

## Slide 1

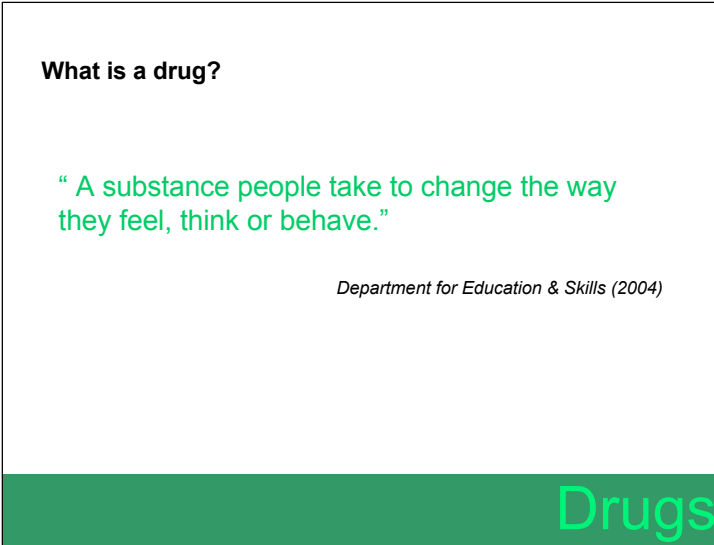


Keeping Your Child Safe:  
**Drugs**

Drugs

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## Slide 2



**What is a drug?**

“ A substance people take to change the way they feel, think or behave.”

*Department for Education & Skills (2004)*

Drugs


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It is important to remember that alcohol, tobacco and solvents as well as prescribed medication are also drugs.

### Slide 3


Why do young people take drugs?	Why do young people stop taking drugs?
The Effects	Social development - drugs become less appealing
Peer Influence	Confidence – To make their own decision and say 'no'
Social Groups	Changing social groups
Rebellion and Risk	Increased responsibilities – employment, parenthood
Independence	Boredom, lack of novelty
Curiosity	

Drugs

**(Part A)**  Ask group why they think people use drugs.

People take drugs for all kind of reasons. Many people take drugs because of the effects. During the early stages of drug taking, pleasure can be a key factor.

It is rare for a young person to be forced into taking a drug by their friends. They will usually choose to use the drug in order to fit in or are worried what their friends will think or do if they say no.

**(Part B)**  Ask group why they think people stop using drugs.

Equally, many young people will stop taking drugs especially when they begin to take on extra responsibilities e.g. relationships, job.

For a small percentage of young people who use drugs they may struggle to stop and therefore need additional support.

## Slide 4

**Local data**

72% of primary school pupils reported that they would like their parents to talk to them about drugs while 40% said they would like it to come from their teachers.

22% of Year 8 pupils and Year 10 pupils said that they had been offered cannabis. Of those, 12% of pupils have ever taken an illegal drug with 6% of pupils say they have taken an illegal drug within the last month.

8% of Year 8 pupils and Year 10 pupils reported taking an illegal drug and alcohol on the same occasion.

Drugs

 *There is no need to go into detail with regards to each piece of data.*

*Highlight key points – the amount of primary school children who want information from parents and teachers, how young people are refusing to take drugs even when offered, the mixing of drugs with other substances including alcohol.*

As with many things today, drug use is subject to fashion and trends. A particular drug may come in and out of fashion or be more popular amongst certain groups or in different areas of the country. This can be linked to a number of reasons from trends in music and popular culture to what is currently available on the market.

Even in Hertfordshire the types of drugs used, prices and names can vary from town to town, village to village.

The information listed has been collected from local primary and secondary school within Hertfordshire. 92 Primary Schools and 30 Secondary Schools took part in this survey. Although some young people have been offered drugs (mostly cannabis) the majority refuse to use them.

## Slide 5


**Local data**

The three most commonly used drugs amongst young people in Hertfordshire

- Cannabis (Leaf/resin)
- Amphetamines
- Poppers

Drugs

This slide shows you the three most commonly used drugs ( not including alcohol and tobacco) amongst young people in Hertfordshire.

