



LET'S TALK DRUGS

TALKING TO YOUR CHILDREN ABOUT DRUGS



ACTION ON ADDICTION

One in three people suffer from an addiction. Action on Addiction is the only independent UK research charity dedicated to seeking new ways to prevent and treat drug, alcohol and nicotine addiction.

Action on Addiction was instrumental in establishing the National Addiction Centre, where we continue to fund research.

A copy of this book is available on www.aona.co.uk or www.lifeworkscommunity.com



For further information

Tel 020 7793 1011

Fax 020 7793 8549

action@aona.co.uk

www.aona.co.uk

Registered Charity No. 1007308

CONTENTS

01	Why talk to your children about drugs?	4
02	What can we do as parents?	6
03	Let's Talk Drugs	10
03.01	Preschool to age 7	
03.02	Ages 8 – 12	
03.03	Ages 13 and up	
04	What to do when your child tells you they are using drugs	13
05	What to do if you think your child has a more serious problem	15
06	What to do in an emergency	16
07	Legal and illegal substances – What you need to know	17
07.01	Cigarettes	
07.02	Alcohol	
07.03	Solvents	
07.04	Cannabis	
07.05	Ecstasy	
07.06	Amphetamines	
07.07	Cocaine	
07.08	Crack	
07.09	LSD	
07.10	Heroin	
08	Helpline Numbers	27

WHY TALK TO YOUR CHILDREN ABOUT DRUGS?

01

WHY TALK TO YOUR CHILDREN ABOUT DRUGS?



- 45% of 15 year olds have tried drugs at some point
- 35% have taken drugs in the last year
- Cannabis is by far the most widely used drug, with 11% of 11-15 year olds having taken it in the last year

Adolescents are more vulnerable than any other age group to developing substance addictions, because the regions of the brain that govern impulse and motivation are not yet fully formed. This means that addiction problems frequently start in the teenage years.

Young people from all backgrounds may be tempted to use cigarettes, alcohol and/or illicit drugs. Parents' biggest worry is the risk to their children from drugs and alcohol.

This concern can cause parents to develop misconceptions about substance use, including that:

- Using any kind of drug automatically leads to addiction
- If their kids use drugs they are bad parents
- Drugs cause social exclusion
- That everyone else sees drug use as evil

These feelings can cause communication problems between parents and their children on drug issues. Parents often can't understand why children would want to use drugs.



I am a recovered heroin addict and a parent. I know first hand about the hidden dangers of drug addiction and how it can tear apart families. I try to talk openly about the dangers of drugs and alcohol to my 14 year old daughter.

I give her honest and accurate information.

Keith Mulcahy

Parents often feel nervous talking to their children about drugs and are unsure what approach to take. Research has shown that they often feel they:

- Don't know anything about drugs
- Don't know what to do if their child is using any kind of substance
- Don't know what signs to look out for
- Don't know how to approach the subject with their children
- Don't know where to get information

It's important to start talking to your child as early as possible to develop a trusting relationship and foster a protective environment against substance abuse.

Where a family member has had an addiction problem it is even more important to talk to your children, as this puts them at greater risk of developing a problem.

WHAT CAN WE DO AS PARENTS?

02

WHAT CAN WE DO AS PARENTS?



Research has shown that a very effective element of drug prevention is a good relationship between parents and their children. Yet most drug prevention campaigns overlook the importance of the parent's role. If we communicate effectively with our children they are less likely to believe any misinformation they pick up from other sources such as TV, films, the internet, magazines and their friends.

We need to start talking to our children earlier than any other previous generation. Research shows that young children prefer to talk to their parents when they want help or advice, but once they are teenagers they are more likely to believe their friends and the media.

First Steps

- **Educate yourself (see pages 16-26)**
- **Set an example**
- **Set clear boundaries**
- **Always keep lines of communication open**

Set an example

We expect our children to do what we say, but our children will do what we do. The way we use alcohol, tobacco and medicines in our homes is therefore crucial in determining their behaviour around substances.

What kind of messages are we giving our children if we:

- **Pour ourselves a whisky as we walk through the door after a hard day at work**
- **Smoke cigarettes**
- **Come home tipsy from dinner, drinks parties or the pub**
- **Keep popping pills every time we have a headache, stomach ache etc.**



I grew up in an environment with limited and unclear boundaries. I now know that it was one of the main reasons I became an addict at such a young age.

