



**FRANK**

0800 77 66 00 [talktofrank.com](http://talktofrank.com)



# A parent's guide to drugs & alcohol

Also contains information on gases, glues and aerosols



Tackling drugs



# About this booklet...

This booklet contains some basic facts about drugs and alcohol. It offers guidance to help you talk about these subjects with your child. You will also find details of where you can get more information and help if you are worried that your child may be using drugs or drinking too much alcohol.

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## Some parents may not wish to share the information contained in this booklet with their child.

If you would like to give your child a resource designed for young people, the following booklets are available **free** from FRANK by calling 0800 77 66 00:

- *Drugs: the facts* (for 11–14 year olds)
- *The score: facts about drugs* (for 14–16 year olds).

Throughout this booklet, we have used the word 'parent' as an abbreviation for any adult responsible for a young person in a family situation, and 'your child' to refer to the young person. Whenever we have used the word 'drugs' we are referring to illegal drugs, prescribed drugs taken inappropriately and household products that can be abused such as gases, glues and aerosols.

# Drugs, alcohol and young people



Many parents worry about their child becoming involved with drugs. They feel that they don't know enough about drugs to help prevent their child from coming to harm.

On the other hand, many parents think that getting drunk is just a normal part of growing up. But this attitude can be dangerous because there are serious risks associated with drunkenness, particularly for young people. You and your child need to be aware of these risks.

Although there are many stories in the media about drugs leading to addiction, crime and death, it is important to remember that:

- for **most** young people illegal drug taking is **not** a part of normal life;\*
- most people who do try drugs do **not** continue using them.\*\*

Those who try illegal drugs do not usually suffer any long-term harm to their health. However, there are serious risks associated with drug use. These are outlined on the next page and in the 'Facts about drugs' section of this booklet starting on page 18.

**Studies show that more young people experience problems caused by drinking too much alcohol than from drug use.**

## **Why do some young people want to use drugs?**

Many parents don't understand why young people might want to try drugs and think that young people only use drugs if they are having problems at home or at school, for example. This is not always true. They may be attracted to drugs for similar reasons as they are to alcohol, perhaps because:

- they enjoy the short-term effects
- their friends use them
- they want the same kind of experience that they get from drinking a lot of alcohol
- they are curious about the effects
- the drugs are easily available
- as part of growing up, they might just want to 'break the rules'.

\* Source: HEA/BMRB National Drug Campaign Survey 1996.

\*\* Source: *Drug Use in England – Results of the 1995 National Drugs Campaign Survey*. HEA/BMRB International, 1997.

# Important information for your child

## ...about drugs



All drugs carry risks. The information on pages 18 to 23 outlines the health risks involved in taking a range of different drugs. The following are risks involved in using **any** illegal drug.

- The user can never be sure of exactly what they are taking.
- What is bought is unlikely to be pure, and they won't know what it has been mixed with.
- Not knowing the strength of what has been bought could lead to accidental overdose.
- They can't be sure what effect a drug will have, even if they have taken it before.
- It is often **very** dangerous to mix different drugs, and this includes taking a drug and drinking alcohol.
- If needles, syringes or other injecting equipment are shared there is a serious risk of dangerous infections being spread such as HIV and hepatitis B or C. Injecting can also damage veins.

In addition, unlawful possession of a controlled drug is a criminal offence. A drugs conviction can cause problems obtaining a travel visa to enter some countries. It can also affect job prospects. An employer may check if an applicant has a criminal record or any past convictions.

# Important information for your child

## ...about alcohol



Young people see alcohol on sale all around them, in supermarkets, off-licences, pubs and restaurants. They might also see their parents drinking alcohol. This can make it difficult for them to understand that misusing alcohol is dangerous. It is important for your child to be aware of the following risks.

- Drinking large amounts of alcohol over a short period to get drunk quickly is called bingeing. This is especially risky for young people because their bodies are not mature and so alcohol will have more of an effect on them.
- Mixing drinks can be risky at any age.
- Some types of drink preferred by young people are much stronger than average, for example strong beers and ciders. There can be as much alcohol in a 330ml bottle of 'alco-pop' as a generous shot of whisky.
- 1000 young people under the age of 15 are admitted to hospital each year with alcohol poisoning. All need emergency treatment.
- Drinking alcohol *and* taking some drugs is very dangerous. For example, alcohol increases the risk of a serious drug overdose.
- After drinking alcohol young people are far more likely to have an accident, and some are more likely to become involved in a fight.
- Long-term heavy use of alcohol can lead to many problems including liver, heart and stomach conditions.

