The Get READY program is available via: www.education.vic.gov.au

¹ All program effects listed have been demonstrated in clinical trials with Australian school populations.



EVIDENCE-BASED DRUG EDUCATION PROGRAMS: INTERNATIONAL

Below is a summary of a number of drug education and prevention programs which have been evaluated and shown positive outcomes in Europe and the USA. These programs contain activities, information and ideas to help your students learn about illegal drugs and related harms.

Program	Preventure
Targeted Drugs	Alcohol and illegal drugs
Student Year Level	Year 8 and 9
Level of Intervention	Selective (high-risk students)
Origin	United Kingdom Culturally adaptable - has been implemented in Australia and Canada
Format	Program administered by a trained facilitator and co-facilitator in classrooms. Facilitators can be trained education professionals (e.g. teachers) or clinical psychologists. Involves: A short questionnaire to identify high-risk students 2 x 90 minute group sessions Training: 3 day training workshop followed by a minimum of 4 hours of supervised practice
Program Effects²	Reduces likelihood and frequency of drinking and binge drinking ✓ Decreases alcohol related problems ✓ Reduces likelihood to start using illegal drugs ✓ Reduces frequency of illegal drug use
Available	The Preventure program is available from: www.co-venture.ca

² All program effects listed have been demonstrated in clinical trials within school populations in the USA and Europe.

Program	Botvin LifeSkills Training Program
Targeted Drugs	Tobacco and illegal drugs
Student Year Level	Year 6/7 to Year 8/9
Level of Intervention	Universal
Origin	USA
Format	Curriculum-based program Conducted in classrooms (teacher administered): Involves: <u>Year 6/7:</u> 15 x 40 minute class sessions <u>Year 7/8:</u> 10 x 40 minute booster sessions <u>Year 8/9:</u> 5 x 40 minute booster sessions Training: Teacher training provided in manual
Program Effects³	<ul style="list-style-type: none"> ✓ Increases knowledge of smoking risk and prevalence ✓ Reduces cannabis use initiation ✓ Reduces illegal drug use
Available	The Botvin Lifeskills Program is available from: www.lifeskillstraining.com

Program	Project ALERT and ALERT Plus
Targeted Drugs	Alcohol, tobacco, and illegal drugs
Student Year Level	Year 7 to 10
Level of Intervention	Universal
Origin	USA
Format	Curriculum based online program Conducted in classrooms (teacher administered): Involves: <u>ALERT:</u> 8 lessons in year 7 and 3 lessons in year 8 <u>ALERT plus:</u> 5 booster lessons in year 9 and 5 booster lessons in year 10 Training: Teacher training is available online and online support is also available
Program Effects³	<ul style="list-style-type: none"> ✓ Reduces alcohol misuse ✓ Reduces initial and recent use of cannabis ✓ Reduces initial and recent use of tobacco
Available	Project ALERT and ALERT Plus is available entirely online via: www.projectalert.com



Program	The Unplugged Program
Targeted Drugs	Alcohol, tobacco, and illegal drugs
Student Year Level	Year 8 and 9
Level of Intervention	Universal
Origin	Europe
Format	Curriculum-based program Conducted in classrooms (teacher administered): Involves: 12 x 1 hour lessons delivered weekly Training: Teacher training involves a 3 day training workshop, a teacher handbook is provided
Program Effects³	<ul style="list-style-type: none"> ✓ Reduces alcohol consumption ✓ Increases abstinence from alcohol ✓ Reduces daily tobacco use ✓ Reduces recent cannabis use
Available	The Unplugged Program is available from: www.eudap.net/Unplugged_HomePage.aspx

Program	Strengthening Families Program 10-14
Targeted Drugs	Alcohol, tobacco, and illegal drugs
Student Year Level	Year 6 to 9
Level of Intervention	Universal Low social economic status
Origin	USA
Format	Outside of classroom setting, administered by trained peer educators: Involves: 7 weekly sessions plus 4 booster sessions Training: No teacher involvement required
Program Effects²	<ul style="list-style-type: none"> ✓ Reduces alcohol consumption and bingeing ✓ Reduces tobacco use
Available	Strengthening Families Program 10-14 is available from: www.strengtheningfamiliesprogram.org

² All program effects listed have been demonstrated in clinical trials within school populations in the USA and Europe.

