### annabisCannabisCannabisCannabisCannabis

### What is it?

Cannabis sativa is a flowering plant that contains THC. THC is short for tetrahydrocannabinol. THC is a depressant drug that slows down the messages going to and from the brain to other parts of the body. THC also has hallucinogenic qualities.

Marijuana, skunk, hashish and hashish oil all come from the cannabis plant.

Marijuana is made from the dried leaves and flowers of the cannabis plant. It is the most common form of cannabis.

**Skunk** is a stronger form of marijuana. It is stronger because chemicals are added to the cannabis plant while it is growing.

It is often grown 'hydroponically'. This means the roots of the plant are grown in solutions instead of soil. The fertilisers used boost the amount of THC in the plant.

Hashish (hash) is small blocks of dried cannabis resin (sticky stuff). Hash has more THC so it's usually stronger than marijuana.

Hashish oil is a thick, golden-brown to black oily liquid, that can be pressed out of hashish. Hashish oil is the most potent form of cannabis.

Some of the names you might hear it called...

Grass, dope, pot, weed, smoke, green, gunga, mull, yarnie, joint.

## How it affects the body...

The effect of any drug (including cannabis) varies from person to person. It depends on how much is taken, how it is taken, whether the person is used to taking it, the mood of the person, and other factors.

If cannabis is used some of the following effects can occur:

- feel more relaxed and calm
  - VISCIS.
- giggiy.
- less coordinated
- feel mixed up or confused
- less able to concentrate and make decisions
- more aware of sensations like colour and sound
- bloodshot eyes
- hunger
- headaches
- nausea and vomiting
- dizziness or fainting
- anxiety and paranoia
- delusions or hallucinations.
- Long term effects may include:
  - loss of memory
- acute paranoia
- irregular menstrual cycles
- lowered sperm counts
- loss of drive or motivation
- being more prone to sickness and infections
- breathing problems like asthma and bronchitis
   cancer of the mouth, tongue, throat and lungs.
- bronchitis

## Other effects

Cannabis use can affect the lifestyle of users, their families and friends. Unwanted or unprotected sex, effects on pregnancy, accidents, legal problems, financial and lifestyle difficulties and conflict with family and friends can make life difficult for all concerned.

See the 'Drugs And Other Consequences' brochure for more information.

## Can you become dependent on cannabis?

People can become dependent on cannabis, both 'physically' and 'psychologically'.

When a person is physically or emotionally dependent on a drug they have cravings for the drug. If the drug is not available or they try to stop using it, the physical and emotional pain they feel is called "withdrawal".

A person withdrawing from cannabis may feel irritable, nervous, anxious and may panic. Shaking, sleeping problems, hot and cold flushes and upset stomach are also common.

If someone is withdrawing from cannabis they need support and medical supervision.

### Can you become dependent on cocaine?

Regular users can become dependent on cocaine. If the drug is unavailable or they try to stop using they will suffer withdrawal.

A person withdrawing from cocaine may feel exhausted, depressed and anxious. They may also have shaking fits, nausea, muscle pain and sleeping problems. They may have cocaine cravings.

## Do most teenagers use cocaine?

No, only 2% of females between the ages of 14 - 19, and less than 1% of males the same age have used cocaine recently (in the 12 months before the 1995 National Drug Strategy Household Survey).

## Do most adults use cocaine?

No, only 3% of the population have ever tried cocaine. Only 0.9% have used cocaine in the last 12 months.

## Getting help

If you are concerned about yourself, a family member or a friend, there are many people and places you can go to for support and advice. At school, student welfare coordinators have information that may be useful.

If you don't feel you can speak to school staff you can call your local hospital or council for information about youth services they offer.

You can also call

Direct Line on 03 9416 1818

Kids Help Line on 1800 551800

## Cocaine is a stimulant: it speeds up the messages between the brain and the body.

## Cocaine

Legal status

Cocaine is illegal in all Australian States and Territories.





### What is it?

Cocaine is a drug made from the leaves of the coca plant. It comes in the form of a white powder, and has the scientific name of cocaine hydrochloride. It is generally sold illegally as a fine, white crystalline powder mixed with similar-looking substances such as cornstarch, talcum powder, sugar, some types of local anaesthetics and other stimulants, such as amphetamine (speed). Cocaine is usually sonted

Crack is a form of cocaine. The effects of crack are similar to cocaine. However, in comparison to cocaine effects only last a short time.

## Some of the names you might

hear it called...

Coke, charlie, snow, lines,

C, flake, blow

## How it affects the body...

The effect of any drug (including cocaine) varies from person to person. It depends on things like how much is taken, how it is taken, whether the person is used to taking it, the mood of the person and where the drug is taken.

Short-term effects can occur rapidly after a single dose of cocaine. They can last anywhere from a few minutes to a few hours.

If a person takes cocaine some of the following effects can occur:

- feel more alert and have more energy
- experience a sense of well being
- feel less hungry
- increased heart rate
- increased body temperature
- larger pupils
- dizziness
- get headaches and nose bleeds
- feel restless
- lose concentration
- become aggressive and violent
- become less able to judge risks
- heart pain and heart attack
- burst blood vessels in the brain.

### Long term use

Long term use of cocaine can produce behaviour problems such as mood swings, nervousness and lack of motivation.

Breathing difficulties and lung damage can also occur from smoking cocaine or crack.

## Orug induced psychosis

Both short and long term use of cocaine can cause drug-induced psychosis. This is a mental disturbance in which people might hear voices, become suspicious, feel that everyone is against them and think things that are not true.

## Other effects

Cocaine use can affect the lifestyles of users, their families and friends. Conflict, unwanted or unprotected sex, effects on pregnancy, accidents, legal problems and financial and lifestyle difficulties can make life difficult for all concerned.

See the 'Consequences Of Drug Use' brochure for more information .

### dependent on ecstasy? Can you become

Few people seem to use ecstasy for long themselves when they go to raves and dance parties. This means they find it periods. However, some people have difficult to enjoy these events when become reliant on using it to enjoy they're not using it.

### Do most teenagers use ecstasy?

1995 National Household Drug Strategy No, only 1% of young people between the ages of 14 - 19 have used ecstasy recently (in the 12 months before the

### Do most adults use ecstasy?

ever tried ecstasy, and less than 1% have No, only 2.4% of the population have used ecstasy in the past 12 months.

## Did you know?

People who use ecstasy regularly (that is mainly experiencing the negative effects approximately twice per month) report of the drug.

**cstasy** 

(MDMA)

## Getting help

many people and places you can go to If you are concerned about yourself, a family member or a friend, there are student welfare coordinators have for support and advice. At school, information that may be useful. If you don't feel you can speak to school staff you can call your local hospital or council for information about youth services they offer.

You can also call

hallucinogen because

perceptions of reality. it distorts the user's

it speeds up messages between the brain and the body and partly an

is partly a stimulant as

Ecstasy

Kids Help Line on 1800 55 1800 Direct Line on 03 9416 1818

## Ecstasv

Legal status

It is illegal to buy, have or use ecstasy.







### $\mathbb{W}$ hat is it?

Ecstasy is part stimulant, part hallucinogen. It is a stimulant because, like amphetamine (speed), it speeds up the messages to and from the brain, and to other parts of the body. It is also a hallucinogen because it distorts the user's perceptions of reality, and can cause them to experience things that other people cannot see, hear, feel or smell.

Ecstasy is a common name for MDMA. MDMA stands for MDMA stands for Methylenedioxymethamphetamine (one of the longest words in English!) and is sometimes referred to as a 'designer drug' that is associated with dance parties and rave culture. It is usually sold in small tablets that come in a variety of colours and sizes, although it may also be sold in powder form.

However, the ecstasy people buy illegally is often not MDMA. Recent research found that of 57 samples tested, only 17 contained MDMA. The remainder contained a variety of other things. Some contained substances such as caffeine, and the active ingredient in cold and flu tablets. Others contained illicit drugs such as heroin, amphetamine and an anaesthetic used by vets called ketamine. Others had no drug at all!

Some of the names you might hear it called...

E, eccies, love drug, white dove, hug drug

## How it affects the body...

The effect of any drug (including ecstasy) varies from person to person. It depends on how much is taken, how it is taken, whether the person is used to taking it, the mood of the person, and other factors.

If ecstasy is used some of these effects can

- heart beats faster
- higher blood pressure
- increased body temperature
- sweating
- thirst
- jaw clenching
- teeth grinding
- feeling sick (nausea)
- vomiting
- paranoia (like everyone's out to get you)
- ti+c
- fits
- hallucinations
- floating sensations
- uncharacteristic behaviour
- extreme dehydration / heat stroke from over-activity

over-hydration from too much water
in extreme cases, death can occur from

dehydration or over-hydration.

The effects from ecstasy can begin within
45 minutes of taking it. Most effects last up
to six hours, but some hang around for as
long as 32 hours.

Ecstasy can also have a 'hangover' effect (particularly the day after the drug is taken) where you're not at all hungry, have trouble sleeping, feel depressed, have aching muscles and can't concentrate.

## Other effects

Ecstasy is often called the 'love drug' because it can produce feelings of peacefulness, increased confidence and a feeling of closeness. It may also increase a person's sense of touch.

The other side of this coin is that some people may make decisions about sex that they wouldn't usually make. Someone using ecstasy (like other drugs) might have sex with people they normally wouldn't, be more likely to have unsafe sex and run the risk of unwanted pregnancy or becoming infected with sexually transmitted diseases such as HIV / AIDS, herpes and Hepatitis B



## Other effects

Street heroin is usually a mixture of pure heroin and other substances such as talcum powder, baking powder, starch, glucose or quinine. Sometimes other drugs like amphetamine (speed) and barbiturates (downers) are also mixed in. These additives can be very dangerous. They can cause damage to the heart, lungs, liver and brain. Because users don't know whether they are using 5% or 100% pure heroin, it is easy to accidentally overdose.

Unsafe injecting habits can cause collapsed veins, tetanus and abscesses.

Risks of HIV / AIDS and Hepatitis B and C are also increased if heroin is injected.

For some people, a heroin habit leads to bad eating habits, poor cleanliness and housing problems. This increases the risk of getting infections and other illnesses.

body.

The financial cost of heroin can sometimes lead users to turn to crime.

See the 'Drugs And Other Consequences' brochure for more information.

### Do most teenagers use heroin?

No, only 1% of females aged 14-19, and less than 1% of males the same age have used heroin recently

(1995 National Drug Household Survey).

### Do most adults use heroin?

No, only 2% of the population have ever used heroin, and less than 1% have used heroin in the past 12 months.

## Did you know?

Narcan is a drug that if used in time can reverse the effects of heroin overdose. When injected into a user it surrounds the heroin so that the heroin can't stop messages passing to and from the brain. Almost immediately the bodies organs start to work again and the person is revived.



## Heroin

### Legal status

It is illegal to use, possess, manufacture, supply, import or trade heroin in all Australian States and Territories.





### leroinHeroinHeroinHeroinHeroinHeroir

### What is it?

Heroin is one of a group of opioids that take their name from the opium poppy.

The seed pod of the flower produces a sticky resin that contains the natural painkillers opium, morphine and codeine.

Morphine and codeine are widely used for medicinal purposes.

Heroin is made from morphine by a chemical process, but has a stronger painkilling effect. It comes as white, pink or brown granules or powder, and has a bitter taste.

## Some of the names you might hear it called...

Smack, H, horse, junk, scat, scag

## How it affects the body...

The effect of any drug (including heroin) varies from person to person. It depends on things like how much is taken, how it is taken, whether the person is used to taking it, the mood of the person and where the drug is taken. A given amount might have a slight effect on one person, but a much greater effect on another person.

If heroin is used some of the following effects can occur:

- feelings of pleasure and peacefulness
- breathing, blood pressure and heart rate slow down
- feelings of pain and hunger go away
- sexual urges go away
- pupils of the eyes get much smaller
- feeling warm, heavy and sleepy
- movement becomes sluggish and uncoordinated
- nausea and vomiting
- overdose is possible.

### Overdose

When a person overdoses on heroin all bodily functions slow down. A person in a stupor before death will have low blood pressure, breathing becomes very slow, heart beat becomes slow and irregular, skin becomes very cold and pupils

extremely small. Eventually breathing becomes so slow that it stops altogether and death can occur.

### Long term effects

Some long term effects include constipation, damaged teeth and nails due to lack of calcium, menstrual irregularity and loss of sex drive.

### Can you become dependent on heroin?

It is possible to become dependent on heroin. When a person is dependent on heroin they need the heroin to stop feeling sick and to cope with life. If the drug is not available or they try to stop using it, the physical and emotional pain they feel is called "withdrawal". Withdrawal usually starts six to 12 hours after the last dose. The first symptoms are like having the flu. Watery eyes, runny nose, and sweating are common.

As time goes on symptoms get worse and chronic cravings occur. The user may also suffer shaking fits, hot and cold flushes, goose bumps, severe depression and panic.

If someone is withdrawing from heroin they need support and medical supervision.



### Can you become dependent on hallucinogens?

Few people become dependent on hallucinogens, although some develop a psychological dependence on them. This means they feel they need to have them to enjoy themselves in some circumstances.

### Do most teenagers use ISD?

No, only 7% of males aged 14-19, and 3% of females the same age have used LSD recently (1995 National Drug Household Survey).

### Do most adults use ISD?

No, only 6% of the population have ever used hallucinogens, and only 1% have used them in the past 12 months.

## Getting help

If you are concerned about yourself, a family member or a friend, there are many people and places you can go to for support and advice. At school, student welfare coordinators have information that may be useful.

If you don't feel you can speak to school staff you can call your local hospital or council for information about youth services they offer.

You can also call:

Direct Line on 03 9416 1818

Kids Help Line on 1800 551800

### ISD

is a hallucinogen:
it distorts the user's
perceptions of reality
and can cause them to
see things that other
people cannot see,
hear, feel or smell.

## S

Legal status
Hallucinogens are illegal to
manufacture, supply, sell, possess
or use in all Australian States and
Territories.





### What is it?

LSD (Lysergic acid diethylamide) is a hallucinogen. It mainly affects the way the brain works. It distorts the user's senses and perceptions of reality. It can cause them to experience things that other people cannot see, hear, feel or smell.

In its pure form LSD is so powerful that minute particles can trigger effects.

Hallucinogens are also known as 'psychedelic' drugs.

## Some of the names you might

### hear it called...

Trips, trippers, acid, tabs, cartoon characters, microdots, blotters.

## How it affects the body...

The effects of hallucinogens are not easy to predict. They often depend on the mood of the user, the amount and the context of use.

This is what can happen if a very small amount of LSD is used:

- the pupils of the eyes become much smaller
- heart beats faster
- perceptions of sight, sound, touch, smell, taste and space are sharper
- feel relaxed and a sense of peacefulness
- feel sick and less hungry
- chills, flushing
- shaking
- paranoia (like everyone's out to get you)
- confusion
- experience a 'bad trip' that can cause acute panic.

If a lot of LSD is used, the hallucinations are likely to be more intense and occur more often. This also means you're more likely to feel out of control, and panic.



## Other effects

### Flashbacks

Days, weeks or even years after using LSD, some people experience the effects again without warning. This is known as a flashback or an acid flash. Flashbacks are rare and only last seconds or minutes.

### Accidents

During 'a trip', people can also feel out of control and panic. Their capacity to make judgements and decisions can be very limited. This can lead to impulsive, risky behaviour that can cause accidents such as falls, drownings and road accidents.

See the 'Classifications' & 'Consequences Of Drug Use' brochures for more information.

### Can you become dependent on amphetamine?

It is possible to become dependent on amphetamine. When a person is dependent they need it to stop feeling sick and to cope with life. If the drug is not available or they try to stop using it, the physical and emotional pain they feel is called "withdrawal".

Withdrawal can cause extreme fatigue. This is commonly followed by a long but restless sleep. Irritability, anxiety, panic and depression are also common. Some people report an inability to experience pleasure. This feeling can last for several weeks.

If someone is withdrawing they need support and medical supervision.

## Do most teenagers use amphetamine?

No, only 3% of young people between the ages of 14 - 19 have used speed recently (in the 12 months before the 1995 National Drug Strategy Household Survey).

### Do most adults use amphetamine?

No, only 6% of the population have ever tried speed. Only 2.1% have used speed in the last 12 months (National Drug Strategy Household Survey 1995).

## Did you know?

Amphetamine is usually mixed with other substances. Many substances added can be toxic. A person who buys amphetamine doesn't know if they are buying a drug that is 5% or 100% pure amphetamine. Because of this overdose is possible.

Amphetamine can be legally prescribed by a doctor for a small number of uncommon medical problems such as uncontrollable sleeping fits (narcolepsy), and some types of hyperactivity in children.

## Amphetamine

(Speed)

## Amphetamine

is a stimulant: it speeds up the messages between the brain and the body.

Amphetamine 4

### Legal status

It's illegal to make, possess, buy or sell amphetamine. It is only legal to use if prescribed by a doctor.





### **Amphetaminetaminetanimetanime**

### What is it?

he messages going to and from the brain osychostimulants because they speed up amphetamines', a group of drugs called Speed is a common name for to the body.

capsules, crystals or red liquid. It can be Speed can come as a tablet, powder, taken in a variety of ways. When bought illegally, amphetamines are oseudoephedrine (the active ingredient in often mixed with other substances, like bicarbonate of soda, vitamin C, crushed substances can often have harmful cold and flu tablets). These other sugar, caffeine, glucose, and

## Some of the names you might

### hear it called...

Quick, goey, dope, ice, uppers, crystal ox blood, dragon's blood

## How it affects the body...

whether the person is used to taking it, the mood The effect of any drug (including amphetamine) things like how much is taken, how it is taken, varies from person to person. It depends on of the person and where the drug is taken. A given amount might have a slight effect on one person, but a much greater effect on another

If amphetamine is used some of these effects can occur:

- heart beats faster
  - rapid breathing
- nigher blood pressure
  - dry mouth
- sweating
- enlarged pupils
- more energy
- false sense of confidence
- become talkative
- restlessness and difficulty sleeping
- loss of appetite
- feeling worried, grumpy or aggressive
- headaches

stomach cramps

- teeth grinding

  - dizziness
- loss of coordination
- shakiness
- heart beat irregularity
  - collapse
- overdose and death.

# Mondam

## Long term effects may include:

- malnutrition due to loss of appetite
- aggression and violence for no apparent reason
- sickness and infections because the immune system is less effective
- injecting amphetamine increases the risk of HIV/AIDS, hepatitis and other blood borne diseases
- sleeping pills and alcohol to help the reliance on depressant drugs like user 'chill out' and sleep
- hallucinations and act very strangely. someone may suffer delusions, drug-induced psychosis where

## Other effects

inancial risks when you use amphetamine. Users risk arrest, court hearings, fines and There are also social, emotional, legal and For example, it's illegal to buy or possess. difficulties getting work, credit cards and ail sentences. Legal hassles can cause visas for travelling overseas.

