

DRUGS & ALCOHOL

WHAT YOU NEED TO KNOW

TEACHER VERSION

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INTRODUCTION

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

WHAT IS A DRUG?

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

These include:

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

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

On pages 19-34 you will find a list of common drugs and their effects.

HOW MANY YOUNG PEOPLE USE DRUGS AND ALCOHOL IN AUSTRALIA?

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

HOW MANY YOUNG PEOPLE AGED 12-17 USED DRUGS AND ALCOHOL IN THE PAST MONTH?¹

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

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

ALCOHOL USE AMONG YOUNG AUSTRALIANS

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

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

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

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



DRUG AND ALCOHOL PREVENTION

WHY IS DRUG AND ALCOHOL PREVENTION IMPORTANT?

The harms associated with drugs and alcohol, including accidents, injury and violence, are particularly high for young people. Drugs and alcohol can also interfere with the developing adolescent brain. Therefore, the National Health and Medical Research Council advises that for young people under the age of 15, it is particularly important that they do not consume alcohol. For 15 to 17-year-olds the safest option is to delay the consumption of alcohol for as long as possible.

12.7% OF YOUNG AUSTRALIANS MEET CRITERIA FOR A SUBSTANCE USE DISORDER.

Substance use problems often begin during adolescence, and research shows that the earlier a young person starts to use drugs and alcohol, the more likely they will experience various negative outcomes. These include poor school performance and early drop out, an increased risk of other mental health problems, dependency, and an increased likelihood of juvenile offending. This highlights the need for effective prevention in adolescence to protect young people from these associated harms.

The good news is that effective prevention can have significant benefits. For every year we can delay the use of alcohol for a young person, the odds of developing alcohol dependence are significantly reduced.



WHAT ARE THE RISK AND PROTECTIVE FACTORS THAT ARE TARGETED IN PREVENTION?

There are a number of influences that have shown to increase risk for, or protect against, adolescent drug use. Risk and protective factors that are modifiable are important targets for prevention. Risk factors include drug use or approval by parents or peers, disengagement with school, and poor family communication and bonding. On the other hand, time spent with peers who do not use drugs or alcohol, a sense of self-efficacy, parental rules and monitoring and family bonding and communication have shown to be protective against adolescent drug use.

On pages 13-18 you will find summaries of evidence-based drug and alcohol education and prevention programs that target these known risk and protective factors.

LEVELS OF PREVENTION

The field of substance use prevention identifies three types of prevention:

- **Universal** interventions are offered to an entire population regardless of their level of risk, e.g. to a whole school year group. These interventions generally focus on normative education (correcting young people's misperceptions about how common drug use is), drug refusal skills and generic problem-solving and coping skills.
- **Selective** interventions are targeted to groups identified as having an increased risk of drug and alcohol problems compared to the rest of the population. Identifying 'at risk' students can be stigmatising and should therefore be managed appropriately.
- **Indicated** interventions are offered to people experiencing early symptoms of a disorder and are often referred to as 'early intervention'.

CHARACTERISTICS OF EFFECTIVE PREVENTION

A number of reviews have identified the components that are effective in school-based prevention. These include:

RECOMMENDED	NOT RECOMMENDED
<ul style="list-style-type: none">● Interactive teaching methods● Delivery by trained facilitators (including teachers and trained peers)● Delivered via multiple, structured sessions once a week● Challenge misconceptions about substance use as a normative behaviour● Promotion of realistic perceptions of risk (including immediate and relevant consequences)● Opportunities to learn about and practise personal and social skills (e.g. decision-making, resistance and coping skills)	<ul style="list-style-type: none">● Non-interactive teaching methods e.g. lecturing● Providing information only, particularly the use of scare tactics● Non-structured, dialogue-based sessions● Focusing solely on self-esteem and emotional competence● Focusing solely on ethical/moral values and decisions● Use of people with lived experience of drug and alcohol dependence as guest speakers

Research shows that the most effective school-based programs promote a comprehensive social influence approach. This approach comprises three key factors:

1. The provision of accurate, relevant information
2. Resistance training and life skills (e.g. assertiveness, problem-solving and decision-making)
3. Normative education

NORMATIVE EDUCATION AIMS TO CHALLENGE THE COMMONLY-HELD MISCONCEPTION AMONG YOUNG PEOPLE THAT 'EVERYONE IS DOING IT'.