I am grateful for being over 22 years sober and strive to make sure my children do not suffer from a lack of boundaries and support. I have made it very clear to them what the dangers of drug and alcohol abuse are and that it is not ok for them to use them. Hopefully they know that even though there would be clear consequences for using, my love and support for them would be unconditional should they ever need help.

Don Serratt, Founder of Life Works Treatment Centre

We are the role models for our children and they learn from our behaviour. For example, children whose parents smoke are twice as likely to start smoking themselves, compared to those with non-smoking parents.

It's best to give up smoking before your children reach the age of 12, as they will still be in the 'anti-smoking' phase. This will mean they will be receptive to your good example and can also support you in giving up.

The more we look after ourselves the more our children will learn valuable lessons from what we do.

Set clear boundaries

Many of us fear confrontation but children actually feel safer and loved when clear rules are laid down and communicated.

Setting up and enforcing rules is not easy. Many parents are concerned that strict rules will alienate their children.

We also need to be clear what the consequences of breaking the rules are. Research shows that young people are less likely to use tobacco, alcohol or other drugs if their parents set firm rules about not doing so.

Try not to overreact with harsh punishments when your children break the rules, as this will undermine the effectiveness of setting the rules. Punishments should be related to the rule broken, e.g. if you catch your daughter smoking with her friends, ground her from social activities for a period of time. Make sure your children are aware of what the punishments will be before they choose to break the rules, and make sure that you enforce the punishment.

Talk to your children. Tell them how disappointed you would be if they started smoking cigarettes or cannabis and why. Have an open discussion about the dangers of different drugs (see pages 16-26). You can explain that cannabis interferes with concentration, memory and movement and that it leads to poorer school performance. Or that alcohol can make you feel sick and have a terrible headache the next day. Always communicate in a loving and supportive way.



If I hear a story about someone I know caught up in drugs or alcohol, I know that I can discuss it openly with my mum. We talk about the negative side of taking drugs and drinking too much. Where I live, there is a high level of drug use, and because of my awareness, I know that it is something that I do not want to be involved with.

Leo, age 16

HAVE A GO

What do you approve or disapprove of?

.....

.....

.....

What will you allow or not allow in your home?

.....

.....

.....

Examples of rulemaking:

- Tell an older teenager that you don't mind if they drink alcohol with their friends but if they come home drunk they won't be allowed to go out to parties until they learn to drink responsibly.
- Always tell them what time you would like them to be home. Ask them to call if they are going to be late for any reason.
- Never be afraid to call parents whose home is being used for a party.
- Make it easy for your child to leave a party where drugs are being used. Discuss in advance who will pick your child up at the moment they feel uncomfortable. Later, talk about what happened.
- Decide at what age your children will be allowed a small amount of beer or wine with a meal at home.

Keep lines of communication open

There's no evidence to suggest that talking to a child about drugs will lead to them experimenting, so don't be afraid to ask simple, direct questions. As you know, you can't expect children to accept what you say automatically, so be prepared to share your views.

Start talking to your children about drugs at an early age, even before they are exposed to them. Give them the facts before they are presented with the substance. Whatever your children's age, they deserve honest answers and explanations, and this strengthens their ability to trust what you say. Without a straightforward answer, children make up their own explanations, which can be more frightening than reality. Let them know it is safe for them to discuss anything with you.

But it is also important to realise that you cannot solve their problems for them. Tell them they are capable of looking after themselves and making their own decisions especially as they get older. But you are always there to listen, help and advise.

Know your children and what they are doing. A warm open family environment where children are encouraged to talk about their feelings, where their achievements are praised and their self esteem boosted, will encourage children to come forward with their questions and worries.

If your child asks you about something, give them your full attention. If you are busy, ask them if you can discuss it later. Stay calm and open-minded, and try to avoid judging or criticising your child – it usually doesn't achieve anything. Ignore them if they are trying to provoke you by being rude to you, and try to listen more than talk. Ask open-ended questions such as "tell me more about that" or "how does that make you feel" to encourage fuller answers, and encourage them to think of their own solutions to any problems. Above all, let them know that you love them, and that most children will come through any problems they may experience.