See the 'Drugs And Other Consequences' brochure for more information

### Can you become dependent on tranquillisers?

Yes! Dependence can be psychological, physical, or both. Dependence can occur after using tranquillisers for a few months, and affects about 40% of the people who use them. People who are psychologically dependent feel as though they can't cope without tranquillisers. They crave them, and find it very difficult to stop using.

If the drug they are using is not available or they try to stop using, the physical and emotional pain they feel is called "withdrawal". Withdrawal symptoms can include abdominal pain, shaking, sweating, fits, loss of appetite and sleeping disorders.

Tranquillisers are one of the most difficult drugs to withdraw from. This is because of the severe withdrawal symptoms and because tranquillisers take longer to leave the body as the body stores tranquillisers in fat deposits.

**Francuillisers** 

It is important that people withdrawing from tranquillisers gradually reduce the amount that they take. If someone is withdrawing from tranquillisers they need support and medical supervision.

## Do most teenagers use tranquillisers?

No, only 1% of males between the ages of 14-19, and less than 1% of females the same age have used tranquillisers recently (in the 12 months before the 1995 National Drug Strategy Household Survey).

anduillisers

## Do most adults use tranquillisers?

No, only 0.6% of the population have used tranquillisers in the last 12 months.

### Did you know?

There is another group of drugs called 'major tranquillisers'. They are used to treat psychiatric problems such as schizophrenia.

The term major tranquillisers does not mean that these drugs are more powerful than other tranquillisers. Both types of tranquillisers are powerful and should only be used under strict medical supervision.

## **Tranquillisers**

are depressants:
they slow down the
messages between
the brain and the
body.



Minor tranquillisers are only legally available by prescription.





### Tranquillisers Tranquillisers Tranquillisers

## What are they?

People use minor tranquillisers to relax, reduce anxiety and sleep better. They belong to a group of drugs known as benzodiazepines. They are often prescribed by a doctor to help people through a major crisis in their life.

Some minor tranquillisers are also used to treat epilepsy, to relax muscles, to help people withdraw from alcohol, or as an anaesthetic before surgery.

The most common minor tranquillisers are diazepam, known as valium or ducene; oxazepam, known as serepax; nitrazepam, known as normison; flunitrazepam, known as rohypnol; and clonazepam known as rohypnol; and clonazepam known as rivotril

## Some of the names you might

### hear...

Downers, rowie (rohypnol), benzos, tranx or tranks, moggies (mogadon).

## How they affect the body...

The effect of any drug (including tranquillisers) varies from person to person. It depends on things like how much is taken, how it is taken, whether the person is used to taking it, the mood of the person and where the drug is taken.

A given amount might have a slight effect on one person, but a much greater effect on another person.

Short term use of prescribed minor tranquillisers (less than two weeks) can make you feel:

- more calm and relaxed
- less anxious and tense
- drowsy, tired and lethargic
- isolated from your surroundings.

A larger unprescribed dose can cause:

- dizziness
- confusion
- slurred speech
- poor coordination
- blurred or double vision
- difficulty making decisions
- forgetfulness.

Very high doses of unprescribed minor tranquillisers can cause unconsciousness or coma. Death rarely occurs from an overdose of minor tranquillisers alone but some deaths have occurred when large doses were combined with alcohol or other drugs.

Possible long term effects can include lack of motivation, confusion, anxiety, irritability, mood swings, aggression, sleeping difficulties, disturbing dreams, depression, personality change, headaches, nausea, menstrual problems, increased appetite, weight gain, and poor coordination.

It is ironic that long term effects include anxiety and sleeping difficulties when these are the very problems that minor tranquillisers are supposed to treat.

## Other effects

Long term use of minor tranquillisers can change the personality of the user.
Changes like mood swings, depression and aggressive outbursts can be difficult for family, friends and work mates to cope with. Conflict and poor concentration can lead to poor performance at school or at work.



## Tolerance, dependence and withdrawal

The use of drugs can lead to:

### Tolerance

When people take drugs, their bodies become used to the drug and they need to take more of the drug to feel the same or similar effects.

### Dependence

Some people become dependent on drugs. Physical dependence occurs because a person's body is so used to having the drug in their system that they need the drug to feel 'normal'. If they don't get the drug they feel very sick and unable to cope. To become physically dependent, a high level of tolerance must be reached.

Psychological dependence can also occur. This often happens because a person finds it hard to deal with things that have happened in their lives. They may use drugs to cope with difficult emotions. Other people feel they need to use drugs to enjoy or get through events like parties and other social occasions.

### Withdrawal

When a person is dependent on a drug and they can't get the drug or try to stop using, they experience pain, illness and anxiety. This is known as withdrawal.

## Effects of drugs

This brochure provides information about effects that might happen. However it is important to remember that different drugs can affect different people in different ways. A given amount might have a small effect on one person and a greater effect on another.

The effects and consequences of drug use are determined by:

- the type of drug taken
- how much is used
- the purity of the drug
- how the drug is taken
- the type of person who uses a drug
- what the user expects to feel
- if the user has used the drug before
- where the drug is taken.

## Drug

classifications

## For more information:

Drug Info Line 13 15 70 www.adf.org.au druginfo@adf.org.au

Direct Line 9416 1818 Poisons Information Centre 131 126

### Drug Classifications

There are three main drug groups, depressants,

stimulants and

hallucinogens.

This brochure provides general information abour

general information about the effects of drugs in these

groups.





### **Depressants**

works. This is because depressant drugs slow down messages that pass to and from the Depressants slow down the way the body brain via the central nervous system.

Effects of small amounts can include:

- feeling relaxed, happier and less anxious
- feeling less pain
- having slower reflexes, heart rate and preathing
- drowsiness
- smaller pupils
- ooor coordination
- poor concentration
- being more likely to do and say things they normally wouldn't poor judgement

Effects of larger amounts can include:

- feelings of pleasure
- slurred speech and difficulty talking
- sluggish and uncoordinated movements hat make simple tasks difficult:
- nausea and vomiting
- extreme tiredness and sleep
- very slow breathing and heart rates
- delusions and hallucinations
- unconsciousness as the body's organs slow right down
- death when some of the body's organs stop altogether

## Names of drugs in this group

alcohol, pain killers, tranquillisers, heroin, cannabis and methadone.

### Stimulants

Stimulants, like depressants, affect the messages People who use stimulants initially feel more nowever stimulate or speed up messages. bassing to and from the brain. Stimulants awake and alert.

Effects of small amounts of stimulants can include:

- feeling more awake, alert, energetic and confident.
- feeling hyped up
- increased heart rate, body temperature and blood pressure.
- loss of appetite
- large pupils
- talkativeness
- sleeping difficulties

Effects of larger amounts can include:

- headaches
- stomach cramps
- anxiety
  - panic
- paranoia
- defusions and hallucinations

## Names of drugs in this group

tobacco, caffeine, speed, ecstasy and cocaine.

## Hallucinogens

hey change perceptions of reality. People who Hallucinogens change the way the brain works. ake hallucinogens can never be sure of the effects they might feel

## Hallucinations and delusions

nappening. Experiences like this are called 'trips', aste and smell things differently. They may also After taking hallucinogens people may hear, see, delusions or hallucinations. Some 'trips' can be see things that are not there or think they are having experiences that in fact are not really enjoyable, others can be totally frightening.

### Accidents

actions they often do risky and dangerous things Because people loose control of thoughts and accidents and harm to themselves and others. they would not normally do. This can cause

### Flashbacks

nallucinations happen again. Flashbacks are rare -lashbacks are experiences where some of the Some people also have flashbacks. They can and usually only last for seconds or minutes. occur days, weeks and years after use.

### Other effects

Hallucinogens can also cause loss of appetite, shaking, nausea and vomiting

## Names of drugs in this group

\_SD, ecstasy, mescaline, and cannabis.

Classifications

## Effects on pregnancy

premature birth and miscarriage can occur. Using drugs when pregnant increases the risk of complications. Low birth weights, It is also possible for unborn children to experience some of the effects that mothers experience.

New born babies have been known to suffer withdrawal symptoms such as rritability and feeding and sleeping problems.

### Emotional harms

lower self esteem. In some cases negative experiences that can be embarrassing and feelings can lead to emotional instability People who get into difficulties when and related mental health problems. using drugs can have negative life

## Conflict with family and friends

performing at work or school. Families and lose interest in hobbies and have difficulty friends often see these changes and can Drug dependence can change a person's aggressive. Some dependent drug users secretive, anxious, moody, irritable or sometimes cause people to become temperament and life style. It can find it difficult to cope.

## Financial and lifestyle difficulties

their dependency. This could mean there is nutrition and living conditions can increase time, money and energy into supporting little money left over for necessities like accommodation, food and clothing. Poor People dependent on drugs need to put the risk of developing health related

### Illness caused by the way drugs are taken

ways. They can be swallowed, smoked, inhaled or injected. All ways can cause Drugs can be taken in many different

blocked blood vessels can also result from injecting is also dangerous because the Injecting is the most dangerous way to abscesses and scarring. Collapsed and sharing of all injecting equipment can use a drug. Injecting can cause vein spread blood-borne viruses such as hepatitis B and C and HIV / AIDS. regular injection of impure drugs containing insoluble particles.

### Accidents

also be involved in accidents such as falls, drownings and road accidents. Accidents affect users but they also affect families, People who are affected by drugs may friends and others in the community.

### Legal harms

legal issues can cause difficulties getting a Arrests, fines, court hearings, and other ob, credit and visas for overseas travel. Conseduences

Consequences

of drug use

dependent on a wide variety of factors. The outcomes of drug use are

examines some of these factors and consequences of This brochure drug use. possible





## consider all the factors that might influence the outcome When making decisions about drug use

All drug use has effects on the body. Drug use can also affect the lifestyle of the user as well as the lives of others. The effects and consequences of drug use are determined by

the drug + the person + the place.



### The drug

What type of drug has been used? How much has been used? Has the drug been mixed with other things? How often is the drug used?

How is the drug taken?

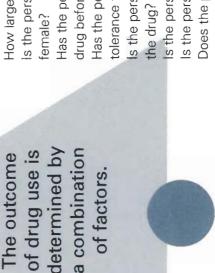
Has more than one drug been used?

### The place

Is the place safe? (e.g. near Are there friends, family or Where is the drug taken? other people around? Is there food or drink roads, deep water or available?

Is medical assistance Is there a telephone available if needed?

determined by a combination of factors.



## The person

Has the person developed a Is the person mentally well? Is the person dependent on Is the person physically fit? reliable information about How large is the person? Has the person used the How old it the person? Does the person have tolerance to the drug? Is the person male of drug before? the drug?

## Potential risks

Combinations of all of these things will determine the degree of risk. Some situations are riskier than others.

## A low risk example

a female aged 17

drinking two glasses of wine in three

## A higher risk example

a Fernale aged 17

taking medecine for the flu at a beach near smoking marijuana, drinking alcohol and a busy road

### Possible consequences of drug use

## Unwanted or unprotected sex

pregnancy or catching sexually transmitted Having unsafe sex can increase the risk of diseases like wart virus, hepatitis B and C they may have unprotected or unsafe sex. have sex with someone they wouldn't or unwise decisions about sex. They may Some people after using drugs make and HIV / AIDS.

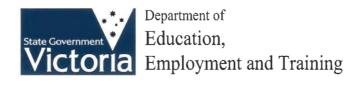




Drug Education Resources for Schools and their Community Working on Illicits in School Education

## The Ato Z illicitorua

A reference booklet for teachers







Education Resources

od Schools and their Communities

This resource has been developed by the Victorian Department of Education, Employment and Training in collaboration with the Youth Research Centre, University of Melbourne, and Education Image Pty Ltd.

Get Wise Working Party

The following organisations and individuals have made an invaluable contribution to this project as members of the Working Party convened by the Department of Education, Employment and Training:

Mr Warren Allen Association of Independent Schools

Mr Bob Beilhouse

Department of Education, Employment and Training

Ms Cheryl Judd

Department of Education, Employment and Training

Mr Gary Shaw

Department of Education, Employment and Training

Ms+Christine Vincent

Victoria Police

Ms Janice Szmal

Victorian Primary Principals' Association

Mr Doug Smith

Victorian Association of Secondary School Principals

Ms Bern Murphy

Catholic Education Office Representative

St Columba's College

### Get Wise Reference Group

The following organisations and individuals have made an invaluable contribution to this project as members of the Working Party convened by the Youth Research Centre:

Dr Johanna Wyn (Chair)

Youth Research Centre, Melbourne University

Ms Kaye Ely

Department of Education, Employment and Training

Professor Margaret Hamilton

Turning Point

Professor Greg Whelan

St Vincent's Hospital

Mr Rob James

Police Schools Involvement Program

Dr Jan Garrard

Deakin University

Mr Robert Hurley

Victorian Association of Secondary School Principals

Mr Mark Longmuir Youth Affairs Council, Victoria

Ms Wendy Morris

Victorian Council of School Organisations

Mr Keith Moyle Department of Human Services

Ms Jan Wilson

Australian Guidance and Counselling Association

Lead Writer - Carol Guthrie

Contributing Writers - Greg Young, Kaye Ely, Gary Shaw, The Youth Research Centre (University of Melbourne) and Education Image Pty Ltd for the Victorian Department of Education, Employment and Training.

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Get Wise is based on principles of harm minimisation. The aim of a harm minimisation approach is to prevent and reduce drug-related harm. The first recommendation of the Premier's Drug Advisory Council states (in part) that: 'Council wishes to ensure that all school children are provided with appropriate health education. Council is aware that quality material exists regarding licit drugs and believes that this should be expanded to effectively address illicit drugs'.

The *Get Wise* resource is a direct response to the above recommendation to develop resources about illicit drugs.

Get Real, a resource for primary and secondary schools, was produced as part of the Drug Education Support for Schools (DESS) project. It is currently available to schools in a reprinted version. Get Real provides schools with information and practical examples of drug education and drug-related student welfare from a policy, curriculum and welfare perspective, and includes booklets to guide the running of parent forums as well as course materials and drug information for teachers. Get Real focuses on the legal drugs, and Get Wise is designed to complement and extend the curriculum and welfare approach of Get Real, with an additional focus on illicit drugs.

This resource is for teacher reference only. For student information and photocopiable materials see Primary and Secondary Classroom Activities in the Get Wise series

### What is in Get Wise

Get Wise consists of six booklets.

### The Principal's Guide

 Provides guidance to primary and secondary principals in their leadership role as it relates to curriculum, student welfare and management of drug related incidents.

### The Student Welfare Action Manual

 Provides information, strategies and advice to designated student welfare staff to enhance student welfare in regards to drug education with specific emphasis on illicit drugs.

### Communicating with Parents

 Provides guidance for schools working with parents in illicit drug education through the provision of information, consultation opportunities and activities.

### The A to Z of Illicit Drugs

 Provides teachers and others working in school drug education with a factual up-todate directory of information about illicit drugs.

### **Primary Classroom Activities**

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in upper primary levels.
- Contains five comprehensive classroom activities with relevant handouts and activity sheets and is supported by four brochures containing information about alcohol, cannabis, cigarettes and painkillers.

### Secondary Classroom Activities

- Provides teachers both context and materials for a classroom approach for teaching about illicit drugs in Years 7 - 10.
- Contains fourteen comprehensive classroom activities with relevant handouts and activity sheets and is supported by nine brochures containing information about cannabis, cocaine, ecstasy, heroin, LSD, tranquillisers, amphetamines, and drug classification.

### Before starting

The Get Wise resources are designed to complement the harm minimisation curriculum and welfare approach in Get Real. Schools should not use Get Wise before Get Real as it covers the basic principles of harm minimisation in relation to alcohol, nicotine and other legal drugs.

### General Information

The A to Z booklet provides relevant information on illicit drugs. This section contains general information about drugs and explores issues in relation to teaching drug education.

Read this section carefully before moving onto the next section that provides drug specific information.

### What is an 'illicit' drug?

Illicit drugs include drugs which are:

- illegal to use, possess, sell, cultivate or manufacture. For example, cannabis, amphetamine, ecstasy and heroin
- legal drugs that are illegally sold to young people under 18. For example, tobacco and alcohol
- legal under some circumstances (such as by prescription) but obtained illegally. For example, tranquillisers obtained without a prescription.

### Classifying illicit drugs

Drugs can be classified in many ways. Some common classifications include recreational, medicinal, performanceenhancing and legal or illegal drug groupings.

Drugs are also classified by their effect on the central nervous system (CNS). This form of classification assists understanding of the possible physical and psychological effects that drug use can induce. Depressants, stimulants and hallucinogens are the most commonly used CNS groupings.

Some drugs have more than one classification. For example, ecstacy is classified as an hallucinogen with stimulant

properties. Some drugs, such as steroids, do not fit this form of classification.

Below is a brief description of the general effects of depressants, stimulants and hallucinogens.

### **Depressants**

Depressant drugs slow down or depress the CNS but don't necessarily make the user feel depressed. Depressants can produce a relaxed state. They may be used to 'wind down' or reduce anxiety, stress or inhibition. Some depressants can induce a sense of calm and well-being or even a state of euphoria.

Because they slow down the CNS, depressants affect coordination, concentration and judgement. A person's speech may become slurred, and their movements sluggish or uncoordinated.

Strong concentrations in large amounts can cause unconsciousness by reducing breathing and heart rate. Other effects of larger doses include nausea, vomiting and, in extreme cases, death, as the central nervous system completely shuts down.

The depressant drugs described in this booklet include cannabis, heroin, methadone, tranquillisers and inhalants.

### **Stimulants**

Stimulants speed up or stimulate the CNS, and can make the user feel more awake, alert, energetic and confident. They increase heart rate, body temperature and blood pressure. Other physical effects may include loss of appetite, dilated pupils, talkativeness, agitation and inability to sleep.

Strong concentrations in large amounts can cause anxiety, headaches, stomach cramps, aggression, paranoia, panic and seizures. Prolonged use of stimulants can also produce these effects.

Some stimulants can mask the effects of depressant drugs such as alcohol. For example, a person who has used amphetamines may drink a lot of alcohol and not feel intoxicated.

Stimulants described in this booklet include amphetamines, cocaine and ecstacy.