Program	Project Towards No Drug Abuse (Project TND)
Targeted Drugs	Alcohol, tobacco and illegal drugs
Student Year Level	Year 8 to 12
Level of Intervention	Universal
Origin	USA
Format	Curriculum based program Conducted in classrooms (teacher administered): Involves: 12 x 40-50 minute lessons over 4 weeks Group discussions, games, role-playing, videos and student worksheets Training: Teacher training involves one or two day training workshop
Program Effects²	<ul style="list-style-type: none"> ✓ Reduces long term illicit drug use ✓ Reduces short term alcohol and tobacco use
Available	Project TND is available from: tnd.usc.edu

² All program effects listed have been demonstrated in clinical trials within school populations in the USA and Europe.





CANNABIS

“ THE LAST TIME I HAD A JOINT WAS ONE OF THE WORST NIGHTS OF MY LIFE. I FELT LIKE I WASN'T AWARE OF TIME AND THAT I WAS LOSING MY MIND. MY HEART WAS RACING AND I THOUGHT I WAS GOING TO HAVE A HEART ATTACK. IT'S DIFFICULT TO EXPLAIN BUT IT WAS A TRULY TERRIFYING EXPERIENCE THAT HAS MADE ME NEVER WANT TO TOUCH WEED AGAIN. ”

—Thomas, 15

WHAT IS IT?

Cannabis is derived from the plant *Cannabis sativa*. The main active ingredient responsible for the 'high' produced by cannabis is called delta-9-tetrahydrocannabinol (THC).

Cannabis is produced in three main forms:

- **Cannabis herb (also known as marijuana)** - the dried flowering tops/buds and leaves of the cannabis plant
- **Cannabis resin (also known as hashish)** - the resin (a secreted gum) of the cannabis plant
- **Cannabis oil (also known as hash oil)** - a thick oil obtained from hashish

While hashish and hash oil contain more THC than marijuana, they are not widely used in Australia. Cannabis is typically smoked and often mixed with tobacco. It is also sometimes added to food and eaten. **Cannabis is also known as grass, pot, dope, weed, joints, mull, hydro, yarndi, ganja, bud, or green.**

EFFECTS OF CANNABIS

If smoked, the effects can come on quickly as THC is rapidly absorbed into the lungs and can enter the bloodstream within minutes.

The effects of cannabis vary, but may include:

IMMEDIATE

- Loss of inhibitions
- Drowsiness
- Increased appetite
- Loss of co-ordination
- Bloodshot eyes
- Dryness of the mouth and throat
- Lethargy
- 'Greening out' (sweaty, dizzy, nauseous, vomiting)
- Anxiety and panic attacks
- Paranoia and psychosis

LONG TERM

- Problems with memory and learning
- Dependence (addiction)
- Decreased motivation and concentration
- Increased risk of respiratory diseases
- Paranoia and psychosis

PILLS AND ECSTASY



WHAT ARE THEY?

Ecstasy is the common name for the drug methylenedioxymethamphetamine (MDMA).

'Pills' is a word used to describe a range of substances sold in pill-form. Traditionally, 'pills' referred to tablets containing MDMA. However pills or tablets sold as ecstasy may not contain any MDMA at all, and/or they may contain a wide range of other substances. Some substances found in pills can be highly toxic even at low doses. It is important to note that even pure ecstasy is risky.

Ecstasy is usually sold in pill form, although it can also be sold as powder, crystals, or in capsules. Pills usually have a logo stamped on them. However, a logo is no guarantee of quality or purity: two pills that look the same may have very different effects as they can come from different sources and have different ingredients.

Ecstasy and pills are also known as **E, pills, pingers, doopa, love drug, disco biscuits, XTC and eccy.**

ANALYSIS IN 2011/2012 BY THE AUSTRALIAN CRIME COMMISSION INDICATES THE AVERAGE PURITY OF PILLS SOLD AS ECSTASY RANGED FROM 15-18% ACROSS AUSTRALIA.

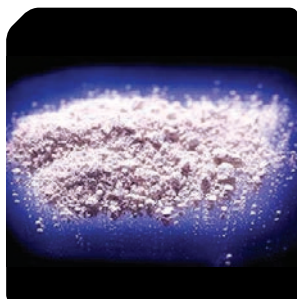
EFFECTS OF ECSTASY

Ecstasy causes activity in the central nervous system to speed up, and can take effect within 60 minutes of initially taking it. However, the time taken to have an effect can vary. Sometimes people mistakenly think the first pill they took isn't working and take more — this can be very dangerous.

