

# a parent's guide to drugs

**An essential guide to understanding,  
identifying and updating your drugs knowledge**

## **Acknowledgements**

Maternity Unit General Hospital

Jersey Ambulance Service

States of Jersey Police

HIT

Parents who have assisted in focus groups

Exercise Referral

Alcohol & Drugs Service

Official Analyst's Department

Published by Jersey Health & Social Services Department

Designed and produced by Advertising International Limited

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First edition published by Public Health Directorate 1997.

*Sixth edition 2015*

# A parent's guide to drugs



The Jersey Public Health Department, working in partnership with agencies island-wide, is pleased to present A Parent's Guide to Drugs. Our aim is to provide clear and factual information on the subject of drugs, and to give parents, guardians, carers, and all involved with the development and growth of young people, a real 'feel' of what drugs are all about.

Few things arouse stronger feelings in parents than the fear that their children might become involved in using drugs. Parental concerns often reflect a sense of helplessness, along with a genuine uncertainty about both what is actually going to happen and the right course of action to adopt.

This guide will help you understand young people's drug use. It is based on the latest research and contains practical advice about what you can do as a parent, whether or not you suspect your child is involved in using drugs.

As a parent or guardian you have an important role to play in helping young people make informed decisions about drugs and reducing any potential harm that may arise through drug use, be it illegal or legal.

Throughout this guide, we have tried to ensure that the content is interesting, educational and informative. You may wish to read it from cover to cover, or just dip into it, picking out the bits you are most interested in. We hope you find it useful.

**'Families should know the facts'**

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# What are drugs?

The term 'drugs' covers a wide range of substances that can affect the physical or mental state of a person. This, more simply defined, means 'drugs can change the way we feel'. Drugs include;

- **Prescribed medicines**  
obtained from a dispensing chemist or hospital.
- **Over-the-counter medicines**  
such as aspirin, cough mixtures and nasal decongestants.
- **Analgesics**  
such as heroin, morphine and methadone.
- **Hallucinogens**  
such as LSD and magic mushrooms.
- **Stimulants**  
such as cocaine, crack cocaine, ecstasy, amphetamines, caffeine (in tea and coffee) and nicotine (in tobacco).
- **Depressants**  
such as benzodiazepines, alcohol and cannabis (the most widely used illegal drug).
- **Household and industrial products**  
such as solvents, aerosols and volatile substances which are not drugs but can be, and are, abused to get a drug-like 'high'.

Using this broad definition of drugs means we are all drug users.

# Common drug terms

## **Addict**

is a term used to describe someone who uses drugs everyday and finds it difficult to stop using.

This term often conjures up misleading stereotypes and the term dependence (see below) is more commonly used.

## **Dependence**

describes a strong compulsion to continue taking a drug in order to feel normal or to avoid feeling bad, i.e. to avoid physical discomfort or withdrawal. The compulsion exists despite the negative consequences.

**Physical dependence** results from the repeated use of depressant drugs such as alcohol, heroin and tranquillisers, but can also result from prolonged use of amphetamines. Despite its reputation as a safe drug, a dependence syndrome can develop with long term, regular use of cannabis.

**Psychological dependence** is more common and can happen with any drug. With this, people get involved with drugs as a way of coping and feel that they cannot live without having the drug/s of their choice.

## **Detoxification**

is a process by which a user withdraws from dependency on a drug.

## **'Hard' drugs**

usually refers to drugs which are seen to be more dangerous and more likely to cause dependence such as heroin and crack cocaine.

## **Overdose**

is the use of any drug in large quantities when severe and adverse physical or mental effects occur. It can be deliberate or accidental, fatal or nonfatal.

# Common drug terms

## **Polydrug use**

is the use of more than one drug, often with the intention of enhancing or countering the effects of another drug. For example, it is common for people to smoke cannabis as a way of 'coming down' from the effects of taking stimulant drugs like ecstasy or speed (amphetamine).

## **Psychoactive**

is an all encompassing term used to describe mood-altering drugs in general.

## **Soft drugs**

refers to drugs which are seen to be less problematic such as cannabis and poppers.

## **Tolerance**

refers to the way the body gets used to the repeated presence of a drug, meaning that higher doses are needed to maintain the same effect. On stopping for a period, tolerance diminishes. It is at this point that tolerance becomes extremely important, especially for heroin users. Heroin users can easily overdose after not using for a period if they re-commence at the level they last used.

## **Withdrawal**

is the body's reaction to the sudden absence of a drug to which it had become accustomed. As the body learns to adapt to the drug, it becomes reliant on the drug just to feel normal.

Take the drug away and you feel terrible - until the body re-adjusts back to its normal drug-free functioning.

Withdrawal symptoms usually take the form of shivering, shaking, aching joints, running nose and similar 'flu-like' symptoms.

# Different types of drug use

People use drugs in different ways. Some use drugs only for a short time, possibly only once or twice. These are the experimenters. Some go on from experimenting to use the drug in a regular but fairly controlled way, taking care what they use, how much and how often. These are the recreational users. A small group of people will come to rely on the feelings that their drug use gives them to help them through their day. They will not be able to do without their drugs for long. These we call dependent drug users.

These are important distinctions to make. Why a person experiments with drugs will be very different from why they use in a recreational or dependent way.

## Experimental drug use

Young people's first contact with drugs is most likely to be experimental. Such experiments are more than likely to take place within groups of friends. It is common for first time users to be introduced to drugs by a more experienced person who has used the drug/s previously.