It may sound very young to talk to your children but there are more opportunities than you think. When you tell your toddler that a medicine will make their tummy feel better but too much will make them sick, or that they must only take the medicine when the doctor says, you are already warning them that some substances can be harmful. You could also tell them that drinking too much coffee or coke is bad for them.

The tone of these discussions should be calm and matter of fact, always listen to what your children have to say. Remember that young children can only take in small bits of information at a time so talk about it again and again.

If a small child brings up the subject it's worth gently asking them what they know about 'drugs'. Tell them to come and ask you when they're ready to hear more, and you'll tell them. And to tell you if anyone ever offers them drugs.

HAVE A GO

With children between 4 and 7 occasionally more complicated themes can be discussed. Watch for "teaching" moments when you are watching TV together. When you see someone drinking alcohol, use this as an opportunity to talk about it, pointing out that it can make you sick and doesn't do your insides any good.

What opportunities have you found?



National studies show that the average age when a child first tries alcohol is 11 and for cannabis it is 12, so this is the age to really open up discussions around the subject. Start by asking them what they think. Ask open-ended questions, but be careful that you don't preach.

Show your children that you are willing to talk to them openly and hear what they have to say. Drugs can be very confusing to young children. If drugs are so dangerous then why is the family medicine cabinet so full of them? And why do TV, music, and advertising glamorise drugs and make them look so cool.

When you see news items concerning celebrities with problems, have a casual conversation about drugs. These discussions can provide your children with information about the risks of drugs. Use the celebrities to get across the message that they may be rich and famous, but drinking and drug taking are harming them as much as they would anyone.

Research shows that adolescents who are unsupervised after school are significantly more likely to use drugs. Ensure that your child is in adult supervised situations after school such as art, music or sports clubs.

HAVE A GO

Over dinner sit back and say, "I read an interesting article about drugs in the paper today and I was wondering, do they teach you anything at school? What do you know about drugs? Do you see kids smoking or taking drugs at school?"

How did it go?

.....

What could you do differently next time?

.....

.....



Mum used to tell me not to drink because it would mean I wasn't in control of myself and harmful things could happen. I remember getting really drunk one night at a party, and worrying that Mum would be angry with me for being sick and drinking too much. But in fact Mum was great - she looked after me while I was ill and afterwards we had a serious chat about the dangers of drinking. Now I'm much more careful.

Hannah, age 17

Talking with teenagers can be difficult. They appear not to listen and pay more attention to what their friends are saying. They are growing up and trying to make their own decisions in life. They may be confused about growing up and they may blame you for how they feel. This is normal but it is vital to keep the lines of communication open.

It is important to make your children aware of the dangers of drink/drug driving and make sure that they don't do it themselves or get in a car with anyone else who has been drinking or taking drugs. Agree to pick them up at any time of night without asking questions if they feel uncomfortable about a situation. Talk about what happened in a calm way the next day.

Know who your child's friends are. Drug use is more likely if they have friends who use drugs, but conversely having friends who don't use drugs can protect your children. All children are at risk from drug use, no matter how good your relationship is or what background they come from. They could just be in the wrong situation.

HAVE A GO

Have your children talked to you about a situation they felt uncomfortable in?

.....

.....

How did you react?

.....

.....

.....

WHAT TO DO WHEN YOUR CHILD TELLS YOU THEY ARE USING DRUGS

04

WHAT TO DO WHEN YOUR CHILD TELLS YOU THEY ARE USING DRUGS



Talking to your child about drugs strikes right at the heart of being a good parent. If your child takes drugs it's your fault – right? Wrong. Young people take drugs for all sorts of reasons. And above all it's their choice to take drugs. You cannot make those choices for them. But you can keep the channels of communication open and now is the crucial time to do so.

Keep calm

A parent's natural reaction on finding out their child is using drugs is to panic. Don't talk to them while you're in that state. Walk away. Decide what you want to say in advance. This will help stop the conversation spiralling out of control.

Get someone to help you

You may not want to tell your partner for fear of what they'll do but it could be for the best. If you're unsure, talk to FRANK, a 24 hour government helpline, your GP, or someone the child likes and respects. Having someone else in the room can stop the conversation escalating into a row or stand-off.