# People use drugs in different ways



People use drugs for different reasons in different situations. The following explanations may be helpful in understanding the ways in which people use drugs.

Some people take a drug because they are curious about what the effects feel like. Using drugs in this way is often called **experimentation**.

You may have heard of **'recreational drugs'**. When people use this term, they are talking about drugs that are taken for pleasure, or for social reasons – when going to a club or a party for example. Most young people who take drugs use them in this way. They may not suffer any major harmful effects to their health.

**Problem drug use** has a harmful effect on a person's life. They may need to take a drug just to feel able to cope with normal life. Their drug use is likely to affect their health and they may suffer from mental health problems, lose their friends, have money problems or get into trouble with the law. **Only a very small proportion of people who ever take drugs will become 'problem users'**. If you think your child is using drugs in this way, contact the agencies listed on the back cover. They can give you advice, information and support.

**These terms can also apply to the way people use alcohol.** Children can be confused by the difference between what you say to them about drugs and alcohol, and what they see the adults around them doing. The way we use alcohol can affect our children's views and their attitudes towards both drugs and alcohol.

# Talking with young people about drugs and alcohol

“There’s only a 20-odd year age gap between me and my kids, but that’s like a lifetime to them. It’s very difficult to talk about something that I’m not involved in.”



Although many parents may feel comfortable talking to their children about alcohol, they may feel that they don’t know enough about drugs to tackle the subject properly. Also, they may be concerned that raising the subject of drugs will lead to their child experimenting with them, but there is no evidence to support this. When parents are worried that their child is taking drugs or drinking a lot of alcohol, they are often unsure about how to react. Conversations can turn into lectures, accusations or rows.

Some children may not feel comfortable talking to their parents about drugs because of the ‘generation gap’. For example, they may worry that showing they know something about drugs will make their parents suspicious. If they admit to trying drugs, they may think they’ll be punished. Sometimes, children can feel that they have nothing to gain from discussing this subject with their parents.

There’s no doubt that talking with young people about drugs and alcohol can be a challenge. Often parents avoid the subject, or try to get the message across by telling their children shock-horror stories. However, parents and children can both gain from having calm discussions. Although this might not be easy, it is important to try to understand each other’s views. This approach will help you to deal with difficult situations if they arise.

## Discussions will be easier if you:

- show that your main concern is for their health, safety and well-being;
- listen carefully to their views and feelings;
- try to explain your feelings. This will help them understand your point of view;
- talk **with** them, rather than **to**, or **at** them.

The guidance in this booklet on how to talk about drugs and alcohol with your child is very general. Every family is different, and the way you relate to your child is special to you. Think about the suggestions given, and consider how you could use them to help **you** talk about drugs and alcohol with **your** child.

# Discussing drugs and alcohol with primary school age children

“You want to protect your child. You don’t think they should know these things yet, but they have to nowadays, don’t they...?”



To many parents, it seems too early to talk with 7 and 8 year olds about drugs and alcohol, but the benefits for the future are clear:

- you can make sure the information they have is accurate;
- they will know what **your** views are and will understand why you hold them;
- if an opportunity arises to try drugs or drink alcohol, they will be more likely to come to you to talk about it;
- if they get into difficulties, they are more likely to tell you about it.

Before children leave primary school they are likely to be familiar with the subject of drugs because they become aware of stories in the media. At this age, children are less likely to question authority and will probably share their thoughts with you. They are likely to be against the use of drugs, but may well have tried alcohol, perhaps at a family party.

## Here are some suggestions for bringing up the subject with your child.

### Discussing drugs:

- when you give your child some medicine or take some yourself, make sure they know that they should only take medicine if it is given to them by a responsible adult such as their teacher or the family GP;
- if the subject of drugs is mentioned on TV or in the newspaper, use the opportunity to have a discussion. Ask them what they know about drugs and explain why drugs can be dangerous.