THIS CAN BE DONE SIMPLY AND EFFECTIVELY BY PROVIDING ACCURATE DATA ON RATES OF ALCOHOL AND DRUGS USE. THESE ARE OFTEN MUCH LOWER THAN YOUNG PEOPLE BELIEVE.

SEE PAGE 3 OF THIS BOOKLET FOR LATEST STATISTICS



A STRENGTHS-BASED APPROACH TO DRUG EDUCATION CAN ALSO BE HELPFUL. THIS INVOLVES EMPHASISING THE STRENGTHS AND RESOURCES OF YOUNG PEOPLE, RATHER THAN FOCUSING ON PROBLEMS.

Positive Choices (positivechoices.org.au) is an online portal to help school communities access up-to-date, evidence-based drug education resources and prevention programs.

Resources and programs link to the Australian curriculum, and you can use the search filter to view resources for a specific purpose or year level.

All resources on Positive Choices must meet specific criteria for relevance, quality and evidence-base. For example, only prevention programs that have proven benefits in at least one published study are included in the Positive Choices Recommended Programs section.



DRUG AND ALCOHOL USE AND THE LAW

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

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

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

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

MINDR DRUG OFFENCE

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

This can result in:

A CAUTION

A formal warning recorded on a database for police records.

A YOUTH JUSTICE CONFERENCE

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

A DRUG ASSESSMENT AND EDUCATION SESSION

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

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

MAJOR DRUG OFFENCE

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

A FINE

This can be up to \$100,000.

A CRIMINAL PENALTY

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



WHY DO YOUNG PEOPLE USE DRUGS AND ALCOHOL?

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

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

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

“I always wanted to try that stuff”

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

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

- Let them know that most young people don't use drugs and alcohol. You could refer to the statistics on page 3 of this booklet to highlight that by not using drugs or alcohol, they are part of the majority.
- Ask why they thought their friends used the drug.
- It's useful to discuss the importance of being able to make their own choices, even if these choices are different from those of their friends.

“It made me feel really good”

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

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

- Let them know you are available to talk about these problems.
- Make it clear that you want to assist them to get the support they need.

“It gave me more confidence”

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

“I don't want to talk about it”

- If they don't want to discuss their use with you, offer to help them find someone else to talk to.
- Reassure them that helping them stay safe and healthy is your priority.

HOW TEACHERS CAN GUIDE THEIR STUDENTS AGAINST DRUG AND ALCOHOL-RELATED HARMS

Teachers are important sources of information for students who have questions about drugs and alcohol. Most young people spend more time at school than at home with their parents. Because of this, the social environment of the school is a key factor influencing the development of young people. Research has shown that a positive relationship with school, which creates a greater sense of community, attachment, and performance, is associated with reduced risk of drug-related harm. As a teacher, you can help a student have a positive relationship with their school by:

- **Setting clear rules and boundaries** which are consistently enforced in a reasonable and measured manner;
- Keeping an open mind and **asking students for their opinions**;
- **Giving praise and reward** students' good behaviour, achievements and accomplishments;
- Encouraging constructive use of time;
- **Modelling** a sense of **optimism and a positive view of learning**;
- Encouraging participation in **extracurricular activities**;
- Being a **good listener**;
- **Correcting common misperceptions** that young people have about drugs and alcohol. Overestimations of rates of use can normalise alcohol and drug use for young people;
- **Modelling appropriate alcohol** use behaviours at school events. The availability of alcohol at school events may interfere with drug education and prevention efforts. Be considerate of your school's liquor licensing policy and check if it is in line with the World Health Organization (WHO) recommendations for alcohol-free events where children are present.



TALKING TO A YOUNG PERSON ABOUT DRUGS AND ALCOHOL

Some students may feel more comfortable talking about their personal issues with a trusted teacher than with a family member. Teachers can play an important role by listening actively to the student's concerns and helping to link them with appropriate resources or support.

When suspecting drug use, duty of care procedures must be followed. Schools will have different reporting and referral procedures. It is important to be aware of these and respond accordingly.