Avoid asking 'Why?'

Why? Because it's the worst thing you can say to a child as it immediately puts them on the defensive. Also, they may not really know why they started taking drugs or are thinking about taking them. Gently ask questions beginning How, When, What, Where, as these will help the conversation flow and you won't simply get a Yes or No answer.

**Don't get hung up on blaming someone**

Why have you done this to me? (Assumption: It's your fault). Who gave it to you? (Assumption: It's the dealer's fault.) Why doesn't the school do something? (Assumption: it's the school's fault). Blame isn't useful for anything. It won't even make you feel better. What's important is the future and where you go from here.

Give the child space

Make the focus of the conversation your child and what they're going through. Really listen to what they're saying, paying particular attention to their feelings. And don't be afraid to ask them to clarify things – the more you understand, the easier it will be for both of you to move forward. If you have used drugs think very carefully about telling your child about your experiences.

Assumptions can be dangerous

Children take drugs for different reasons. Try and get them to explain in their own words what's going on for them, and treat what they say seriously. It could be that they want to rebel, they're experimenting or that drugs are readily available, and not necessarily that they're having problems at school, for example.

The three Rs – reassure, reassure, reassure

If your child has a drug problem, it's important for them to know that you'll be there for them – from answering simple questions to helping them through difficult times.

WHAT TO DO IF YOU THINK YOUR CHILD HAS A MORE SERIOUS PROBLEM

05

WHAT TO DO IF YOUR CHILD HAS A MORE SERIOUS PROBLEM



My whole family, my mother, my father and my brother, were negatively affected by finding out that for three years I had not in fact been attending university I had been heavily abusing. They were all very worried, but instead of being pulled apart, we seemed to become closer. My time in recovery has not only greatly benefited myself, it has also greatly improved the life of my family.

Steven, age 19

Most young people will only experiment with substance use, if they do it at all. However, some can develop a more serious problem. If this is the case you need to seek professional help for your child. If you can answer yes to any of the following questions it might be time to think about getting help:

For more information on where to get help see page 27

Are drugs/alcohol affecting your child's relationships with friends and family?

.....

.....

Has your child ever stolen from you or others to pay for drugs/alcohol?

.....

.....

Does your child seem to need increasing quantities of drugs/alcohol to get the same effect?

.....

.....

Does your child need drugs/alcohol to get through the day?

.....

.....

Your GP may be able to give you some advice on what to do next, or alternatively, visit the 'Getting Help' section at www.talktofrank.com for details of treatment centres in your area.



If your child is half asleep or appears drunk

- Keep them awake. It's dangerous to put them in bed because if they fall asleep they can choke on their own vomit. This can lead to death.
- They may be dehydrated and not realise it, so encourage them to drink small amounts of water. DON'T give them coffee, it'll only make things worse.
- And you might want to call a doctor or an ambulance just to be safe. Collect up anything that seems to be related to the drug use – tablets, powders, solvents, syringes, spoons, silver foil or whatever – and give them to the ambulance team. This will help with identification of the drug involved.

If your child faints or you can't wake them up

- Loosen any tight clothing. Otherwise, it might stop them from breathing.
- Put them in the recovery position (turn them on their side, with one leg straight and one leg bent).
- Keep them warm with a coat or a blanket. Call an ambulance. Collect up anything that seems to have been used in the drug taking – tablets, powders, solvents, syringes, spoons, silver foil or whatever – and give them to the ambulance team. This will help with identification of the drug involved.

If your child looks agitated, anxious or tense

- Try to calm them down by speaking quietly and softly.
- Tell them you love them and won't leave them.
- Make sure they aren't near any loud noises and bright lights.
- Help them regulate their breathing.
- They may be dehydrated and not realise it, so encourage them to drink small amounts of water. DON'T give them coffee, it'll only make things worse.

(From AddAction)

LEGAL AND ILLEGAL SUBSTANCES – WHAT YOU NEED TO KNOW

CIGARETTES

07

CIGARETTES



We all know that smoking is harmful to our health, but still 450 children take up smoking every day. Smoking is often popular among teenage girls because they find smoking suppresses their appetite and allows them to stay slim. Smoking can cut at least five-and-a-half years from the life of a 30 year old man and almost seven from the woman of the same age.