### Hallucinogens

Hallucinogens distort perceptions of reality, in particular, time and space. Users may experience vivid distortions of auditory and visual stimuli. In this state users can perceive physical objects in greatly exaggerated terms. Changes in perception of sight, sound, touch, smell, taste and space are sensations often sought by the user. The effects of hallucinogens are not easy to predict. They often depend on the mood of the user and the context of use.

The main hallucinogen described in this booklet is LSD (lysergic acid diethylamide). Ecstasy and cannabis can also produce hallucinogenic effects. Other drugs in this category include magic mushrooms, mescaline, ketamine and datura.

### Tolerance, dependence and withdrawal

Many people are fascinated with the issue of dependence. There are many myths surrounding different drugs and the likelihood of users becoming dependent upon them. In reality, all drugs can be 'addictive' because people can become physically and or psychologically dependent on them. It is often difficult to delineate between physical and psychological dependence as they can be strongly linked.

**Tolerance** is a progressive loss of sensitivity to a drug. Reduced sensitivity could cause a person to take larger quantities of a drug to experience the same or similar effects.

Physical dependence is when the body has adjusted to the presence of a drug and the person does not feel 'normal' or able to cope unless taking the drug. Physical dependence takes time to develop. Daily use for a period of time (between 3-12 weeks depending on the person) is needed before physical dependency is reached. A high degree of tolerance to a drug usually develops when a person is dependent.

**Psychological dependence** can manifest along a continuum. At one end of the spectrum a person may believe they need to use a drug in certain situations or environments. For example a person may feel the need to use ecstasy to enjoy a dance party.

At the other end of the spectrum, a person may become psychologically dependent on a drug as it fulfils an emotional or social void in their life. Psychological dependence will continue until the person finds other ways to fill these voids.

Withdrawal can cause symptoms of pain, discomfort, illness and drug craving. It can occur if the substance is withdrawn or the amount is significantly reduced. The severity of withdrawal will depend on the drug, the quantity, the frequency and duration of use. Over time the body readjusts to the absence or lower quantities of the drug.

If a person is withdrawing from a drug medical supervision and personal support is considered essential.

### Reasons for use

The reasons people use illicit drugs are many and complex. But in most cases people use drugs for perceived positive outcomes. It is important to explore reasons for use so that drug-related issues are more readily understood and alternatives to drug use can be explored.

Reasons for use include:

### **Experimental use**

• curiosity and desire to experience the short term effects on the body.

### Recreational and social use

- social groups may use illicit drugs on a regular basis to achieve similar effects to other social drugs. For example marijuana like alcohol is a depressant. Some groups use it to relax and reduce inhibitions
- some people will use a drug to belong to a particular social group.

### Self medication

- to relieve pain
- to increase energy
- to relax and relieve stress
- to treat an illness.

For example some HIV / AIDS sufferers use marijuana to stimulate appetite. Some people experiencing mental illness use illicit drugs to mask symptoms.

### Psychological use

- to escape from or deal with issues such as low self esteem, loneliness, boredom, family difficulties, relationship issues and unemployment
- to escape from or deal with traumatic events such as accident, death, dislocation and physical or sexual abuse.

### Other

- · peer pressure or influence
- a desire to rebel against society's structures and values
- · to achieve a 'rite of passage'
- · attention seeking.

People considering drug use often choose a drug because they are seeking some of the general effects associated with its CNS classification. For example depressant drugs may be chosen to experience relaxing or pain killing sensations. Stimulants may be chosen to increase energy levels and to increase a person's capacity to concentrate.

### Reasons not to use

Reasons people do not use are also many and complex. It is important to examine the reasons people do not use drugs. Exploring reasons for not using drugs gives students a powerful verbal repertoire they can use to reject or delay use. Reasons not to use may include:

- · negative health effects
- · consequences if caught
- · choosing other recreational pursuits
- fear of lack of control
- high cost.



### Signs of use and dependence

There are many physical, behavioural and social indicators that may indicate drug use and/or dependence. Some indicators may include personality change, mood swings, secretiveness, financial problems, problems at work or at school and observation of physical or psychological drug-induced effects.

However, indicators of drug use and dependence can sometimes be misleading or unreliable because:

- · drugs affect people in different ways
- it is not always possible to see signs of use
- some people exhibit signs that are not the result of drug use. For example, cold and flu symptoms are similar to some indicators of intoxication and withdrawal. Mood swings could be an indicator of depression.

### **Effects**

The effects of drugs are determined by many factors. Factors include:

- the drug and its classification
- · the quality of the dose
- · how much is used
- · the mode of administration
- the personal characteristics of the user
- the expectations of the user
- past experiences of drug use
- the environment in which the drug is taken.

All drug taking will result in some form of short term effect. Sometimes effects experienced will be so small that they are undetected by the user. Regular use of a drug in large quantities can result in long term physical and psychological effects being experienced.

### Consequences

Drug use can also contribute to a range of consequences that affect users, friends, families and the community.

Consequences of drug use may include:

### · Unwanted or unprotected sex

Some people under the influence of a drug or combination of drugs may make decisions about having sex with someone which they wouldn't have made if they weren't intoxicated.

Someone using drugs might also be more likely to have unsafe sex, and run the risk of unwanted pregnancy or becoming infected with HIV / AIDS, hepatitis B and C and other sexually transmitted diseases.

### • Effect on pregnancy

Research still continues on the effects of drugs on pregnancy and child development. However drug use can increase the risk of complications such as low birth weight, miscarriage and premature birth. Research also indicates that an unborn child can experience similar drug-induced effects as the mother. This is because the drug taken passes quickly through the placenta and into the blood stream of the child.

After birth babies born to dependent mothers often display signs of withdrawal including irritability, abnormal sleep patterns and feeding problems.

### · Emotional harms

Difficulties experienced when using drugs can cause situations that place positive self regard, confidence and happiness at risk.

### Conflict with family and friends

Drug use may lead to changes in a person's lifestyle and temperament. Changes can include secretiveness, anxiety, depression, moodiness, irritability, aggression, lack of interest in hobbies and pastimes, poor work habits, falling grades and inability to cope. Families and friends may have difficulty dealing with these changes. They may also have difficulty coping with intoxicated behaviour.

### • Workplace difficulties

Drug use can affect the performance of people in the work place. A decrease in performance can limit future prospects and can also lead to dismissal.

School is the workplace for many young people. Drug use can effect performance and grades. This can place promotion and entrance into tertiary education at risk. Drug use in the school setting also has consequences including possible suspension and expulsion. Enforced sanctions can affect educational opportunities.

### • Financial and lifestyle difficulties

For some people dependence on drugs causes lifestyle difficulties including: lack of finance, housing problems and poor eating habits. Poor nutrition and substandard living conditions increase the risk of health problems.

### Accidents

Much of the harm associated with drug use is a consequence of accidents such as road accidents, falls and drownings caused by people under the influence of drugs. Accidents not only affect users but also families and communities as they deal with emotional and financial costs.

### Legal harms

Arrests, fines, court hearings, a possible criminal record and other legal issues may cause difficulties getting a job, credit and visas for overseas travel.

Research shows that many people do not believe the long term effects are enough of a concern alone to motivate them to reduce or stop using drugs. It is important not to focus on long term effects without also considering short term effects and how these effects may impact on the lives of the people involved.

### How are drugs taken and what are the risks?

There are many ways that illicit drugs are taken. They can be swallowed, smoked, snorted, inhaled, inserted or injected. The mode of administration, or how drugs are taken, is important to discuss when looking at the effects or harms associated with drug use.

While all methods of administration carry risks, some methods are riskier than others. For example, sharing all injecting equipment (needles, syringes, spoons, filters, swabs, mixes and tourniquets) increases the risk of contracting blood-borne diseases like hepatitis or HIV / AIDS.

Even if a user knows a person very well and trusts them completely, it is still risky to share equipment. Users can never be confident of the safe practices of others. Injecting may also cause vein abscesses and scarring. Collapsed and blocked blood vessels are common among those who regularly inject impure drugs that contain insoluble particles.

The mode of administration also determines the time it takes for a drug to take effect. In popular terms, the mode affects the time it takes for a drug to 'kick in'. It is important for people who use drugs to know how quickly a drug will take effect. Some people may take an extra dose of a drug believing that the first dose did not work. This practice increases the potential for harm and could result in overdose.

The slowest method of administration is swallowing as the drug must move through the digestive system before it takes effect. It might take up to forty-five minutes for an ingested drug to take effect.

Injecting intravenously results in the most rapid effects as the drug goes directly into the blood stream.

Snorting and smoking are also methods that produce quick effects. This is because drugs taken can quickly pass across nasal and lung membranes and into the blood stream. The effect however may not have the same intensity as injecting intravenously.

### Poly-drug use

Some people use more than one drug at a time. This is known as poly-drug use. Reasons for poly-drug use include:

- counteracting perceived negative effects of one drug by using another. For example taking amphetamine with alcohol to counteract feelings of tiredness and lack of coordination
- · socialising while on medication
- to enhance desired effects.

Mixing drugs however increases the potential for harm because:

- users may be unaware of possible effects
- · the risk of overdose may be increased.

### Drugs are often mixed with other substances

Illicit drugs are often mixed or 'cut' with a range of other, often impure, and sometimes poisonous compounds such as baking soda, starch, glucose, chalk, quinine and horse tranquilliser.

The effects of these added compounds can greatly increase risks associated with use.

Young people should know that when buying illegal drugs they never really know what they are getting.

Regular illicit drug users will try to reduce harm by obtaining their drug of choice from a regular and reliable source.

### **Drug-induced psychosis**

Psychosis is a mental state that is characterised by disorganised thought in which the individual is unable to distinguish between real and unreal experiences.

A person in a state of drug-induced psychosis may suffer hallucinations and/or delusions.

The onset of a psychotic episode can be triggered by large amounts of psychoactive drugs or by regular, sustained use of large amounts of psychoactive drugs. A chronic episode of psychosis can last up to three to four days. Less severe symptoms can continue for a further two to three weeks. A person who experiences a psychotic episode does not necessarily have a serious mental illness.

### Drug use and mental illness

Mental illnesses such as schizophrenia and bi-polar disorder (manic depression) are conditions in which episodes of psychosis can occur. At this stage there is some evidence to suggest that drug use may be one of the contributing factors to some forms of mental illness. However, it is unknown if drug use triggers mental illness in people with a predisposition to such conditions or if heavy drug use directly contributes to mental illness. Research into the links between all types of drug use and mental illness continues.

### **Typical initiation**

Most people use drugs for the first time when they are with friends and family. This indicates that it is then possible to help students develop and rehearse effective refusal strategies they may use to delay using for the first time or to not use at all.

A popular perception is that using one illicit drug may lead to the use of other illicit drugs. This is not necessarily the case. For example, many users of marijuana do not use other illicit drugs.

It is important to bear in mind that experimental use is associated with such things as satisfying curiosity, trying on adult roles, experimenting with an altered state of mind and being a part of a group activity. Dependent use on the other hand is associated with different causal factors centring around emotional and physical pain, low self regard, anger, loneliness depression and anxiety.

### New drugs

New illicit drugs appear regularly. Many of these are referred to as 'designer drugs' and are modifications of restricted drugs made in unauthorised laboratories. Designer drugs are created by changing the molecular structure of existing drugs to create new substances. In many cases, manufactured designer drugs are potentially more potent and harmful than the original drugs.

### **Pharmacotherapies**

Some drugs are used to treat drug dependence and withdrawal. They are most commonly used to treat heroin or opiate dependence.

The most common pharmacotherapy is methadone. Methadone is a synthetic opiate generally used as an alternative to heroin use.

Other pharmacotherapies on trial include naltrexone, LAAM, slow release oral morphine and buprenorphine.

These substances are called opioid antagonists. They work by blocking the effects of opiates. While used as therapies, like other drugs there are side effects and risks associated with use.

### Legal status

The drugs in this booklet are all illegal in some way or another in Victoria. However, legal status and implications vary from state to state. In some states it is possible to cultivate small quantities of marijuana, although it is illegal to sell it. Some people may be able to legally possess or use an illicit drug, such as amphetamine, if it is prescribed by a registered doctor.

Legal implications regarding drugs are subject to change.

### Patterns of use

When asked how many people use illicit drugs, many young people report exaggerated estimates and have a false misconception that illicit drug use is the 'norm'. This is in part due to the sometimes sensational media coverage drug use receives. Media coverage can perpetuate the myth that illicit drug use is common. 'Normative' drug education is important to counteract possible misconceptions. To provide normative drug education means to make young people aware that illicit drug use is not the 'norm'. By doing this young people may be able to refuse illicit drugs more confidently as the myth that everyone takes illicit drugs is dispelled.

To illustrate the low percentage of people that use illicit drugs, this booklet provides statistics of drug use available at the time of printing. Schools may wish to contact the Department of Human Services, the Commonwealth Department of Health and Family Services, or the Australian Bureau of Statistics (ABS) to check if more recent statistics are available.

Contact details:

ABS (03) 9615 7755

ABS website at http://www.abs.gov.au Dial-a-Statistic on 0055 86 400

### Harm minimisation

A harm minimisation framework involves all sectors of the community in a range of approaches to prevent and reduce drug-related harm, including:

- prevention
- abstinence
- · demand reduction
- · early intervention
- · specialist treatment
- · supply control
- harm reduction (safer drug use).

In simple terms, harm minimisation is about individuals, families and communities being able to:

- identify possible drug-related harms
- develop strategies to either prevent or reduce possible harms
- · put strategies into action
- · prevent or delay drug use.

Harm minimisation is appropriate for users and non-users and provides strategies for people where ever they fall on the continuum of drug use, from abstinence through to dependence.

### Harm minimisation in the school setting

Proactive schools utilise many of the above elements of harm minimisation when developing and implementing drug-related policies and programs.

Following are some examples of how harm minimisation is translated into the school setting.

### Prevention, abstinence and early intervention

Providing a safe, supportive environment that promotes school connectedness and resilience is a protective factor not only against problematic drug use but also against a range of mental health problems.

Education programs that provide drugrelated information and opportunities to develop social and personal skills, help students to delay or refuse drug use and minimise the harm associated with drug use.

### Demand reduction

Programs that promote personal development, hobbies, interests and vocational direction contribute to demand reduction.

### Supply control

Medicine policy and policy providing outcomes and consequences for drug use at school can be seen as a form of supply control that supports and promotes safety and abstinence.

### Specialist treatment and harm reduction

The welfare response to students involved in illicit drug use and their families can lead to counselling and specialist treatment. This sometimes involves referral to general practitioners, psychologists and drug and alcohol agencies.

### Harm reduction

### **Guidelines for teachers**

A very small percentage of young people will choose to use illicit drugs and will need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of risks and strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

If working with students that are using illicit drugs teachers are advised to consider and if appropriate, explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

This booklet provides examples of harm reduction strategies that health professionals may explore with young people so that teachers are aware of treatment issues that students may face.

For further information regarding harm reduction strategies for illicit drugs contact Directline on **03 9416 1818 (metropolitan)** or **1800 136 385 (country)**. They will provide information and contact numbers for drug and alcohol agencies in your area.

### Is there a place for harm reduction in the classroom?

In discussions above we have referred to harm reduction strategies that health professionals may need to explore with young people at risk. However, there is another level of harm reduction that is general to all types of drug use and is relevant to both users and non-users alike.

This level of harm reduction does not provide over-detailed information and can be discussed in the classroom. Promoting such strategies can help to protect individuals, families and communities from the direct effects and indirect consequences of drug use.

Following are examples of issues that can be explored from a harm reduction perspective:

- transport options to ensure safe arrival home
- appointment of designated drivers and caretakers to watch out for the wellbeing of friends while out socialising
- socialising away from potentially dangerous places such as roads, machinery, water and heights
- refusing offers to ride with intoxicated drivers
- the benefits of knowing basic first aid
- self protection. Never put yourself in danger while helping others
- how and when to get help if someone seems ill as a result of drug use
- needlestick injury prevention and safe disposal of injecting equipment
- risks associated with sharing injecting equipment. People who inject medicines and other drugs should never share injecting equipment. All injecting equipment (needles, syringes, spoons, filters, swabs, mixes and tourniquets) can be infected with blood-borne viruses such as hepatitis B and C and HIV / AIDS
- risks of poly-drug use
- risks associated with using alcohol or other drugs when alone
- · ways of raising issues with parents
- support services that young people can use if they are worried about themselves or their family or friends.

### Preferred terminology

There are many sensitive issues surrounding drug use and the language used to explain them is very important. Many of the terms commonly used are unacceptable because they create or perpetuate myths and stereotypes.

When teaching drug education, teachers need to be aware that general discussion about drug use issues could be touching on issues being experienced by students or their families. The use of judgemental terms with negative connotations could damage family or personal esteem, be offensive or perhaps instill fear in students.

For the above reasons it is important for teachers to be aware of inappropriate terms and choose words carefully.

Terms to use	Terms to avoid	Reasons					
Drug use	Drug abuse	All drug use has the potential to cause harm.					
Drug taking Harmful or hazardous drug use		When using a term such as 'drug abuse', people tend to think about drug users at the high risk end of the continuum. Using terms like drug use and drug taking are non-judgmental. People are encouraged to reflect on their own drug use and make connections to all possible risks.					
Problem drug use		over a ag acc and make commedient to all possible hold.					
High risk use							
Drug types:	Hard / soft	People think 'hard' or 'soft' drugs refer to legal status, or level of harm. Describing a drug as 'soft' implies that					
depressant	Good / bad drugs	it is safe. Many of the drugs thought of as 'soft' drugs					
stimulant	arago	actually cause the most harm in society.					
hallucinogen							
legal - illegal							
Alcohol dependent	Alcoholic	'Alcoholic' is a negative term that reinforces the myth that a person has to drink a lot to develop a problem. In fact, problems associated with alcohol can occur from comparatively little drinking. For example, road accidents and aggressive behaviour.					
A person experiencing drug use problems	Drug addict Druggie	'Addict' and 'druggie' are judgmental, negative terms that may create false images of a person's lifestyle and behaviour.					
Drug user Injecting drug user (IDU)	Junkie	A 'junkie' is a stereotyped term with negative connotations. IDU refers to the person's drug use behaviour of injecting, without placing a value laden term on that behaviour.					
Drug dependent	Addicted	'Addiction' is commonly used to describe physical and psychological dependence. People can develop a dependency on a drug when drug use becomes compulsive or necessary for health reasons. The term 'addicted' can have negative connotations. 'Dependence' however clearly describes the physical or psychological state of the person without a stereotype being applied. This term is recommended by the World Health Organisation (WHO) 1981.					

### Drug specific information

On the following pages specific drug information on a range of illicit drugs is provided. Information on some licit drugs is provided because their purchase in some circumstances is illegal for young people under eighteen years of age. Licit drugs are also often used in conjunction with illicit drugs.