Effects of ecstasy vary, but may include:

IMMEDIATE		LONG TERM
<ul style="list-style-type: none">• Dilated (enlarged) pupils• Increased heart rate and blood pressure• Increased energy• Feeling of euphoria (a 'high')• Teeth grinding and jaw clenching• Anxiety and panic attacks• Overheating and dehydration (when the body loses more water than it takes in)	<ul style="list-style-type: none">• A 'comedown' (see glossary)• Nausea, vomiting and dizziness• Visual distortions (things looking weird or different)• Paranoia (feeling extremely suspicious and frightened)• Psychosis (see glossary)• Serotonin syndrome (see glossary)• Stroke	<ul style="list-style-type: none">• Dependence (addiction)• Long-term problems with depression• Impairments to memory and attention• Liver problems

METHAMPHETAMINE



WHAT IS IT?

Methamphetamine comes in three main forms:

Form	Usual appearance	Also known as	Potency	Mainly used by
Ice/ Crystal meth	Translucent crystals, sometimes shards	Shabu, Tina, glass, meth, crystal	Medium to high; Normally the most potent form	Smoking, injecting
Base	White to brown thick oily substance	Pure, point, wax, meth	Medium to high	Swallowing, injecting
Speed	White or off-white powder	Goey, meth	Low to medium	Snorting, swallowing, injecting

All forms of methamphetamine can be 'cut' (mixed) with other substances, which reduce the purity. Sometimes these other substances can also be harmful. Ice or crystal usually gives a stronger high and lasts longer, but also has stronger negative side effects.

EFFECTS OF METHAMPHETAMINE

Methamphetamine takes effect quickly. The effects can last between 4 and 12 hours, although it can take 1 to 2 days for the drug to completely leave the body.

Effects of methamphetamine vary, but may include:

IMMEDIATE		LONG TERM
<ul style="list-style-type: none"> Increased heart rate and blood pressure Dilated (enlarged) pupils Increased energy Feeling of euphoria (a 'high') Aggressive behaviour Trembling Bad headaches and dizziness 	<ul style="list-style-type: none"> A 'comedown' (see glossary) Insomnia Stomach cramps Reduced appetite Blurred vision Anxiety and panic attacks 	<ul style="list-style-type: none"> Dependence (addiction) Dental problems Heart, kidney and lung problems Malnutrition and exhaustion Depression If injected there is an increased risk of infections like Hepatitis C and HIV Paranoia (feeling extremely suspicious and frightened) Psychosis (see glossary) Stroke

COCAINE

“ IT STARTED OFF ONLY OCCASIONALLY, BUT SOON I WAS TAKING COCAINE IN THE MORNING JUST TO GET THROUGH THE DAY. MY FRIENDS STOPPED TALKING TO ME, MY GIRLFRIEND LEFT ME AND I HAD TO STEAL FROM MY OWN FAMILY JUST TO PAY FOR DRUGS. ”

—Francis, 17



WHAT IS IT?

Cocaine is produced from the leaves of the *Erthroxylon coca* plant, and comes in three main forms:

- A paste which is often off-white or light brown
- A powder which is often white or off-white
- A white or off-white crystal rock known as crack cocaine

In Australia, cocaine is most commonly in powder form which is often used by snorting. As with all powder drugs, it is often sold 'cut' (mixed) with other white powder substances which can sometimes be harmful in their own right.

Cocaine is also known as coke, blow, charlie, C, dust, flake, nose candy, snow, white, crack, rock, and freebase.

EFFECTS OF COCAINE

When snorted or injected, cocaine quickly produces an intense 'rush'. This feeling or 'high' doesn't last very long – usually around 30–45 minutes if snorted.