Smoking reduces the rate of lung growth. The resting heart rates of young adult smokers are two to three beats per minute faster than non smokers. Smoking at an early age increases the risk of lung cancer. Young people who smoke suffer from shortness of breath almost three times as often as those who don't, and produce phlegm more than twice as often. Teenage smokers are also more likely to have seen a doctor or other health professionals for a psychological complaint.

Smoking is very addictive. Long term problems include heart disease, blood clots, heart attacks, lung infections, bronchitis, bad circulation and lung cancer. In the UK over 100,000 people die prematurely every year because they smoke.

The law

It is illegal to sell cigarettes to anyone under sixteen.

What are the signs?

Smell on breath, clothes or in room, cough, pallor, shortness of breath.



Recent research has shown that one in four ten year-old boys drink alcohol and a quarter of 11-15 year-olds will have had a drink in the last week.

Young people are more at risk than adults from drinking. They generally have a smaller stature, which means that alcohol has a greater effect. Alcohol can have detrimental effects on development, both physically and mentally. Excess alcohol consumption can cause acute poisoning and increase the likelihood of accidents and of being the perpetrator or the victim of crime.

Young people are twice as likely to have unprotected sex whilst under the influence of alcohol than when they are sober, opening them up to increased risk of unplanned pregnancies and sexually transmitted infections. You should also tell your children to watch their drinks and never to accept drinks from strangers, because of the danger of spiking.

We all know what the effects of alcohol are, but it's important to be aware of how many units are in different drinks, and make our children aware of the relative strengths of beer, wine and spirits.

For example, a small glass of wine (125 ml) is 1.5 units, half a pint of ordinary strength lager is 1 unit, a 25ml pub measure of spirits is 1 unit, and a 330 ml bottle of alcopops contains 1.7 units. Recommended daily units for adults are no more than three for women, and four for men.

The Law

It's illegal to sell alcohol to anyone under the age of 18.

What are the signs?

Slurred speech, disorientation, sweating, poor coordination, smell of alcohol on clothing or breath, strange mood (sudden change or unusual extreme for the individual), false ID (age changed), bottles saved as souvenirs, signs your child has thrown up, excessive thirst in the morning.





What makes solvents a particular problem is the fact that they are readily available in your home. Aerosols, paint thinner, glue, and other household chemicals are all substances that can be used to “get high.” 8% of children aged 11-15 have used solvents, making them the second most commonly used drug after cannabis. The user sprays the substance into a paper bag or pours it onto a piece of cloth, then breathes in the chemical.



Unfortunately these readily available substances are often the most deadly. Users can vomit, suffocate, have a stroke, choke to death, and damage their lungs, liver, kidney, and other organs. They also make accidents more likely.

Even a single session of repeated inhalant abuse can disrupt heart rhythms and cause death from cardiac arrest or lower oxygen levels enough to cause suffocation. Regular abuse of these substances can result in serious harm to vital organs including the brain, heart, kidneys, and liver.

One young person dies every week in the UK as a result of solvent use.

The Law

Unfortunately most of these substances are legal to obtain but there are some restrictions on selling them to under 18s.

What are the signs?

Strong chemical odour (in room, on clothing, on breath), chemicals missing in the home or going down too quickly, extremely drowsy appearance, possibly fainting, paper bags or rags used to sniff the chemicals, aerosols or other chemicals hidden in child’s room, discarded aerosol containers, unusually large supply of correcting fluid or other office chemicals that have a strong odour.



Ecstasy is an illegally manufactured drug that comes in tablet or capsule form. The appearance varies considerably ranging from brown, white or pink tablets to yellow, clear, red and black or red and yellow capsules. Some even have designs or logos on them.

5.4% of 16-24 year olds have used ecstasy in the last year, and the good news is that use is on the decline. Recent figures show that just 2% of the 11-15 age group have ever used it.

The chemical name for ecstasy is 3,4 methylenedioxymethamphetamine or MDMA for short. It is taken orally. Most ecstasy is sold in pill form, but crystal ecstasy is starting to appear. It is used by being lightly dabbed on the finger and swallowed, or if crushed snorted.

The Law

Ecstasy is controlled as a Class A drug under the Misuse of Drugs Act. It is illegal to be in possession of, or to supply. It cannot be prescribed by doctors.