### ***Think about the reasons why young people might experiment with drugs:***

- **Drugs are available.** They are there to use - why not have a go?
- **Out of boredom.** Nothing better to do - why not have a go, because it might be fun?
- **Out of curiosity.** It sounds interesting - why not see what it makes you feel like?
- **Pressure from other people.** Everybody else is doing it and you don't want to be the odd one out; it's good to be 'one of the crowd' or part of the 'in set'.
- **As a protest.** You know you shouldn't, but it's fun to rebel sometimes, especially doing things parents or teachers would not approve of.

# Different types of drug use

None of these reasons reveals any great social or psychological problem in the young drug experimenter. They are all the sort of everyday reasons for which young people take risks or do things they shouldn't, which may put them in danger - things like stealing from shops, riding motorbikes, using skateboards, joining gangs and playing chicken with traffic, or having unprotected sex, to name just a few.

**Some of these things are dangerous or illegal, but other risky activities may be encouraged by adults as healthy sport. Some young people get injured each year by doing such activities like football, rugby, climbing, swimming, abseiling, etc. Taking risks, experimenting with new situations and changing the way you feel are normal parts of growing up.**

## Recreational drug use

This describes those who use drugs mainly in a social context (such as a night club, music event, party, etc.). These people tend to have a good level of knowledge about the drugs they take and their effects, and exert control over their drug-taking habits so that they do not significantly disrupt their lives. **However, it is important not to ignore the health risks associated with regular drug use.**

Those who go on to use recreationally carry on using because they get something they particularly value out of their drug use.

**We are so used to talking about the problems of drugs that it can seem strange to talk about the pleasures or benefits. Yet this is what we have to do, if we want to understand why people use drugs regularly in a recreational way.**

# Different types of drug use

## ***Think about the reasons why people might use drugs recreationally:***

- It's fun. Using drugs can make you feel happy, relaxed, sexy and sometimes full of energy.
- It enhances communication.
- Some drug use fits in well with other social activities and fashions that people like, such as dancing or listening to music. The drug effect can enhance the pleasure.
- Drugs like ecstasy and cannabis don't have the nasty hangover effects you get from alcohol. They give a much nicer 'buzz', according to many people.
- It's an acceptable part of youth culture.
- These days many drugs are cheaper - or at least as cheap - as alcohol.
- It allows for the exploration of different states of consciousness.
- It helps people relax.

Above are some of the reasons why a young person may choose to experiment with drugs and find them attractive substances. There exists a big gap between adults' and young people's understanding of drugs and it is only when we understand the young persons view point that we can begin constructive conversations about the subject.

# Different types of drug use

## Dependent drug use

A small minority of those who use drugs will become dependent on the drug experience as a way of getting through life. These are the ones who are often called 'addicts'. They tend to be dependent on the heavy sedative drugs like alcohol, heroin and tranquillisers, although dependency on other drug types is possible. The reasons that some people become dependent on drugs are very different from the reasons for experimentation or recreational use.

### *The reasons for dependency can include:*

- **The drug use blocks out physical pain.**
- **The drug use can block out psychological pain.** Many people have become dependent on tranquillisers after being prescribed them to cope with a traumatic experience, such as the death of a loved one. Others may use alcohol or heroin to block out negative emotions and feelings about themselves, their situation or past experiences. Drug use may 'cocoon' them from what they experience as a very unpleasant world.
- **Life can seem dull and empty** - particularly if you are struggling financially, unemployed and maybe living in poor housing. What is the point of it? Drug use can float you away and make you forget your day-to-day worries.
- **The daily hustle to make money**, score drugs, avoid the police and be part of a drug scene with other people can provide some structure and apparent meaning to an otherwise empty life.

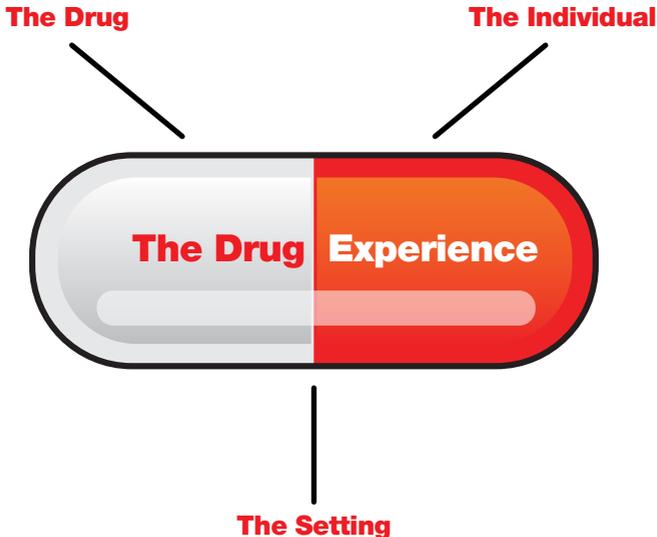
As you can see, these reasons are all much more to do with the physical, social and emotional needs of people. This sort of drug use is a retreat into the safety and predictability of the drug use experience. This is quite unlike the reaching out into a new and exciting lifestyle that experimenters or recreational users are looking for.

# The drug experience

Some adults think that anyone who uses drugs will end up addicted or dead. Some young people seem to think drug use is all fun and not really dangerous at all. The truth often lies somewhere between these two extremes. Thankfully, most young people who use drugs do not come to serious harm but drug use is a risky business and one can never be 100% safe.

Problems can result from the use of any drugs and all drugs carry risks. Whether one has a good or bad experience from using drugs depends on many factors and here we focus on the main three.