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

- **Prepare for the conversation** by informing yourself about drug effects and organising your thoughts so you can clearly communicate your concerns.
- **Arrange to talk** where you will have some privacy and won't be interrupted.
- **Express concerns** but avoid making assumptions or sounding confrontational. The conversation will be most effective if you listen actively without judging or lecturing.

- **Behavioural changes** are a good starting point for discussion, e.g. "I notice you haven't been yourself lately...".
- **Reflect** on the person's good qualities. The young person is more likely to engage with the conversation if they feel valued and respected.
- **Remind them** that it is human to make mistakes, so that they are not too hard on themselves.
- **Ask them** about ways they can reduce the risk of harm from their use.
- **Communicate that change is possible**, but can take some time. Let them know that effective support is available to help people reduce or stop their drug use.
- **Let them know you** are available to talk to them again in the future.
- **Tell them that you will support them** to find appropriate services when they are ready to make changes.



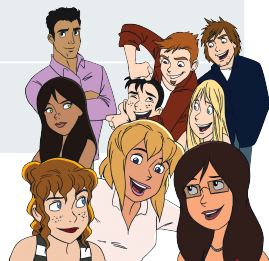
YOU CAN CONSULT THE SCHOOL COUNSELLOR WHO WILL BE ABLE TO SUPPORT YOU IN YOUR EFFORTS TO COMMUNICATE WITH A STUDENT. SEE PAGE 37 OF THIS BOOKLET FOR A LIST OF SERVICES TO HELP PEOPLE OF ALL AGES WITH DRUG OR ALCOHOL ISSUES.

EVIDENCE-BASED DRUG AND ALCOHOL EDUCATION PROGRAMS: AUSTRALIA

School is the ideal setting to deliver evidence-based drug and alcohol prevention. Programs can be delivered at the appropriate developmental stage and can be universal (delivered to all students) or targeted (delivered to students at higher risk of drug or alcohol use).

Below is a summary of drug education and prevention programs which have been evaluated in multiple studies and shown to have positive outcomes in Australia. These programs provide activities, information, and ideas to help your students learn about alcohol, drugs and related harms. Some of these programs have costs involved.

PROGRAM	Climate Schools
TARGETED DRUGS	Alcohol, Cannabis, Psychostimulants, MDMA/ecstasy, Emerging Drugs
STUDENT YEAR LEVEL	Years 8-10
LEVEL OF INTERVENTION	Universal
ORIGIN	Australia Culturally adaptable – has been implemented in the United Kingdom
FORMAT	Climate Schools is a curriculum-based program that consists of 4 modules, which can be implemented sequentially, or independently. The modules are: <ul style="list-style-type: none"> • Alcohol – Year 8 • Alcohol and Cannabis – Year 8 or 9 • Psychostimulant and Cannabis – Year 9 or 10 • Ecstasy and Emerging Drugs – Year 10 • Each module is a curriculum-based online program • Conducted in classrooms (teacher administered) <p>Each module involves: 4-6 x 40 minute lessons, each with two components:</p> <ol style="list-style-type: none"> 1. A 15 to 20 minute computer-based component 2. Teacher-delivered classroom activities
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Reduced alcohol consumption ✓ Reduced binge drinking ✓ Reduced cannabis use ✓ Reduced ecstasy use ✓ Reduced harms related to the use of alcohol and ecstasy ✓ Reduced intentions to use ecstasy and psychostimulants, new psychoactive substances (emerging drugs), and synthetic cannabis ✓ Increased knowledge about alcohol and cannabis, ecstasy and new psychoactive substances (emerging drugs) ✓ Improved attitudes towards alcohol
AVAILABLE	The Climate Schools programs are available via: climateschools.com.au



PROGRAM	Get READY
TARGETED DRUGS	Alcohol and cannabis
STUDENT YEAR LEVEL	Years 7-9
LEVEL OF INTERVENTION	Universal
ORIGIN	Australia Culturally adaptable – has been implemented in the United Kingdom
FORMAT	Curriculum-based program Conducted in classrooms over 3 years (teacher administered) Involves: Year 7/8/9: 10 x 60 minute lessons Training: Two days teacher training required
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Increased knowledge about alcohol and other drugs ✓ Increased communication between parents and students about alcohol ✓ Reduced alcohol consumption ✓ Decreased alcohol-related harms ✓ Reduced tobacco smoking ✓ Reduced tobacco smoking-related harms ✓ Reduced likelihood of risky drinking
AVAILABLE	The Get READY program is available via: fuse.education.vic.gov.au