Effects of cocaine vary, but may include:

IMMEDIATE		LONG TERM
<ul style="list-style-type: none">● Dilated (enlarged) pupils● Irregular heart beat● Reduced appetite● Increased energy and confidence● Feeling of euphoria (a 'high')● Nausea and vomiting● Anxiety and panic attacks● A 'comedown' or crash (see glossary)● Aggressive behaviour	<ul style="list-style-type: none">● Headaches and dizziness● Twitches and tremors● Insomnia● Paranoia (feeling extremely suspicious and frightened)● Hallucinations (e.g. seeing or hearing things that aren't really there)● Delusions (strong beliefs that do not reflect reality)● Psychosis (see glossary)● Overdose	<ul style="list-style-type: none">● Dependence (addiction)● Nasal and sinus problems including damage to the nasal septum● Depression● Heart damage● Lung problems● Kidney failure● Increased risk of strokes and seizures



INHALANTS

“ MY SON WAS SNIFFING AEROSOLS. NOT ALL THE TIME BUT NOW AND THEN. HE WAS AT MY SISTER'S HOUSE AND HE INHALED AN AIR FRESHENER. HE PASSED OUT AND WENT INTO CARDIAC ARREST WHICH KILLED HIM INSTANTLY.

—Natalie, 41

WHAT ARE THEY?

Inhalants, also known as volatile substances or solvents, are substances that are sniffed or breathed in through the nose and/or the mouth to give the user an immediate high.

There are four main types of inhalants:

Type	Examples
Volatile solvents	Paint thinners, glues, petrol, correction fluid
Aerosol sprays	Deodorants, hairsprays, spray paints
Gases	Nitrous oxide (laughing gas), propane, fire extinguishers
Nitrites	Room deodorisers, leather cleaner

EFFECTS OF INHALANTS

Most inhalants have an immediate effect and usually only give a high for a few minutes. Users sometimes keep on sniffing to prolong the high — in some cases this can lead to loss of consciousness, brain damage, and even death.

Effects of inhalants vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"> • Increased heart rate • Feeling light headed and dizzy • Loss of inhibitions • Agitation • Loss of coordination and balance • Irritation to the eyes, nose and throat • Aggressive behaviour • Slurred speech 	<ul style="list-style-type: none"> • Dependence (addiction) • Brain damage • Tremors • Problems breathing • Loss of hearing and vision • Increased risk of leukaemia from petrol sniffing • Damage to the immune system, bones, nerves, kidney, liver, heart, and lungs
	<ul style="list-style-type: none"> • Headaches • Confusion and drowsiness • Nausea and vomiting • Hallucinations (e.g. seeing or hearing things that aren't really there) • Suffocation • Seizures • 'Sudden sniffing death' syndrome <p><i>Inhaling these substances can cause heart failure within a few minutes</i></p>

HEROIN

HEROIN IS CONSIDERED TO BE THE SECOND MOST ADDICTIVE DRUG AFTER TOBACCO.



WHAT IS IT?

Heroin is one of a group of drugs known as opiates, so-called because they are natural products of the opium poppy – these also include opium, morphine, and codeine.

In Australia, heroin can be a fine powder, granules, or rocks, and is normally white or off-white in colour although it is sometimes brown. It is normally injected, but is also snorted, smoked, or heated and the vapours inhaled (chasing the dragon). It can be sold 'cut' (mixed) with a range of substances that can also be harmful. This makes it hard for the user to know the purity of what's being taken.

Heroin is also known as hammer, gear, or smack.

EFFECTS OF HEROIN

Heroin produces a 'rush' within seconds of injecting or smoking it, or up to about 5 minutes if it's snorted. The effects of heroin can last for approximately 3–5 hours.

Effects of heroin vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none">• Small ('pinned') pupils• Drowsiness and sedation (a state of calm or sleep)• Pain relief• Feeling of euphoria (a 'high')• Feelings of detachment• Nausea and vomiting• Overdose• Coma	<ul style="list-style-type: none">• Dependence (addiction)• Dental problems• Constipation• If injected there is an increased risk of infections like Hepatitis C and HIV• Infertility• Social problems, such as falling-out with friends• Financial issues such as debt and poverty

HALLUCINOGENS



“ ME AND A FEW MATES DECIDED TO TAKE A FEW TABS OF ACID. FIFTY MINUTES LATER I COLLAPSED AND THOUGHT I SAW SHADOWS COMING TOWARDS ME. I WAS SCREAMING AND CRYING FOR HELP BUT MY FRIENDS WERE ALSO HIGH AND UNABLE TO HELP. ”

—Alice, 16

WHAT ARE THEY?