First we need to think about the DRUG itself and how it is being used. The second factor is the INDIVIDUAL who is using the drugs and, thirdly, what SETTING people are in when they take drugs and what they are doing.



# Drugs' risks

## THE DRUG

This includes:

- Which drug is taken.
- How strong the dose is of the drug taken.
- How often it is taken.
- What else might be mixed with it.
- Whether different drugs are taken together. People may be under the influence of more than one drug at any one time. (Polydrug use).
- How a drug is taken. Injecting tends to be the most dangerous drug-taking method.

Drugs such as alcohol, heroin and tranquillisers can lead to dependence if they are taken regularly. When taken regularly, the body's chemistry actually changes so that physical withdrawal symptoms (shaking, sweating, flu-like symptoms) are experienced if a repeat dose is not taken.

**Drugs like amphetamine, cocaine, crack and ecstasy are strong uppers (stimulants), giving a boost of energy. They can be particularly dangerous to people who have heart or blood pressure problems.**

Drugs like alcohol, heroin and tranquillisers are downers (depressants), slowing the body down and making people sleepy if a high dose is taken. Taking large amounts can lead to an overdose which can affect co-ordination, making trips, falls and other accidents more likely.

**Drugs like LSD and magic mushrooms (and to a lesser extent strong forms of cannabis and ecstasy) are hallucinogenic. They can lead to people becoming very disturbed and doing dangerous things, especially if they are already anxious or depressed.**

# Drugs' risks

## THE INDIVIDUAL

This is everything to do with the person using drugs.

### **Physical health:**

Heart and blood pressure problems, asthma, diabetes, epilepsy and liver problems can make drug use more dangerous.

### **Mental health:**

People who are anxious or depressed often find drug use makes them feel worse and can lead to them endangering themselves and others.

### **Body weight:**

Lighter people find the same amount of a drug affects them more than a heavier person. People with an eating disorder can also find drug use makes it worse.

### **Lack of knowledge and experience:**

Somebody new to drug use may be unsure what to expect or do, anxious and more likely to have problems. A small amount of a drug is more likely to have a big effect. Also, how to think about the experience in retrospect and how to deal with other people's 'real' or 'imagined' reaction, are important factors.

### **Gender:**

Drug use can affect males and females differently because of different body weight, physical make-up and the different expectations of males and females.

# Drugs' risks

## THE SETTING

The setting is where the drugs are taken and what the person is doing at the time.

For example it may mean taking drugs in dangerous, out of the way environments. Some youngsters use drugs near jetties, main roads or in derelict buildings. This increases the likelihood of accidents and means help is not at hand if needed.

**Driving a car, riding a bike or operating machinery while under the influence of alcohol or other drugs makes accidents more likely. This has particular relevance for health and safety in school and college workshops.**

Use of ecstasy in crowded, hot clubs and dancing nonstop for hours, without drinking fluids or taking a rest, has led to numerous people overheating and collapsing from dehydration and heat exhaustion.

**Being in sexual situations while under the influence of drugs may increase the likelihood of people having sex when they are not sure they want to, and may make it more difficult to practice 'safer sex' if they have intercourse.**

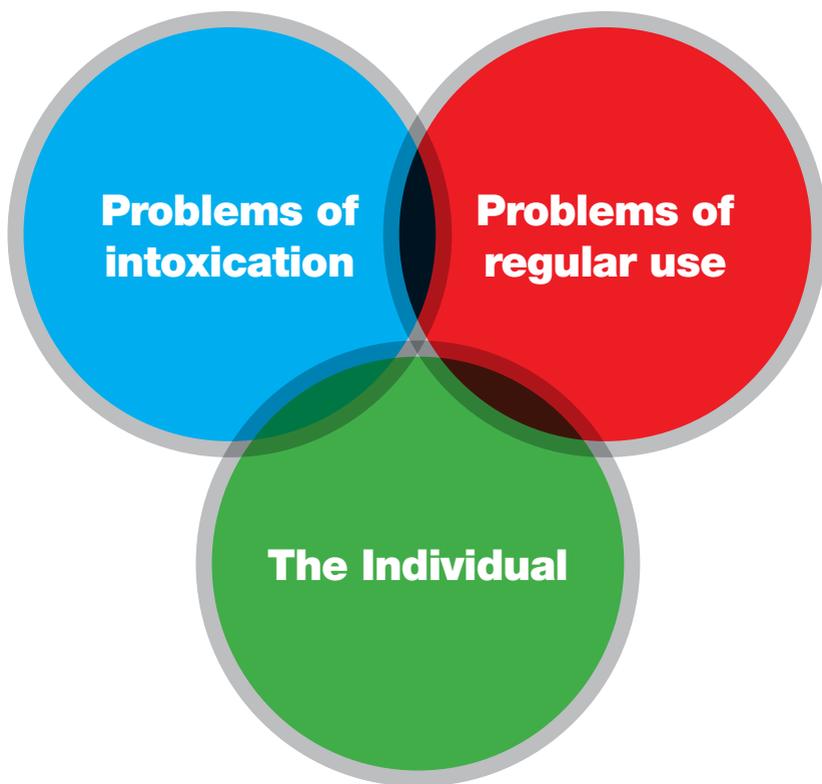
Young people may experience physical or mental health problems as a result of drug use. They may also experience lifestyle problems involving changes in friendships and family relationships, poor college performance, financial problems, criminal behaviour and associations, conflict with parents and getting into trouble with the police etc.

When considering ways to reduce the potential harms covered by drugs, all aspects of the problem should be looked at. The drug, the individual and the setting.