 *It is likely that your audience will be unfamiliar with 'poppers'. If you are not comfortable talking about what each drug is then signpost audience to leaflets provided or FRANK helpline/website. A brief description has also been provided below:*

Poppers are small bottles filled with liquid chemicals called alkyl nitrites. Nitrites like amyl nitrite (and butyl nitrite and isobutyl nitrite) dilate the blood vessels and allow more blood to get to the heart. They're usually sniffed straight from the bottle and deliver a short, sharp high. Poppers are often sold in sex shops, some clubs and markets

Amyl nitrite is very rarely used in medicine these days but is controlled under the Medicines Act. Possession is not illegal but supply can be an offence. There've been cases where the Medicines Act was used to fine shops for selling them, but they're still sold as Room Aromas or Deodorisers in shops and clubs.

## Slide 6

**Understanding drug use**

**Drug Use:** Drug taking by a person that does not cause any perceived immediate harm – even though it may carry some risk of harm.

**Drug misuse:** Drug use that harms health and social functioning - either dependent use (physical or psychological) or use as part of a wider spectrum of problematic or harmful behaviour

Health Advisory Service - 1996

**Drugs**

**Drug use** is drug taking for example drinking alcohol, taking medication or using illegal drugs. Any drug can potentially lead to harm, whether through intoxication, breach of the law/school rules or the possibility of future health problems, although such harm may not be immediately apparent.

**Drug use** will require interventions such as management, education, advice and information, and prevention work to reduce potential harm.

**Drug misuse** is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It may be part of a wider spectrum of problematic behaviour and require specific interventions, including treatment, counselling.


## Slide 7

**Risk and Harm**

It's hard to tell what the effects of a drug will be and the possible risk and harm to an individual.

It will vary depending on:

**Who** = The individual taking it  
**Where** = The situation in which it used  
**What** = The drug used




**Drugs**

The risk and harm associated with drug use will vary depending on a number of factors; therefore it's difficult to say what will happen when some takes a drug. These factors include:

**WHO = The individual taking it** - age, gender, body weight, how feel at the time (happy, sad), why they are using it, have they used it before, how do they feel and act when under the influence of the drug, overall physical and mental health, what will they be like when the drug wears off.

**WHERE = The situation in which it's used** – where is it being used (in school, outside a police station, in private), who they use it with, what's going on at the time (driving, dancing), what is the atmosphere or situation (fun, busy, crowded).

**WHAT = The drug used** – is it legal or illegal, how much is taken and over what time period, purity and strength, how was it taken (e.g. swallowed, injected), was it taken with anything else, how addictive is the drug?

 Ask the group if they can think of various ways in which alcohol can be misused depending on the three factors listed above.

## Slide 8

**Forms of drug use**

- The Experimenter** – this group may or may not enjoy the experience but then go on to experiment with other enjoyable activities: travel, sex, sport
- The Recreational User** – enjoyed the effects from drug taking both physically, mentally and socially. Drugs are used as a part of a social activity.
- The Dependant User** – This smallest group of user are more likely to use on a regular basis and require help to stop or reduce their drug use.

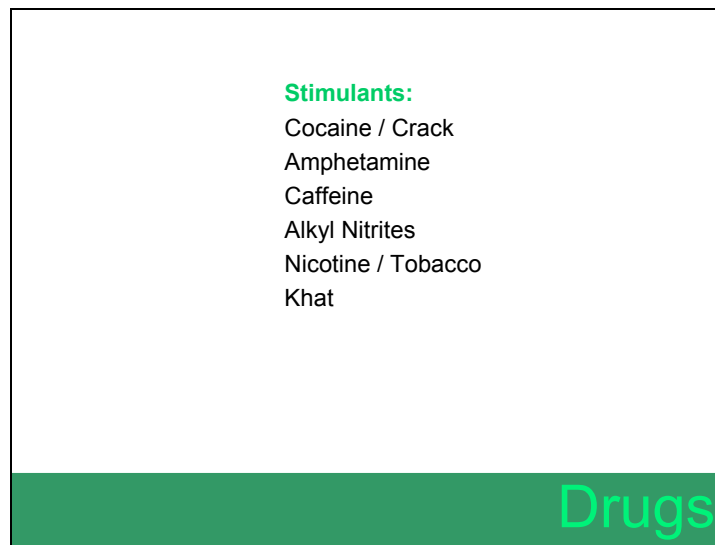
Drugs


Only a small minority of young people become dependent on drugs. Some people (including adults) use drugs to experiment and find out what it feels like or use them as part of a social activity (to relax and unwind, clubbing) and perceive it in the same way as going down the pub for a drink.