PROGRAM	SHAHRP: School Health and Alcohol Harm Reduction Project
TARGETED DRUGS	Alcohol, tobacco and cannabis
STUDENT YEAR LEVEL	Years 8-9
LEVEL OF INTERVENTION	Universal
ORIGIN	Australia Culturally adaptable – has been replicated in Northern Ireland and Brazil
FORMAT	Curriculum-based program Conducted in classrooms over 2 years (teacher administered) Involves: Phase 1 (Year 8): 8 x 60 minute lessons Phase 2 (Year 9): 5 x 50 minute lessons and a DVD Training: Two days teacher training required prior to each phase
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Delays and reduces the rate of growth in alcohol use ✓ Reduced alcohol-related harm
AVAILABLE	The SHAHRP program materials are available via: ndri.curtin.edu.au/research/shahrp



PROGRAM	Resilient Families
TARGETED DRUGS	Drugs (General)
STUDENT YEAR LEVEL	Years 7-8
LEVEL OF INTERVENTION	Universal
ORIGIN	Australia
FORMAT	<p>The program is comprehensive, involving the following components:</p> <ol style="list-style-type: none"> 1. School Planning and Staff Training. Resilient Families staff meet with school leadership to plan program and policy objectives. A professionally facilitated 'staff development' half-day training session is provided to explore the benefits of working with parents and to examine potential problems and solutions. 2. Student Social Relationship Curriculum. Teachers participate in a half-day training session that provides guidance in the delivery of a 10-session curriculum that can be flexibly placed within the school's health and wellbeing, or pastoral care program. The curriculum includes social relationship homework that students complete with their parents. 3. Quiz Night (plus distribution of book). In schools that consider themselves ready for this, parents are brought together in the school for a professionally led interactive evening. 4. Parenting Adolescents: A Creative Experience. An 8-week professionally facilitated program for parents run at the school (2 hours per evening).
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Reduced use of alcohol and reduced progression to frequent or heavy use ✓ Reduced general substance use (inhalants, cannabis, tobacco, alcohol) ✓ Reduced delinquent behaviour (physical fights, graffiti, truancy, property damage) ✓ Reduced adolescent-parent conflict
AVAILABLE	<p>For contact information, please visit: positivechoices.org.au/teachers/resilient-families-program</p>



PROGRAM	Preventure
TARGETED DRUGS	Alcohol and illegal drugs
STUDENT YEAR LEVEL	Year 8 or 9
LEVEL OF INTERVENTION	Selective (high-risk students)
ORIGIN	United Kingdom Culturally adaptable – has been implemented in Australia and Canada
FORMAT	Program administered by a trained facilitator and co-facilitator in classrooms. Facilitators can be trained education professionals (e.g. teachers) or clinical psychologists. Involves: A short questionnaire to identify high-risk students 2 x 90 minute group sessions Student and teacher manuals are provided Training: 2-3 day training workshop
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Reduced alcohol consumption ✓ Reduced frequency of alcohol use ✓ Reduced binge drinking ✓ Delayed initiation of alcohol use and binge drinking ✓ Reduced uptake of alcohol and binge drinking ✓ Reduced alcohol-related harms ✓ Delayed initiation of cannabis use ✓ Reduced frequency of cannabis use ✓ Reduced uptake and frequency of illegal drug use ✓ Reduced symptoms of depression, anxiety and conduct problems
AVAILABLE	The Preventure program is available via: positivechoices.org.au/teachers/preventure