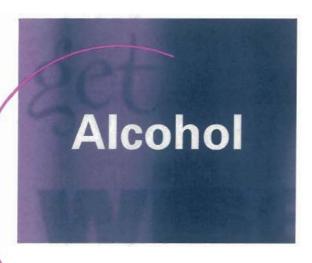
Information where appropriate has been organised under the following headings.

- What is it?
- Type of drug
- How the drug is taken
- Effects
- Medicinal use
- · Packaging and paraphernalia
- · Patterns of use
- · Legal status
- · Harm reduction strategies
- · Myths and misconceptions.

Drug information brochures and facts sheets are also available from:

**Australian Drug Foundation** - ADF (03) 9328 3111

Centre for Education & Information on Drugs & Alcohol - CEIDA (02) 818 2993



### What is it?

Alcohol results from a process in which various types of grains, vegetables and fruit are fermented and distilled.

The fermentation process produces ethyl alcohol (also known as ethanol).

### Common names

Booze, plonk, brew, piss, grog.

### Type of drug

Alcohol is a depressant. It slows down the activity of the central nervous system which sends messages to and from the brain.

### **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including: the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

When a person drinks alcohol, it passes directly into the bloodstream through the lining of the stomach and the small intestine. Once in the bloodstream it is carried to all parts of the body.

### Possible short term effects

### **Psychological**

After consuming small to moderate quantities of alcohol, drinkers usually report feeling happier, more relaxed, more confident and have fewer inhibitions. Emotions such as sadness, happiness, and anger can also be more intense.

Higher alcohol levels can lead to confusion and greatly exaggerated emotional responses. These emotional responses can range from extreme joviality to outright hostility and aggression.

Exaggerated emotional responses combined with poor judgement and lowered inhibitions can in some cases lead to violence, self harm and even suicide.

### **Physical**

Small to moderate quantities of alcohol begin to slow down the working of the central nervous system. This slows reflexes and affects coordination and concentration.

As quantity increases, drowsiness, slurred speech, blurred vision, poor muscle control and coordination can be obvious.

In large amounts reflexes and coordination can be greatly impaired. Drowsiness can lead to stupor or sleep. Nausea and vomiting are common.

Some people also report blackouts in which they can't remember events experienced while intoxicated.

Excessive amounts of alcohol can cause heart rhythm irregularities, coma and death.

### Possible long term effects

If a person drinks heavily over a long period of time, alcohol may cause damage to the following parts of the body.

### **Brain**

 Damage to the axons of the brain may occur. This causes fewer interconnections between neurons and reduces brain functioning which can affect memory, abstract thinking and judgement

- Wernicke's encephalopathy. This disease affects some heavy drinkers as alcohol increases metabolism of thiamine. Resulting thiamine deficiency causes abnormal eye movements, confusion, drowsiness and walking difficulties
- Korsakoff's syndrome. Almost total loss of short term memory.

### Heart

- Irregular pulse
- Increased blood pressure interferes with blood clotting and increases the risk of stroke
- Cardiomyopathy. Heart fibre deterioration
- Increased risk of cardiac arrhythmia and sudden death.

### Immune System

- Heavy drinking can disrupt red and white blood cell production and weaken the immune system causing a range of infections
- Alcohol is a carcinogen. Heavy drinkers increase the risk of cancer including breast, oesophagus, rectum and throat cancer.

### Lungs

Alcohol increases the risk of lung infections.

### Liver

- Fatty liver. Enlarged liver due to liver cells accumulating fat
- Alcoholic hepatitis
- Cirrhosis of the liver. An inability of the liver cells to regenerate. Dead cells are replaced by scar tissue. Severe cirrhosis leaves sufferers with very little functioning of the liver and prone to many other illnesses.

### Muscles

Muscle degeneration which causes weakness.

### **Nervous System**

 Peripheral neuropathy. Damage to axons in the nervous system cause loss of feeling in the feet and hands. Consequently use of hands and walking difficulties occur.

### **Pancreas**

• Alcohol can damage the pancreas and can be a contributing factor to diabetes.

### Reproductive System

- Male. Chronic alcohol use can cause a decrease in the production of testosterone. This in turn causes an increase in the production of estrogen. Increased estrogen levels can cause breast enlargement, low sperm count, loss of body hair, impotence and decrease in sexual desire
- Female. Chronic alcohol use can cause disturbances to the menstrual cycle and increase risk of gynaecological problems including early menopause. A decrease of sexual desire and a reduction of intensity of orgasm can also result. Drinking while pregnant can damage foetal development.

### Stomach and gastrointestinal tract

 Alcohol delays the emptying time of the stomach and increases the production of stomach acids. This in turn can lead to acid stomach, peptic ulcers, diarrhoea and gastritis. Inflammation and irritation of the pancreas and small intestine can also occur.

### Effects of withdrawal

 A physically dependent person who suddenly stops drinking will experience withdrawal symptoms because their body has to readjust to functioning without alcohol. Withdrawal symptoms for alcohol include loss of appetite, nausea, anxiety, inability to sleep, irritability, confusion, tremors, sweating and fits.

### Other consequences

Alcohol is second only to tobacco in drug-related deaths and hospitalisations. It is estimated that in 1997 there were almost 4,000 alcohol-related deaths and just under 100,000 hospital episodes. Cirrhosis of the liver, stroke and road accidents were the principal causes of death and admissions.

Of all drugs, alcohol represents the most serious threat to public safety. It is estimated that in 1998:

 8.3% of Australians have been victims of drug-related property damage

- 3.8% of Australians have been victims of drug-related theft
- 6.4% of Australians have been victims of drug-related physical abuse
- 29% of Australians have been victims of drug-related verbal abuse.<sup>1</sup>



### Medicinal use

Research shows that small amounts of some types of alcohol can reduce the risk of cardiovascular disease.

Medicinal drinking guidelines are as follows:

Females, no more than one standard drink per day. Males, no more than 2 standard drinks per day. A standard drink contains 10 grams of alcohol.

### Packaging and paraphernalia

Alcohol is sold in a range of plastic, glass, aluminium and cardboard packaging.

### Legal status

Alcohol is a legal drug but liquor laws regulate who can sell and buy alcohol, and the conditions under which it can be sold, bought and consumed. It is an offense to sell alcohol to people under 18, or to people who are intoxicated. In Victoria, it is an offense for people under 18 years to purchase, possess and consume alcohol unless:

- they are in a licensed premises, eating a meal, accompanied by a spouse (18 years or over), guardian or parent
- receipt, possession or consumption occurs in a private residence.

It is also illegal to drive with a blood alcohol concentration (BAC) greater than 0.05%. It is against the law for a learner or probationary driver (L or P plates) to drive with any alcohol in their blood. BAC must be 0%.

### Myths and misconceptions



### Alcohol is a stimulant.

Many people wrongly assume that alcohol is a stimulant. In small amounts alcohol reduces inhibitions which can lead to increased social interaction and the feeling of greater energy.



### One glass = one standard drink.

This is not necessarily the case as:

- different alcoholic beverages have different concentrations of alcohol. For example the alcohol content in spirits is greater that the alcohol content in beer
- glasses vary in size. For example a wine glass may hold two or more standard drinks.

The correct guideline is as follows: one standard drink = 10 grams of alcohol. Labels will provide standard drink information.



Drinkers can sober up using artificial means such as exercise, cold showers, coffee, milk or vomiting.

A person will only sober up when the alcohol has been naturally eliminated from the body. There are no remedies that will speed up the process.

It takes one hour to eliminate one standard drink from the body.



See p8 for other possible consequences of alcohol use.

### Harm reduction strategies

The following advice is for individuals who use alcohol. Implementation of the following strategies will decrease the risk of possible harms.

### Possible strategies:

- · Pour your own drinks
- · Don't drink and drive
- · Eat food prior to or when drinking
- · Arrange transport home prior to going out

- For every alcoholic drink you have also have a glass of water
- Drink within moderate to low risk consumption standards.

The National Health and Medical Research Council has defined moderate or low risk consumption of alcohol for adults as no more than four standard drinks per day for men, and no more than two standard drinks per day for women. A standard drink contains 10 grams of alcohol.



### Patterns of use

Alcohol is the most widely used psychoactive or mood-changing recreational drug in Australia. According to recent research 89.6% of the Australian population reported using alcohol on at least one occasion.<sup>3</sup>

Alcohol is also the most commonly used substance among Victorian secondary students. The percentage reporting ever had used was 43% in year 7 and 93% in year 11. Heavy drinking (males - more than five or more drinks on at least one day. Females - more than three or more drinks on at least one day) was common. 9.3% of students in years 7- 10 and 29% of students in years 11 and 12 reported drinking heavily.

38% of all students reported one or more sessions of binge drinking. The incidence of binge drinking increased significantly in years 11 and 12 with 50% of students engaging in this practice.<sup>4</sup>

Table 1: Proportion of the Australian population who used alcohol

Drug	Ever used		Recently use	ed	
	1995	1998	1995	1998	
Alcohol	cohol 86.5%		78.3%	80.7%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 2: Proportion of secondary school students in Victoria who use alcohol

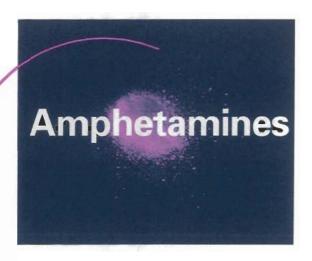
	1992				1996					
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	42%	56%	70%	81%	88%	43%	72%	83%	89%	93%
Used in last month	12.6%	15.5%	21%	25.5%	24%	12%	13.5%	18.5%	19.8%	22%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services



See the 'Alcohol Education Materials' in Get Real for other harm reduction strategies.

- 3 National Drug Strategy Household Survey Preliminary Results, Australian Institute of Health and Welfare, Canberra, 1998.
- 4 School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.



### What are they?

Amphetamines come in many different forms, and can be taken in a variety of ways. Usually amphetamines come as a white, yellow or brown powder that often has a strong smell. They can also come as tablets, capsules, crystals or red liquid. An injectable form of amphetamine called methamphetamine is also available. It is a reddish-brown liquid sold in capsules and is the most powerful form of the drug.

When bought illegally, amphetamines are often cut with other substances. These substances can often have harmful effects.

### Common names

Speed, quick, goey, dope, ice, uppers, crystal, ox blood, dragon's blood.

### Type of drug

Amphetamines are stimulants. They stimulate activity in the central nervous system (CNS).

### How the drug is taken

Amphetamines can be taken by:

- intravenous injection ('shoot up' or 'mainline')
- · inhalation or smoking
- · intranasal or snorting
- swallowing.

Injecting delivers the amphetamine directly into the bloodstream. It therefore has the strongest, most immediate effect.

Smoking amphetamines is thought to have similar onset and duration to injecting. Smoking amphetamines seems to be uncommon in Australia.

Intranasal use or snorting has a less intense and sometimes longer lasting effect.

Swallowing requires absorption through the gastrointestinal system. It therefore has the longest lasting effect but is less intense.

### **Effects**

### Possible short term effects

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including: the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

### A person can experience the following effects after taking amphetamines.

### **Psychological**

Amphetamines can cause the user to feel alert, energetic and full of confidence. They can also become talkative and excited.

Some users report becoming anxious, irritable, hostile and aggressive. Sometimes people feel a sense of power and superiority over other people.

Other effects include feeling wide awake, restless and excited. Sleeping difficulties are also common.



Amphetamine powder

## **Physical**

Amphetamines speed up bodily functions. Heart rate, breathing and blood pressure increases. A dry mouth, reduced appetite, increased sweating and enlargement of the pupils of the eyes may also occur.

Very large amounts can cause paleness, headaches, dizziness, blurred vision, tremors, irregular heartbeat, stomach cramps and loss of coordination. Some users have collapsed after taking amphetamines.

Due to the unknown strength of street amphetamines and their impurities, some users have overdosed and experienced strokes, heart failure and seizures. Some have died as a result.

## Possible long term effects

## **Psychological**

Frequent heavy use, or high doses can cause 'drug induced psychosis'. The symptoms include delusions, hallucinations and bizarre behaviour. These symptoms usually disappear shortly after the person stops using amphetamines.

Heavy amphetamine users may suddenly become violent for no apparent reason.

## **Physical**

Amphetamines reduce the appetite, making the user less likely to eat properly. This can lead to malnutrition.

Amphetamine use can also reduce the effectiveness of the body's immune system. This combined with unhealthy eating and sleeping habits can cause regular users to be run down and less resistant to infections.

## Need to take other drugs

Users often take other drugs to cope with the effects of amphetamines. If a person can't sleep because they've been taking amphetamines they may turn to sleeping tablets or alcohol to help them sleep.

## Impure amphetamines

Most amphetamines sold illegally contain a mixture of pure amphetamines and talcum powder, baking powder, starch, glucose or quinine. Some additives can be toxic and can cause damage to the heart, lungs, liver and brain. Overdose is possible because the user doesn't know whether they are using five percent or fifty percent pure amphetamine.

### Ailments due to administration

The method of injecting amphetamines may cause tetanus, vein abscesses and scarring.

Collapsed and blocked blood vessels are also common among those who regularly inject impure amphetamines that contain large insoluble particles.

Snorting can cause nasal infections.

## Effects of withdrawal

When the use of amphetamines is abruptly discontinued extreme fatigue sets in. This is followed by a long but restless sleep. Irritability, anxiety, panic and depression are also common. Some people also report an inability to experience pleasure. This feeling can last for several weeks.





See p8, for other possible consequences of amphetamine use.

## Medicinal use

### Past use

In the 1930s, amphetamine was prescribed as an appetite suppressant and tonic.

During the two world wars, the military were the largest consumers of amphetamines. They enhanced the ability of soldiers to fight under the adverse conditions of war when they couldn't sleep or eat.

During the 1950s, amphetamines were widely used to treat nasal congestion, obesity, narcolepsy (uncontrolled sleepiness) and depression. Problems with non-medical use, such as psychosis and aggression, became apparent in the late 1950s. As a result, the supply of amphetamines is now restricted by prescription to a few medical uses.

## Today

Amphetamines are prescribed for a small number of uncommon medical problems like narcolepsy and some types of hyperactivity in children.

They are also used for nasal congestion. Some cold and flu tablets contain pseudoephedrine, a form of amphetamine.

## Packaging and paraphernalia

Amphetamines look very much like the medium they are cut with (bicarb soda, vitamin C, crushed sugar, caffeine, glucose, pseudoephedrine powder from cold and flu tablets).

Paraphernalia for injecting users may include needles, syringes, spoons, filters, swabs, mixes and tourniquets.

## Legal status

Amphetamines are only prescribed for a small number of uncommon medical problems. It is illegal to manufacture, sell, import or export amphetamines. The possession or use of a small amount of amphetamines may result in a fine or imprisonment for up to five years, or both. Making or selling amphetamines in traffickible amounts is a very serious offense. It may result in imprisonment for up to 25 years, as well as a large fine. The penalty varies according to the quantity of the drug involved – the larger the amount, the bigger the penalty.

## Patterns of use

According to recent research 8.7% of the Australian population reported using amphetamines on at least one occasion.<sup>6</sup>

The mean age of initiation was 19.9 years.6

The majority of Victorian secondary students (95%) have never used amphetamines. Statistics show that males are more likely to experiment with amphetamine use than females.<sup>7</sup>

Table 3: Proportion of total population who use amphetamines

Drug	Ever used		Recently used		
	1995 1998		1995	1998	
Amphetamines	5.7%	8.7%	2.1%	3.6%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 4: Proportion of secondary school students in Victoria who use amphetamines

	1992					1996				
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	2%	5%	6%	8%	9%	2%	4%	5%	7%	7%
Used in last month	1%	2%	2%	3%	2%	1%	2%	2%	2%	2%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services

<sup>5</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra.

<sup>6</sup> ibid

<sup>7</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

## Harm reduction strategies

A very small percentage of young people will choose to use amphetamines and will need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- · short term and long term health risks
- · alternatives to amphetamine use
- · safe and unsafe places to use
- the importance of eating well and resting before and after use
- problems associated with using other drugs while using amphetamines
- how to avoid dehydration and overhydration by consuming correct amounts of non-alcoholic liquid
- decreasing the risk of overdose by understanding amounts to use and how to test the quality of a new supply
- how to help or get help if friends become ill or unconscious after use

- · safer injecting methods
- · safe disposal of injecting equipment
- available treatment programs.

Refer to page 12 for 'Harm Reduction Guidelines For Teachers'.

## Myths and misconceptions



Amphetamines are only used by 'junkies'.

A wide range of people in our community use amphetamines.

Reasons include staying awake to drive long distances, to work long hours, to study for exams or to dance all night at night clubs and rave parties.



## What is it?

Cannabis Sativa is a flowering plant from which various drug preparations containing THC can be obtained. THC (or delta-9-tetrahydrocannabinol) is the active ingredient that produces the intoxicating effects.

A non-potent strain of Cannabis Sativa (Indian hemp) is used to produce fibres for use in paper, textiles and clothing.

Three common forms of cannabis are marijuana, hashish and hashish oil.

**Marijuana** is made from the dried leaves, buds and flowers of the plant. It is the most common and generally least powerful form of cannabis.

Hybrid varieties of the plant have recently become available (called 'skunk' or 'skunkweed'). Many of these varieties have higher THC concentration (reported to be up to 30%) than standard cannabis.

**Hashish** (hash) is small blocks of dried cannabis resin. The concentration of THC in hashish is higher than in marijuana, producing stronger effects.

**Hashish oil** is a thick, golden-brown to black oily liquid that can be extracted from hashish. Hashish oil is the most potent form of cannabis.

## Common names

Marijuana, grass, dope, pot, weed, skunk, smoke, stuff, green, gunga, ganja, mull, yarnie, wacky terbacky, hash, hash oil.

## Type of drug

Cannabis is a depressant with hallucinogenic qualities. It slows down or depresses the central nervous system (CNS).

## How the drug is taken

Marijuana is often mixed with tobacco (often called 'mull') and smoked in handrolled cigarettes called 'joints', or packed into a small 'cone' and smoked in a water pipe known as a 'bong'.

Occasionally, cannabis is compressed into sticks called Buddha, Thai or Malawi sticks that are crumbled and smoked. The sticks are up to 12 centimetres long.

Hash is usually added to tobacco and smoked, or baked and eaten in foods such as 'hash cookies.'

Hashish oil is usually spread on the tip or paper of ordinary cigarettes and smoked.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including: the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

## **Psychological**

The intoxicating effects of marijuana can be similar to those produced by alcohol. The most frequently reported positive effects include relaxation, feelings of well being, lowered inhibitions, laughter and enhanced sensory perceptions.