This may all sound very 'pro' drugs. However, if we are to really understand why young people use drugs in this way we have to face the truth - drug use is experienced by many young people as pleasurable with few resulting problems.

Dependent drug use is when people come to rely on drugs to get them through each day. Being on drugs all the time can 'protect' people from all the negative feelings they have about themselves and the world around them. Many dependent users have experienced a very unhappy childhood and had traumatic experiences (like sexual or physical abuse). Dependent users will also refer to criminal activities in order to fund their habit (theft, prostitution, drug dealing), which can also increase those negative feeling they already had about themselves.

## Slide 9



 *The names of each drug are listed as examples and not to be explained in detail. If you are not comfortable talking about what each drug is then signpost audience to leaflets provided or FRANK helpline/website. You should also consider the amount of time you have for your presentation.*

There are four main types of drugs categorised by the main effects on people who take them.

**Stimulants (Uppers):** These make the brain more active and users feel a sense of heightened energy. Risks are linked to over stimulation of the heart and an increase in body temperature.

**KHAT** - Khat is a stimulant and chewing it can make people more alert and talkative and can produce feelings of elation. It can also suppress the appetite. Although it's a stimulant, many users report a feeling of calm if it's chewed over a few hours. Some describe it as being 'blissed out'. Khat can make a user psychologically dependent. Khat is not an illegal drug in the UK. It can be used or traded without penalty.

## Slide 10

**Depressants:**  
Alcohol  
Tranquillisers  
Ketamine  
Barbiturates  
Solvents  
GHB

Drugs

**Depressants:** This drug slows down the brain and body. They do not necessarily cause a depressed mood. They can also make the user feel calm and relaxed. Major risks to the user would be unconsciousness and therefore an increased risk to ones personal safety.

## Slide 11

**Hallucinogens:**  
LSD  
'Magic' mushrooms  
Ecstasy  
Salvia Divinorum

Drugs

**Hallucinogens:** These drugs act upon the mind and can cause visual effects such as intense colours, distorted shapes and sizes. Hearing can also be distorted, as can changes in sense of time and place. Unpleasant reactions often occur if the user is anxious and/or depressed.

**Salvia Divinorum** - Salvia is derived from the American plant Salvia Divinorum, a member of the mint family. It is marketed in the UK under many guises. In 'head'/new age and sex shops it is often sold as herbal ecstasy, using names such as Eclipse. It is also sold as a dried natural high, intended for smoking (in variable amounts) or as a herbal remedy under its botanical name, or as 'the matrix' or 'hallucinogenic sage'.


## Slide 12

**Painkillers:**  
Opium  
Heroin  
Morphine  
Pethidine  
Methadone  
Codeine  
Asprin / Paracetamol etc.

Drugs

**Pain killers:** which can have a pain killing effect but also numb emotional pain too.

Further information about each individual drug can be found in the leaflets provided or by contacting the national helpline and website FRANK. More information will be provided at the end of this presentation.

 *If external drug agencies are attending the event, please ensure that participants know where they are situated and the purpose for them being there, e.g. answers question about the drugs, provide leaflets and other resources.*

## Slide 13

**Cannabis:** Does all 4 things!

**Stimulates** brain patterns and appetite.

**Depresses** the central nervous system, lowering blood pressure and slowing reaction times.

Can cause mild **hallucinations**, particularly if eaten or drunk.

**Pain Relief**, esp. Multiple Sclerosis, glaucoma, arthritis and chemotherapy (relieves nausea & boosts appetite.)

Drugs

**Cannabis:** Does all 4 things!

After alcohol and tobacco, cannabis is the most commonly used drug in the UK.

Some young people and adults see cannabis as totally harmless and enjoyable, however, for some user's cannabis can effect their physical and mental health as well an impact on everyday situations (e.g. schools work; depression, a lack of motivation and concentration, relationships).

Here you can see the herbal variety (aka Skunk) which can be very strong and therefore the effects are more intense.

The picture below shows 'joints' which is are like 'roll up's' but contain the drug.

Cannabis is the most common drug used by the young people who attend the specialist Adolescent Drug and Alcohol Service in Hertfordshire called A-DASH.

## Slide 14

The role of parents / carers is crucial in preventing problematic drug use.


*Young people are more likely to delay or avoid drug misuse when....*

- Family bonds are strong
- There is strong parental monitoring and clear family rules
- They can talk openly with their parents / carers

DfCSF guidance (2004)

Drugs

The Department for Children Schools and Families (DfCSF) clearly state the importance of parents and the family in preventing problematic drug use.