EVIDENCE-BASED DRUG AND ALCOHOL EDUCATION PROGRAMS: INTERNATIONAL

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

PROGRAM	Botvin LifeSkills Training Program
TARGETED DRUGS	Tobacco, alcohol and illegal drugs
STUDENT YEAR LEVEL	Years 3-12
LEVEL OF INTERVENTION	Universal
ORIGIN	USA
FORMAT	Curriculum-based program Conducted in classrooms (teacher administered) Involves: Year 3/4/5/6: 8 class sessions Year 6/7: 15 x 40 minute class sessions Year 7/8: 10 x 40 minute booster sessions Year 8/9: 5 x 40 minute booster sessions Training: Teacher training provided in manual.
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Increased knowledge of smoking risk and prevalence ✓ Reduced alcohol, marijuana and methamphetamine use ✓ Reduced polydrug use ✓ Reduced prescription drug abuse (opioids) ✓ Reduced student aggression and delinquency
AVAILABLE	The Botvin Lifeskills Training Program is available via: lifeskillstraining.com

PROGRAM	eCheckup To Go
TARGETED DRUGS	Alcohol and cannabis
STUDENT YEAR LEVEL	Years 9-12
LEVEL OF INTERVENTION	Universal
ORIGIN	USA
FORMAT	The check-up is a single 30-minute session involving assessment of current use, followed by personalised feedback. Training: No teacher involvement is required.
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Reduced pro-alcohol beliefs ✓ Reduced drinking frequency ✓ Reduced alcohol-related harms
AVAILABLE	eCheckup To Go is available via: echeckuptogo.com

PROGRAM	Project Towards No Drug Abuse (Project TND)
TARGETED DRUGS	Alcohol, tobacco and illegal drugs
STUDENT YEAR LEVEL	Years 8-12
LEVEL OF INTERVENTION	Universal
ORIGIN	USA
FORMAT	<p>Curriculum-based program</p> <p>Conducted in classrooms (teacher administered)</p> <p>Involves:</p> <p>12 x 45 minute lessons over 4 weeks</p> <p>Group discussions, games, role-playing, videos and student worksheets</p> <p>Training:</p> <p>Teacher training involves one or two day training workshops.</p>
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Reduced long-term illicit drug use ✓ Reduced short-term alcohol and tobacco use
AVAILABLE	Project TND is available via: tnd.usc.edu

PROGRAM	The Unplugged Program
TARGETED DRUGS	Alcohol, tobacco, and illegal drugs
STUDENT YEAR LEVEL	Years 7-9
LEVEL OF INTERVENTION	Universal
ORIGIN	Europe
FORMAT	<p>Curriculum-based program</p> <p>Conducted in classrooms (teacher administered)</p> <p>Involves:</p> <p>12 x 1-hour lessons delivered weekly</p> <p>Teacher and student handbooks are provided</p> <p>Training:</p> <p>Teacher training involves a 3-day training workshop, a teacher handbook is provided.</p>
PROGRAM EFFECTS	<ul style="list-style-type: none"> ✓ Reduced alcohol consumption ✓ Increased abstinence from alcohol ✓ Reduced daily tobacco use ✓ Reduced recent cannabis use ✓ Less positive attitudes towards drugs ✓ Reduced positive expectations about use of alcohol, tobacco and cannabis
AVAILABLE	The Unplugged Program is available via: eudap.net/Unplugged_HomePage.aspx



ALCOHOL

WHAT IS ALCOHOL?

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

Types of alcohol include:

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



YOUNG PEOPLE AND ALCOHOL

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

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

WHAT ARE THE EFFECTS OF ALCOHOL?

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

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

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

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

* See Glossary on page 36



BENZODIAZEPINES

WHAT ARE THEY?

Benzodiazepines are medications that may be prescribed for a range of problems, including anxiety and insomnia. They are usually prescribed in a tablet or capsule form and the most common is diazepam (Valium). Others include alprazolam (Xanax), and oxazepam (Serepax). If used as prescribed, benzodiazepines can be effective medications.

However, there are risks, particularly if they're not used properly, or are used regularly (e.g. daily) for more than a few weeks.

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

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

EFFECTS OF BENZODIAZEPINES

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

Effects of benzodiazepines vary, but may include:

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

* See Glossary on page 36



CANNABIS

WHAT IS IT?

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

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

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



EFFECTS OF CANNABIS

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

The effects of cannabis vary, but may include:

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

* See Glossary on page 36



COCAINE

WHAT IS IT?