Some people report mental confusion, anxiety and paranoia. Large amounts or stronger forms of cannabis can produce hallucinations similar to those of hallucinogenic drugs such as lysergic acid diethylamide (LSD).

## **Physical**

Physical effects include bloodshot eyes, increased appetite, dizziness, impaired coordination and balance, slower reflexes and reduced concentration. Some first-time users report negative effects like headaches, nausea and fainting.

Because marijuana is often smoked with tobacco in joints or bongs, users can also suffer the effects of nicotine on their throat, lungs and general fitness.

The main psychoactive component of cannabis, THC, is stored and accumulated in fatty tissue throughout the body, including the brain. THC is then gradually released into the bloodstream over days and even weeks. THC has been detected in body tissue 28 days after initial use. While THC stored in the body does not appear to remain psychoactive, the possible health consequences of storage have not been determined.

## Possible long term effects

## Paranoia and psychosis

Some heavy users of cannabis report feelings of mild to acute paranoia and episodes of drug-induced psychosis in which hallucinations may take place.

See page 9 for more information on druginduced psychosis.



Skunk leaf (left) and normal leaf (right).

## Reduced memory and motivation

Regular or heavy use can damage memory, concentration and reduce motivation. This can interfere with learning and affect study and work habits. These effects seem to be reversed when use is ceased.

### Link to mental illness

Some studies have found a link between heavy or regular marijuana use and mental illness such as schizophrenia and bipolar disorder. It is not yet clear whether cannabis causes these types of illnesses or whether it triggers latent mental illness in vulnerable people. People with a personal or family history of mental illness should avoid using cannabis as it may trigger illness, prolong symptoms and reduce the effectiveness of possible treatments.

## Respiratory system

Heavy smokers of cannabis can experience respiratory problems such as asthma, bronchitis and irritation and damage to mucous membranes in the respiratory tract.

Using cannabis has also been linked to cancer of the respiratory tract including the mouth, tongue, throat and lungs.

The above is not surprising as there are greater quantities of tar in cannabis than in tobacco. Cannabis users often hold smoke in the lungs for longer periods to maximise effects.

## Sexual functioning

More research is also needed into the effects of cannabis on sexual functioning. However research does indicate that cannabis can effect hormone production.

Some cannabis users report lowered sex drive, irregular menstrual cycles and lowered sperm counts.

### Effects of withdrawal

Users report cravings for cannabis if the supply is withdrawn or unavailable. Feelings of irritability, nervousness, anxiety and sometimes panic can result.

Other symptoms include: sleep disturbance, tremors, chills or increased body temperature, sweating and upset stomach.





See p8, for other possible consequences of cannabis use.

## Medicinal use

### Past use

Used as an analgesic and sedative, cannabis was one of the earliest known medicines.

## **Today**

THC has been shown to be effective in controlling nausea in patients undergoing chemotherapy. Cannabis is currently marketed overseas in tablet form (called 'Drabinol') and is used to remedy nausea and vomiting in the treatment of cancer.

It may also be effective in the treatment of glaucoma (an eye condition that causes increased pressure within the eyeball and can lead to gradual loss of sight). In therapeutic cases, a synthetic form of THC is given in tablet form.

Some people who are HIV positive use cannabis as an appetite stimulant.

Clinical research continues on other possible therapeutic uses including the treatment of epilepsy, anorexia nervosa, multiple sclerosis and asthma.

## Packaging and paraphernalia

Marijuana is usually wrapped in foil or stored in zip-lock plastic bags ('deal bags'). Paraphernalia includes: tobacco, papers ('skins'), filters, pipes, water pipes (bongs) that are either made by the user or bought commercially, herb grinders and scales.

## Legal status

It is against the law to possess, grow, manufacture, trade or use any cannabis products in Victoria. The penalty varies according to the quantity of the drug involved – the bigger the amount, the bigger the penalty. The penalty for using or possessing a small amount (less than 25 grams) is usually a good behaviour bond, but only if it is a person's first offence and there is no evidence they're involved in selling drugs. If someone is caught a

second time, they may get a fine of up to \$500. Growing or selling marijuana are more serious offenses, and may lead to a fine of up to \$250,000 and or up to 25 years in prison.

## Victorian Police Cannabis Cautioning Program

In Victoria, the Victorian Police Cannabis Cautioning Program is in place and is applied to offenders who are in possession of, or using dried cannabis leaf, stem or seeds weighing not more than fifty grams.

This program adopts an operational view that steering first time users away from the courts and into drug treatment services, is more likely to benefit the community in the long term.

Conditions for a caution apply. Offenders must:

- have no previous drug-related police record
- be detained for use or possession only
- · admit the offence
- · consent to the caution.

Once cautioned the offender is provided with written material about health and legal risks and given information about counselling. A person can only accumulate two cautions. A subsequent offence will result in prosecution.



6

See p59 for more information regarding police cautioning programs and penalties for cannabis use.

## Patterns of use

According to recent research 39% of the Australian population reported using cannabis on at least one occasion.

The mean age of initiation was 18.7 years.9

Cannabis was the most commonly used illicit substance among Victorian secondary students. The percentage reporting ever had used was 15% in year seven and 52% in year 12. The prevalence of marijuana use has increased since 1993, particularly among younger students.<sup>10</sup>

Table 5: Proportion of total population who use cannabis

Drug	Ever used		Recently used		
	1995	1998	1995	1998	
Cannabis	31.1%	39.3%	27.1%	26.3%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 6: Proportion of secondary school students in Victoria who use cannabis

	1992					1996				
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	6%	13%	21%	32%	43%	15%	26%	33%	44%	47%
Used in last month	3%	8%	12%	19%	24%	2%	4%	11%	16%	14%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services

<sup>8</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra.

<sup>9</sup> ibi

<sup>10</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999

## Harm reduction strategies

Some young people will choose to use cannabis and may need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harmful effects.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- short term and long term health risks
- alternatives to cannabis use such as relaxation techniques and meditation
- safe and unsafe places to use. For example avoiding dangerous machinery, busy roads and heights
- transport options for getting home safely
- how to avoid illness or disease
- ways to reduce the amount of cannabis used
- problems associated with using other drugs while using cannabis
- how to help or get help if friends become ill or unconscious after use
- · treatment options.



## Myths and misconceptions



You can't become dependent on cannabis

Contrary to popular opinion, it is possible to become dependent on cannabis. When smoked with tobacco, smokers can also develop dependence on nicotine.



Marijuana is healthier than cigarettes because it's unprocessed and green

Marijuana smoke contains tars and carcinogens just like tobacco smoke.



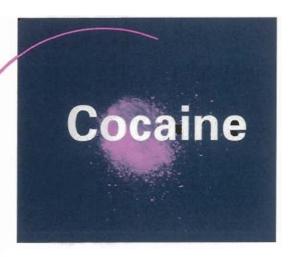
Smoking marijuana is good for asthma

Marijuana smoke contains the same types of ingredients as tobacco that aggravate the respiratory system, and can trigger asthma attacks in asthma sufferers.



Smoking marijuana leads to other illicit drugs

The patterns of use show that only a small proportion of people who use cannabis use other illicit drugs. Most people who use cannabis never use other illicit drugs.



## What is it?

Cocaine is a drug derived from the leaves of the coca plant. Its scientific name is cocaine hydrochloride. It is sold illegally as a fine, white crystalline powder 'cut' (mixed) with similar-looking substances such as baking soda, cornstarch, talcum powder, sugar, some types of local anaesthetics or other stimulants such as speed.

Cocaine hydrochloride can be chemically altered so that the hydrochloride is removed from the cocaine molecule. There are two methods used to do this. The first is known as 'freebasing'. Freebasing removes additives that may be mixed with the cocaine. The other method is 'cheap or dirty basing'. This method does not remove impurities. The byproduct of cheapbasing is called 'crack'. Crack is most commonly cut with baking soda.

## Common names

Coke, charlie, snow, lines, C, flake, blow.

## Type of drug

Cocaine is a stimulant. It speeds up or stimulates the action of the central nervous system (CNS).

## How the drug is taken

Cocaine is usually snorted, however it can also be injected or smoked if converted to a freebase or cheapbase form.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including: the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

Short term effects can occur rapidly after a single dose of cocaine. They can last anywhere from a few minutes to a few hours.

## **Psychological**

Immediate effects may include a feeling of well being and increased alertness and confidence. However some users report aggressive behaviour and an inability to judge risks.

In large quantities cocaine can produce a sense of euphoria followed by agitation and anxiety. Some users also experience loss of concentration, lack of motivation, rapid thoughts, grandiosity and paranoia.

Other effects can include drug-induced psychosis, a mental disturbance where people hear voices, suffer delusions, become suspicious and fear persecution.

## **Physical**

A positive effect reported by some users is increased energy levels. Other effects reported include reduced appetite, an increase in heart rate, an increase in body temperature and enlarged pupils.

However, headaches, nausea, vomiting, dizziness, restlessness, heart pain and even heart attacks are possible.

## Possible long term effects

## **Psychological**

Long-term use of cocaine can produce behavioural problems such as dramatic mood swings, nervousness, agitation and psychosis.



## Physical (general)

Users report sleep and eating disorders and sexual dysfunction. If snorted, cocaine can cause nosebleeds and tissue damage to the nasal passage. Breathing difficulties and lung damage from smoking and snorting are also reported.

### **Overdose**

Cocaine overdose can produce irregular and weak heartbeats, lung failure, heart failure and burst blood vessels in the brain.

### **Blood-borne diseases**

Sharing all injecting equipment increases the risk of contracting blood-borne diseases like hepatitis or HIV / AIDS. Even if a user knows the person very well and trusts them completely, it is still very risky to share equipment as you can never be sure of the sexual and injecting habits of others.

## Vein and tissue damage

The method of injecting cocaine may cause vein abscesses and scarring.



Cocaine cut in lines.

Collapsed and blocked blood vessels are also common among those who regularly inject impure cocaine that contains insoluble particles.

### Effects of withdrawal

As cocaine is a stimulant withdrawal effects are similar to those of other stimulants. Effects include: hunger, restless sleep, nausea, shaking fits, muscle pain, exhaustion, depression and cocaine cravings.



## Medicinal use

### Past use

For at least 2000 years South American Indians chewed the leaves of the coca bush for religious practice, and as a way of reducing hunger and fatigue.

In 1855 the drug cocaine was isolated from coca leaves by a European scientist. Around 25 years later cocaine was used in western medicine as a local anaesthetic.

Towards the end of the 19th century it was used in many patent medicines, and was an ingredient of Coca-Cola until 1903.

### **Today**

Cocaine is rarely used for medical reasons. It is however used in some countries as a topical anaesthesia of the upper respiratory tract.

## Packaging and paraphernalia

- Cocaine is placed on mirror and glass so that drug particles are easily seen.
- Razors, cardboard and credit cards are used to cut cocaine.
- · Scales are used for measuring quantities.
- Straws or pieces of tightly wound paper are used to snort cocaine.
- Pipes and glass viles are used for inhaling cocaine and crack.

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See p9 for information on psychosis.

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See p8, for other possible consequences of cocaine use.

## Legal status

Cocaine is illegal in all Australian States and Territories. Penalties in Victoria include fines and / or a term of imprisonment between 12 months and 25 years. The penalty varies according to the quantity of the drug involved – the bigger the amount, the bigger the penalty.

## Patterns of use

According to recent research, 4.3% of the Australian population reported using cocaine on at least one occasion.<sup>11</sup>

The mean age for initiation was 22.3 years.12

The majority of Victorian secondary students (97%) have never used cocaine 13

Table 7: Proportion of the Australian population who used cocaine

Drug	Ever used		Recently used		
	1995	1995 1998		1998	
Cocaine	3.4% 4.3%		1.0%	1.4%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 8: Proportion of secondary school students in Victoria who use cocaine

	1992	1992					1996			
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	2.8%	5%	5%	5.3%	4%	3%	4.2%	3.2%	3.6%	2.5%
Used in last month	1%	2%	2%	2%	1%	1%	1%	2%	0.4%	0.6%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services.

<sup>11</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra.

<sup>12</sup> ibi

<sup>13</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Meibourne, 1999.

## Harm reduction strategies

A very small percentage of young people will choose to use cocaine and may need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- short term and long term health risks
- · alternatives to cocaine use
- the importance of eating well and resting before and after use
- problems associated with using other drugs while using cocaine
- how to avoid de-hydration and overhydration by consuming correct amounts of non-alcoholic liquid
- decreasing the risk of overdose by understanding dangerous amounts to use and how to test the quality of a new supply

- how to help or get help if friends become ill or unconscious after use
- safer injecting methods
- safe disposal of injecting equipment.

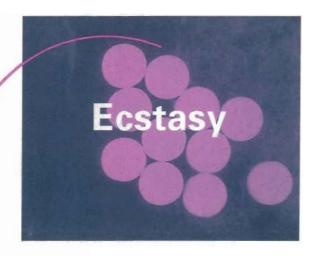


## Myths and misconceptions



Cocaine is widely used in Australia

The cost of cocaine in Australia is high and availability comparatively low compared to other drugs. Consequently cocaine has not been widely used. However currently in parts of Australia, particularly NSW, we are seeing an increase in the number of people injecting cocaine.



## What is it?

MDMA is commonly known as 'ecstasy'. MDMA stands for

Methylenedioxymethamphetamine (one of the longest words in English!) and is sometimes referred to as a 'designer drug'.

The chemical structure of MDMA is similar to the structure of both amphetamines and some hallucinogens. It is usually sold in small tablets that come in a variety of colours and sizes, although it may also be sold in powder form. However, what is sold illegally as ecstasy is often not MDMA.

Analysis of some tablets being sold as ecstasy shows that substances such as amphetamines, heroin, caffeine, cocaine and ephedrine are sometimes mixed with or substituted for ecstasy.

Australian Bureau of Criminal Intelligence research indicates that some tablets being sold as ecstasy are actually ketamine or similar substances. <sup>14</sup> Ketamine is legally used as an anaesthetic by veterinarians and to a lesser extent by the medical profession. Although it's an anaesthetic, ketamine has hallucinogenic properties that are similar to LSD. Ketamine overdose is rare, but high doses can cause a number of health effects.

## Common names

E, XTC, eccies, love drug, white dove, doves, hug drug, fantasia, Adam, discobiscuits, Special K (for ecstasy containing ketamine).

## Type of drug

Ecstasy is part stimulant and part hallucinogen. It is a stimulant because, like amphetamines, it speeds up the action of the central nervous system (CNS). It is also a hallucinogen because it distorts the user's perceptions of reality.

## How the drug is taken

Ecstasy is usually swallowed in tablet form. On rare occasions people inject it.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

The effects of ecstasy can begin within 45 minutes of taking it. Most effects last up to six hours, but some may persist up to 32 hours.

## **Psychological**

Positive sensations experienced by some people include feelings of wellbeing, pleasure, enhanced self esteem and mild distortion of visual perception.

Some people report that ecstasy improves the ability to communicate and increases feelings of closeness. Because of this it is often referred to by some as a 'love drug' or 'hug drug'. Some people also report negative effects such as depression and panic attacks.

Larger quantities can produce hallucinations, sensations of floating, distortion of perception, thinking and memory and lasting psychological effects such as anxiety and depression.

## **Physical**

Physical effects include increased blood pressure and heart rate, increased body temperature, sweating, jaw clenching, teeth grinding, nausea, vomiting, loss of appetite and muscle soreness.

Ecstasy use can also result in a 'hangover' in which loss of appetite, insomnia, depression, muscle aches and difficulty concentrating are experienced. Confusion and anxiety that could last for several weeks is reported by some users.

Death can also result from a combination of factors associated with ecstasy use. Most deaths are a consequence of kidney or heart failure from high body temperature and dehydration.

Some deaths are caused by over hydration as users overcompensate for feeling hot and thirsty. In effect, when dangerous levels of liquid are consumed, the user's brain is literally flooded. It is important for users to sip non-alcoholic liquids but they must be careful not to take too much. No more than 500 mls per hour is considered to be safe.

## Possible long term effects

Research continues, however little is known about the long term effects of ecstasy. There are reports of paranoia, depression and psychosis. Some evidence suggests that it may contribute to brain, heart and liver damage.

An interesting outcome of regular ecstasy use (more than once a month) is that the experience of positive effects decrease and the experience of negative effects increase.



## Medicinal use

### Past use

MDMA was developed in 1914 by a German chemical company as an appetite suppressant. It was also used by therapists in the US in the 1970s to help people explore their feelings for each other.

Ecstasy has been available in Australia since the mid-1980s but was prohibited in 1986, after the World Health Organisation (WHO) declared the drug unbeneficial because it had no medical application and a high potential for hazardous use.

## Today

Ecstasy has no medicinal use.

## Packaging and paraphernalia

Small tablets which come in a variety of shapes and sizes. Capsules and non-descript tablets which imitate pharmaceuticals are becoming more common.

## Legal status

Manufacturing, selling, possessing and using ecstasy is illegal in every Australian state. Penalties in Victoria include fines and/or a term of imprisonment between 12 months and five years for use and possession. The penalty varies according to the quantity of the drug involved – the bigger the amount, the bigger the penalty.

## Patterns of use

According to recent research 4.7% of the Australian population had used ecstasy on at least one occasion.<sup>16</sup>

Three per cent of Victorian secondary students in 1996 reported having ever used ecstasy. The proportion of students who had ever used increased significantly as students progressed through secondary school with 4.5% of year 11 students having used in their lifetime. Recent use of ecstasy was consistently lower than past use. The results suggests that the use of ecstasy among secondary students in 1996 was not a widespread practice and was mainly experimental.<sup>16</sup>

Due to the stimulant / hallucinogenic effects experienced from ecstasy, it is a very popular party drug used a lot at 'dance' and 'rave' parties.

Table 9: Proportion of the Australian population who used ecstasy

Drug	Ever used		Recently used		
	1995 1998		1995	1998	
Ecstasy	2.4%	4.7%	0.9%	2.4%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 10: Proportion of secondary school students in Victoria who use ecstasy

	1992	1992					1996			
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	1.4%	2%	2%	4%	3.3%	1.1%	2.6%	2.8%	3.2%	4.5%
Used in last month	0.6%	1%	1%	1.3%	1%	0.5%	1%	1.3%	0.7%	1.5%

Source 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services.

<sup>15</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

<sup>16</sup> School Students and Drug Use, 1996 Survey of Alcohol. Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999

## Harm reduction strategies

Some young people will choose to use ecstasy and may need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- short term and long term health risks
- · alternatives to ecstasy use
- guidelines and strategies to avoid dehydration and over hydration
- the dangers of drinking alcohol and taking other drugs while taking ecstasy
- how to access help if it is needed. Many dance parties or raves have rest areas and trained first aid staff. On arrival young people are advised to find out who at the party is responsible for first aid and seek help if they or a friend is feeling unwell.