### Discussing alcohol:

- if your child is curious about alcohol, talk about it. Tell them about the negative side of drinking too much as well as the social side. Try not to make it sound too glamorous;
- talk about your experiences. If you drink alcohol, tell them about the times you restricted the amount you drank (because of driving for example).

Find out what drug and alcohol education is provided in your child’s school and show interest in their work.



# Moving on to secondary school

“For all his moods, he still thinks Mum and Dad are right most of the time.”



Starting secondary school is a big change. Some children find it difficult and this can make them vulnerable. Although many children will **not** become interested in trying drugs, some may start to drink enough alcohol to get drunk, and some are now more likely to try gases, glues and aerosols.

If possible, try to build on the open and supportive approach suggested for younger children. If you can keep discussion going, it will help you later on when your child reaches adolescence.

- It's not always easy, but it will help if you can make time to talk. Encouraging your child to talk about their day, and chatting with them about yours, will be helping to strengthen your relationship as well as making it easier to tackle more difficult subjects.
- Treat your child's anxieties seriously – even if they seem minor to you, they could be very important to them.
- Ask them what the school rules are about drugs and alcohol, and what they have covered in drug education lessons.
- Remind them of your views and explain why you hold them. Discuss home rules about drugs and alcohol and make sure they understand the reasons for these rules.
- It is important that they know that you will always be there to support and help them.

# Secondary school students

“They feel that you’re lecturing them, and they always say you don’t know what you’re talking about.”



As children get older, what their friends think, do and say, becomes more important and they are likely to be less open with their parents. At this age, many young people will experiment with alcohol, and some will try illegal drugs, gases, glues and aerosols. But if they do, it is likely to be a passing phase.

Before you discuss drugs and alcohol with your child, decide what you want to say. Think about the best way of getting your message across. Try to put yourself in their shoes. Think about the way **your** parents used to talk with **you** and how it made you feel. Remember the following.

- Your child will be expecting more freedom. When you decide the time is right to make some changes, make sure they understand the responsibilities that come with more freedom.
- Most parents try to influence their child’s choice of friends – usually for good reasons. However, this can sometimes create more problems than it solves. If you can, try to treat your child’s friends like any other guest in your home. This will mean your child will be more likely to respect you and your views.
- Offer yourself as a listening ear, or a sounding board when they have problems. But if you give them advice, don’t always expect them to follow it!
- If you become suspicious, the natural reaction is to panic. It isn’t easy, but it will help if you can ask direct questions without losing your temper.
- Many parents believe that telling their child shock-horror stories is a good strategy. Although scare tactics may have a short-term effect, when your child gets older they will tend not to believe these stories anymore. This will make them more likely to question any other advice you have given them.
- Each school year, ask your child what drug and alcohol education they are doing, and discuss it with them.

# Young people over 16 years

“Sometimes I say, ‘You’re too lenient with them’. My husband says, ‘Well, that’s the only way you’re going to find out what’s really going on – if you take a friendly approach.’”



Your child is now a young adult so your relationship with them will be changing. This can be a difficult adjustment to make. You might find the following guidelines helpful to continue strengthening your relationship, making it easier to discuss subjects like drugs and alcohol with them.

Always try to make sure that your child understands that it is their health and welfare you are interested in and that you are there to help and support them.

It's not always easy, but it will be helpful if you try to:

- accept their need for privacy;
- show them that they are trusted – but also show your disappointment if that trust is abused;
- accept that you do not need to know everything about their life;
- ask gently, showing interest, rather than prying or probing if you want to know something. This way you are probably more likely to get the answers you are looking for;
- accept that some things you might prefer them **not** to do, are actually legal (drinking too much for example);
- discuss your views on drugs and alcohol with them, so that they know where you stand.

# What to do if you are worried that your child is using drugs

“I used to ground her or say I’d stop her money. I found that was where we clashed, so I’ve given up on that.”



Possible signs of drug use can include changes in appearance, friends, interests, eating and sleeping habits, moods and openness. The difficulty is that these signs are very often a natural part of growing up, so a young person who is **not** using drugs could show the same changes. It is frustrating for parents who are trying to look out for the signs of drug use, but the fact is, there are no easy answers. Most parents panic and become very emotional if they suspect their child is using drugs, but you might find the following advice helpful.