## Drug problems come in different forms

It is not always recognised that anyone who uses drugs can experience a drug-related problem. In this section we explore society's favourite drug of choice, alcohol; highlighting the range and extent of problems associated with its use. After all, most people have used alcohol and many have experienced, either directly or indirectly, some of the problems associated with it.

It is useful to think about drug problems as coming in three different forms.



## PROBLEMS OF INTOXICATION

### *(Adverse consequences from excessive sessional drinking)*

Problems of intoxication are those problems that arise from drinking to excess, perhaps having too much of a good time! Problems of intoxication can be usefully subdivided into legal, medical and social adverse consequences.

#### **Legal**

- Drunk and disorderly
- Other public order offences
- Drinking and driving
- Assault

#### **Social**

- Erosion of relationships
- Arguments
- Child neglect
- Child abuse
- Domestic violence
- Work inefficiencies

#### **Medical**

- Personal injury
- Accidents
- Drowning
- Falls
- Hangover
- Alcoholic blackouts or not remembering the night before
- Gastritis
- Death
- Vomiting
- Alcoholic poisoning
- Road traffic accidents

# Drugs' risks

## PROBLEMS OF REGULAR USE

*(Daily or almost daily alcohol consumption in excess of recommended limits)*

The second group of problems are problems of regular use. Again using alcohol as an example, these are many and varied and tend to afflict most people after some years of regular drinking. Often such drinkers are seen as social drinkers in that they seldom get drunk, as they have good tolerance. The steady drip, drip, drip of alcohol through their bodies means that they increase the risk of harm caused by alcohol misuse.

Problems of regular use are predominantly medical in nature, and with alcohol, involve damage to all bodily systems.

### Legal

- Theft
- Fraud
- Drinking and driving

### Social

- Drink-centredness
- Erosion of other activities
- Narrowing of focus to drinking
- Loss of non-drinking friendships and activities
- Priority given to drinking

### Medical

- Cancers of the mouth & throat
- Liver damage
- Hepatitis
- Liver cancer
- High blood pressure
- Heart disease
- Shrinking of the testicles
- Brain and nerve damage
- Loss of memory

If all of the above weren't sufficiently troublesome there still remain those problems that revolve around being dependent on a drug.

## PROBLEMS OF DEPENDENCE

*(Difficulty in resisting alcohol and sense of discomfort if alcohol is not present)*

### Legal

- Drunk and disorderly
- Other public order offences
- Drinking and driving
- Assault
- Theft
- Fraud

### Social

- Deterioration of interpersonal relationships
- Job loss

#### *Withdrawal symptoms including:*

- Depression
- Anxiety
- Suicidal thoughts

### Medical

- Psychological reliance on alcohol
- Inability to cope without alcohol
- Adverse consequences related consumption to regular use

#### *Withdrawal symptoms including:*

- Sweats
- Shakes
- Nightmares
- Delirium tremors (DT's)
- Withdrawal fits
- Epileptic fits

As can be seen alcohol problems are many and varied. All other psychoactive drugs have different but nonetheless extensive risks associated with sessional, regular or dependent use. There is no such thing as "safe" psychoactive drug use. However, there are ways to keep the risks low; the following section introduces approaches which aim to reduce the harm caused by drug use.

## What is harm reduction?

Harm reduction is an approach that aims to reduce the negative consequences of drug use. Orientated towards working with the whole person, harm reduction programmes and policies create environments and develop strategies for change that are practical, humane and effective.

These programmes meet drug users 'where they are at' to help them become more conscious of the harm in their lives and identify options for reducing those harms. The goal of these interventions and policies is to help people and communities maximise their health and potential while simultaneously reducing harm.

## It does this by:

- Providing accurate information about drugs, their effects and risks.
- Developing the skills of lower risk drug use.
- Providing accurate information on the law and legal rights and where to get help if needed.
- Promoting a more open minded and objective attitude within society towards drug users.

It is important to recognise that harm reduction also applies to those who are presently not taking drugs - some may eventually go on to use at a later date. Even those who never use drugs can play an important role in understanding and supporting those who are taking drugs.

# Harm reduction

Harm reduction sets out to address some of the main problems young people experience from their involvement in drugs.

**Conflict with parents, disturbing experiences and accidents, irresponsible sexual activity leading to unwanted pregnancies, HIV and other blood-borne viruses including Hepatitis B & C, getting a criminal record and the danger of losing consciousness and overdose.**

Teaching people how to reduce the harm from risky behaviours is a common strategy. We teach young people about road safety, wearing helmets and using seat belts. Similarly, the strength of alcoholic drinks is shown on the label as a percentage (alcohol % vol.) and over the counter medicines contain detailed information on how they should be administered safely. With other drugs it should be no different.

# Harm reduction

## **Harm reduction is education 'about' drugs rather than 'against' drugs**

Of course, abstinence is the ideal goal for reducing the risks associated with drug use. However, if a young person is not prepared to stop using then other strategies that minimise the risks associated with their use need to be considered.

### **These include:**

- Improving information, understanding and communication.
- Reducing risky behaviour.
- Reducing drug use.
- Reducing the transmission of blood-borne viruses, especially Hepatitis C.
- Reducing violence and aggression.
- Avoiding overdose.
- Staying outside the criminal justice system - not getting a criminal record.
- Improving general health.
- Improving emotional state.
- Better social relationships.
- Saving lives.