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## Myths and misconceptions



Ecstasy improves sexual performance

There is no evidence to suggest ecstasy improves sexual performance. Some people report an increased ability to communicate and feelings of closeness.



## What is it?

Heroin is one of a group of opioids, that take their name from the opium poppy. The seed pod of the opium flower produces a sticky resin that contains the natural painkillers opium, morphine and codeine.

Heroin is a semi-synthetic modification of morphine that has a stronger painkilling effect. It comes as white, pink or brown granules or powder with a bitter taste.

## Common names

Smack, H, horse, junk, scag, scat.

## Type of drug

Heroin is a depressant. It slows down or depresses the central nervous system (CNS).

## How the drug is taken

Heroin can be injected, snorted or smoked. It is most commonly injected into a vein ('mainlining'). It can also be injected into a muscle, however sensations do not have the same intensity.

Heroin is smoked by mixing it with tobacco and other substances. Another method of smoking heroin is known as 'chasing the dragon'. This is done by placing heroin on foil and lighting it from underneath. Some people smoke heroin because risks such as contracting infections, vein damage and overdose are reduced. It is important to note that overdose is still possible.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including: the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

## **Psychological**

Positive sensations experienced by users include feeling relaxed, calm, a rush of intense pleasure and strong feelings of well-being.

Many people who use large quantities of heroin report an intensity of the above which is often described as 'bliss' or being in a state of euphoria.

The above psychological effects are in fact attributes that lead to high levels of dependency as life's emotional and physical difficulties are eased if not totally suppressed.

## **Physical**

In low to moderate quantities heroin can dilate pupils, slow down breathing, blood pressure and pulse rate and induce a feeling of relaxation and drowsiness. Heroin can also relieve physical pain and diminish hunger and sexual urges. Some users report nausea, vomiting and constipation.

As the dose increases users may go into a warm, heavy and sleepy state. This is referred to as being on the 'nod'.

In larger quantities all bodily functions slow down as messages pass more slowly through the central nervous system (CNS). A person's speech may become slurred, and their movements sluggish or uncoordinated. Heart rate gradually slows, blood pressure decreases and breathing becomes shallow. Nausea and vomiting can also occur.

A desired effect of a large quantity of heroin is to experience an intense rush felt in the abdomen. It is described as being similar to but better than an orgasm.

A large quantity of heroin can cause overdose and death. Often users are unaware of the quality and quantity they are taking in a dose. If a large dose is administered it can cause messages travelling through the CNS to stop as does the functioning of the body's organs.

A person in a stupor before death will have low blood pressure, slow and irregular heart beat, shallow respiration, low body temperature, cold skin and extremely small pupils.

Narcan is a drug that is extremely effective in reversing the effects of overdose. Once injected into the users system it surrounds the heroin particles and blocks effects. Surrounded by narcan, the heroin can no longer depress the CNS and body functioning returns.



Rock heroin packaged in balloons.

## Possible long term effects

## **Psychological**

Due to the effectiveness of heroin as a suppressent to emotional pain, a person may develop total dependency to cope with life in general.

### **Physical**

In its pure form, heroin is relatively nontoxic, causing little damage to body tissue and other organs. However some long term users do report calcium deficiencies that damage teeth and nails.

Reduced libido, menstrual irregularity, constipation, poor night vision and some respiratory problems are also reported.

### **Additives**

Street heroin is usually a mixture of pure heroin and other substances such as talcum powder, baking powder, starch, glucose or quinine. Sometimes other drugs like amphetamines and barbiturates are also mixed in. These additives can be poisonous and can damage the heart, lungs, liver and brain.

### Ailments due to administration

The method of injecting heroin may cause vein abscesses and scarring.

Collapsed and blocked blood vessels are also common among those who regularly inject impure heroin that contains insoluble particles.

Snorting can cause nasal infections.

## **Blood-borne viruses**

Sharing all injecting equipment (needles, syringes, spoons, filters, swabs, mixes and tourniquets) increases the risk of contracting blood-borne diseases like hepatitis or HIV / AIDS. Even if a user knows a person very well and trusts them completely, it is still risky to share equipment. Users can never be confident of the safe practices of others.

### **Effects of withdrawal**

Withdrawal generally occurs 6 to 12 hours after the last dose. First symptoms include flu-like symptoms of sweating, runny nose and watery eyes. Users often fall into an agitated sleep. Once awake the agitation continues and is often accompanied by tremors, goose bumps, dilated pupils and depression. Symptoms reach intensity between 36 to 72 hours after the last dose.





See p8, for other possible consequences of heroin use.

## Packaging and paraphernalia

Heroin is sold in what is called 'caps'. Caps can be packaged in tin foil, small balloons and small plastic bags.

Injecting heroin involves the use of needles, syringes, spoons, filters, swabs, tourniquets and lighters or burners.

## Medicinal use

### Past use

Heroin was first produced by a German company at the end of the 19th century.

The drug was discovered when scientists were trying to develop a new drug that provided the same pain-killing qualities as morphine but without the potential for addiction. When it was first used, doctors thought it wasn't addictive, and used it to treat the symptoms of morphine withdrawal. They soon discovered it was more addictive than morphine.

## **Today**

Morphine and codeine are widely used for medicinal purposes. Heroin is not used for medicinal purposes in Australia. However, it is used in other parts of the world to treat the terminally ill.

## Patterns of use

According to recent research, 2.2% of the Australian population has used heroin on at least one occasion.

The mean age of initiation for heroin was 21.5 years.<sup>17</sup>

The great majority of Victorian secondary students (97%) have never tried substances such as heroin. Recent use was greatest among year 9 students (1.9%) and was higher among males.<sup>18</sup>

Table 11: Proportion of the Australian population who used heroin

Drug	Ever used		Recently used		
	1995 1998		1995	1998	
Heroin	1.4%	2.2%	0.4%	0.7%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

## Table 12: Proportion of secondary school students in Victoria who use opiates

	1992					1996				
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	2.5%	4.2%	3.8%	4.6%	3.5%	2.6%	3.4%	3.7%	3.3%	2.7%
Used in last month	0.6%	1.4%	1.3%	2.1%	1.2%	0.8%	1%	1.7%	0.3%	0.4%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services.

<sup>17</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra

<sup>18</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, 1999.

## Legal status

It is illegal to use, possess, grow, manufacture, supply, import or trade heroin in all Australian States and Territories. Penalties in Victoria include fines and or a term of imprisonment between 12 months and 25 years. The penalty varies according to the quantity of the drug involved. The bigger the amount, the bigger the penalty.

## Myths and misconceptions



Heroin is only used by down and out drug addicts.

A small percentage of people from all walks of life use heroin on an occasional or regular basis.



'Chasing the dragon' (smoking heroin) will not lead to overdose.

All methods of taking heroin can cause overdose.

## Harm reduction strategies

A very small percentage of young people will choose to use heroin and will need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

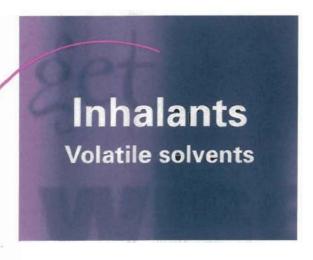
The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- short term and long term health risks
- alternatives to opiate use
- alternative pharmocotherapies
- · safe and unsafe places to use
- not using alone
- the importance of eating well and resting before and after use
- problems associated with using other drugs while using heroin
- decreasing the risk of overdose by understanding dangerous amounts to use and how to test the quality of a new supply
- how to help or get help if friends become ill or unconscious after use
- · safer injecting methods
- safe disposal of injecting equipment.

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Inhalants can generally be classified into three main categories. *Anaesthetics, nitrites and volatile solvents*. This booklet concentrates on volatile solvents as they are the most commonly used inhalant by young people.

## **Cautionary note**

Publicity and increased attention on volatile solvent use can stimulate interest. This combined with easy access to substances can sometimes lead to experimentation. Consequently, it is inappropriate to provide information about these drugs in mainstream education programs. Volatile solvent use issues should be addressed from a welfare approach. Students using volatile solvents will need specific education programs that should be delivered by trained welfare staff or community-based drug and alcohol workers.

## What are they?

A range of solvent based products, such as glue, petrol, thinners, paint, fly spray, cleaning products, deodorant, nail polish remover and gas from lighters that are inhaled to achieve intoxication.

## Common names

Glue: Glue sniffing, sniff

Petrol: Petrol sniffing

Paint: Chroming

Lighter fluid: Butaning, gas

Some people refer to all forms of inhalant use as chroming.

## Type of drug

Most inhalants are depressants. They slow down or depress the working of the central nervous system (CNS).

## How the drugs are taken

Solvent based chemicals as the name suggests are inhaled.

They may be inhaled directly from their containers, soaked on a piece of material or sprayed directly into the nose or mouth.

Often inhalants are placed in plastic bags.

The fumes are inhaled by holding the bag over the mouth and nose.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including: the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

Small amounts of inhalants can affect you quite quickly. The effects are usually over within an hour of inhaling.

## **Psychological**

The effects of inhalant use are somewhat similar to the effects of alcohol. Users can feel relaxed, merry and less inhibited.

Mood can vary from mild excitement to euphoria. Some users report feeling agitated and uneasy.

Inhalant use can cause impaired judgement and users sometimes take part in reckless and dangerous behaviour. For example walking on busy roads and vandalising property.

Inhalant use can also cause perceptual distortions similar to effects of

hallucinogenic drugs (distortion of time, space, shape, colour and size).

Some people experience severe distortions and/or psychosis. In this state users can experience temporary delusions. For example users may think they are invincible or they can fly.

## **Physical**

After initial feelings of excitement, impaired coordination, muscle weakness, slowed reflexes, slurred speech, blurred vision disorientation and drowsiness can occur.

Other possible short term effects are similar to cold or flu symptoms such as sneezing, coughing, glazed eyes or a runny nose.

Inhalants can also cause nausea, vomiting, diarrhoea, nosebleeds, bloodshot eyes and sores or rashes around the mouth and nose.

After using inhalants people often have the smell of the product on their breath and clothing.

Hangovers and headaches may occur after the immediate effects have passed. Sometimes these last for several days.

## Possible long term effects

## **Psychological**

Evidence is not conclusive however, conduct, personality and depressive disorders have been associated with solvent use.

## Physical effects (general)

Long term physical effects can be different for different types of inhalants used.

In general, long term users may appear pale, have tremors, lose weight, feel tired and be unusually thirsty.

## Brain damage

Research into the effect of solvent use on the brain is not conclusive and continues. However brain damage has been associated with some forms of inhalant use.

Toluene is a solvent that can be found in glues, rubber cement, paint remover, thinners and the propellant in some paint spray packs. Its inhalation has been

associated with short term memory loss, impaired hearing and sense of smell, impaired coordination and walking difficulties. Brain scans taken from chronic toluene users have shown evidence of brain shrinkage.

## Organ damage

The lead in petrol and some of the chemicals in other inhalants can build up in the body. This irritates the lining of the stomach and intestines.

Some chronic inhalant users report liver, kidney, lung and heart damage.

Some users of solvents found in PVC cements, dry cleaning fluids, spot removers and correction fluids report severe liver and kidney toxicity.

### Blood

Some inhalants affect the production of blood consequently some inhalant users suffer anaemia.

### Withdrawal

Withdrawal symptoms vary from person to person and are also determined by the type of inhalant used. However some symptoms include loss of appetite, nausea, vomiting, shaking, dizziness, irritability, depression and anxiety.

## Other consequences

The following can occur from the first use or subsequent use:

## **Accidents**

Most harm from inhalant use results from accidents while intoxicated, for example drownings, road accidents and falls.

## Suffocation

Some inhalant users have died from suffocation. This results as a consequence of lack of oxygen when sniffing from a plastic bag. In these cases users generally have covered both the nose and mouth while sniffing. While sniffing users lapse into a stupor or sleep with the plastic still covering airways.

## Sudden sniffing death

Some forms of inhalant use cause great stress and variation to the functioning of the heart such as severe irregular heart beat.

Cardiac arrest can result if users are startled or panicked or engage in strenuous activity like running.

15 C

## Medicinal use

There is no medicinal use for solvent based inhalants.

## Packaging and paraphernalia

Plastic bags, lighters, aerosol packs, paint and glue containers, rags and tissues.

## Patterns of use

According to recent research approximately 4% of the population over 14 years of age have used inhalants for non-medical reasons on at least one occasion.<sup>19</sup>

Young people are the most frequent users of volatile solvents. The most likely age for experimentation was 13 years, but use may continue throughout adolescence and into early adulthood. Reported use of volatile solvents was more common among younger students than older students.

In 1996, 26% of Victorian students reported ever using inhalants.<sup>20</sup>

While figures appear high, many workers in the field feel that this also covers one off incidents in which intoxication was not sought. It is also felt that only approximately 4% of the 26% are experiencing problems and inhaling on a regular basis.

Most young people that use volatile solvents only use them once or twice. They do not go on to become regular users. This is partly due to the 'gutter drug' status associated with volatile solvent use by young people.

Table 13: Proportion of secondary school students in Victoria who use volatile solvents

	1992					1996				
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	24%	28%	24%	26%	22%	34%	31%	29%	21%	18%
Used in last month	9%	11%	8%	7%	5%	18%	14%	11%	5%	3%

Source: 1992 and 1996 Surveys of Airohiol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services



See p8, for other possible consequences of inhalant use.

- 19 National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra
- 20 School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

## Legal status

Glues, solvents and gases may be legal to obtain, but inhaling them is not the use for which they were intended. However, there is no legislation controlling the personal use of inhalants. It is an offence for a proprietor or persons to sell any substance they know is going to be used in a harmful or hazardous way by any person. Police do not have any power to apprehend users, however police do have a 'duty of care' to take into custody children (under 17 years) who appear to be in need of care due to any drug use. Both police and schools have a duty of care to ensure that people using inhalants get medical attention and follow up with families and social workers at a later time.

## Harm reduction strategies

Some young people will choose to use inhalants and may need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harmful effects.

Schools must be clear in understanding their role in helping young people to access such information.

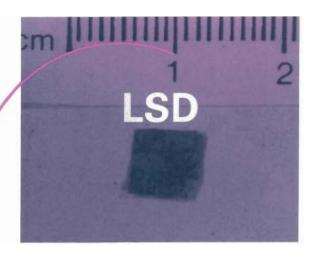
Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- short term and long term health risks
- · alternatives to inhalant use
- safe and unsafe places to use. For example, away from machinery, traffic, deep water, heights and other places where accidents can occur
- the importance of avoiding strenuous activity while intoxicated
- practices that can cause suffocation and strategies to avoid it
- the importance of minimising the risk of suffocation by not sniffing alone
- problems associated with using other drugs while using inhalants
- how to help or get help if friends become ill or unconscious after use.





## What is it?

LSD (lysergic acid diethylamide). In pure form LSD is a water soluble, white, odourless substance. The drug is so powerful that minute particles can trigger effects. Because of its potency it is mixed with other substances or converted into a solution so that amounts can be diluted and measured.

## Common names

Trips, acid, tabs, trippers, cartoon characters, blotters, wedges, microdots.

## Type of drug

LSD is an hallucinogen. Hallucinogens enhance or distort perceptions of reality, in particular time and space. Users may experience vivid distortions of auditory and visual stimuli.

## How the drug is taken

LSD can be found in tablet, capsule or solution form.

LSD solution is most commonly used. Diluted drops are placed on blotting paper that is placed on or under the tongue of the user. LSD solution is also sometimes placed on sugar cubes or gelatin.

A small proportion of users add LSD to alcohol. Others occasionally inject or inhale LSD.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

The effects of LSD and hallucinogenic drugs are more unpredictable and variable than depressants and stimulants. Sensations experienced by users during each administration can change greatly.

Effects generally begin 15 to 45 minutes after administration and usually wear off after six to eight hours.

## **Psychological**

Sensations experienced by users are commonly called 'trips'. During trips, senses can be heightened. For example colours can appear brighter. Senses can also be greatly distorted. They can be distorted to the extent that senses melt into each other. For example sounds can be tasted and seen. Consequently, users may appear inordinately curious about sounds, shapes, colours and lights. Hallucinogenic effects can vary from feeling weightless and floating to living through a profound mystical experience.

At times users experience distortions but are aware that these experiences are not real. At other times users feel that these experiences are real.

Trips can range from enjoyable to frightening. The latter is generally referred to as a 'bad trip'. During 'trips' inexperienced people can feel out of control. Subsequent panic or loss of reality can lead to impulsive, risky behaviour.

## **Physical**

Some of the effects of LSD and other hallucinogens can be similar to effects experienced by stimulant use. That is increased pulse and heart rate, increased body temperature and rapid breathing. Other effects can include dilated pupils, twitching, shaking, sweating, chills, shivering, loss of appetite, nausea, vomiting and muscle weakness.

## Possible long term effects

## **Flashbacks**

Days, weeks or even years after using LSD some people experience the hallucinogenic effects again without warning. This is known as a flashback or acid flash. Flash backs are brief, usually lasting only seconds or minutes. However contrary to common opinion, flashbacks are not caused by hallucinogens taken in the past. It is felt that they are induced by a range of experiences that trigger the memory of previous trips. For example, possible triggers may include seeing flashing coloured lights, hearing a song heard during a trip, taking other drugs and feeling fatigued or anxious. Flashbacks are an uncommon phenomenon.

### Lack of motivation

Long term users of LSD sometimes report apathy and decreased motivation. However it is not known if this is caused by the drug or as a consequence of lifestyle.

## Links to mental illness

Research continues into the links between hallucinogenic drugs and mental illness. However, protracted episodes of psychosis have been reported after single use and chronic use of hallucinogens. The cause or connection has not been determined.

### **Accidents**

Due to the hallucinogenic qualities of LSD many of the long term harms associated with its use are as a result of accidents such as falls, drownings and road accidents.

### Withdrawal

Chronic use of LSD does not lead to physical dependence, consequently physical withdrawal symptoms have not been observed. However some users may develop a psychological dependence on the drug.



## Medicinal use

## Past use

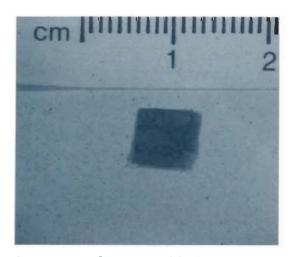
LSD was invented accidentally in 1938, its 'mind expanding' qualities were experimented with in treating people with mental disturbances.