Hallucinogens (also known as psychedelics) are a category of drugs that cause perceptual distortions such as hallucinations. Hallucinations are experiences where people hear or see things that aren't really there, or where perception is altered. For example, colours or shapes may appear to be changing, more brightly coloured or moving. Users may also experience unusual thoughts, feelings, or beliefs.

Hallucinogens can be naturally occurring or synthetic. **The most commonly known synthetic hallucinogen is LSD (Lysergic acid diethylamide), also known as acid, trips or tabs. Naturally occurring hallucinogens include magic mushrooms, DMT (Dimethyltryptamine), mescaline (found in peyote), or salvia.**

EFFECTS OF HALLUCINOGENS

The effects of hallucinogens are extremely variable and unpredictable, even if the person has used the same substance before. Factors that influence the drugs' effects include the person using (e.g. mood, personality), the setting, and the particular drug itself.

Effects of hallucinogens vary, but may include:

IMMEDIATE		LONG TERM
<ul style="list-style-type: none">• Increased heart rate and body temperature• Dilated (enlarged) pupils• A trance-like state• Feeling of euphoria (a 'high')• Restlessness• Nausea and vomiting• Hallucinations (e.g. seeing or hearing things that aren't really there)• Stomach cramps• Disorientation (increasing the risk of injury)	<ul style="list-style-type: none">• Tiredness, dizziness and amnesia• Anxiety, panic attacks, fear or terror (a 'bad trip')• Loss of consciousness• Paranoia (feeling extremely suspicious) and psychosis, lasting up to several hours after the drug effects have worn off• Poisoning, particularly with magic mushrooms if the wrong type is used. This can be fatal.	<ul style="list-style-type: none">• Flashbacks (spontaneous recurrences of a specific experience). Sometimes these can last for days, weeks or sometimes even years after taking the drug• Dependence (addiction)• Depression• Anxiety and panic attacks• Memory problems• Personality changes• Psychosis (see glossary)

KETAMINE

KETAMINE IS COMMONLY USED BY VETERINARIANS TO SEDATE ANIMALS SUCH AS HORSES.



WHAT IS IT?

Ketamine (ketamine hydrochloride) is a white powder, usually sold in 'bumps' or grams. A 'bump' is a small amount of powder, usually snorted through a small glass nasal inhaler called a bumper. Ketamine can also be swallowed, smoked, or injected.

As with all drugs sold in powder form, ketamine may also be sold 'cut' (mixed) with other white powder substances which may or may not be harmful — users can never be 100% sure of what they're getting.

Ketamine is also known as K, special K, Vitamin K, or horse tranquilizer.

EFFECTS OF KETAMINE

If snorted or 'bumped', ketamine takes effect within 5–10 minutes (longer if swallowed). Its effects can last for a couple of hours.

Effects of ketamine vary, but may include:

IMMEDIATE

- Increased heart rate and body temperature
- Drowsiness
- Feeling of euphoria (a 'high')
- Loss of coordination
- Slurred speech
- Feeling dizzy or faint
- Confusion and disorientation
- Numbness and a feeling of paralysis
- Nausea and vomiting
- Anxiety and panic attacks

LONG TERM

- Dependence (addiction)
- Problems with memory, attention, and decision making
- Mental health problems
- Ulcerative cystitis – symptoms include frequent and painful urination, cramps and involuntary urination.
- Intense abdominal pains known as 'K-cramps'
- Kidney problems

GHB



THERE'S A VERY HIGH RISK OF OVERDOSING WITH GHB. THERE'S VERY LITTLE DIFFERENCE BETWEEN THE AMOUNT THAT CAUSES THE 'HIGH' AND THE AMOUNT THAT CAUSES AN OVERDOSE.

WHAT IS IT?

GHB is short for gamma-hydroxybutyrate and it is naturally produced in small amounts by the body. It is almost always sold as a clear or blue odourless liquid, usually in a little vial such as fish-shaped sushi soy sauce container and it's normally swallowed. Problems with safety, including concerns about its use as a date rape drug, have led to it being classified as an illegal drug.

Sometimes other substances called GBL and 1,4B are sold as GHB because they have similar effects but may be stronger (increasing the risk of overdose) or more toxic.

