

# DRUGS & ALCOHOL

WHAT YOU NEED TO KNOW

PARENT VERSION

# CONTENTS

Introduction	3
Drug and alcohol use and the law	5
Why do young people use drugs and alcohol?	6
How parents can protect against drug and alcohol use and related harms	7
Starting the conversation when you are concerned about drug and alcohol use	8
Keeping your teenager safe at a party	10
How to help someone who has taken a drug	12
DRS-ABCD: Basic life support flow chart	15
Putting someone in the recovery position	16
<b>Drugs A-Z</b>	
Alcohol	17
Benzodiazepines	18
Cannabis	19
Cocaine	20
GHB	21
Hallucinogens	22
Heroin	23
Inhalants	24
Ketamine	25
MDMA/Ecstasy	26
Methamphetamine	27
New psychoactive substances	28
Synthetic cannabinoids	29
Performance and Image-enhancing drugs	30
Tobacco & e-cigarettes	31
Polydrug use	32
Notes	33
Glossary	36
More information and sources of help	37



## INTRODUCTION

This resource has been developed to inform parents and carers about drugs and alcohol to help prevent and reduce the harms associated with their use. The best way for young people to stay safe from drug and alcohol harms is to avoid or delay the onset of use. Young people may also be affected by an adult or a friend's drug use so it is important they know how to respond if they or others are affected by drug and alcohol use.

### WHAT IS A DRUG?

Drugs (including alcohol) are substances that affect the way the body functions when they are used. If a drug is illegal it means that it is forbidden by law. Different drugs have different effects on people, and different factors can impact on the experience of drug use.

These include:

- the drug itself (e.g. the pharmacological properties of the substance being taken);
- the individual taking the drug (e.g. age, sex, physical and mental health of a person);
- the environment (the setting where the drug is being used).

Drinking two or three beers might be relatively low risk for a healthy adult but the risk of harm increases if they drink on an empty stomach, try to drive a car after drinking, or have a pre-existing health problem. The effects of drugs, including alcohol, are influenced by many factors which make them unpredictable and potentially dangerous, especially for young people.

On pages 17-32 you will find a list of common drugs and their effects.

## HOW MANY YOUNG PEOPLE AGED 12-17 USED DRUGS AND ALCOHOL IN THE PAST MONTH?<sup>1</sup>

It may be shown differently by the media, but the truth is that most young people have never tried an illegal drug or had a full serve of alcohol. 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.

<b>ALCOHOL (AT LEAST A FULL SERVE)</b>	<b>1 IN 4</b>	<b>27%</b>
<b>CANNABIS</b>	<b>1 IN 12</b>	<b>8%</b>
<b>COCAINE</b>	<b>1 IN 100</b>	<b>1%</b>
<b>ECSTASY</b>	<b>1 IN 50</b>	<b>2%</b>
<b>HALLUCINOGENS</b>	<b>1 IN 100</b>	<b>1%</b>
<b>HEROIN</b>	<b>1 IN 100</b>	<b>1%</b>
<b>METHAMPHETAMINE</b>	<b>1 IN 100</b>	<b>1%</b>
<b>TOBACCO</b>	<b>1 IN 14</b>	<b>7%</b>

<sup>1</sup> Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria.

## ALCOHOL USE AMONG YOUNG AUSTRALIANS

The use of alcohol among young people aged 12-17 has been declining over recent years. In 2017 only 27% of young people used alcohol in the past month. Additionally, more young people in Australia are choosing not to drink. The number of young people who have never consumed alcohol has increased from one in four (26%) in 2011 to one in three (34%) in 2017.

Rates of high-risk drinking among young people, however, remain high:

- Among young people who drink alcohol, one in four report drinking five or more alcoholic drinks in a single session in the past month (23%). While any alcohol consumption is risky for teenagers, high-risk drinking is defined as drinking an amount that increases the risk of accident or injury.
- Among young people who had drunk alcohol, one in three reported they did something they later regretted (28%) and most (59%) could think of at least one negative outcome related to their drinking, such as vomiting, using other drugs or getting into an argument.
- More than one in five (22%) or 4.4 million Australians aged 14 and over were victims of an alcohol-related incident in 2016. This includes feeling fearful of someone who is under the influence of alcohol as well as verbal, physical and sexual assault. Drinking alcohol increases the risk of being a victim of assault as it is harder to assess the risk involved in a situation after drinking.

It is important that young people understand the effects of alcohol and the potential negative consequences so that they can make informed decisions.





# DRUG AND ALCOHOL USE AND THE LAW

In Australia, the legal drinking age is 18 years old. It is illegal for someone under the age of 18 (minors) to purchase or to drink alcohol in licensed premises (e.g. a bar, club, restaurant). In many jurisdictions it is also illegal for someone under the age of 18 to consume alcohol in public places.

In a private residence, **it is illegal to supply alcohol to minors unless you have the parent or guardian's permission and can provide responsible adult supervision.**

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) that has been used to consume drugs 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.

## MINDR 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.

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

## 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.

# WHY DO YOUNG PEOPLE USE DRUGS AND ALCOHOL?

An insight into the pressures young people face can give parents an understanding of the reasons young people may use drugs and alcohol. This can help in responding in a constructive way. Below are some of the reasons young people give for using drugs and alcohol as well as some ideas for the 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 the effect 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?”**

- Let them know that most young people don't use drugs and alcohol. You could refer to the statistics on page 3 of this booklet to highlight that by not using drugs or alcohol, they are part of the majority.
- 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 you are available to talk about these problems.
- Make it clear that you want to assist them to get the support they need.