- Try not to accuse your child as this will probably start a row; and if you are wrong, your relationship with them could be damaged;
- Try to find a time when you feel able to discuss the situation without interruptions;
- **Don't** try to discuss their drug use with them while you believe they are under the influence of a drug. This is especially important if your child has used gases, glues or aerosols;
- Decide how you want to react if your child tells you that they have used drugs;
- Ask them to talk about their views and try to listen with respect to what they say;
- If you suspect that your child is lying to you about their drug use, try not to get angry;
- Show them that your main concern is for their health and well-being;
- Make sure they know that you will be there to help them through any difficulties they come across;
- Make clear to them what behaviour is acceptable to you, and what you won't tolerate;
- Try not to threaten them with punishment – this might seem to offer a quick solution, but it's unlikely to give the results you are looking for;
- Make sure they understand that they are responsible for their actions and the consequences that follow.

**See back cover for agencies that can give you information, advice and support.**

# What to do if you are concerned about your child and alcohol

“People have vodka and stuff in their cabinets and you just mix them all up. I know it’s stupid but you just do it.” Becky, aged 13



Most parents worry about their child trying drugs. But alcohol can also cause serious problems for young people – as many teachers, hospital staff and police officers know.

Children become aware of alcohol at an early age. Most have their first alcoholic drink between 10 and 13. This first drink is usually at home with their parents’ permission. However, some children start experimenting without their parents’ knowledge – they might help themselves from the family’s drinks cupboard or at family occasions for example.

By 13, young people may have started drinking in groups, in a park or at parties for example. The group may be passing round cans or bottles and may drink quickly because they are afraid of being found out or because they want to get drunk.

When young people start going to pubs, drinking often means getting drunk.

**If you are concerned that your child has started drinking try to react calmly. Explain to them why you are worried and make sure your child understands the risks involved in misusing alcohol. You can help your child to cut down the risks by:**

- encouraging them to stick to lower-strength brands and not to drink too quickly. Explain the dangers of spiking someone else’s drink;
- agreeing rules on parties. Be around, or close at hand, if your child has a party at home. Remove temptations such as your own stock of drink (especially spirits) and provide starchy food (bread, rice and pasta for example) so they won’t be drinking on empty stomachs. If your child is going out to a party, remember to ask where the party is being held;
- making sure your child has a way of getting home safely at night.

# What to do in an emergency

Drugs affect everyone differently. The effects can depend on the amount taken, the user's mood and their surroundings. Sometimes people suffer a bad reaction. It's important to know what to do if you find your child is ill after taking a drug or drinking too much alcohol.

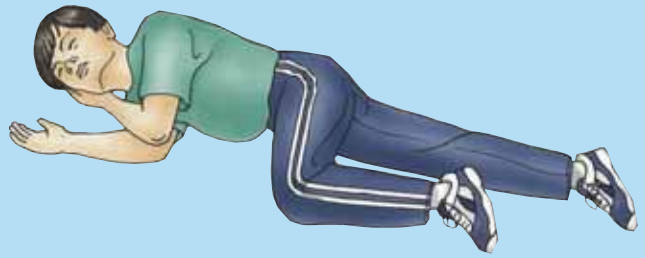
Amphetamines (speed), cannabis, ecstasy, LSD and magic mushrooms can sometimes make the user feel **tense and panicky**. *If this happens:*

- **calm them and be reassuring. Try not to panic. Speak in a normal voice and if you feel scared or worried, try not to let them see it;**
- **explain that the feelings will pass;**
- **encourage them to settle in a quiet, dimly lit room;**
- **if they start breathing very quickly, calm them down and tell them to take long, slow breaths.**

Heroin, tranquillisers and misuse of gases, glues and aerosols can make the user feel **very drowsy**. *If this happens:*

- **calm them and be reassuring. Speak in a low, quiet voice and try not to panic;**
- **don't frighten or startle them, or let them exert themselves;**
- **NEVER give coffee to rouse them;**
- **if symptoms persist, place them in the recovery position (see picture on the next page);**
- **don't hesitate to call an ambulance if they don't start to become more alert.**

An unconscious child should be gently moved into the recovery position (as shown) so their tongue cannot fall back and prevent breathing.