GHB is also known as fantasy, grievous bodily harm, GBH, liquid ecstasy, liquid E, G, or Gina.

Although it is sometimes referred to as liquid ecstasy or liquid E, it is not related to ecstasy at all.

EFFECTS OF GHB

Once swallowed, GHB takes around 15–30 minutes to take effect and the effects last for about half an hour.

Effects of GHB vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none">• Increased heart rate and chest pains• Drowsiness, passing out, blackouts or memory loss• Blurred vision• Feeling relaxed• Feeling of euphoria (a 'high')• Lethargy• Hot/cold flushes• Heavy sweating• Confusion and agitation	<ul style="list-style-type: none">• Nausea and vomiting• Headaches and dizziness• Tremors or shaking• Difficulty breathing• Overdose• Seizures• Coma <ul style="list-style-type: none">• <i>Little is known about the long term effects of GHB</i>

BENZODIAZEPINES



**OBTAINING
BENZODIAZEPINES WITHOUT
A PRESCRIPTION FROM A
DOCTOR IS ILLEGAL.**

WHAT ARE THEY?

Benzodiazepines are medications that may be prescribed for a range of problems, including anxiety and insomnia. They are usually prescribed in a tablet or capsule form and the most common is diazepam (Valium). Others include alprazolam (Xanax), and oxazepam (Serepax). If used as prescribed, benzodiazepines can be effective medications. However, there are risks, particularly if they're not used properly, or are used regularly (e.g. daily) for more than a few weeks.

Benzodiazepines are also known as benzos, downers, sleeping tablets, or sleeping pills.

EFFECTS OF BENZODIAZEPINES

Once swallowed, benzodiazepines usually take about half an hour to start taking effect. The length of time the effects last for varies.

Effects of benzodiazepines vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none">• Decreased heart rate• Drowsiness and sedation• Shallow breathing• A feeling of calmness• Confusion• Loss of balance and coordination• Dizziness	<ul style="list-style-type: none">• Slurred speech• Blurred vision• Blackouts• Overdose <ul style="list-style-type: none">• Dependence (addiction)• In dependent users, suddenly stopping use can cause fatal seizures. People wishing to stop should seek advice from their GP



NEW PSYCHOACTIVE SUBSTANCES

WHAT ARE THEY?

These drugs are usually marketed as 'legal highs', 'synthetic drugs', 'party pills', 'research chemicals', or 'plant food' and are often used as substitutes for other illegal drugs. These new psychoactive substances are typically sold as powders, tablets, or as smoking mixtures. Most of these are illegal, or are quickly made illegal, because of health risks. They are continually changing, but current new psychoactive substances include:

Examples	Category	Attempting to copy the effects of
Mephedrone (meow meow)	Synthetic cathinone	Ecstasy, methamphetamine, cocaine
BZP, TFMPP	Synthetic piperazines	Ecstasy, methamphetamine
2C-I, 2C-B, DOI	Substituted phenethylamines	Ecstasy, methamphetamines, cocaine, hallucinogens
Methoxetamine, MXE	Dissociative anaesthetics	Ketamine
DMT	Substituted tryptamines	Hallucinogens

One pill (or package) may contain a mixture of different substances. New psychoactive substances are sold under a wide variety of other names, including 'Infinity', 'Benzo Fury' and 'Diablo'. The list is endless and names change frequently. However, users can't be sure what they're getting as the packaging doesn't guarantee what's inside.

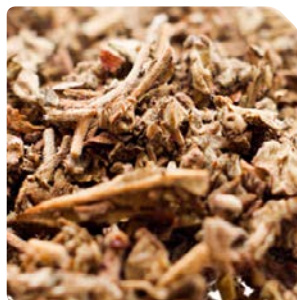
EFFECTS OF NEW PSYCHOACTIVE SUBSTANCES

Taking these is like a roll of the dice – they haven't been around long enough to know what the immediate risks are or what might happen later on in life to people who use them. However, it is known that a small number of people have died from using some types of new psychoactive substances.