 *Please note the term problematic (drug misuse). It is acknowledged that some young people will use but the role of the family will help prevent it becoming worse.*

## Slide 15

**Top tips for talking**

- Find out the facts
- Think about how you will react
- Don't make assumptions
- Stay calm and don't panic
- Don't accuse them
- Pick a good time to talk
- Use opportunities in the media (i.e soaps, news) to talk
- Listen with respect
- Let them know you're there for them
- Set boundaries

Drugs

If you don't talk to your children about drug, someone else might.

You'll know when it's time to speak to your child about drugs, but it might be earlier than you think. Even young children might start asking questions about things they've heard at school. Don't leave them to pick up information from their friends or TV.

It's likely that your child trusts you – even if they don't show it. You're the right person to talk to them about drugs. Give them accurate information; make sure they know your views so they know where they stand with you.

Younger children are less likely to question authority and more willing to share their thoughts with you. But, as they get older, children want more independence and are often less likely to discuss their views with their parents.

Keep communication channels open by taking an interest in their day and what they're learning at school. Make it clear that their safety and wellbeing are important to you.

## Top tips for talking

- Find out the facts about drugs before you start the conversation. Do not resort to searching their room as this will make them less likely to trust you.
- Think about how you will react if they say they have used drugs.
- Don't make assumptions about what they know or do.
- If they say they've used drugs, stay calm and don't panic. If they say they don't but you think they're lying, don't accuse them.
- Pick a good time to talk. Don't do it before they rush off to school. Or, if they are using drugs, don't confront them when they're under the influence of the drug.
- Use opportunities to talk. Stories in the media about drugs, or drug related storylines on TV can be useful springboards for a conversation.
- Listen with respect to what they have to say. Try not to lose your temper if you disagree with your child's opinions. It might make them rebel more.
- Let them know you're there for them and that they can talk to you about drugs.
- Set boundaries (if possible with them) and stick to them. Make it clear what the house rules are so they know what you will and won't accept. Agree what the possible consequences are if rules are broken and don't forget to praise them when things go right!

## Slide 16

### Sign and Symptoms

There often aren't any clear signs to tell if a young person is using drugs.

Changes in appearance and behaviour can be mistaken for everyday teenage development.

Signs and Symptoms are usually more significant if the drug use becomes problematic or the person is under the influence of the drug.

Searching for telltale signs can lead into suspicion. This can breed resentment and paranoia.

Drugs

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Searching for telltale signs or their room and private things can lead into suspicion. This can breed resentment and paranoia.

## Slide 17

### Some warning signs may include:

Loss of appetite, drowsiness, poor hygiene or appearance mood swings

Uncharacteristic loss of interest in school, hobbies and friends

Money going missing or being spent regularly for no apparent reason

Unusual equipment found around the house, such as burnt foil, torn cigarette packets, empty aerosols, home-made pipes or syringes

Drugs

If at any time you are concerned that your child or family member is using drugs contact one of the local or national services available to help you deal with these situations. Talking to them first before approaching a family member will reassure you that you are not alone and may prevent you from jumping to the wrong conclusions.

## Slide 18




Launched in 2003, FRANK is a national campaign that aims to raise awareness amongst young people and their parents and carers of the risks associated with illegal drug use.

This campaign is a joint initiative by the Home Office, Department of Health and supported by the Department for Children, Schools and Families.

FRANK is confidential and available 24 hours a day by phone, the web or by email. FRANK can put callers in touch with local services in their area, send out free information and answer commonly asked questions about drugs.

FRANK has been promoted widely across Hertfordshire in schools, college; youth services etc. This alongside TV and radio advertising has made it popular with young people. In Hertfordshire, 87% of Secondary School Pupils are aware of FRANK.

 *Ask group if they have heard of FRANK. Have any of their children mentioned it before? Where did they hear about it?*

## Slide 19

Local and national help and support

•**Parental Drug Awareness Service** (PDAS) 01707 393 934

•**Parentline Plus** 0808 800 22 22

•**A-DASH (Adolescent Drug and Alcohol Service)** 01923 427 288

For more information on other local drug services within Hertfordshire please contact **FRANK**.

Drugs

There are various services available in Hertfordshire to support parents and young people. Here are a selection that can offer support to parents and young people. For more information on other drug services in Hertfordshire contact FRANK.