## **“It gave me more confidence”**

- Explore whether there are other less risky ways to improve confidence and self-esteem.
- Share similar experiences where you found it difficult in social situations and explain things you did to gain more confidence.

## **“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 helping them stay safe and healthy is your priority.



# HOW PARENTS CAN PROTECT AGAINST DRUG AND ALCOHOL USE AND RELATED HARMS

As a parent or guardian, you have a big impact on a teenager's life and the decisions they make. Research has shown there are many ways in which parents can minimise the chances that a teenager will use drugs and alcohol, or experience harms from their use.

## 1. BE A GOOD ROLE MODEL

- Your attitude matters! Young people whose parents show they approve of underage drinking are more likely to misuse alcohol. Your own use of alcohol, cigarettes and drugs matters, as young people often model their parent's behaviour.
- Avoid contradictions between what you tell them and what you do, and try to demonstrate ways to have fun and deal with problems that don't involve drugs or alcohol.

## 2. BE INVOLVED IN THEIR LIVES

- Regularly spend time with your teenager where you can give them your undivided attention.
- Set up a routine of having meals together or helping them with their homework.
- Get involved and show an interest in their hobbies and activities.
- If they go out, ask them about where they are going and who they are going with. Make this discussion a regular part of your conversation. Knowing who your teenager is with and where they are can help reduce risk.
- Peer influence can affect your teenager's behaviour, so it is natural to want to help your teenager choose the right friends and to get to know them. Invite them to your house, or talk to them if you pick your teenager up from school or after school activities.
- Get to know their parents as well, as they can provide a support network to look out for the safety of your teenager.

## 3. SET RULES AND EXPECTATIONS

- Set rules and expectations around drug and alcohol use with your teenager. Discuss these rules together, including the consequences for breaking them.
- Don't supply alcohol to your teenager. A common misperception is that giving alcohol to young people helps them to develop healthy drinking habits. Research shows that supplying alcohol to young people under the age of 18 can increase their risk of drinking earlier, drinking more when they do drink and experiencing problems with alcohol.

## 4. MAKE TIME FOR YOUR TEENAGER

- Let your teenager know that you are always ready and willing to talk and listen.
- When talking to them try not to lecture them; it is important to listen to their thoughts and concerns and offer help and support.
- Try and make yourself available most of the time. For example, make sure your teenager can contact you easily if they are at a party.

# STARTING THE CONVERSATION WHEN YOU ARE CONCERNED ABOUT DRUG AND ALCOHOL USE

If you are worried that your teenager might be using drugs or alcohol, it's important to keep talking to them and being open to communication. This will help to keep them connected to you, even at the most challenging of times. Starting the conversation about a young person's potential drug or alcohol use can be tricky. Having that initial conversation may not resolve everything, but it can be an important first step so your teenager trusts you and feels able to talk to you.



Here are some tips to getting started:

## 1. PREPARE FOR THE CONVERSATION

- **Gather information** to make sure you understand **what drug your teenager may be using** and its effects. Relate this information to how your teenager is acting, and see whether it applies to their situation. 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.
- **Only start the conversation when the person is not currently under the influence of drugs or alcohol.** If this is difficult, try to pick a time when they seem less **intoxicated** than others (e.g. in the morning). Try not to start conversations when they are on their way out of the house.
- It is OK to ask directly about drug use, but **don't make assumptions** that they are using drugs, how often, or why they use it.

### To start the conversation, you might say:

*"I've noticed a few changes in you lately, and I'm a bit worried that you aren't all that happy...what's going on in your life at the moment?"*

*"How are your friends going? ...I haven't seen them in a while."*

*"I haven't heard you talking much about school at the moment...how's that going?"*

- **Have some specific examples ready** that show the behaviours that you are worried about, in case you get a "like what?" in response.





## 2. EXPRESS CONCERNS BUT AVOID BEING JUDGEMENTAL OR CONFRONTATIONAL

- The conversation will be most effective if you **avoid judging or lecturing**. This can be really hard. But you are more likely to get through to the young person if you have a two-way conversation. **Let them know you care about them**. People are more likely to listen if they feel valued and respected.
- **Try to use statements which include “I”** as this doesn't put the blame on them. Instead of saying “You make me feel worried when you use this drug” say something like “I feel worried about your drug use”.
- **Listen** and express your concerns **in a supportive and non-confrontational manner**.