Drinking too much alcohol can cause someone to become **unconscious**. This can also happen if someone uses heroin or tranquillisers; misuses gases, glues and aerosols; suffers a bad reaction to ecstasy or if an ecstasy-user dances energetically without taking regular breaks or drinking enough fluids. An overdose of most drugs will also cause unconsciousness. *If this happens:*

- **dial 999 straight away and ask for an ambulance. Never feel too ashamed to involve the emergency services;**
- **place them in the recovery position (see picture above) so they won't choke if they vomit;**
- **check breathing. Be prepared to do mouth-to-mouth resuscitation;**
- **keep them warm, but not too hot. However, if someone has taken ecstasy, and you think they may have overheated, make sure they have plenty of cool, fresh air and remove any excess clothing such as a hat, gloves, etc;**
- **stay with them at all times. If you need to leave to call an ambulance, go straight back;**
- **if you know what drug has been taken, tell the ambulance crew. If you find drugs but you're not sure what they are, give them to the ambulance crew.**

If your child is heavily under the influence of alcohol, don't leave them to sleep it off alone because there is a risk of choking if they vomit. Keep an eye on them – make sure they sleep on their side, and check that they keep breathing.

For information on local first aid courses, call **St John Ambulance** on **08700 10 49 50**, or contact your local **British Red Cross** branch.

# The law ...about drugs

A first offender who is caught in possession of a controlled (illegal) drug, and admits that he/she has committed a criminal offence, may receive a reprimand from the police or a warning. If a person between the age of 10 and 17 has received a warning and commits further criminal offences, they could be charged by the police and dealt with by a youth court. This court can fine parents or put the offender in a Young Offenders Institution (but not prison).

Keeping drugs for another person and handing them back could result in a charge of unlawful supply. On premises you are responsible for (i.e. you occupy or are concerned in the management of) it is an offence to knowingly allow anyone to produce, give away or sell illegal drugs and even to offer the drug free of charge. So if a parent knows that their child is sharing illegal drugs in their home and does nothing to stop it, the parent may have committed an offence. Knowingly allowing the smoking of cannabis in your home is also an offence. If you take illegal drugs from someone to prevent them from committing an offence, you must either destroy them or take the drugs to the police as soon as possible.

The Misuse of Drugs Act divides illegal drugs into three classes and provides for maximum

Class of drug	Drug type	Maximum penalties
<b>Class A</b>	<b>AMPHETAMINES (SPEED)</b> if prepared for injection <b>COCAINE and CRACK</b> <b>ECSTASY (and drugs similar to ecstasy)</b> <b>HEROIN, LSD (ACID)</b> <b>MAGIC MUSHROOMS</b> if prepared for use	<b>Possession:</b> 7 years' prison and/or a fine <b>Possession with intent to supply, or supply:</b> life imprisonment and/or a fine
<b>Class B</b>	<b>AMPHETAMINES (SPEED)</b> <b>CANNABIS</b>	<b>Possession:</b> 5 years' prison and/or a fine <b>Possession with intent to supply, or supply:</b> 14 years' prison and/or a fine
<b>Class C</b>	<b>ANABOLIC STEROIDS</b> <b>BENZODIAZEPINES</b> (e.g. temazepam, flunitrazepam, valium)	<b>Possession:</b> 2 years' prison and/or a fine <b>Possession with intent to supply, or supply:</b> 5 years' prison and/or a fine

penalties as follows.

## Please note- proposed rescheduling of cannabis

At the time of going to press, there is a Government proposal to reschedule cannabis from a Class B drug to Class C. If there is a change in law it is likely to be during 2003. Until that happens cannabis remains a Class B drug. The penalties for Class C drugs are less than those for Class B but possession of both remains a criminal offence.



# The law ...about alcohol

The law for England, Scotland and Wales is summarised in the table below and varies according to the age of your child:

<b>AGE</b>	<b>THE LAW</b>
<b>under 5</b>	It is illegal to give an alcoholic drink to a child under 5 <b>except</b> in certain circumstances e.g. under medical supervision.
<b>under 14</b>	A young person under 14 cannot go into the bar of a pub unless the pub has a 'children's certificate'. If it does not have one, they can only go into parts of licensed premises where alcohol is EITHER sold but not DRUNK (e.g. an off-licence or a sales point away from the pub), OR drunk but not sold (e.g. a garden or family room).
<b>14 or 15</b>	14 and 15 year olds can go anywhere in a pub, but cannot drink alcohol.
<b>16 or 17</b>	16 and 17 year olds can buy (or be bought) beer or cider as an accompaniment to a meal, but not in a bar (i.e. only in an area specifically set aside for meals).
<b>under 18</b>	Except for 16 or 17 year olds having a meal in a pub (see above), it is against the law for anyone under 18 to buy alcohol in a pub, off-licence, supermarket or other outlet; or for anyone else to buy alcohol in a pub for someone who is under 18.