# The law

One of the greatest concerns that parents have about young people using drugs is the fact that they are illegal. Apart from any ill effects from drugs themselves, even casual involvement or experimentation can be a criminal activity and could result in a criminal record.

In Jersey, the main legislation covering the use of medicines and 'controlled drugs' is the 1978 Misuse of Drugs (Jersey) Law and the Customs and Excise (Jersey) Law 1999.

## **Misuse of Drugs (Jersey) Law 1978.**

Under this law, drugs are broadly classified according to how harmful they are considered to be when they are misused, with Class A drugs attracting the highest penalties.

## **Customs and Excise (Jersey) Law 1999.**

Relates to the importation and exportation of illegal drugs. The sentencing for these offences are mirrored in the table opposite in the section 'Importation'.

## **Examples of Class A, B and C drugs include:**

**Class A** Heroin, ecstasy, cocaine, LSD, cannabis oil, methadone, processed magic mushrooms and amphetamines (if prepared for injection).

**Class B** Cannabis (herbal and resin), cathinones and amphetamines.

**Class C** Anabolic steroids, benzylpiperazine, tranquillisers and GHB.

Drug Offence	Importation	Possession with intent to supply	Possession for personal use
<b>MAXIMUM SENTENCES</b> <b>Class A Drug</b>	Life, a fine or both	Life, a fine or both	7 years, a fine or both
<b>Class B Drug</b>	14 years, a fine or both	14 years, a fine or both	5 years, a fine or both
<b>Class C Drug</b>	5 years, a fine or both	5 years, a fine or both	2 years, a fine or both

## THE MAIN OFFENCES

### Possession

having an amount of a drug for personal use.

### Possession with intent to supply

having a drug which is intended to supply other people.

### Supply

actually supplying a drug to other people.

Not surprisingly, supply is punished more severely than possession. Supply does not have to involve massive quantities of a drug or any money changing hands. For example, if a group of youngsters pool money to buy ecstasy and one of the people involved goes off to buy the drug and gets caught, they may well be liable for prosecution for supplying a Class A drug. This could result in a prison sentence

## **SOME COMMONLY ASKED QUESTIONS FROM PARENTS AND YOUNG PEOPLE:**

### **➤ At what age can a young person legally drink alcohol?**

It is permissible for a person under 18 years of age to consume wine, cider or beer in a licensed restaurant if they are with a person 18 years or older and they are eating a meal.

It is an offence for anyone under the age of 18 years to drink, buy or attempt to buy alcohol in or on licensed premises, i.e. from a pub or shop.

### **➤ Is it an offence for someone under 16 to purchase cigarettes?**

No, but it is an offence for shop staff to sell cigarettes to a person under the age of 18.

### **➤ Is it true that you can be charged with driving under the influence of drugs as well as drink?**

Yes. The Road Traffic (Jersey) Law relates to either or both.

### **➤ If you found some illegal drugs in the park and picked them up, could you be charged with possession?**

Not unless you were going to keep them or take them yourself. To avoid this, you must take steps to immediately destroy/dispose of the drugs or hand them to the police.

### **➤ If a child was smoking cannabis with some friends, what laws would they be breaking?**

Under the Misuse of Drugs (Jersey) Law 1978 they would be guilty of possession. If they passed the joint to a friend, they could also be charged with unlawful supply - many young people do not realise that sharing drugs is a trafficking offence. The amount of cannabis in a person's possession is considered very closely; the more cannabis, the greater the likelihood of more severe penalties.

➤ **If someone sold something saying it was ecstasy, but really it was an aspirin, would they have committed an offence?**

Yes, they would have committed an offence by their offer to supply - even though they had no genuine drugs.

➤ **Could a police officer stop and search someone if they suspected they were in possession of illegal drugs?**

Yes, but the police must have 'reasonable grounds' for suspicion, such as seeing someone discreetly passing money or something that could be drugs or being tipped off by an informant. They cannot stop and search someone just because he/she happens to be seen in an area where drug users are known to go, or because he/she has been known to possess drugs before.

➤ **Is it an offence to sniff solvents?**

No.

➤ **How could a drug conviction affect someone's future?**

Prison sentences, fines, cautions and probation are a serious consequence of even casual drug use if a person gets caught. Anyone with a drugs-related conviction will be refused an entry visa, and therefore the right to travel freely, to numerous countries around the world. This situation could also affect a person's employment opportunities.

# New Psychoactive Substances

## (so called 'legal highs')

New psychoactive substances can produce similar effects to drugs such as cocaine and ecstasy. These drugs are sometimes misleadingly called 'legal highs' or 'legals' because as they become available they are not immediately controlled under the Misuse of Drugs Act. Jersey Authorities have a good history of acting fast against emerging trends in new psychoactive substances quickly banning their import into the island followed by fast tracking them to illegal status. Whilst these drugs may be initially legal to supply they are considered illegal under current medicines legislation to sell, supply or advertise for "human consumption." To get around this, sellers refer to them as research chemicals, plant food, bath crystals or pond cleaner. This can be confusing for parents, professionals and young people not knowing if a substance is legal or not. Therefore it is important that everyone understands that rather than knowing about specific names etc., it is important to understand the following:

- Just because it says it's legal, it doesn't mean it's legal or safe.
- Growing evidence is that there are more potent substances and mixtures of substances coming onto the market with increasingly serious health effects.
- Research shows that many so called 'legal highs' actually contain illegal substances even if the main ingredient has not yet been banned.
- If you are not certain what's in it, don't risk taking it.
- Don't be a human lab rat, no-one yet understands the short term effect or the long term effects.
- It is an unregulated market.