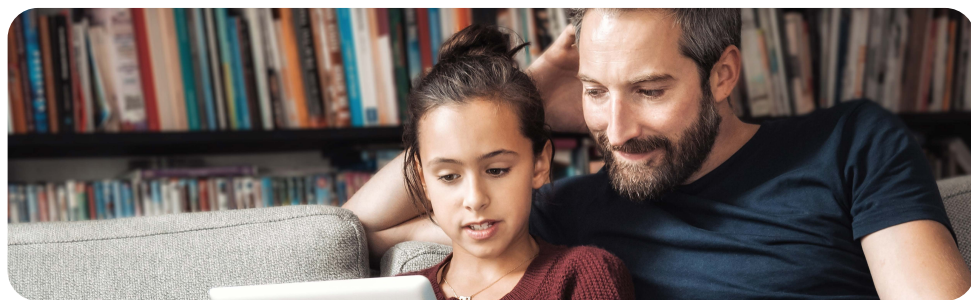
## 3. COMMUNICATE THAT CHANGE IS POSSIBLE, BUT CAN TAKE SOME TIME

- **Let them know you are available to talk in the future**. This first conversation is a first step in an ongoing conversation about drug and alcohol use, and it is important that your teenager knows they can talk about it again.
- Be aware that your teenager **may not believe their drug and alcohol use is dangerous**. They may become upset or angered when you talk about it. A negative reaction does not mean the conversation was futile – it may take some time for them to process what has been said.
- **Communicate that there is effective help available** to help people reduce or stop their drug or alcohol use.
- If they **do not want to change, encourage them to learn how to reduce their risk of harm**.

## 4. LOOK AFTER YOURSELF

Supporting your teenager in this process can be extremely challenging, and it is important to look after yourself too.

- Remember you can't force them to change. **Only they can take steps to cut down or stop their use**.
- **Take time out** for your own needs and hobbies.
- **Get support** by speaking to trusted friends and attending events or support groups in your community.
- **If you need more support** for you or your teenager there are services available. See page 37 of this booklet for a list of places that can help you to get the support you need.



# KEEPING YOUR TEENAGER SAFE AT A PARTY

If your teenager is invited to a party, arrange a time with them to discuss their attendance. It's also a good idea to contact the parents who are hosting the party, to confirm details and provide your phone number. Below you will find a list of discussion points and information.

## THE ALCOHOL ISSUE

- Let your teenager know your expectations around their use of alcohol. Setting clear rules can help to delay your teenager from starting to drink alcohol and prevent alcohol-related harms.
- Providing alcohol for your teenager to take to a party is not recommended. Research shows that supplying alcohol to your teenager increases the likelihood that they will start to use alcohol at a younger age, as well as having higher levels of alcohol use.
- If you think your teenager will be drinking alcohol, talk to them about how they can reduce the risk of harm. This can include reminders to:
  - never drive or get in a car with a driver who has been drinking;
  - stay with their friends and don't wander off alone;
  - don't get involved in activities like swimming, riding a bike and other physical sports.

## DEALING WITH PEER PRESSURE

- Talk to your teenager about what to do if they are faced with peer pressure to drink alcohol or take drugs (see tips for resisting peer pressure in our student booklet or on our website).
- Remind them that most teenagers do not use alcohol or drugs and by not using they are part of the majority of young Australians.

## WHAT TO DO IF SOMETHING GOES WRONG

It's important your teenager has some knowledge of what to do if something goes wrong. Some tips to help prepare your teenager include:

- Repeating safety messages to them before every party. These should be simple, such as instructions to call you or an ambulance if something goes wrong.
- Let them know they will not get in trouble if they call for help.
- Remind your teenager they can talk to a supervising adult if anything goes wrong.
- Let them know they can call you at any time for any reason. Keep your mobile phone with you while your teenager is at a party.
- Remind them that situations can get out of control quickly and that it is best to involve an adult as soon as they feel there might be a problem.
- Ask them to look after their friends at a party, especially if there will be alcohol. Ideally, having one person from each friendship group stay sober means there will be someone who can properly look out for others.





If your teenager is attending a party or gathering, ring the hosting parent and talk to them about the event. Below are some examples of questions you might ask.

### **WILL THERE BE ALCOHOL AT THE PARTY?**

- If the answer is yes, let the parents know whether your teenager will still be attending the party and whether or not you give permission for your teenager to drink alcohol.

### **WHAT SUPERVISION WILL BE PROVIDED?**

- Ask the hosting parents about their plan for supervising the party, such as how many adults will be there. Make sure you are satisfied with this level of supervision. If you can help supervise, offer this to the parents.

### **WHAT TIME WILL THE PARTY START AND FINISH?**

- Ask the hosts for a clear start and end time. This will help you monitor transport to and from the party and know where your teenager is if you are not taking them yourself.
- Plan with your teenager how they will get home after the party, and make sure they have a safe option.

### **EXCHANGE CONTACT NUMBERS**

- Save the phone number of the hosting parents in case you need to contact them during the party and ask them to save your number as well.

**IT'S IMPOSSIBLE TO REMOVE ALL RISKS WHEN IT COMES TO TEENAGE PARTIES. HOWEVER, BY DISCUSSING THE PARTY WITH YOUR TEEN AND THE HOST PARENTS, YOUR TEENAGER IS MORE LIKELY TO HAVE A SAFE AND FUN TIME WITH THEIR PEERS.**

# HOW TO HELP SOMEONE WHO HAS TAKEN A DRUG

**CALL OOD IMMEDIATELY IF THERE IS EVEN THE SLIGHTEST RISK THAT A PERSON IS HAVING AN UNUSUAL OR CONCERNING REACTION TO ALCOHOL OR A DRUG.**