What are the signs?

Alertness, sweating, dry mouth, increased heart rate, fatigue, jaw-clenching, stiff limbs, hyperthermia (cold when they shouldn't be), agitation, increased emotional responses (more loving than the individual would normally be), dehydration. Ecstasy use is unlikely to get your child into debt, as individual pills are now on sale for as little as £3.



Cannabis is the most commonly used illicit drug. Cannabis has been used by over half (55%) of young men and over a third (44%) of young women aged 16 to 29 years. Adolescent smokers are more likely than adults to become dependent on cannabis at lower levels of use.

Cannabis is derived from a family of bushes that contain varying degrees of psychoactive compounds. The leaves and flowers, which can either be processed into resin or oil or dried, are then smoked, made into herbal tea or eaten.

The main psychoactive ingredient in cannabis is tetrahydrocannabinol (THC). When cannabis is smoked, the active components are absorbed very rapidly via the respiratory tract and lungs, with an onset of action just a few minutes later.

The immediate effects of cannabis use are mild euphoria and relaxation, and intensified ordinary sensory experiences such as eating, watching films and listening to music. When used in a social setting can make someone very talkative and giggly. It can also affect short-term memory.

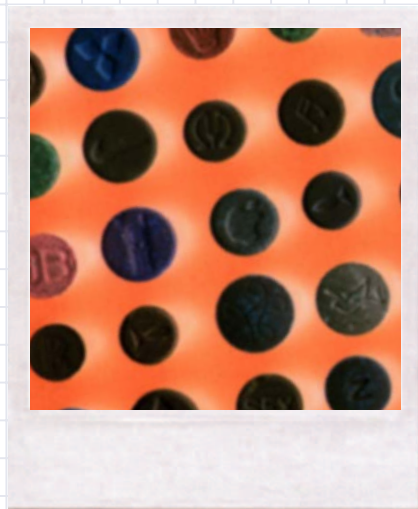
Higher doses produce a general reduction in spontaneity, drive and involvement in the surroundings. Cannabis can occasionally cause anxiety, confusion, aggressive feelings, nausea and vomiting. It can also increase the risk of accidents.

The law

Cannabis is still illegal. The government reclassified cannabis from a Class B to a Class C drug in January 2004.

What are the signs?

Dilated (large) pupils, cigarette rolling papers, seeds that have been cleaned from cannabis, smell on clothing or in their room, bloodshot eyes, sleepy appearance, reduced motivation, pipes, bongs, homemade smoking devices (you may see sticky residue from burnt cannabis).



Amphetamines are part of a group of drugs known as stimulants. These drugs speed up your central nervous system and increase neural activity in the brain. They tend to make people feel more alert and awake and are sometimes called ‘uppers’.

Around 2% of 11-15 year olds have ever used amphetamines, and nearly 3% of 16-19 year olds have used them in the last year. However, use is on the decline.

The most common form used in the UK is amphetamine sulphate. Amphetamines stimulate the central nervous system, keeping the user awake and alert. As a street drug, amphetamine usually comes as a white, grey, yellowish or pinkish powder or as a putty-like substance known as base.

Common names for amphetamines are speed, uppers, whizz, whites, sulphates, sulph, billy or base. Names for methamphetamine include meth, ice, Nazi crank or ya ba.

The powders are snorted up the nose, mixed in a drink or, by heavy users, prepared for injection. Base is usually swallowed, or because of its bad taste, wrapped in cigarette papers and ‘bombed’ (swallowed). It can be snorted if dried out properly.

Methamphetamine is taken in a number of ways, depending on the form. Pills are swallowed. In the crystal form, because the salt base has been removed, it can be easily ignited and smoked (in a similar way crack is to cocaine). The powder is swallowed or snorted. Methamphetamine use is very uncommon in the UK.

The Law

Speed is a class B drug. Being caught in possession of speed could lead to a prison sentence of up to 5 years. Supplying speed (including giving some to a friend) is punishable by up to 14 years in prison. If speed is prepared for injection, then it is treated as a class A drug and the legal penalties are heavier.

What are the signs?