Little is know about these drugs.  
Proper controlled research is sparse  
and therefore side effects and possible  
dangers are not yet fully known.



*In the UK they are often sold in brightly coloured wrappers in 'headshops'. However in Jersey as they are often bought off the internet they have been reported more often in small plastic bags or other generic packaging.*

# Trends in young people's drug use

- The number of young people reporting drinking has reduced since 1998.
- A smaller proportion of young people in Jersey report drinking alcohol in the last 7 days than in Guernsey or the UK.
- As children get older they drink more often without parental knowledge.
- A small number of 14-15 year olds drink above the sensible limits for adults.
- A greater percentage of 14-15 year olds consume alcohol at a friend/relations house than anywhere else.
- The most common reasons for drinking alcohol are to socialise and have fun.
- Cannabis is the most likely illegal drug to have been tried.
- Teachers continue to be the primary source of information on drugs for young people.
- About a fifth of 14-15 year olds have tried an illegal drug.
- One in twenty 12-15 year olds have taken drugs and alcohol on the same occasion.
- In general younger females know less about drugs than males.
- There has been little change in the percentage of young people who have been offered cannabis and other drugs since the last school survey in 2010.
- So called 'Legal highs' are the second most likely drug to have been tried.

*Source of data Jersey schools health survey 2014*

# Myths about young people's drug use

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Young people's drug use is surrounded by myth, exaggeration, stereotypes and misinformation. In this section we aim to deal with the facts rather than myths, and help you understand current trends.

Research shows that young people can become sceptical of messages around drugs if they think scare tactics are being used. This means for example, that your child may be less likely to listen to you, and take on board what you have to say, if you exaggerate the risks of drugs, or only focus on the most extreme outcomes of drug use such as death or coma

## **They're all going to die!**

Thankfully most who try drugs will not come to serious harm. Many will either have an occasional dabble for curiosity or use more often but carefully (recreationally), in the same way as many adults do in limiting their drinking. As we know, not everyone who drinks alcohol dies of alcohol poisoning, or becomes an alcoholic.

## **They do it because of peer pressure!**

They may be encouraged to do it because of friends or they may adopt patterns of behaviour in order to fit in with the crowd (known as peer preference), but there is also a lot of pressure not to use drugs.

***Taking drugs usually has more to do with choice than pressure.***

## **Dealers are to blame for our children taking drugs!**

The truth is that most young people get their drugs in small quantities from friends, acquaintances, older brothers and sisters and small time users/dealers rather than from big time drug dealers. In fact, a lot of the time drugs are not 'pushed' onto young people at all: usually they are 'pulled'. Someone gets a small quantity of drugs and their mates will want to buy some off them. Youngsters will seek out drugs if they want them and think it a favour if someone provides them.

# Myths about young people's drug use

## **Most drug users get into crime to pay for drugs!**

It is true that a lot of crime is drug-related. However, most young people who use drugs will not get into crime to fund their 'habit' because most of them do not have a 'habit' and the drugs they use may not be that expensive. This is not to forget that a lot of crime may be alcohol-related, such as violence, driving under the influence of alcohol, theft and damage to property whilst drunk.

## **All drugs are very expensive!**

We often think that all drugs are very expensive; not so. The cost of buying drugs, especially when shared between a group of friends, can amount to less than a night out at a bar or night club, where the cost of door entry and buying rounds of drinks quickly mounts up.

## **One try of heroin and cocaine and you are hooked!**

Very few young people become 'addicts'. It takes time to become dependent on a drug, although some drugs like crack, cocaine and heroin are easier to become dependent on than others. It also takes time to kick the habit, but most people who become drug dependent eventually give up or control their use.

## **They start on cannabis and end up on heroin!**

Some think if people smoke cannabis they will inevitably go on to use 'harder' drugs. Some people who smoke cannabis will go on to use heroin - but so might people who have smoked cigarettes, drunk alcohol and so on. Most heroin users will have tried cannabis but most cannabis users do not go on to try heroin. Most people who use cannabis do not use anything else apart from alcohol and/or tobacco.

# Myths about young people's drug use

## **Shocking and scaring them will stop them!**

Telling young people how terrible and dangerous drugs are has not worked. They find out that drugs on the whole are not as dangerous as is made out. As a result, future advice and guidance directed to young people will fall on 'deaf ears' and as a parent you will be seen as less credible in your knowledge and understanding of the drugs' culture.

Young people do not view drugs as being all the same. There is a clear distinction in most young people's minds between the casual use of cannabis (*viewed as being not very harmful*) and harder drugs, such as heroin or crack (*viewed as being more problematic*).

## **Giving them the facts will stop them!**

Young people need the facts and accurate information. This alone does not stop them using altogether, although it might make them more careful about what they actually do. Although we may like to think our children will be 'drug free', this is most unlikely when you consider all the legal and illegal drugs available to them.

Even if we can't stop them using altogether, we can help make sure they know what they are doing and take care about their use of drugs. This means they are less likely to get into serious harm.

# Talking about drugs

## Talk to your children about drugs

As a parent or carer, you have a powerful influence on your child's attitudes and behaviour, including their decisions relating to alcohol and drugs. Information, beliefs and feelings gained in discussions with you can play an important role in their decisions. Unfortunately, communication between parents and their children can sometimes break down during the teenage years.

Research shows that there are many things you can do that will help protect your child from the risks of using drugs and alcohol.