## **Today**

LSD is not used for medical purposes.

## Packaging and paraphernalia

For easy handling LSD is often diluted with other substances such as sugar or soaked onto sheets of blotting paper. To separate doses, the sheets of blotting paper are often perforated into squares. Designs such as cartoon characters, flowers and fruit are often printed onto the squares on the blotting paper.



A common LSD design: black sun god.



See p8, for other possible consequences of LSD use.

## Patterns of use

According to recent research, 10% of Australians aged fourteen years and older have used an hallucinogen on at least one occasion.<sup>21</sup>

The mean age of initiation was 18.8 years.22

After cannabis, hallucinogens (and amphetamines) were the next most commonly used illegal substances among secondary students. Seven per cent of students reported using this type of drug. Use by older students is more common, with 2% of Year 7 and 8% of Year 11 having ever used them.<sup>23</sup>

Table 14: Proportion of total population who use hallucinogens

Drug	Ever used		Recently used		
	1995 1998		1995	1998	
Hallucinogens	7.0%	10.0%	2.0%	3.0%	

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 15: Proportion of secondary school students in Victoria who use hallucinogens

	1992				1996					
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	2%	4%	7%	11%	10%	2%	5%	7%	9%	8%
Used in last month	1%	1%	2%	3%	2%	1%	2%	2%	1%	2%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services.

<sup>21</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra, 1998.

<sup>22</sup> ibid

<sup>23</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Meloourne, 1999.

## Legal status

Hallucinogens are illegal to manufacture, supply, sell, possess or use in all Australian States and Territories.

## Harm reduction strategies

A very small percentage of young people will choose to use LSD or other hallucinogens and need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- · short term and long term health risks
- · safe and unsafe places to use
- problems associated with using other drugs while using LSD or other hallucinogens
- strategies to reduce the risk of overdose.
   For example, understanding how long it takes for a dose to take effect and the importance of not taking another dose if effects are not felt immediately

- risks associated with trips and strategies to avoid or deal with them. For example not to use LSD or other hallucinogens if you are depressed and anxious
- how to help or get help if friends become out of control or ill.

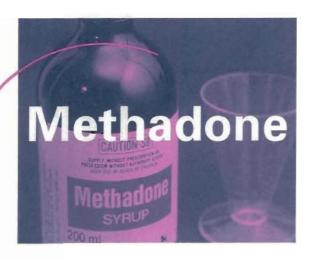


## Myths and misconceptions



LSD comes packaged as a tattoo or transfer and is placed on the skin.

This is not true. Effects are negligible if LSD is absorbed through the skin. Confusion may exist as cartoon characters found on blotting paper look like transfers.



## What is it?

Methadone is a powerful painkiller that is produced in a laboratory, and has similar effects to natural opioids like heroin and morphine.

## Common names

Meth, metho, done, dollies.

## Type of drug

Methadone is a depressant. It slows down or depresses the central nervous system (CNS).

## How the drug is taken

Methadone as a medical alternative to heroin is usually taken orally in liquid form. Methadone can also be injected or taken as a tablet.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

## **Psychological**

Methadone has the capacity, like heroin, to reduce anxiety, emotional pain and increase feelings of wellbeing. As quantity increases the capacity to reduce pain increases also. These effects however are not as pronounced as they are with heroin.

## **Physical**

Because of its depressant qualities bodily functions become slower. Body temperature drops and respiratory and pulse rates slow down. Blood pressure is reduced. Pupils become smaller.

Negative effects include nausea, vomiting, constipation, dry mouth, retention of urine, itchy skin and reduced sex drive.

As quantities increase, bodily functions become progressively slower and concentration is diminished. Users become more drowsy and sleep is more likely.

In very large quantities users can lapse into a stupor or coma. Overdose is possible as bodily functions shut down.

## Possible long term effects

## Physical (General)

Long term use of methadone can cause increased sweating, constipation, weight gain due to fluid retention and tooth decay.

Both men and women may experience reduced libido, and a woman's menstrual cycle may be disrupted.

### Withdrawal

With methadone, there are risks of physical and psychological dependence similar to that of all other opiates, including heroin. Symptoms are usually observed 24 to 48 hours after the last dose. Symptoms peak approximately 72 hours later. This peak may last up to two weeks. Physical symptoms subside gradually and are generally gone by the seventh or eighth week.

Symptoms experienced can include runny nose, yawning, watery eyes, nausea, loss of appetite, vomiting, diarrhoea, abdominal pain (cramps), muscle tension, headache,

back pain, leg cramps, joint aches, sweating, disturbed sleep, irritability, lack of energy, anxiety, depression and methadone cravings.

## Medicinal use

Methadone is used in the treatment of chronic pain and to treat heroin dependent people.

Some people also use methadone to postpone detoxification until they're physically, emotionally and spiritually ready.

There are a number of reasons why participation in a methadone program is preferable to being on heroin.

## Methodone programs alleviate stress and help to maintain healthier lifestyles

Users on a methadone program no longer need to find ways to support their dependency. Stresses (financial worries, concerns about scoring, legal hassles etc) associated with acquiring heroin are reduced. A person on a methadone program is also more likely to hold down a job.

### Access to services

Regular contact with treatment services provide support and can make access to other services (such as counselling) easier.

## Reduced risks associated with administration

Methadone when taken on a methodone program is swallowed. This eliminates injecting and decreases the risk of becoming infected with blood-borne viruses such as hepatitis B or C, or HIV / AIDS.

### Pure and safe supply is guaranteed

Methadone is dispensed in a clinical environment so there is no risk of it being impure.

## Longer lasting effect

The effects of methadone last up to 24 hours, this means a person only needs one dose a day rather than three or four doses that may be needed to satisfy heroin cravings.

## Packaging and paraphernalia

Methadone syrup comes in a pharmaceutical bottle that resembles the shape of a cough medicine bottle. Methadone tablets come in foil packets that resemble aspirin packets.

## Legal status

Methadone is classified as a prohibited drug, which means that it is illegal to possess, trade or manufacture it. In Australia, methadone is only legal within a treatment program. Only registered doctors can prescribe methadone. Unauthorised prescription carries heavy penalties.

Methadone is available in all States and Territories except the Northern Territory. In some situations take-away doses are also available. Generally a person has to be over 18 years of age, and can only go on a methadone treatment program after being assessed by a doctor who is an approved methadone prescriber. Usually people consume their daily dose at a clinic or pharmacy.

## Harm reduction strategies

Some young people will choose to use methadone as a treatment for heroin dependency. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- · short term and long term health risks
- · following the prescribed dose
- · taking methadone at regular times
- not taking other drugs while on methadone
- eating regular small meals to assist food to digest and avoid constipation
- · having a case manager
- reducing the quantity of methadone taken rather than stopping methadone use abruptly.

## Patterns of use

At June 1995 there were around 17,000 clients in methadone treatment programs throughout the country. This is an average growth rate of approximately 15% per annum since 1985-86.<sup>24</sup>

At July 1999 approximately 7000 clients received prescribed methadone in Victoria.<sup>25</sup>

## Myths and misconceptions



Methadone is a safe drug.

All drugs including methadone can cause harm (see possible effects described previously). Methadone, while used as a medical alternative to heroin, is more difficult to withdraw from.



- 24 National Policy on Methadone Treatment, Commonwealth Department of Health and Family Services, Canberra, 1997
- 25 Department Of Human Services, Drugs And Poisons Unit.



## What are they?

Minor tranquillisers are used to treat conditions such as stress, anxiety and sleep disorders. Minor tranquillisers are more correctly known as 'sedative / hypnotics' and 'anxiolytics'. Sedative / hypnotics refer to drugs that induce sleep. Anxiolytics refer to drugs that reduce anxiety or stress.

Benzodiazepines and barbiturates are the most common base for minor tranquillisers.

Some people use unprescribed doses of minor tranquillisers to experience intoxication.

## Common names

Each drug in this group has a chemical name and at least one brand name.

Some common minor tranquillisers include:

diazepam - Valium or Ducene

oxazepam - Serepax

nitrazepam - Mogadon

tempazepam - Normison

flunitrazepam - Rohypnol

clonazepam - Rivotril.

Some tranquillisers also have street names. Some street names include:

General - downers, benzos, tranks or tranx

Rohypnol - rowies, rambos

Mogadon - moggies

Normison - normies.

## Type of drug

Minor tranquillisers are 'depressant' drugs. They work by slowing down the activity of the brain and CNS.

## How the drug is taken

Tranquillisers are usually swallowed. Some tranquillisers are also injected by medical practitioners or by users wanting to achieve intoxication.

## **Effects**

The effect of any drug varies from person to person. All drug taking will result in some form of short term effect. A given amount might have a slight effect on one person, but a much greater effect on another.

The effects are determined by many factors including the drug and its classification, the quality of the dose, how much is used, if the drug is mixed with other drugs, how the drug is taken, personal characteristics of the user, the expectations of the user, past drug taking experience and the environment in which the drug is taken.

## Possible short term effects

Drugs in this group usually have an effect within 30 to 180 minutes.

## Short term use can have the following effects:

## **Psychological**

The most positive effect reported after taking a minor tranquilliser is feeling sedated or relaxed. In large quantities some users report feelings of euphoria.

However other effects can also include confusion, impaired judgement, mood swings and feelings of isolation. Aggressive outbursts are also known to occur.

## **Physical**

Physical effects include drowsiness, tiredness, lethargy, relaxed muscles.

Large doses may produce an effect similar to alcohol intoxication. Users may have slurred speech, poor coordination, blurred or double vision, dizziness and loss of short term memory.

Very high doses of minor tranquillisers can cause unconsciousness, coma or death due to respiratory arrest.

Death rarely occurs from overdose of minor tranquillisers. This is because the body will attempt to naturally eliminate the drug by vomiting. However, where large doses of minor tranquillisers have been combined with alcohol or other drugs some deaths have occurred.

## Tranquillisers and other drugs

Combining tranquillisers with other depressants such as alcohol, antihistamines, cannabis or heroin can greatly increase the depressant effects of the drugs taken. This can be very dangerous, especially if users intend to drive.

## Possible long term effects

The use of minor tranquillisers over a long period of time is not recommended.

Minor tranquillisers can help to relieve anxiety in the short term. But they do not solve the problem that caused the anxiety in the first place. They treat the symptoms but not the cause.

Negative long term effects are more likely if use is not supervised by a medical practitioner.

### **Psychological**

The long term use of minor tranquillisers may cause lack of motivation, confusion, changes in emotional responses, anxiety, irritability, aggression, difficulty sleeping, disturbing dreams, tranquilliser cravings, depression and personality change.

## **Physical**

Physical effects can include: drowsiness, memory loss, nausea, headaches, skin rash, slurred speech, menstrual problems, sexual problems, increased appetite, weight gain and poor coordination.

It is ironic that the long term effects include anxiety and sleeplessness when these are the very problems that minor tranquillisers are supposed to relieve.

### Withdrawal

Minor tranquillisers are one of the most difficult drugs to withdraw from. Withdrawal difficulties are due to the often severe symptoms of psychological and physical dependence. It is also due to the fact that drugs used in tranquillisers take longer to leave the body than other drugs. This is because they are stored in the body's fat deposits. A person who stops using tranquillisers may not experience great discomfort for one to two weeks after stopping use. This is because the drug stored in the fatty deposits satisfies the body's needs. It is not until the drug stored in the fatty deposits is used up that the user starts to feel effects of withdrawal.

Withdrawal symptoms can include tranquilliser cravings, anxiety, abdominal pain, shaking, sweating, sleep disorders, loss of appetite, fitting and delirium.

It is important that people wanting to come off tranquillisers gradually reduce quantities taken. Support by friends and family and close supervision by medical practitioners is also important.

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## Medicinal use

Tranquillisers were invented in the 1950's by Swiss chemists who were trying to synthesise alkaloids. Alkaloids occur naturally in the roots of plants that have been used for hundreds of years in herbal medicines.

Minor tranquillisers are used today to treat a range of conditions such as muscle spasm, insomnia, epilepsy, stress, anxiety, panic, and withdrawal from alcohol. They have also been used as an anaesthetic before surgery.

Minor tranquillisers treat the symptoms but do not cure conditions.



Rohypnol

## Patterns of use

According to recent research, 6.2 % of Australians aged fourteen years and older have used tranquillisers and sleeping pills for non-medical purposes on at least one occasion.<sup>26</sup>

The mean age of initiation was 23.4.27

Research also shows a significant increase in the use of sleeping tablets and sedatives by young people. In 1992, 11% of Victorian students reported using sleeping tablets and sedatives compared to 18% in 1995. These statistics do not differentiate between medical and non-medical use.<sup>28</sup>

Table 16: Proportion of the Australian population who use tranquillisers/sleeping pills

Drug	Ever used		Recently used			
	1995	1998	1995	1998		
Tranquillisers/sleeping pills	3.2%	6.2%	0.6%	3.0%		

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 17: Proportion of total population who use tranquillisers/sleeping pills

	1992				1996					
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	7.5%	9.3%	11.3%	14%	14.5%	16.4%	16%	19.7%	21.8%	17.4%
Used in last month	1.1%	2%	1.9%	1.7%	1.8%	1.7%	1.3%	2.4%	3%	2.7%

Scurce: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services.

<sup>26</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra.

<sup>27</sup> ibio

<sup>28</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

## Packaging and paraphernalia

Minor tranquillisers are available on prescription from pharmacies. They come in a variety of tablet sizes, colours and packaging (usually with health warnings about their short and long term effects). When they are sold illegally, they may or may not be in the same packaging.

## **Legal Status**

Minor tranquillisers are only legally available by prescription for medical purposes.

## Harm reduction strategies

Harms associated with minor tranquillisers can occur through:

- unprescribed and/or unsupervised use for medicinal purposes
- the use of minor tranquillisers to experience intoxication.

In both cases people who use minor tranquillisers need harm reduction strategies to reduce harms.

A small percentage of tranquilliser users will need to be referred for support and treatment. While abstinence may be the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

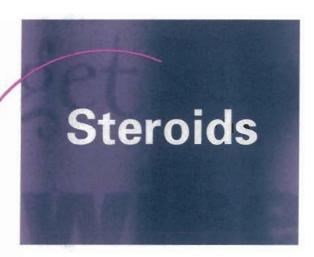
The advice provided by health professionals for medical use of minor tranquillisers may include the importance of:

- coming off tranquillisers gradually by reducing amounts taken
- carefully monitoring and reporting side effects to your doctor
- not taking minor tranquillisers with other drugs.

Issues explored by health professionals for people who use tranquillisers to feel intoxicated may include:

- · short term and long term health risks
- alternatives to tranquilliser use
- safe and unsafe places to use
- strategies to address problems associated with using other drugs while using minor tranquillisers
- risks associated with use and strategies to avoid them. For example the importance of not injecting tranquillisers as large insoluble particles and thick liquids can damage veins
- safer injecting methods if injection is chosen as the mode of administration
- · safe disposal of injecting equipment
- how to help or get help if friends become ill or unconscious after use.

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## What are they?

Anabolic steroids are synthetic versions of the male hormone testosterone. They are mainly used in veterinary medicine but are sometimes used for some human conditions. They are also used illegally for body building and to enhance the user's performance in sport.

## Common names

Roids, juice.

## Type of drug

Unlike other drugs described in this booklet, anabolic substances do not act directly on the central nervous system or the brain. They do not fall into one of the three standard categories: depressant, stimulant or hallucinogen.

A more precise name for anabolic steroids is 'androgenic, anabolic steroids'.

Androgenic describes their masculinising effects. Anabolic describes the drugs effect on tissue building.

## How the drug is taken

The most common method of anabolic steroid administration is injecting intravenously or intramuscularly. Anabolic substances can also be taken orally.

## **Effects**

There is no research to indicate that people can be physically dependent on anabolic steroids. There is a likelihood that the drugs are psychologically addictive, particularly as their use is closely associated with increased performance and improved body image.

Effects of anabolic steroid use are not immediate. Effects are generally associated with the quantity used and maintained over a period of time.

Being hormone based the effects are different for men and women.

## Possible effects

## **Psychological**

Positive effects of anabolic steroids include: pleasure in experiencing enhanced physical appearance and strength and increased self esteem through admiration by other people and achievement of goals.

Long term use may result in psychological problems related to aggression. 'Roid-rage' is sometimes used to describe aggressive characteristics developed by some users. Some steroid users commit acts of violence that seem completely out of character.

There are also reported cases of extreme depression, mood swings, visual and auditory hallucinations, sleep disorders, suicide and anorexia.

## **Physical**

## Cardiovascular problems

A range of cardiovascular problems are associated with anabolic steroid use including increased blood pressure, enlarged heart and other abnormalities that can lead to heart attack, poor circulation, increased occurence of blood clots and risk of stroke.

## Liver disease

Liver enlargement, hepatitis and liver cancer have been associated with long term anabolic steroid use.

### Effects on males

Many positive effects include increased capacity for rapid development of muscle and strength, increased energy, increased hair growth, and deepening of the voice. Other less positive effects reported are nausea, vomiting, acne, balding, fluid retention, enlarged prostate, reduced sexual desire, impotence and sterility.

Over time masculinising effects can reduce. Effects such as shrinking of the testes, reduced sperm count and the growth of breast tissue are reported.

### Effects on females

Most of the above effects (excepting changes to sexual organs and functioning) are experienced by women. Other effects include breast shrinkage, clitoral enlargement, menstrual irregularities and shrinkage of the uterus.

### Withdrawal

The symptoms of anabolic steroid withdrawal are in many ways similar to opioid withdrawal. Reasons for such reactions are not substantiated by research, however it has been suggested that it may be due to naturally occurring opioids in the brain being released as a consequence of use.

Withdrawal symptoms include rapid pulse, increased blood pressure and body temperature, chills, sweating, nausea, headache, dizziness and goose bumps.

## Medicinal use

Most medical use of anabolic steroids is in the area of veterinary science. However anabolic steroids have been used as a treatment for men with hormone deficiencies and for treating anaemia, breast cancer, arthritis, burns and to assist the body in fighting virulent infections. The use of anabolic steroids for many of these medical reasons is often controversial and they are not widely used.

## Packaging and paraphernalia

It is very difficult to identify anabolic steroids because there are so many different varieties.

## Legal status

Anabolic substances are illegal to make, sell, import or export in Australia without authorisation. They may only be used for specific, highly regulated medical reasons. However, it is estimated that at least 65%

of anabolic steroids are obtained from illicit sources. Penalties in Victoria include fines and or a term of imprisonment between twelve months and five years.

The penalty varies according to the quantity of the drug involved – the bigger the amount, the bigger the penalty.