Euphoric “high” state (excessively happy), paranoia, decreased appetite/weight loss, increased physical activity, anxiety, shaking hands, nervousness, incessant talking, increased temperature, chest pain, elevated blood pressure, dilated pupils, sweating not related to physical activity, mood swings, aggressive or violent behaviour, depression (withdrawal effect).



Cocaine is another stimulant drug. While ecstasy use is declining, cocaine use is increasing among young people. 3% of 16-19 year-olds have used cocaine in the last year and around 1% of 11-15 year olds have tried it.

Cocaine is made from the leaves of the Coca plant (*Erthroxylum coca*), which grows in the mountainous regions of South America in countries such as Bolivia, Columbia and Peru.

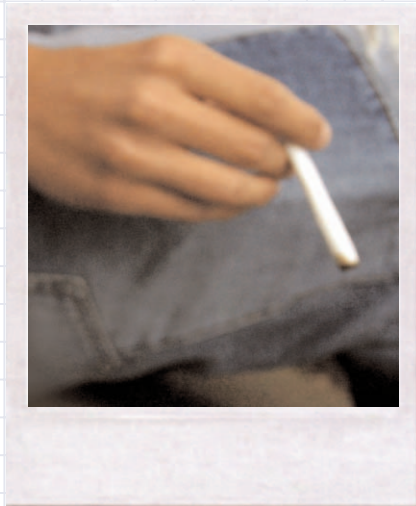
It is the most potent stimulant of natural origin. The substance can be snorted, smoked or injected. When snorted the powder is inhaled through the nose where it is absorbed into the bloodstream through the nasal tissues. When injected the user uses a needle to release the drug directly into the blood stream. Smoking involves inhaling cocaine vapour or smoke into the lungs where absorption into the blood stream is as rapid as injection.

The Law

Cocaine is a Class A drug under the Misuse of Drugs act. It is illegal to be in possession of cocaine or to supply it to other people. Maximum penalties for possession are 7 years imprisonment plus a fine and for supply life imprisonment plus a fine.

What are the signs?

Dilated (large) pupils, hyper-alertness, lack of fatigue/sleeplessness, panic and/or heightened anxiety response, restlessness, paranoia (high doses), extremely talkative, fast speech, runny nose or bloody nose, seizures (high doses, bad reaction), white powder seen on face or clothes, small spoon-like items used for snorting, mirrors and razor blades used for making lines, rolled money bills used for snorting, small plastic packets with white residue. It is possible to become dependent, which can lead to money problems and possibly crime as a result.



Crack is the smokeable form of cocaine made into small lumps or rocks. Crack is cocaine that has been processed from cocaine hydrochloride to a free base for smoking.

Use of crack amongst young people is not very common – only 0.4% of 16-19 year olds have used it in the last year.

The law

Like cocaine, crack is a Class A drug under the Misuse of Drugs act. It is illegal to be in possession of crack or to supply it to other people. Maximum penalties for possession are 7 years imprisonment plus a fine and for supply life imprisonment plus a fine.

What are the signs?

Crack has powerful effects, similar to that of powder cocaine but stronger and shorter-lived. This can lead the user to want more fairly soon after the last hit, and may result in binges of up to two days. This kind of behaviour is expensive so the user would need to access a lot of money. It is possible to become dependent, which can lead to money problems and possibly crime as a result.



LSD use is not particularly common, with only 0.4% of 16-19 year-olds having used it in the last year. The full name for LSD is lysergic acid diethylamide. However it is popularly known as acid, LSD or trip. It is a powerful hallucinogenic drug and a very potent mood-changing chemical.

It was used for a time in the psychotherapeutic treatment of alcohol and drug addiction. Its popularity decreased during the 1970s and '80s but it soon returned in the '90s as an integral part of the 'acid house' music scene that dominated youth culture.

The main ingredient of LSD is lysergic acid. It is derived from a natural fungus called ergot growing on rye and other wild grasses. In its pure form it is a white, odourless crystalline powder, which is soluble in water. It is colourless and has a slightly bitter taste and is usually taken by mouth.

It is usually diluted and a single drop placed onto blotting paper, which is then divided into small, decorated squares. Each of these squares represents one dose.

The Law

LSD is a Class A drug and it is therefore illegal to have, give away or sell under the Misuse of Drugs Act. Possession of LSD carries a 7-year jail sentence. Supplying LSD results in life imprisonment and an unlimited fine.