## COMMON REACTIONS AND HOW TO RESPOND

### PANIC ATTACKS

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

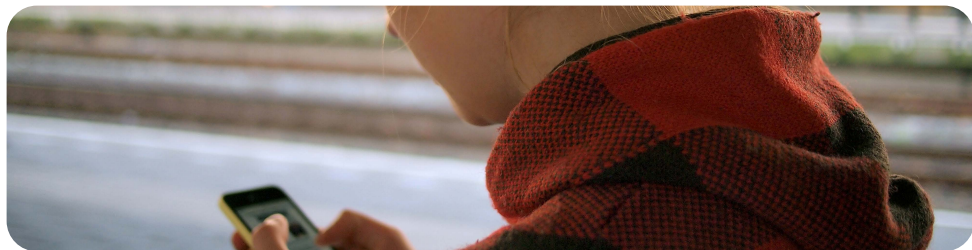
#### WHAT ARE SOME OF THE SIGNS

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

*"STUDENTS WOULD FIND THIS INFORMATION USEFUL BECAUSE IN A SITUATION CONTAINING DRUGS THEY WOULD KNOW HOW TO DEAL WITH IT OR SEEK HELP." - CLARE†, 15*

#### 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 15)



† Names have been changed to protect the privacy of individuals.





## OVERHEATING AND DEHYDRATION

There is a serious risk of overheating and dehydration when people take drugs 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 (including alcohol) 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 16)

## 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 16)

### 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<sup>1</sup>

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

1. Information is correct as of August 2019. Updated guidelines can be found at [resus.org.au/guidelines/](https://resus.org.au/guidelines/)

# 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





# ALCOHOL

## WHAT IS ALCOHOL?

Alcohol is a colourless liquid contained in wine, beer, spirits and other alcoholic drinks. Alcohol is a depressant because it slows down the way your brain relays information to the rest of the body. The legal age to buy alcohol in Australia is 18 years of age.

Types of alcohol include:

- Beer
- Wine
- Cider
- Spirits
- Liqueurs
- Pre-mixed drinks
- Fortified wines



## YOUNG PEOPLE AND ALCOHOL

The human brain is still developing and maturing well into the 20s. **Research shows that drinking alcohol during the teenage years can disrupt healthy brain development.** For this reason, teenagers are advised to avoid drinking for as long as possible. Starting to drink at an earlier age also places young people at greater risk of developing alcohol-related problems later in life.

When alcohol is absorbed, it is distributed throughout the water held in a person's body. On average, young people have a smaller body mass than adults and so have less water. This means that in a younger person there is less water to dilute the alcohol, so the alcohol will have a greater effect. Young people may be unaware of how alcohol might affect them. When young people do drink, it is often out with friends in a situation where they are at high risk of accidents or injury.

## WHAT ARE THE EFFECTS OF ALCOHOL?

Alcohol is the most commonly used recreational drug in Australia. After tobacco, it is the second leading cause of drug-related death and hospital admissions.

Some harms from alcohol are linked to drinking too much on one occasion (e.g. injuries, unsafe sex, alcohol poisoning) while other harms are linked to regular drinking (e.g. liver problems, addiction). The effects of alcohol may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"><li>• Slower breathing and heart rate</li><li>• Drowsiness</li><li>• Feeling of relaxation</li><li>• Loss of inhibitions</li><li>• Dehydration</li><li>• Unsteadiness, loss of coordination</li><li>• Risky behaviour (e.g. unsafe sex)</li><li>• Confusion</li><li>• Nausea, vomiting</li><li>• Loss of consciousness</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Mental health problems (such as depression and anxiety)</li><li>• Increased risk of diabetes and obesity</li><li>• Brain damage</li><li>• Malnutrition</li><li>• Heart problems</li><li>• Liver problems</li><li>• Cancer</li><li>• Serious birth defects if used during pregnancy</li></ul>

† Names have been changed to protect the privacy of individuals.

\* See Glossary on page 36



# BENZODIAZEPINES

## 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.**

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

## 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"><li>• Decreased heart rate</li><li>• Drowsiness and sedation</li><li>• Shallow breathing</li><li>• A feeling of calmness</li><li>• Confusion</li><li>• Loss of balance and coordination</li><li>• Dizziness</li></ul>	<ul style="list-style-type: none"><li>• Slurred speech</li><li>• Blurred vision</li><li>• Blackouts</li><li>• Overdose</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• For people who are dependent on this drug, suddenly stopping use can cause fatal seizures. People wishing to stop should seek advice from their GP</li></ul>

\* See Glossary on page 36



# CANNABIS

## 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, yandri, ganja, bud, or green.**



## EFFECTS OF CANNABIS

If smoked, the effects are often felt 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	LONG TERM
<ul style="list-style-type: none"><li>• Loss of inhibitions</li><li>• Feeling relaxed or drowsy</li><li>• Increased appetite</li><li>• Loss of coordination</li><li>• Bloodshot eyes</li><li>• Dryness of the mouth and throat</li><li>• Lethargy</li><li>• 'Greening out' (sweaty, dizzy, nausea, vomiting)</li><li>• Anxiety and panic attacks</li><li>• Paranoia and psychosis*</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Problems with memory and learning</li><li>• Decreased motivation and concentration</li><li>• Increased risk of respiratory diseases</li><li>• Paranoia and psychosis*</li></ul>

\* See Glossary on page 36



# COCAINE

## 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 used in powder form, which is often snorted. 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. This makes it hard for the user to know the purity of what's being taken.