At home you can:

- Establish good communication with your child. Make sure they know that you care about their happiness and make time to spend with them.
- Monitor your child's behaviour. Check with your child about where they are going and agree on rules and consequences for breaking them.
- Build a strong relationship with your child and be open when discussing what you know about the risks of alcohol and drugs.
- Build your child's self esteem by supporting them in their interests, whether this is drawing, music, cooking, outdoor activities or others.
- Make sure your child is connected to school. Help them make time for their homework, encourage them to take part in school activities and talk to teachers about any problems.
- Help your child get involved in community life, eg by finding out about events in the community that they can take part in.

# Talking about drugs

Find out more about helping your child make good decisions and avoid problems with drugs at: <http://preventionhub.org/sites/preventionhub.org/files/attachments/Parenting%20Resource.pdf>

The Bridge Child and Family Centre also run a six week programme that aims to help parents increase their understanding of their changing role and of their teenager's needs. To find out more visit: <http://www.gov.je/Caring/Organisations/Pages/Parentingsupportservices.aspx>

**As well as talking to your child, you need to listen carefully to what they have to say in such a way that they feel they can tell you what they are really thinking and feeling. This section will give you some help on how to achieve this.**

You can leave them with the clear understanding that they can talk to you about drugs, both now and in the future. The key is to not make discussion about drugs a big deal but an everyday matter, where different views can be tolerated and exchanged.

**“ My advice is don't wait till a crisis to talk about drugs. Also don't make a big thing about it. Make it so it is a normal thing to talk about. If you make a big deal about it they just clam up and it goes underground. I'd rather know what they do even if it means I sometimes have to bite my tongue. ”**  
[Parent]

# How to have 'The Drugs Conversation'

## 1. Prepare

Think about why you want to have the talk. Is it because you feel that your child needs to know the information, or have you noticed some worrying behaviour that concerns you – for example your child has started spending more time out of the house or in their room. Remember adolescence is a time of change and your child may be just growing up.

Do some research, find out the facts. Think about your own views and opinions, it is important to be clear about your own views before you talk to your child.

## 2. Having the conversation: stay clam and be open

**Communicating effectively** about drug use with your youngster means:

- **Being honest** about how you feel and why.
- **Not going over the top**, shouting or over-reacting.
- **Not being too hypocritical** (Consider your own drug use both now and when you were young).
- **Being flexible**, agreeing to differ and being able to compromise.
- **Listening carefully to what they have to say.**
- **Taking their ideas and feelings seriously.**
- **Helping them reach their own decisions**, rather than always telling them what to do and think.
- **Being realistic** about their drug use and behaviour.
- **Not putting them down** or always criticising them.
- **Not making out you know things** if you really don't know much.

**It is difficult and we all have room for improvement.**

# How to have 'The Drugs Conversation'

## 3. Make sure the dialogue is ongoing

If your child feels comfortable after the initial conversation, they will be more likely to come and talk to you at a later date.

**Blocks to talking and listening.** Some things which get in the way of effective talking and listening are:

**Ordering** - *'You must!' 'You have to!' 'You will!' 'You won't!'*

**Always advising** - *'What you should do is...'*

**Put downs** - *'You look stupid.' 'Other people will think you...'*

**Threats** - *'If you don't stop, I will...' 'Wait till your father comes home!'*

**Lecturing** - *'Sit there and listen to me!'*

**Diagnosing** - *'What's wrong with you is...'*

**Undermining** - *'You are nothing but a no good...' 'You're just stupid!'*

**Moralising** - *'If you had any decency at all you would...'*

**Interrogating** - *'Why?' 'Who?' 'When?' 'How?' 'Come on, tell me, admit it!'*

**Questions that have no good answer** - *'You wouldn't, would you?' 'I suppose you think drugs are OK, don't you?'*

**Predicting** - *'If you do that... will happen.' 'You will look silly!' 'If you carry on like this, you will...'*

**Patronising** - *'There, there. I'm sure it will be all right.'*

Can you hear yourself speaking? Which ones do you use? What other things do you say or do to block effective communication? How could you improve?

# Talking about drugs

## Be clear about your own attitudes to drug use

Attitudes towards drug use are influenced by lots of things. These can include our experiences of drug use when we were young, stories in the media, our level of knowledge, as well as parent insecurities.

Most parents are against drug use when it involves young people, and even more so when it involves their own children. Some people go further and say that if we do not 'condemn' drug use then we must be condoning it. Unfortunately, it is not that simple. Nearly everyone uses some sort of drug. We tend to accept our own drug use as normal, but criticise other people for theirs.

**Also, our attitudes tend to change over time. We may have different attitudes toward drug use than our parents, possibly different from the attitudes of parents of friends of our youngsters. Our attitudes to drug use are also likely to be different from those of our own youngsters. Attitudes ultimately determine how we think, feel and act and a clear understanding of how one feels about drug use (based on the facts) is very important if progress through communication is to be achieved.**

So what are you supposed to think? A good place to start is to recognise where you stand and why, and be prepared for other people to have different views.

**“ Why should our attitudes to drugs be the same as our parents? Their experience was totally different. The drugs around today just weren't available to them. ”**

[16 year old]

# Talking about drugs

## Make sure they have a good drugs education

A lot of people think that if we educate young people about drugs they will not use them. The problem is that drugs education does not stop young people using drugs.