In Scotland a person shall not knowingly act as an agent for a person under 18 in the purchase of alcoholic liquor. In Britain some towns and cities have local by-laws banning the drinking of alcohol in public (on public transport for example).

# Facts about drugs

## ALKYL NITRITES



### other names include

poppers

amyl nitrite, butyl nitrite, isobutyl nitrite

product names include: Ram, Thrust, Rock Hard, Kix, TNT, Liquid Gold

### what it looks like & how it is taken

- clear or straw-coloured liquid in a small bottle
- vapour which is breathed in through the mouth or nose from a small bottle or tube

## AMPHETAMINES



speed, whizz, uppers, amph, billy, sulphate

- grey or white powder that is snorted, swallowed, smoked, injected or dissolved in a drink
- tablets which are swallowed

## ANABOLIC STEROIDS



'roids

product names include: Sustanon 250, Deca-Durabolin, Dianabol, Anavar, Stanozolol

- tablets which are swallowed
- liquids which are injected

## CANNABIS



marijuana, draw, blow, weed, puff, shit, hash, ganja, spliff, wacky backy

**Cannabis is the most commonly used drug among 11 to 25 year olds**

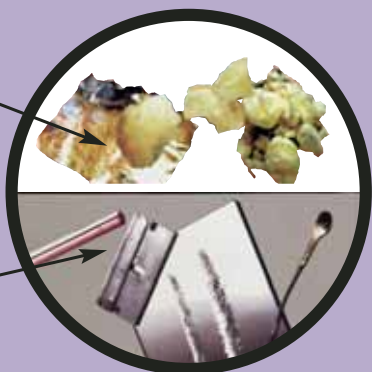
- a solid, dark lump known as 'resin'
- leaves, stalks and seeds called 'grass'
- a sticky, dark oil
- can be rolled (usually with tobacco) in a spliff or joint, smoked on its own in a special pipe, or cooked and eaten in food

the effects	the health risks	legal status
<ul style="list-style-type: none"> <li>● brief but intense 'head-rush'</li> <li>● flushed face and neck</li> <li>● effects fade after 2 to 5 minutes</li> </ul>	<ul style="list-style-type: none"> <li>● headache, feeling faint and sick</li> <li>● regular use can cause skin problems around the mouth and nose</li> <li>● dangerous for people with anaemia, glaucoma, and breathing or heart problems</li> <li>● if spilled, can burn the skin</li> <li>● may be fatal if swallowed</li> <li>● mixing Viagra with alkyl nitrites may increase the risk of heart problems</li> </ul>	<ul style="list-style-type: none"> <li>● amyl nitrite is a prescription-only medicine</li> <li>● possession is not illegal, but supply can be an offence</li> </ul>
<ul style="list-style-type: none"> <li>● excitement – the mind races and users feel confident and energetic</li> </ul>	<ul style="list-style-type: none"> <li>● while on the drug, some users become tense and anxious</li> <li>● leaves users feeling tired and depressed for one or two days and sometimes longer</li> <li>● high doses repeated over a few days may cause panic and hallucinations</li> <li>● long-term use puts a strain on the heart</li> <li>● heavy, long-term use can lead to mental illness</li> <li>● mixing Viagra with amphetamines may increase the risk of heart problems</li> </ul>	<p>class B (but class A if prepared for injection)</p>
<ul style="list-style-type: none"> <li>● users claim the drug makes them feel more aggressive and able to train harder</li> <li>● with exercise, can help build up muscle</li> <li>● helps users recover from strenuous exercise</li> </ul>	<ul style="list-style-type: none"> <li>● can stop young people growing properly</li> <li>● risks for men include: erection problems, breast growth, shrinking testicles, sterility, acne, increased chance of liver failure and heart attack</li> <li>● risks for women include: growth of facial hair, deepening voice, shrinking breasts, possible miscarriage and stillbirth</li> </ul>	<ul style="list-style-type: none"> <li>● can only be sold lawfully by a pharmacist to someone with a doctor's prescription</li> <li>● supply is illegal and class C penalties apply</li> <li>● class C penalties may apply even if you give someone the drugs and don't ask for money in return</li> </ul>
<ul style="list-style-type: none"> <li>● users feel relaxed and talkative</li> <li>● cooking the drug then eating it makes the effects more intense and harder to control</li> <li>● may bring on a craving for food (this is often referred to as having the 'munchies')</li> </ul>	<ul style="list-style-type: none"> <li>● smoking it with tobacco may lead to users becoming hooked on cigarettes</li> <li>● impairs the ability to learn and concentrate</li> <li>● can leave people tired and lacking energy</li> <li>● users may lack motivation and feel apathetic</li> <li>● can make users paranoid and anxious, depending on their mood and situation</li> <li>● smoking joints over a long period of time can lead to respiratory disorders, including lung cancer</li> </ul>	<p>class B (but class A penalties can apply to cannabis oil)</p>