**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"><li>• Dilated (enlarged) pupils</li><li>• Irregular heartbeat</li><li>• Reduced appetite</li><li>• Increased energy and confidence</li><li>• Feeling of euphoria (a 'high')</li><li>• Nausea and vomiting</li><li>• Anxiety and panic attacks</li><li>• A comedown*</li><li>• Aggressive behaviour</li><li>• Headaches and dizziness</li><li>• Twitches and tremors</li><li>• Insomnia</li></ul>	<ul style="list-style-type: none"><li>• Hallucinations (e.g. seeing or hearing things that aren't really there)</li><li>• Delusions (strong beliefs that do not reflect reality)</li><li>• Paranoia and psychosis*</li><li>• Overdose</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Nasal and sinus problems including damage to the nasal septum</li><li>• Mental health problems (such as depression and anxiety)</li><li>• Heart damage</li><li>• Lung problems</li><li>• Kidney failure</li><li>• Increased risk of strokes and seizures</li></ul>

\* See Glossary on page 36





# GHB

## WHAT IS IT?

GHB is short for gamma-hydroxybutyrate. It is almost always sold as a clear or blue odourless liquid, usually in a small vial such as a fish-shaped soy sauce container and it's normally swallowed. Problems with safety, including concerns about drink spiking and sexual assault, 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.

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

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



## EFFECTS OF GHB

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

Effects of GHB vary, but may include:

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



# HALLUCINOGENS

## 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. People who use these drugs 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 (Psilocybin)
- DMT (Dimethyltryptamine)
- Mescaline (found in peyote)
- Salvia

## EFFECTS OF HALLUCINOGENS

Effects of hallucinogens vary, but may include:

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

\* See Glossary on page 36



# HEROIN

## 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 person using the drug to know the purity of what's being taken.

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

**HEROIN IS A HIGHLY ADDICTIVE DRUG, IN PART DUE TO THE PHYSICAL EFFECTS THAT HAPPEN WHEN PEOPLE STOP USING IT.**



## 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"><li>• Small ('pinned') pupils</li><li>• Drowsiness and sedation (a state of calm or sleep)</li><li>• Pain relief</li><li>• Feeling of euphoria (a 'high')</li><li>• Feelings of detachment</li><li>• Nausea and vomiting</li><li>• Overdose</li><li>• Coma</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Dental problems</li><li>• Constipation</li><li>• If injected there is an increased risk of infections like Hepatitis C and HIV</li><li>• Infertility</li></ul>

\* See Glossary on page 36

# INHALANTS

## 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 person using the drug an immediate high.

There are four main types of inhalants:

- Volatile solvents
- Aerosol sprays
- Gases
- Nitrites

## EFFECTS OF INHALANTS

Most inhalants have an immediate effect that is usually only felt for a few minutes. People using these drugs 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"><li>• Increased heart rate</li><li>• Feeling light headed and dizzy</li><li>• Loss of inhibitions</li><li>• Agitation</li><li>• Loss of coordination and balance</li><li>• Irritation to the eyes, nose and throat</li><li>• Aggressive behaviour</li><li>• Slurred speech</li><li>• Headaches</li><li>• Confusion and drowsiness</li><li>• Nausea and vomiting</li><li>• Hallucinations (e.g. seeing or hearing things that aren't really there)</li></ul>	<ul style="list-style-type: none"><li>• Suffocation</li><li>• Seizures</li><li>• 'Sudden sniffing death' syndrome (caused by heart failure that can occur within a few minutes)</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Brain damage</li><li>• Tremors</li><li>• Problems breathing</li><li>• Loss of hearing and vision</li><li>• Increased risk of leukaemia from petrol sniffing</li><li>• Damage to the immune system, bones, nerves, kidney, liver, heart, and lungs</li></ul>

\* See Glossary on page 36





# KETAMINE

## 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.

Ketamine is commonly used by veterinarians to sedate animals such as horses. 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 – people using this drug can never be 100% sure of what they're taking.

**Ketamine is also known as K, ket, Special K, Vitamin K, or horse tranquiliser.**



## 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		LONG TERM
<ul style="list-style-type: none"><li>• Increased heart rate and body temperature</li><li>• Drowsiness</li><li>• Feeling of euphoria (a 'high')</li><li>• Loss of coordination</li><li>• Slurred speech</li><li>• Feeling dizzy or faint</li><li>• Confusion and disorientation</li><li>• Numbness and a feeling of paralysis</li><li>• Nausea and vomiting</li><li>• Anxiety and panic attacks</li></ul>	<ul style="list-style-type: none"><li>• Hallucinations (e.g. seeing or hearing things that aren't really there)</li><li>• Paranoia and psychosis*</li><li>• An experience known as the 'K-hole' which is the feeling of being trapped in a state of detachment. This can be extremely frightening</li><li>• Overdose</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Problems with memory, attention, and decision-making</li><li>• Mental health problems</li><li>• Ulcerative cystitis-symptoms include frequent and painful urination, cramps and involuntary urination</li><li>• Intense abdominal pains known as 'K-cramps'</li><li>• Kidney problems</li></ul>

*"LISTING THE EFFECTS GIVES ME AN IDEA OF WHAT TO LOOK FOR AND WHAT I SHOULD DO IF SOMEONE IS IN TROUBLE." - EMMA†, IS*

† Names have been changed to protect the privacy of individuals.