Effects of new psychoactive substances vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"> Increased heart rate and body temperature Dilated (enlarged) pupils Feeling of euphoria (a 'high') Twitches and tremors Aggressive behaviour Anxiety and panic attacks Nausea and vomiting Dizziness and headaches 	<ul style="list-style-type: none"> Confusion A 'comedown' (see glossary) Insomnia Hallucinations (e.g. seeing or hearing things that aren't really there) Overdose Serotonin syndrome Paranoia and psychosis Seizures <p><i>Early information suggests that use of some new psychoactive substances may lead to a range of problems including:</i></p> <ul style="list-style-type: none"> Dependence (addiction) Memory problems Paranoia (feeling extremely suspicious and frightened) Psychosis (see glossary)

SYNTHETIC CANNABINOIDS



WHAT ARE THEY?

Synthetic cannabinoids are drugs that are often sold as a 'legal' alternative to **cannabis**, while claiming to have similar effects. They are often sold as 'herbal smoking blends' with different brand names, such as 'K2', 'Spice', and 'Kronic'. Despite the fact that these blends are often sold in stores or online and marketed as 'legal' and 'safe', many contain ingredients that are actually illegal and potentially very dangerous.

Usually these products are plant material that have been sprayed with one or more active chemicals that, when smoked, mimic some of the effects of cannabis. As the active ingredients used are often synthetic and produced in laboratories, they are neither 'herbal' nor 'natural', but rather they are engineered to be stronger than traditional cannabis, and therefore may pose a greater risk.

Also, blends often contain a mixture of different active ingredients, despite being sold under the same brand name. In addition to this, ingredients can change as different substances are made illegal, although the brand or product name may stay the same. This means that buying the same brand twice does not guarantee that the contents will be the same, and therefore the effects may also be different. It is therefore very difficult to know what is actually in the product.

EFFECTS OF SYNTHETIC CANNABINOIDS

Like other new psychoactive substances, taking these is like a roll of the dice, the immediate and long-term effects are still unknown.

Effects of synthetic cannabinoids can vary depending on the ingredients of the product, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none">• Drowsiness• Dilated (enlarged) pupils• Paranoia• Agitation• Irritability• Memory changes• Confusion• Sedation or loss of consciousness• Panic attacks	<ul style="list-style-type: none">• Very rapid heartbeat, as well as irregularity of heartbeat• Slowing down of heart rate• Chest pain• Extreme anxiety• Nausea• Vomiting• Appetite changes• Seizures and convulsions
	<p><i>Early information suggests that use of some synthetic cannabinoids may lead to a range of problems including:</i></p> <ul style="list-style-type: none">• Dependence (addiction)• Withdrawal symptoms when usage is ceased• Memory problems• Paranoia (feeling extremely suspicious and frightened)• Psychosis (see glossary)





POLYDRUG USE

WHAT IS IT?

Mixing drugs or taking one drug when under the influence of another drug is known as polydrug use. Combining drugs in this way carries extra risks and can be extremely dangerous. The more drugs a person takes (or is affected by) at a time, the more chance there is of something going wrong.

An example of polydrug use would be smoking cannabis while under the influence of alcohol. Mixing alcohol with drinks that contain caffeine is another example.

The effect of mixing drugs depends on which drugs are mixed together. Combining drugs that have the same physical effects (e.g. two or more stimulants or two or more depressants) is especially dangerous. This is because it increases the impact on normal functioning of the brain and body.

COMBINING STIMULANTS

e.g. cocaine and ecstasy



SEROTONIN SYNDROME

PSYCHOSIS

ANXIETY OR PANIC ATTACKS

HEART PROBLEMS

COMBINING STIMULANTS AND DEPRESSANTS

e.g. speed and alcohol



HEART PROBLEMS

**RESPIRATORY INFECTIONS
AND BRONCHITIS**

**DEHYDRATION, OVERHEATING,
AND KIDNEY FAILURE**

COMBINING DEPRESSANTS

e.g. benzodiazepines and alcohol



**ACCIDENTS OR INJURY
THROUGH BEING 'OUT OF IT'**

**FATAL OVERDOSE AS A COMBINATION OF DEPRESSANTS
WORK TOGETHER TO SLOW DOWN BOTH THE HEART AND
BREATHING RATE**

**NONFATAL OVERDOSE, WHICH CAN RESULT
IN PERMANENT BRAIN DAMAGE**

GLOSSARY

COMEDOWN

Just like getting a hangover from drinking alcohol, taking illegal drugs can lead to experiencing negative after-effects sometimes known as a 'comedown' or 'crash' which are the feelings experienced as the drug wears off. The type of effects experienced during this period depend on the type of drug(s) used. They might include feelings of depression, insomnia, extreme tiredness, irritability, and anxiety just to name a few and this can last anywhere from a few hours to a day or so after initially taking the drug. This is different to withdrawal effects (a sign that a person is addicted).