What are the signs?

Dilated (large) pupils, disorientation, rambling or strange speech, sweating, rapid mood changes, panic and/or heightened anxiety response, stamp-like items with pictures, erratic, unpredictable behaviour.

Sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. The user's sense of time and self changes.

Sensations may seem to "cross over," giving the user the feeling of hearing colours and seeing sounds. These changes can be frightening and can cause panic. Users refer to their experience with LSD as a "trip" and to acute adverse reactions as a "bad trip." These experiences are long – typically they begin to clear after about 12 hours.



Heroin is very addictive and tolerance builds up rapidly. It is the most abused, and most rapidly acting of the opiates. Fortunately use is not common among young people, with only 0.1% of 16-19 year-olds having used it in the last year.

Heroin is a member of the narcotic analgesic drugs called 'opiates'. It is made from morphine, which is obtained from the opium poppy. The morphine from the poppy is treated to produce a substance that has 4-8 times the potency.

The medical name for heroin is 'diamorphine'. Heroin is a very strong painkiller, and is thus referred to as a 'downer'.

Heroin comes in various forms: 'Pure' heroin (that used by doctors) is a white powder, with a bitter taste. 'Illicit' heroin comes in various colours ranging from white to dark brown.

The colour reflects the presence of the substance it's been 'cut' with to sell on the street. It is often cut with glucose, but caffeine, chalk, quinine, flour and talcum powder are also used. Another form of heroin resembles 'black tar', with a dark brown to black colour.

There are a variety of ways heroin can be taken – it can either be injected, smoked or snorted. New users are more likely to smoke it initially, a process known as 'chasing the dragon'. Heroin has various names, including Smack, Skag, H, Brown, Junk and Gear.

The Law

The Misuse of Drugs Act 1971 classifies heroin as a Class A drug. If caught in possession of heroin, it can result in a custodial sentence of up to 7 years. If caught supplying or dealing heroin, it can lead to life imprisonment.

What are the signs?

A dry mouth, droopy appearance as if extremities are "heavy", alternately wakeful and drowsy behaviour, disorientation and poor mental functioning are all signs of use. Other things to look for are signs of injection, infections and shallow breathing. Heroin is an expensive drug, so users may have difficulty getting enough money to buy it.

Overdosing is a big risk, as it is often difficult to predict the strength of street heroin. If injecting equipment is shared there is a risk of infection with HIV or hepatitis C. There are also other risks associated with injecting such as the formation of abscesses. Withdrawal from heroin is difficult and painful for dependent users.

Advice if you're worried you or a member of your family has a drinking problem:

Drinkline

Tel: 0800 917 0282

Advice to help stop smoking:

Quit

Tel: 0800 00 22 00

Website: www.quit.org.uk

Email: stopsmoking@quit.org.uk

For FREE confidential drugs info and advice:

FRANK

Tel: 0800 77 66 00

Website: www.talktofrank.com

Email: frank@talktofrank.com

If you have a close friend or member of the family suffering from alcohol or drink problems and you need support:

Adfam

Tel: 020 7928 8898

Website: www.adfam.org.uk

Email: admin@adfam.org.uk

References

- Know your child: Their Habit Their life (Project Safe Child Ltd.)
- Parents' guide to drugs: What you should know (Addaction)
- FRANK Action Update – We Are Family
- Drug Use, Smoking and Drinking among Young People in England in 2003
- Dept of Health
- The British Crime Survey, 2002 -2003
- www.adolescent-substance-abuse.com

LIFE WORKS

TRANSFORMING LIVES

At Life Works, our vision is to make the world a better place by healing one person at a time and halting the trans-generational cycle of addiction and dysfunction by providing the highest quality treatment available in Europe. We offer both residential and day treatment programmes at our Central London and Surrey facilities for the treatment of addictions, compulsive behaviour and related mental health issues.

Life Works Community Ltd,
The Grange, High Street Old Woking, Surrey GU22 8LB

0800 081 0700

enquiries@lifeworkscommunity.com

www.lifeworkscommunity.com

© Action on Addiction 2005.

No part of this publication may be transmitted or reproduced in any form or by any means, without the prior permission of the publisher.

Design: Trevor Wilson Design Ltd 08450 580 560