**other names include**

**what it looks like & how it is taken**

**COCAINE & CRACK**



cocaine: coke, charlie, snow, C

crack (a smokeable form of cocaine): rock wash, stone

- cocaine: white powder that is snorted up the nose, sometimes dissolved and injected
- crack: small raisin-sized crystals which are smoked

**ECSTASY**



E, doves, XTC, disco biscuits, echoes, hug drug, burgers, fantasy

chemical name: MDMA (currently many tablets contain MDEA, MDA, MBDB)

**4% of 16 to 25s have used ecstasy in the last 3 months**

tablets of different shapes, size and colour (but often white) which are swallowed

**GASES, GLUES & AEROSOLS**



products such as lighter gas refills, aerosols containing products such as hairspray, deodorants and air fresheners, tins or tubes of glue, some paints, thinners and correcting fluids

- sniffed or breathed into the lungs from a cloth or sleeve
- gas products are sometimes squirted directly into the back of the throat

## the effects

- sense of well-being, alertness, confidence
- effects last roughly 30 minutes
- users are often left craving more
- crack has the same effects as cocaine, but a more intense and shorter 'high'

## the health risks

- cocaine and crack are addictive
- leave users feeling tired and depressed for one or two days and sometimes longer
- can cause chest pain and heart problems that can be fatal
- heavy use can cause convulsions
- a habit can be expensive and hard to control
- crack and cocaine carry the same risks, but as the high can be so intense, crack use is even more difficult to control
- mixing Viagra with crack and cocaine may increase the risk of heart problems

## legal status

class A

- users feel alert and in tune with their surroundings
- sound, colour and emotions seem much more intense
- users may dance for hours
- the effects last from 3 to 6 hours

- can leave users feeling tired and depressed for days
- risk of overheating and dehydration if users dance energetically without taking breaks or drinking enough fluids (users should sip about a pint of non-alcoholic fluid such as fruit juice, sports drinks or water every hour)
- use has been linked to liver and kidney problems
- some experts are concerned that use of ecstasy can lead to brain damage causing depression in later life
- mixing Viagra with ecstasy may increase the risk of heart problems

class A

other drugs similar to ecstasy are also illegal and class A

- effects feel similar to being very drunk
- users feel thick-headed, dizzy, giggly and dreamy
- users may hallucinate
- effects don't last very long, but users can remain intoxicated all day by repeating the dose

- nausea, vomiting, black-outs and heart problems that can be fatal
- squirting gas products down the throat may cause the body to produce fluid that floods the lungs and this can cause instant death
- risk of suffocation if the substance is inhaled from a plastic bag over the head
- accidents can happen when the user is high because their senses are affected
- long-term abuse of glue can damage the brain, liver and kidneys

it is illegal for shopkeepers to sell gas lighter refills to anyone under 18, and it is illegal to sell gases, glues and aerosols to under-18s, or to people acting for them, if they suspect the product is intended for abuse