DEPENDENCE (ADDICTION)

People can also become physically and/or psychologically dependent on (addicted to) drugs, especially if they use regularly. They can develop tolerance, meaning that they need to take more of the drug to get the same effect.

The lifestyle of many people who are drug dependent (addicted to a drug) is difficult and often stressful and can lead to:

- Loss of jobs and problems finding work
- Losing touch with friends, family, and loved ones
- An inability to pay rent and bills, which can result in homelessness
- Impaired physical health
- Increased mental health problems
- Involvement in crime

DEPRESSANT DRUGS

Reduce activity in the central nervous system. Examples include:
Alcohol, GHB, Ketamine, Benzodiazepines, Opioids (e.g. Heroin).

PSYCHOSIS

People affected by psychosis may experience hallucinations (e.g. seeing or hearing things that aren't really there) delusions (strong beliefs that do not reflect reality), and paranoia (feeling extremely suspicious and frightened). If symptoms last for more than a few days, this could indicate that the person may have a more serious mental illness such as schizophrenia.



SEROTONIN SYNDROME

A life threatening condition that usually starts within 24 hours of taking the drug. It occurs when the brain is overloaded with a neurotransmitter (brain chemical) called serotonin. Symptoms include coma, seizures, shaking, confusion, rigid muscles, rapid heartbeat, and overheating.

STIMULANT DRUGS

Increase the activity in the central nervous system. Examples include:

Cocaine, Caffeine, MDMA (ecstasy), Methamphetamine (speed, ice, crystal, crystal meth, base), Ritalin, some new psychoactive drugs such as mephedrone and BZP.

WITHDRAWAL EFFECTS

People who are drug dependent may also experience withdrawal effects when they stop using. Withdrawal effects can last for several days to many weeks, depending on the type of drug and severity of their dependence. Withdrawal symptoms may include feelings of anxiety, depression, restlessness, irritability, and aggression. On top of this, withdrawal can also cause muscle spasms, headaches, muscle cramps, diarrhoea, vomiting, and cravings for the drug.



MORE INFORMATION AND SOURCES OF HELP

It takes a lot for someone to admit they may have a problem with drugs, but it's the first step to overcoming it. Your students may find it easier to talk to an external source for help or for information on drugs. There are a number of places available to help young people and adults with drug-related issues or provide general information:

POSITIVE CHOICES

Positive Choices is an online drug education portal that provides evidence-based information & prevention resources for school staff, young people & their parents.

www.positivechoices.org.au

KIDS HELP LINE

Kids Help Line telephone, web and email counselling is available 24 hours a day 7 days a week to children and young people of Australia aged between 5–25 years of age.

www.kidshelpline.com.au

Phone: 1800 55 1800

REACH OUT

This website has information about drugs, where to seek help, how to help a friend, and many other youth related issues.

au.reachout.com

HEADSPACE

Headspace provides information and counselling services with anything to do with alcohol, drugs, education, employment and general or mental health. It's for 12-25 year olds and has centres all around Australia.

www.headspace.org.au

LIFELINE

A 24-hour phone and online counselling service designed to help anyone through all problems.

www.lifeline.org.au

Phone: 13 11 14

SANE

Sane has a helpline and website that provides information and support for mental health issues.

www.sane.org

Phone: 1800 18 7263



COUNSELLING ONLINE

Counselling online allows you to communicate with a professional counsellor about an alcohol or drug related concern using text interaction. This service is free for anyone seeking help with their own drug use or the drug use of a family member, relative, or friend. Counselling Online is available 24 hours a day 7 days a week across Australia.

www.counsellingonline.org.au

AUSTRALIAN DRUG INFORMATION NETWORK

This website provides a directory of places in all states and territories in Australia, where it is possible to seek information and services to assist with alcohol and other drug related issues.

www.adin.com.au

NATIONAL DRUGS CAMPAIGN

Australian Government website provides information about illicit drugs and campaign resources.

www.australia.gov.au/drugs



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