\* See Glossary on page 36



# MDMA/ECSTASY

## WHAT IS IT?

MDMA/ecstasy is the common name for the drug methylenedioxyamphetamine (MDMA).

'Party drugs' is a term used to describe a range of illegal drugs sold as tablets ('pills') or capsules ('caps'). MDMA/ecstasy is usually sold as a pill or capsule, although it can also come in powder or crystal form. When sold as a pill, a logo is typically stamped on the tablet, but this is no guarantee of quality or purity. For example, two pills that look the same may have very different effects as they can have different ingredients.

Analysis of drugs sold as MDMA/ecstasy in Australia shows that these contain a wide range of substances, and some contain no MDMA at all. Some substances found in these drugs can be toxic, even at low doses and even pure MDMA can be dangerous.

**MDMA/ecstasy is also known as E, pills, pingers, molly, love drug, disco biscuits, XTC and eccy.**

**ANALYSIS IN 2016/2017 BY THE AUSTRALIAN CRIMINAL INTELLIGENCE COMMISSION INDICATES THE MEDIAN PURITY OF MDMA SAMPLES FLUCTUATED BETWEEN 2% AND 53% ACROSS AUSTRALIA.**

## EFFECTS OF MDMA/ECSTASY

MDMA/ecstasy 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 MDMA/ecstasy vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"> <li>• Dilated (enlarged) pupils</li> <li>• Increased heart rate and blood pressure</li> <li>• Increased energy</li> <li>• Feeling of euphoria (a 'high')</li> <li>• Teeth grinding and jaw clenching</li> <li>• Anxiety and panic attacks</li> <li>• Overheating and dehydration (when the body loses more water than it takes in)</li> </ul>	<ul style="list-style-type: none"> <li>• A comedown*</li> <li>• Nausea, vomiting and dizziness</li> <li>• Visual distortions (things looking weird or different)</li> <li>• Paranoia and psychosis*</li> <li>• Serotonin syndrome*</li> <li>• Stroke</li> </ul>
	<ul style="list-style-type: none"> <li>• Dependence*</li> <li>• Mental health problems (such as depression and anxiety)</li> <li>• Impairments to memory and attention</li> <li>• Liver problems</li> </ul>

\* See Glossary on page 36



# METHAMPHETAMINE

## WHAT IS IT?

Methamphetamine comes in three main forms:

FORM	USUAL APPEARANCE	POTENCY	USED BY
<b>Crystal ('Ice')</b>	Translucent crystals, sometimes shards	Medium to high; normally the most potent form	Smoking, injecting
<b>Base</b>	White to brown thick oily substance	Medium to high	Swallowing, injecting
<b>Speed</b>	White or off-white powder	Low to medium	Snorting, swallowing, injecting



**Methamphetamine is also known as shabu, Tina, glass, meth, pure, point, P, wax or goey.**

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, and it can take 1-2 days for the drug to completely leave the body.

Effects of methamphetamine vary, but may include:

*"I DIDN'T KNOW WHAT ICE WAS UNTIL MY SCHOOL FRIEND'S LIFE FELL APART... ICE WAS ALWAYS VIEWED AS THE MOST EXTREME DRUG, AND SOMETHING THAT ALMOST ALL MY PEERS WOULD NOT TOUCH. HOWEVER, THE RARE FEW DID, AND THEY COMPLETELY CHANGED..."*  
- ALEX†

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"><li>• Increased heart rate and blood pressure</li><li>• Dilated (enlarged) pupils</li><li>• Increased energy</li><li>• Feeling of euphoria (a 'high')</li><li>• Aggressive behaviour</li><li>• Trembling</li><li>• Bad headaches and dizziness</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Dental problems</li><li>• Heart, kidney and lung problems</li><li>• Malnutrition and exhaustion</li><li>• Mental health problems (such as depression and anxiety)</li><li>• If injected there is an increased risk of infections like Hepatitis C and HIV</li><li>• Paranoia and psychosis*</li><li>• Stroke</li></ul>

† Names have been changed to protect the privacy of individuals.

\* See Glossary on page 36



# 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 (NPS) 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 NPS include:

COMMON CATEGORIES	EXAMPLES	OTHER NAMES	ATTEMPTING TO COPY THE EFFECTS OF
<b>Synthetic cathinones</b>	Mephedrone, MDPV, alpha-PVP, methylene	Meow meow, flakka, bath salts, M-Kat	Methamphetamine, MDMA/ecstasy
<b>Piperazines</b>	BZP, TFMP, 2C-I	A2, rapture	MDMA/ecstasy, methamphetamine, hallucinogens
<b>Substituted tryptamines</b>	5-Meo-DMT, AMT	Foxy	Hallucinogens
<b>Phenethylamines</b>	NBOMe series, PMMA, benzodifurans	Benzo fury, death on impact, N-Bomb	Hallucinogens, MDMA/ecstasy, methamphetamine

One pill (or package) may contain a mixture of different substances. NPS are sold under a wide variety of names and the list is always growing. As of 2019 the United Nations Office on Drugs and Crime (UNODC) has identified at least 900 NPS. Names change frequently and people who use these drugs cannot be sure about what they are taking 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 NPS. Effects of NPS vary, but may include:

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

\* See Glossary on page 36





# 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'.

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.