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

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

In Australia, cocaine is most commonly used in powder form, which is often snorted. As with all powder drugs, it is often sold 'cut' (mixed) with other white powder substances which can sometimes be harmful in their own right. This makes it hard for the user to know the purity of what's being taken.

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

EFFECTS OF COCAINE

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

Effects of cocaine vary, but may include:

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

* See Glossary on page 36



GHB

WHAT IS IT?

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

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

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

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



EFFECTS OF GHB

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

Effects of GHB vary, but may include:

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



HALLUCINOGENS

WHAT ARE THEY?

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

Hallucinogens can be naturally occurring or synthetic. **The most commonly known synthetic hallucinogen is LSD (Lysergic acid diethylamide), also known as acid, trips or tabs.** Naturally occurring hallucinogens include:

- Magic mushrooms (Psilocybin)
- DMT (Dimethyltryptamine)
- Mescaline (found in peyote)
- Salvia

EFFECTS OF HALLUCINOGENS

Effects of hallucinogens vary, but may include:

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

* See Glossary on page 36



HEROIN

WHAT IS IT?

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

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

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

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



EFFECTS OF HEROIN

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

Effects of heroin vary, but may include:

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

* See Glossary on page 36



INHALANTS

WHAT ARE THEY?

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

There are four main types of inhalants:

- Volatile solvents
- Aerosol sprays
- Gases
- Nitrites

EFFECTS OF INHALANTS

Most inhalants have an immediate effect that is usually only felt for a few minutes. People using these drugs sometimes keep on sniffing to prolong the high – in some cases this can lead to loss of consciousness, brain damage, and even death.

Effects of inhalants vary, but may include:

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

* See Glossary on page 36



KETAMINE

WHAT IS IT?

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

Ketamine is commonly used by veterinarians to sedate animals such as horses. As with all drugs sold in powder form, ketamine may also be sold 'cut' (mixed) with other white powder substances which may or may not be harmful – people using this drug can never be 100% sure of what they're taking.

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



EFFECTS OF KETAMINE

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

Effects of ketamine vary, but may include:

"LISTING THE EFFECTS GIVES ME AN IDEA OF WHAT TO LOOK FOR AND WHAT I SHOULD DO IF SOMEONE IS IN TROUBLE." - EMMA†, 15

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

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

* See Glossary on page 36



MDMA/ECSTASY

WHAT IS IT?

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

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

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

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

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

EFFECTS OF MDMA/ECSTASY

MDMA/ecstasy can take effect within 60 minutes of initially taking it. However, the time taken to have an effect can vary. Sometimes people mistakenly think the first pill they took isn't working and take more – this can be very dangerous.

Effects of MDMA/ecstasy vary, but may include:

IMMEDIATE	LONG TERM
<ul style="list-style-type: none"> ● Dilated (enlarged) pupils ● Increased heart rate and blood pressure ● Increased energy ● Feeling of euphoria (a 'high') ● Teeth grinding and jaw clenching ● Anxiety and panic attacks ● Overheating and dehydration (when the body loses more water than it takes in) 	<ul style="list-style-type: none"> ● Dependence* ● Mental health problems (such as depression and anxiety) ● Impairments to memory and attention ● Liver problems

* See Glossary on page 36



METHAMPHETAMINE

WHAT IS IT?

Methamphetamine comes in three main forms:

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



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

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

EFFECTS OF METHAMPHETAMINE

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

Effects of methamphetamine vary, but may include:

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

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

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

* See Glossary on page 36



NEW PSYCHOACTIVE SUBSTANCES

WHAT ARE THEY?

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

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

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

EFFECTS OF NEW PSYCHOACTIVE SUBSTANCES

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

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

* See Glossary on page 36



SYNTHETIC CANNABINOIDS

WHAT ARE THEY?

Synthetic cannabinoids are drugs that are often sold as a 'legal' alternative to cannabis, while claiming to have similar effects. They are often sold as 'herbal smoking blends' with different brand names, such as 'K2', 'Spice', and 'Kronic'.

Usually these products are plant material that have been sprayed with one or more active chemicals that, when smoked, mimic some of the effects of cannabis.