## Harm reduction strategies

A very small percentage of young people will choose to use steroids illegally and will need to be referred for support and treatment. While abstinence is the desired outcome, some young people will continue to use and engage in practices that are harmful and sometimes life threatening. These young people need to be aware of strategies to avoid possible harms.

Schools must be clear in understanding their role in helping young people to access such information.

Teachers are advised to consider and if appropriate explore harm reduction strategies related to student health and safety. However, many harm reduction strategies are complex and beyond the experience, expertise and role of the teacher and the school. Such information should be provided by trained health professionals.

The role of the school is to ensure student safety, provide referral options and monitor and support students.

Issues explored by health professionals may include:

- short term and long term health risks
- alternatives to steroid use
- the need to take breaks between cycles of steroid use
- safe amounts to use to avoid harmful effects.
- safer injecting methods
- safe disposal of injecting equipment.

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## Patterns of use

According to recent research 0.8 % of Australians aged 14 years and older have used anabolic steroids without a prescription on at least one occasion.<sup>29</sup>

The use of anabolic steroids is more likely to occur at the elite sporting level than among people involved in sports at other levels. Anecdotal evidence suggests that bodybuilders and young people are the population groups most likely to use these drugs.<sup>34</sup>

The use of steroids by students without a doctor's prescription was very uncommon, with around 1% of Victorian students having ever used these substances.<sup>31</sup>

Table 18: Proportion of the Australian population who use steroids

Drug	Ever used		Recently used			
	1995	1998	1995	1998		
Steroids (non-medical use)	0.6%	0.8%	0.2%	0.2%		

Source: National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare.

Table 19: Proportion of secondary school students in Victoria who use steroids

	1992				1996					
	Yr7	Yr8	Yr9	Yr10	Yr11	Yr7	Yr8	Yr9	Yr10	Yr11
Ever Used	1.7%	2.5%	2.7%	2.5%	2.1%	1.1%	1.3%	1.7%	1.7%	1.6%
Used in last month	0.5%	1.3%	1.3%	1.2%	0.7%	0.5%	1.1%	0.7%	0.7%	0.7%

Source: 1992 and 1996 Surveys of Alcohol, Tobacco & Other Drug Use Among Victorian Secondary School Students, Department of Human Services

<sup>29</sup> National Drug Strategy Household Survey 1998 Preliminary Results, Australian Institute of Health and Welfare, Canberra.

<sup>30</sup> National Drug Strategic Framework 1998-99 to 2002-03, Building Partnerships A Strategy to Reduce the Harm Caused by Drugs in our Community, Commonwealth of Australia, 1998.

<sup>31</sup> School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

## Drug use and the law

According to The Drugs, Poisons and Controlled Substances Act 1981, schedule 11, drugs of dependence include amphetamines, barbiturates, ecstasy, heroin, LSD, magic mushrooms, marijuana, hashish, angel dust, methadone, cocaine and narcotic plants such as cannabis, coca plant and opium poppy.

Offences in relation to these drugs are: possession, use, trafficking (sale), cultivation, manufacture and introducing a drug of dependence into a person's body and are considered to be the most serious offences in the Act.

## **Types of offences**

In Victorian law there are two main types of offences: summary offences and indictable offences.

**Summary offences** are considered to be less serious and more likely to be heard by magistrates in a magistrates court.

Indictable offences are considered more serious and can be heard by a judge and jury. With exception of 'use' offences, most offences under the Drugs, Poisons and Controlled Substances Act are indictable offences.

## Penalties for use

The use of a drug of dependence is a summary offence. Use includes smoking, inhaling the fumes or introducing a drug of dependence into a person's body (eg, injecting).

## Penalties for cannabis use.

There is a lesser penalty for the use of cannabis than for other drugs of dependence. The use of cannabis carries a maximum of a \$500 fine and there is no jail penalty, even for subsequent offences.

## Penalties for the use of other drugs.

Maximum penalty:

- \$3000 fine
- · imprisonment for one year
- · or both of the above.

In certain circumstances a person can receive a good behaviour bond for their first offence of use of a drug of dependence which means no conviction is recorded.

## **Penalties for possession**

Possession of a drug of dependence is an indictable offence.

## Possession of cannabis

The penalty for the possession of small quantities for personal use (50 grams or less) is no more than \$500.

## Possession of other drugs of dependence

Maximum penalty for personal use:

- \$3000 fine
- · imprisonment for one year
- · or both of the above.

## Penalties for cultivation

Cultivation of a narcotic plant (cannabis, coca plants, opium poppies) is an indictable offence. Cultivation means to sow, plant, grow, tend, nurture or harvest. To water one plant or harvest one plant also constitutes cultivation.

## Penalties where cultivation is not for trafficking

Maximum penalty:

- \$2000
- · imprisonment for one year.

## Penalties where cultivation is for trafficking

Maximum penalty:

- \$100,000 fine
- 15 years imprisonment
- · or both of the above.

## Penalties for trafficking

Trafficking (to sell a drug of dependence) is an indictable offence.

## Trafficking of small amounts

Maximum penalty:

- \$100,000 fine
- imprisonment for up to 15 years

There are higher penalties for trafficking to a person under 18 years of age.

## Trafficking of large amounts

Large amounts are known as commercial quantities.

Maximum penalty:

- \$250,000 fine
- · imprisonment for up to 25 years

Prison is mandatory for trafficking a commercial quantity regardless of the purity.

## Victorian Police Cautioning Programs

Victoria Police have adopted an operational view that steering first time users away from the courts and into drug treatment services, is more likely to benefit the community in the longer term.

"I am absolutely convinced that diverting first time offenders away from the criminal justice system will ultimately save lives by keeping people away from the downward spiral of drug abuse and criminal stigmatism."

### Neil Comrie

- Chief Commissioner Victoria Police 1998

## Victoria Police Juvenile Cautioning Program

The Victoria Police Juvenile Cautioning Program has been in place since 1959, and applies in matters where a child (under 17 years) is a first offender and satisfies certain criteria. This program is used for a range of offences including some drug offences.

The Victoria Police Juvenile Cautioning Program provides an alternative to court proceedings that avoids the stigma that might be attached to a court appearance.

## **Cannabis Cautioning Program**

The above cautioning program has been extended to include a Cannabis Cautioning Program for adult offenders (17 years or more) detected in possession of, or using dried cannabis leaf, stem or seeds weighing no more than 50 grams, for personal use.

Offenders must have no criminal history of drug offence. Offenders must admit the offence and consent to being cautioned, and will not be cautioned on more than two occasions. Caution notices given to offenders provide written information about the health and legal risks and information about counselling options.

## **Drug Diversion Pilot Program**

A pilot drug diversion program provided the option of a referral to treatment for using and possessing small, non-traffickable amounts of illicit drugs for people without prior drug convictions.

An extension to the diversion program has now been approved. To be eligible an offender must agree to attend a drug treatment service for an assessment and appropriate treatment.

In the above programs, police will take into account all the circumstances, and must endeavour to ensure action they take is appropriate.

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## For further information

## **Drug Info Line**

 provides 24 hour counselling and referral service -

13 15 70

Kids Help Line -

1800 55 1800 or http://203.37.145.243/menu.htm.

For debates about decriminalising cannabis, go to -

http://www.parliament.nsw.gov.au/gi/library/research/bp94-1.html

Law Stuff for advice matters relating to the law go to -

http://www.lawstuff.org.au/vic/home.html

# A to Z of street names and language

## A

**A Bomb** mixture of heroin and cannabis

A amphetamine

Acid LSD

Acid cap LSD

Acid flash sudden

recurrence of LSD

experience

**Adam** ecstasy or MDMA

Afghan cannabis

Alepam tranquillisers

**Alodorm** tranquillisers

**Amped** under influence of amphetamine

A ----

Amy inhalant

Amyl alkyl nitrates

Angel dust PCP

Angels barbiturates

Artillery equipment for

injecting drugs

## B

**Baby-sit** accompany a novice drug user

Backtrack to withdraw

(particularly LSD)

blood into syringe

**Bad trip** panic reaction to drug use

**Bag** an ounce of a powder but a gram of cannabis

Bang to inject a drug

**Barbs** barbiturates

**Bathtub Speed** methcathinone

Big Harry heroin
Billies / Billy cannabis

Belt up inject a drug

bong

Black Tar heroin

Blast to inject

Blasted be under influence of drug

Blatt injecting heroin

**Blotter LSD** 

Blow Horse snorting

heroin

Blow / Blow Candy

cocaine

Blowing a number

smoking cannabis cigarette

**Blue Meanies** 

hallucinogens

**Blues** barbiturates

**Bong** water pipe used to smoke cannabis

**Bong on** use cannabis in water pipe

**Brew** prepare heroin for injecting by heating with water

**Brick** kilo of compressed cannabis

Bud / Buds cannabis

**Buddha Sticks** cannabis **Bummer** an unpleasant

effect from drugs **Burned** ripped off i.e. fake

drug or money

**Bust / Busted** arrest **Buttons** the head of a

peyote cactus

**Buzz** pleasant feeling produced by drug

## C

C cocaine

Cactus hallucinogen peyote / mescaline

Can prison

Candyman drug dealer:

JSA

**Cap** about 1/5 of a gram in weight

Cat methcathinone

Chasing the dragon

inhaling fumes of burnt heroin

**China Brown** opiates generally

China White heroin

Chinese H heroin

Chinese in heroin

Chinese Rock heroin crystals

Clearlight LSD gelatin

based

**Clip** roach clip for smoking cannabis

**Cocktail** marijuana and hashish

Coke cocaine

**Cold Turkey** detoxification

Colombian cannabis

Coming down

undesirable detox effect

Compressed drug

compressed into solid form

**Cone** the shape of cannabis for use in bong

**Connection** a dealer or source of a drug

**Cook** to prepare heroin for injecting

**Cool** everything is all right **Cotton** filter used to draw up heroin

Crack cocaine: USA

Crank amphetamine and

heroin

Crank methcathinone

**Crash** to come down from drug effects

Cut dilute drug

D

**Dakka** cannabis: Malaysia **Datura** hallucinogenic plant

**Deal** a measure of drug **Dealer** a seller of drugs **Dealing** selling drugs

Designer Drugs synthetic

mood altering drugs

**Dexies** stimulant (Dexedrine)

**Dirty** contaminated drug **Disco Biscuits** ecstasy or MDMA

Do it up to inject DOA dead on arrival Dog informer Done methadone

**Doobie** cannabis cigarette

Dope cannabis

Dope opiates generally

Dots LSD

**Downers** tranquillisers **Downtown** narcotic

analgesic

**Drop** swallow a drug **Drop** to collapse from an overdose (usually heroin) **Dry** dealer with no drugs

Dry out detoxify
Dubbe cannabis
Duby cannabis

E

E ecstasy or MDMA Eccy ecstasy or MDMA Ecstasy ecstasy or MDMA

Elephant heroin
Ephedrine methcathinone
Eve MDEA

(Methylenedioxyethylamp hetamine)

F

**Faceless** heavily affected by cannabis **Factory** clandestine lab

Fantasia ecstasy or MDMA

Fantasy Gammahydroxybutyrate Fast amphetamine Female Heads

unpollinated female cannabis plant

Fireball cocaine and heroin

**Firing up** lighting a cannabis cigarette

Fit injection equipment

Fits syringes

Flashback re-experiencing bad trip usually LSD

**Foil** silver foil used to package a drug

**Freak out** panic attack after drug use

**Freebase** USA: process to free cocaine from its salt form

**Fucked** under the effect of drugs

G

**G** a gram **Ganja** cannabis **Gear** universal term for a drug

Gear heroin

Getting on buy drugs
Getting wasted process
of connabin interviention

of cannabis intoxication

Glue inhalant

Go amphetamine

Goey amphetamine Gold Tops magic

mushrooms (psilocybin)

Goldies magic

mushrooms (psilocybin)

**Goob** methcathinone **Grass** cannabis

Green cannabis

Green Dragons

barbiturates

**Grooving** enjoying drug effect

Gun needle and syringe

H

H heroin
Habit drug dependence

Half half a gram of drug Hallucinogens LSD, PCP, mushrooms etc Hammer heroin

**Hang out** desire a drug strongly

**Happy Tobacco** cannabis **Hard Ware** alkyl nitrates

Harries syringes

Harry heroin
Hash cannabis

Have a cone smoke marijuana through a water pipe

**Have a bong** smoke marijuana with a water pipe

Head Shop shop that sells drug paraphernalia Head rush pleasant feeling after drug use Head habitual drug user

**Hemp** cannabis **High** intoxicated from drug

Hit to inject

**Hit up** to inject a drug **Hold** to have drugs in possession

Hooch marijuana Hookah a pipe used to smoke cannabis

Horse heroin
Hug Drug ecstasy or
MDMA

Ice amphetamines
IDU injecting drug user
Inhalants solvents /
inhalants / nitrates
Inside prison

J

J USA: joint cannabis cigarette
Jack up inject slowly
Jacking off pulling blood back into a syringe
Jacks police
Johnny Cash cannabis
Joint cannabis cigarette

Joy Pop subcutaneous injection
Junk heroin
Junkie injecting drug user

K

K Ketamine hydrochloride Key kilogram Kick stop taking a drug Kiff cannabis Kit drug-using equipment Knock to kill

Launchers syringes
Leaf marijuana
Lid Poppers stimulants
Line dose of cocaine
chopped and drawn in a
line

Lou Reed amphetamine Love Drug ecstasy or MDMA LSD lysergic acid

N/I

diethylamide

M Morphine Magic Mushrooms magic mushrooms (psilocybin) Mainline inject a drug Manicure trim cannabis stems and leaves Marijuana cannabis vegetable matter Mary Jane cannabis Mega large doses of drug **Mescal Buttons** mescaline or peyote **Meth** methylamphetamine **Methadone Mixture** methadone Mexican Brown heroin Microdots LSD Mogadon tranquillisers

Moggies mogadon

Morf morphine

Morning Glory

glory seeds

nitrazepam tranquillisers

hallucinogen from morning

Mr Plod police
Mull up break up cannabis
for smoking
Mull cannabis
Mull Bowl bowl to mix
cannabis
Munchies increase in
appetite from cannabis
use
Mushies magic
mushrooms

N

Narc a drug squad officer Nimbin Heads cannabis from Nimbin Nod the sedative effect of heroin Nose Candy cocaine Number a cannabis cigarette



OD overdose of a drug
Off your face intoxicated
by a drug
Orange Lady orange
coloured disposable
syringe
Oscar an ounce weight
Out there under the
effect of drugs
Out of it intoxicated
by a drug
Outfit equipment for
injecting drugs
Ozzie an ounce weight

P

Pack a cone to prepare water pipe to smoke
Pack a bong to prepare water pipe to smoke
Papers cigarette papers
Paranoia fear or anxiety caused by over use of drugs
Paraphernalia
equipment used for injecting or preparing drugs

Peace Weed marijuana Pep Pills stimulants Pepsi cocaine Peth pethidine or meperidine Peyote peyote cactus (mescaline) **Phantoms** LSD with phantom design Pick(s) syringe(s) Piece a firearm Pigs police Pink Rocks heroin Pinks barbiturates Pinned out constricted pupils through heroin use Poppers alkyl nitrates Pot cannabis Psilocybin magic mushrooms Psychedelic Speed ecstasy / MDMA **Purple Hearts** amphetamines Pusher drug dealer **Pyramid** LSD

Q

**Queensland Head** marijuana **Quick** amphetamines

R

Rave Party parties where ecstasy, MDMA etc are available Red Devils seconal

(quinalbarbitone)

Red Dragons LSD

Reds alkyl nitrates

Reds and Blues tuinal
(quinalbarbitone /
amylobarbitone)

Reefer cannabis

Ripped heavily affected
by cannabis

Roach cannabis

Roach Clip cannabis
cigarette holder

**Robots** Rohypnol

Rock heroin

tranquillisers

Rohypnol

Rowies rohypnol (flunitrazepam) Rush pleasant sensation from drug use Rush alkyl nitrates

S

Sativa cannabis
Scag heroin
Scales instruments to
weigh drugs
Scat heroin
Scoob cannabis joint
Score buy a drug
Seccy seconal
(quinalbarbitone)
Serapax tranquillisers

Serries serapax Shit cannabis Shit heroin

Shoot up to inject a drug Shooting Gallery place where addicts shoot up Sinsemilla marijuana Skag heroin

Skaghead heroin user Skin popping

subcutaneous injection **Skunk Weed** cannabis

Slow heroin Smack heroin

Smiley LSD Smiley Faces LSD

Smoke cannabis

**Snort** inhale a drug into the nose

Snow cocaine

**Snowcone** amphetamine sprinkled over cannabis and smoked

**Spaced out** intoxicated by a drug

**Speed** amphetamine **Speed Freak** habitual amphetamine user

Speedball mixture of heroin and cocaine

**Speeding** using amphetamine

**Spot** inhaling method of smoking hashish off hot surface

**Squirts and Heaves** 

diarrhoea and vomiting with heroin withdrawal **Stash** hiding place for drugs

**Step On** to dilute a drug **Sticks** cannabis **Stoned** intoxicated by drug

**STP** synthetic hallucinogen (4 methyl 2m 5dimethoxyamphetamine) **Straight** non user

**Strung out** taking drugs to offset withdrawal symptoms

**Stuff** cannabis **Super K** ketamine hydrochloride

T

Tabs LSD
Tar Opium gel / tar
Taste a street deal of
heroin, usually one dose
Tea opium poppy juice or
marijuana or stewed
magic mushroom juice
Tewies Tuinal

Thai Sticks cannabis
THC

tetrahydrocannabinols the drug in cannabis

The Heat police Thingos syringes Tickets LSD

**To have a whack** to inject **Toke** smoking cannabis

Toot cocaine

**Tracks** scars caused by repeated injections

**Tranks** tranquillisers

**Tripped out** under influence of drug

**Tripping** under the effect of drugs

Trips LSD

U

**Up Town** cocaine or other stimulant

Up her / his nose
wasting money on cocaine
Up her / his arm wasting
money on heroin
Uppers amphetamines /
stimulants

User a person who

V

uses drugs

Valium tranquillisers
Vitamin A amphetamine
Vitamin C cocaine
Vitamin K Ketamine
hydrochloride

W

Whacked intoxicated by a drug Wasted intoxicated by a drug Weed cannabis White Rocks opiates generally White heroin White Lady cocaine Whizz Bombs ecstasy or MDMA Wildcat methcathinone Window Panes LSD Wired intoxicated by a drug Works drug using

X

equipment

XTC ecstasy or MDMA

Z

Zig Zag cannabis joint rolling paper
Zip amphetamine
Zonked intoxicated by a drug
Zoom amphetamine