**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.**

Blends of synthetic cannabinoids 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 because the immediate and long-term effects are still unknown.

Effects of synthetic cannabinoids vary, but may include:

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

\* See Glossary on page 36



# PERFORMANCE AND IMAGE-ENHANCING DRUGS

## WHAT ARE THEY?

Performance and image-enhancing drugs are substances that are used to try to enhance a person's appearance or physical abilities, either by growing muscle or reducing body fat.

The main substances that are used for this purpose are:

- Human and animal anabolic and androgenic steroids
- Human growth hormone
- Other reproductive hormones
- Diuretics

**Performance and image-enhancing drugs are sometimes called steroids, roids, juice, and gear.**

## EFFECTS OF PERFORMANCE AND IMAGE-ENHANCING DRUGS

Initially, performance and image-enhancing drugs can cause mood changes, such as euphoria (intense feelings of happiness), increased confidence and self-esteem, more energy and motivation to exercise. People who use these drugs feel less tired and may have trouble sleeping. Libido (interest in sex) commonly increases but can decrease.

Performance and image-enhancing drugs can cause problems when competing in sporting competitions. Many of the substances are banned because of the health risks involved, the shame it brings to sport as a whole, and in order to encourage fair competition. For these reasons, use of performance and image-enhancing drugs can result in disqualification from competition, as well as harming an athlete's long-term sporting career and reputation.

Effects of performance and image-enhancing drugs vary, but may include:

PHYSICAL	PSYCHOLOGICAL	FOR MALES	FOR FEMALES
<ul style="list-style-type: none"> <li>• Acne (e.g. pimples)</li> <li>• High blood pressure</li> <li>• Liver problems</li> <li>• Heart problems</li> <li>• Increased cholesterol levels</li> <li>• Hair loss/baldness</li> <li>• Sleeplessness</li> <li>• Headaches</li> <li>• Tendon injuries/ligament damage</li> <li>• Permanent short stature in adolescents</li> <li>• Water retention</li> </ul>	<ul style="list-style-type: none"> <li>• Dependence*</li> <li>• Increased aggression (e.g. 'roid rage')</li> <li>• Increased irritability</li> <li>• Mood swings</li> <li>• Mania</li> <li>• Mental health problems (such as depression and anxiety)</li> </ul>	<ul style="list-style-type: none"> <li>• Gynaecomastia (abnormal growth of breasts)</li> <li>• Shrinking testicles</li> <li>• Prostate problems</li> </ul>	<ul style="list-style-type: none"> <li>• Clitoral enlargement</li> <li>• Smaller breasts</li> <li>• Deepening of the voice</li> </ul>
<h3>FOR YOUNG PEOPLE</h3> <ul style="list-style-type: none"> <li>• Stunted growth (when high hormone levels from steroids signal to the body to stop bone growth too early)</li> <li>• Stunted height (if teens use steroids before their growth spurt)</li> </ul>			

\* See Glossary on page 36



# TOBACCO & E-CIGARETTES

## WHAT ARE THEY?

Cigarettes are made from the dried and cured leaves of the tobacco plant. Nicotine is the key addictive drug in tobacco. Like other drugs, nicotine changes the way the brain works and causes cravings for more nicotine.



### Nicotine can be found in:

- Tailor-made manufactured cigarettes
- Roll-your-own cigarettes
- Cigars
- Pipe tobacco
- Water pipe tobacco (shisha, narghile)
- Chop-chop (illegal loose rolling tobacco)
- Herbal and spiced cigarettes
- E-cigarettes

## ELECTRONIC CIGARETTES (E-CIGARETTES)

Electronic cigarettes (also known as 'e-cigarettes' or 'vapes') are handheld electronic devices that mimic the effects of a tobacco cigarette but produce vapour instead of smoke when inhaled. The use of e-cigarettes is often referred to as 'vaping'.

According to the 2017 Australian Secondary School Students' Alcohol and Drug Survey, 13% of young people aged 12-17 have used e-cigarettes.

E-cigarettes containing nicotine are available in some countries but in Australia their sale is illegal. E-cigarettes that do not contain nicotine are legal in Australia for adults over the age of 18, however, it is against the law to sell e-cigarettes to young people under the age of 18.

As e-cigarettes are a relatively recent phenomenon, there are no long-term studies that can establish their safety. Because of this, it is unclear whether vaping is any safer than smoking tobacco, and the long-term effects are currently unknown.

## EFFECTS OF TOBACCO

Even though smoking is legal, it doesn't mean that it's safe, or that it is less harmful than illegal drugs. In fact, smoking is responsible for more deaths than any other drug. Smoking is legal because it was already widely used and socially accepted before the health risks became understood. Effects of tobacco smoking vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"><li>• Increased heart rate</li><li>• Increased blood pressure</li><li>• Reduced oxygen to the brain and lungs</li><li>• Bad breath</li><li>• Stained teeth and fingers</li><li>• Shortness of breath</li><li>• Increased phlegm production</li><li>• Persistent coughing</li><li>• Constricted blood vessels</li><li>• Nausea and dizziness</li></ul>	<ul style="list-style-type: none"><li>• Dependence*</li><li>• Dental problems</li><li>• Premature aging</li><li>• Reduced physical fitness</li><li>• Reduced fertility</li><li>• Respiratory (breathing) problems</li><li>• Increased risk of heart disease (smokers are 2-4 times more at risk)</li><li>• Lung disease (e.g. emphysema)</li><li>• Diabetes</li><li>• Cancer</li></ul>