As the active ingredients used are often synthetic and produced in laboratories, **they are neither 'herbal' nor 'natural'**, but rather they are engineered to be stronger than traditional cannabis, and therefore may pose a greater risk.



DESPITE THE FACT THAT THESE BLENDS ARE OFTEN SOLD IN STORES OR ONLINE AND MARKETED AS 'LEGAL' AND 'SAFE', MANY CONTAIN INGREDIENTS THAT ARE ACTUALLY ILLEGAL AND POTENTIALLY VERY DANGEROUS.

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

EFFECTS OF SYNTHETIC CANNABINOIDS

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

Effects of synthetic cannabinoids vary, but may include:

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

* See Glossary on page 36



PERFORMANCE AND IMAGE-ENHANCING DRUGS

WHAT ARE THEY?

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

The main substances that are used for this purpose are:

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

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

EFFECTS OF PERFORMANCE AND IMAGE-ENHANCING DRUGS

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

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

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

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

* See Glossary on page 36



TOBACCO & E-CIGARETTES

WHAT ARE THEY?

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



Nicotine can be found in:

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

ELECTRONIC CIGARETTES (E-CIGARETTES)

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

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

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

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

EFFECTS OF TOBACCO

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

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

* See Glossary on page 36



POLYDRUG USE

WHAT IS IT?

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

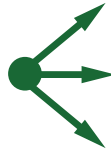
An example of polydrug use would be smoking cannabis while under the influence of alcohol. Mixing alcohol with drinks that contain caffeine is another example.

The effect of mixing drugs depends on which drugs are mixed together. Combining drugs that have the same physical effects (e.g. two or more stimulants or two or more depressants) is especially dangerous.

This is because it increases the impact on normal functioning of the brain and body.

COMBINING DEPRESSANTS

e.g. benzodiazepines and alcohol



ACCIDENTS OR INJURY THROUGH BEING 'OUT OF IT'

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

FATAL OVERDOSE

COMBINING STIMULANTS

e.g. cocaine and ecstasy



SEROTONIN SYNDROME*

PSYCHOSIS*

ANXIETY OR PANIC ATTACKS

HEART PROBLEMS

COMBINING STIMULANTS AND DEPRESSANTS

e.g. speed and alcohol



HEART PROBLEMS

RESPIRATORY INFECTIONS AND BRONCHITIS

DEHYDRATION, OVERHEATING, AND KIDNEY FAILURE

* See Glossary on page 36



GLOSSARY

COMEDOWN

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

DEPENDENCE (ADDICTION)

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

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

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

DEPRESSANT DRUGS

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

PSYCHOSIS

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

SEROTONIN SYNDROME

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

STIMULANT DRUGS

These increase the activity in the central nervous system. Examples include **Cocaine, Caffeine, MDMA (ecstasy), Methamphetamine (speed, ice, crystal, crystal meth, base), Ritalin**, some **new psychoactive drugs** such as **mephedrone** and **BZP**.

WITHDRAWAL EFFECTS

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



MORE INFORMATION AND SOURCES OF HELP

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

POSITIVE CHOICES

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

positivechoices.org.au

POSITIVE CHOICES ABORIGINAL AND TORRES STRAIT ISLANDER PORTAL

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

positivechoices.org.au/indigenous



NATIONAL ALCOHOL AND OTHER DRUG HOTLINE

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

Phone: 1800 250 015

KIDS HELPLINE

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

kidshelpline.com.au

Phone: 1800 55 1800

REACH OUT

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

au.reachout.com

LIFELINE

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

lifeline.org.au

Phone: 13 11 14

HEADSPACE

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

headspace.org.au

COUNSELLING ONLINE

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

counsellingonline.org.au

AUSTRALIAN DRUG INFORMATION NETWORK

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

adin.com.au

NATIONAL DRUGS CAMPAIGN

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

campaigns.health.gov.au/drughelp

ADDCONNECT APP

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

Available for free download via iTunes or Google Play

STUDENT WELLBEING HUB

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

studentwellbeinghub.edu.au

THE ALCOHOL AND DRUG FOUNDATION

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

adf.org.au

Phone: 1300 85 85 84

FAMILY DRUG SUPPORT AUSTRALIA

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

fds.org.au

Phone: 1300 368 186





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