**HEROIN**



**other names include**

smack, brown, horse, gear, junk, H, jack, scag

**what it looks like & how it is taken**

brownish-white powder which is smoked, snorted or dissolved and injected

**LSD**



acid, trips, tabs, blotters, microdots, dots

1/4 inch squares of paper, often with a picture on one side, which are swallowed. Microdots and dots are tiny tablets

**MAGIC MUSHROOMS**



'shrooms, mushies

these mushrooms are eaten raw, dried, cooked in food, or stewed into a tea

**TRANQUILLISERS**



product names include: Valium, Ativan, Mogadon ('moggies'), Librium, Rohypnol, Normison

chemical names include: diazepam, lorazepam, nitrazepam, chlordiazepoxide, flunitrazepam, temazepam ('mazzies')

tablets or capsules that are swallowed

**For more information about these or any**

## the effects

- small doses give the user a sense of warmth and well-being
- larger doses can make them drowsy and relaxed

## the health risks

- heroin is addictive (even when smoked)
- users who form a habit may end up taking the drug just to feel normal
- excessive amounts can result in overdose, coma and in some cases death
- injecting can damage veins
- sharing injecting equipment puts users at risk of dangerous infections like hepatitis B or C and HIV/AIDS

## legal status

class A

- effects are known as a 'trip' and can last for 8 to 12 hours
- users will experience their surroundings in a very different way
- sense of movement and time may speed up or slow down
- objects, colours and sounds may be distorted

- once a trip starts it cannot be stopped
- users may have a 'bad trip', which can be terrifying
- 'flashbacks' may be experienced where parts of a trip are re-lived some time after the event
- can complicate mental health problems

class A

- similar effects to LSD, but the trip is often milder and shorter (about 4 hours)

- can cause stomach pains, sickness and diarrhoea
- eating the wrong kind of mushroom can cause serious illness and even fatal poisoning
- can complicate mental health problems

while it is not illegal to possess raw, magic mushrooms, when prepared (e.g. dried or stewed) they are a class A drug

- calm users and slow them down mentally
- relieve tension and anxiety
- high doses can make users drowsy and forgetful

- some tranquillisers are addictive
- extremely dangerous if mixed with alcohol
- some tranquillisers cause a temporary loss of short-term memory
- users trying to quit may suffer panic attacks
- it is very dangerous to inject tranquillisers

while possession is not illegal without a prescription (except temazepam or flunitrazepam), supply is against the law and class C penalties apply

**other drugs call FRANK on 0800 77 66 00**

# A parent's guide to drugs & alcohol

## Sources of help and information



### NATIONAL SOURCES

#### DRUGS

**FRANK 0800 77 66 00** offers free and confidential advice about drugs all day, every day, and can refer you on to local drugs services. [www.talktofrank.com](http://www.talktofrank.com)  
**Families Anonymous (020) 7498 4680** operates self help groups around the country for families and friends of people with a drug related problem.  
Mon–Fri 1pm–4pm.

#### ALCOHOL

**Drinkline 0800 917 8282** gives free confidential information and advice and can put you in touch with your local alcohol advice centre for one-to-one help.  
Mon–Fri 9am–11pm, Sat–Sun 6pm–11pm.  
**Alcohol Concern (020) 7928 7377** offers general information about alcohol. Call to find your nearest alcohol advisory service.  
**Al-Anon Family Groups (020) 7403 0888** provides self-help sessions for people whose lives are affected by someone else's drinking.

### LOCAL SOURCES

**Your local health authority or trust's** health promotion unit can give you information about drugs, alcohol and local services.

**Your GP** can refer you on to local drugs and alcohol counselling agencies. Or look in the local telephone directory (usually under 'Drugs' or 'Alcohol').

**Your local Alcohol Advice Centre** (in most areas) can provide confidential counselling for people with drink problems.

**Your child's school** (if your child is of school age) – most have a policy on drug education and managing drug and alcohol related incidents.

**The local police** – most have a Community Liaison Department, which is more concerned with prevention than enforcement. They may be able to answer your questions about the local drug/alcohol scene, and the law.

Thanks to the Metropolitan Police Service and Forensic Science Service for use of their drug images. Other images DH except: front cover (top left), pp.3, 8 & 9 Sally & Richard Greenhill; tranquillisers pp.4 & 22 Science Photo Library; heroin spoon p.22 HIT; illustration p15 Annabel Milne.

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