\* See Glossary on page 36



# 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 DEPRESSANTS

e.g. benzodiazepines and alcohol



ACCIDENTS OR INJURY THROUGH BEING 'OUT OF IT'

NON-FATAL OVERDOSE, WHICH CAN RESULT IN PERMANENT BRAIN DAMAGE

FATAL OVERDOSE

## 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

\* See Glossary on page 36











# 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 dependent).

## 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:

- Problems with school or 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

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

These 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 dependent on drugs or alcohol 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. 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 or alcohol, but it's the first step to overcoming it. Young people may find it easier to talk to an external source for help or for information on drugs and alcohol. There are a number of places available to help young people and adults with drug and alcohol-related issues or provide general information:

### POSITIVE CHOICES

Positive Choices is an online drug education portal that provides evidence-based information and prevention resources for school staff, young people and their parents. An accessible version of the booklet is available on the website.

**[positivechoices.org.au](http://positivechoices.org.au)**

### POSITIVE CHOICES ABORIGINAL AND TORRES STRAIT ISLANDER PORTAL

Positive Choices Indigenous is a drug education portal specific for Aboriginal and Torres Strait Islander young people, families and teachers of Aboriginal and Torres Strait Islander students.

**[positivechoices.org.au/indigenous](http://positivechoices.org.au/indigenous)**



### NATIONAL ALCOHOL AND OTHER DRUG HOTLINE

For free and confidential advice about alcohol and other drugs, call the National Alcohol and Other Drug Hotline. It will automatically direct you to the Alcohol and Drug Information Service in your state or territory. These local alcohol and other drug telephone services offer support, information, counselling and referral to services.

**Phone: 1800 250 015**

### KIDS HELPLINE

Kids Helpline 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 and 25 years of age.

**[kidshelpline.com.au](http://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](http://au.reachout.com)**

### LIFELINE

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

**[lifeline.org.au](http://lifeline.org.au)**

**Phone: 13 11 14**

## HEADSPACE

Headspace provides information and counselling services for 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.

**[headspace.org.au](http://headspace.org.au)**

## 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.

**[counsellingonline.org.au](http://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.

**[adin.com.au](http://adin.com.au)**

## NATIONAL DRUGS CAMPAIGN

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

**[campaigns.health.gov.au/drughelp](http://campaigns.health.gov.au/drughelp)**

## AODCONNECT APP

AODconnect is a smartphone app that provides a national directory of alcohol and other drug treatment services for Aboriginal and Torres Strait Islander people.

**Available for free download via iTunes or Google Play**

## STUDENT WELLBEING HUB

The Student Wellbeing Hub is an Australian Government Department of Education and Training initiative that aims to create safe, supportive and respectful learning and teaching communities throughout Australia.

**[studentwellbeinghub.edu.au](http://studentwellbeinghub.edu.au)**

## THE ALCOHOL AND DRUG FOUNDATION

The Alcohol and Drug Foundation (ADF) is one of Australia's leading bodies committed to preventing and minimising alcohol and other drug harms in Australian communities.

**[adf.org.au](http://adf.org.au)**

**Phone: 1300 85 85 84**

## FAMILY DRUG SUPPORT AUSTRALIA

Family drug support provides up to date information on all aspects of alcohol and drug use relevant to the families of people who use alcohol and other drugs.

**[fds.org.au](http://fds.org.au)**

**Phone: 1300 368 186**





## ACKNOWLEDGEMENTS

© The University of Sydney 2019

Positive Choices is funded by the Australian Government Department of Health and led by the Matilda Centre for Research in Mental Health and Substance Use at The University of Sydney.

Please cite as: Newton, N., Chapman, C., Stapinski, L., Grummitt, L., Lawler, S., Allsop, S., McBride, N., Bryant, Z., Kay-Lambkin, F., Slade, T., & Teesson, M. (2019). *Drugs & Alcohol: What you need to know* (Parent booklet; second edition). The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney.

Thank you to Caitlin Ward, Samantha Lynch, Sophia Garlick Bock and Mieke Snijder for their contribution to this edition. Acknowledgements to Daniel Rodriguez, Emma Black, Candice Rainsford, Wendy Swift and Bill Reda for their involvement in the original booklet development (2014). We would also like to acknowledge the input from our collaborators at the National Drug and Alcohol Research Centre and the National Drug Research Institute.

Drug facts adapted from fact sheets produced by the authors in collaboration with Raimondo Bruno, Joe Van Buskirk, Rebecca McKetin, Caitlin Hughes, Sarah MacLean, Jhodie Duncan, Sharlene Kaye, Briony Larance, Brendan Jacka, Anthony Shakeshaft, Michael Farrell, Lucy Burns, Edmund Silins, Ron Borland, Philip Hull and Ryan Courtney.

Design and layout by Netfront - [netfront.com.au](http://netfront.com.au)



[POSITIVECHOICES.ORG.AU](http://POSITIVECHOICES.ORG.AU)



**Australian Government**  

---

**Department of Health**



THE UNIVERSITY OF  
**SYDNEY**  
—  
Matilda Centre