### ***Research into the effects of drugs education on young people has found that:***

- Trying to shock or scare them off drugs does not work.
- Research shows that presenting the facts about how common drug use is can make drugs less attractive. This is because young people tend to think that drug use is normal and that everyone is doing it. However, in Jersey, 80% of 14-15 year olds have never tried an illegal drug
- Telling them not to do it can actually encourage some young people to use drugs.
- Making a big thing of drug use is a mistake. It needs to be part of everyday discussion with young people.
- Too often drugs information is distorted to make drug use seem worse than it is. Young people then find out from their own experience that it is not so bad. After this they will be very reluctant to trust adults opinions about drugs.
- Endeavouring to reduce the harm from drug use may be more achievable than trying to stop all use of drugs. It's a question of having realistic objectives.
- There are no simple answers.

**“ Too many adults think that if young people are told not to use drugs or how awful it can be, then they won't use them. The problem is that most young people find out that it is not all bad. In fact many discover just the opposite - that drug use can be fun... and it's an even bigger buzz if your parents and teachers tell you not to. ”**

[Drugs worker]

# Talking about drugs

## Learn more together

- Ask your child about the different places they get their drugs information from, e.g. media, friends.
- When there are news stories about drugs, ask them what they think about the story.
- Ask them about the drugs education they have had at school or college. What has it consisted of, what do they think of it and how does it match up to what is said in the 'What's happening in schools' section of this Guide regarding effective drugs education?
- Ask them what they would like to know more about?
- Discuss how you could work together to find out more. (see drugs on the internet - A Surfer's Guide on page 103).
- What about working through some of the sections in this guide together? See page 39

**“ I used to think it was best just to tell them to say no to drugs. I've learnt it's not that simple. My youngsters went through a stage when they did anything that I told them not to. To me it's not just whether they use a drug or not - it's how they do it, whether they know what they're doing and what happens to them. ”**

[Parent]

## Find out what's happening in schools

**The purpose of drug education is to increase children's and young people's knowledge and understanding of drugs and their usage, and help them develop the skills and attitudes so that they can make informed choices.**

# Drug education

Nowadays drug education is an integral part of a planned programme of Personal, Social and Health Education classes within Primary and Secondary schools and is viewed as a continuous part of the learning process beginning in childhood and going right through to adulthood.

***A good drugs education should take place within a supportive environment and give young people:***

- **Accurate factual information about the different drugs, (legal and illegal) their effects and risks.**
- **Information on the workings of the law as well as a knowledge of the help that is available for drug users, etc.**
- **An opportunity to explore their own attitudes to drug use and hear other people's views.**
- **The knowledge to make informed decisions about drug use and the skills to act on these decisions.**
- **The ability to understand how complex the drugs issue is and the role drugs play in society.**
- **The skills to develop communication, decision-making and other life skills, promote self-esteem and self-confidence and explore alternatives to drug use.**

Research about the impact of these programmes show they do not often stop young people using all drugs. However, drug education can make young people better informed, more careful about what they do and encourage communication and openness about drug use.

***If you want to know more about what your child is being taught, you might:***

- **Ask about the drug education programme in your child's school. What is taught in younger years is very different from the way the subject is addressed with teenagers.**
- **Make it clear that you support sensible approaches to drug education.**
- **Raise the issue with other parents, possibly through the PTA.**
- **Take part in a drug awareness workshop for parents.**
- **Become involved in other drug education initiatives in the community.**
- **Listen carefully to what your children say.**

As a parent you can play an important role in making sure your child has a good drugs education.

# Drug education activities

## How parents and carers can contribute to drugs education

Your involvement in their drug education is recommended and encouraged, provided that you have access to the information and support that you yourself need.

**Research shows that drug education is most effective when it is developmentally appropriate and culturally sensitive, which means being able to understand and respond to each individual child or young person's needs. Parents and carers make good drug educators because they are often better placed than anyone to offer the flexibility this approach requires.**

Education about drugs should begin at an early age, as even young children need to learn about medicines and other potentially harmful substances found around the home.

You will find four different activities on the following pages, each one corresponding to one of the four Key Stages that represent a child's progression through school. These activities will allow you and your child to develop knowledge and explore your attitudes to drugs together. They do not require any prior knowledge on your part, but you will find it useful to familiarise yourself with the different sections of this guide before you begin.

Each activity will allow you to begin to explore drug issues with your child. It is likely that they will have lots of questions to ask, so it would help to read the earlier section on talking to children about drugs first. If you would like more advice about discussing drugs with children and young people, contact the Public Health Department on 445786.

# Drug education activities

## Key Stage 1 (5-7 year olds): HOME SAFETY

The pictures below show several things that could all be found in your home. Some contain drugs and some don't. Have a look at them together and try to decide which are safe for children if used properly, and which are not. Also, mark each one that you think contains a drug or can be used as a drug.



ASPIRIN



BEER



AEROSOLS



BLEACH



COUGH MIXTURE



ICE CREAM



CIGARETTES



COFFEE



MILK

# Drug education activities

## Key Stage 1 (5-7 year olds): HOME SAFETY

### Answers and notes

Safe for children if used properly	Not safe for children to use	
Cough Mixture*	Bleach	Beer*
Ice cream	Cigarettes*	Coffee*
Milk	Aerosols*	Aspirin*

*\*these substances marked with an asterisk all contain drugs or can be used as drugs*

This activity will help your child to learn which substances commonly found around the home, including medicines, could be dangerous if not used properly. It will also encourage both of you to think about and discuss exactly what a drug is (see 'What Are Drugs' on page 3).

Drugs are mind-altering substances that enter the body in various ways and change the way someone thinks or feels. Some substances may not be thought of as drugs but can have mild drug-like effects. Certain foods, like ice cream or sugar can affect mood or behaviour in children. Other household products, such as solvents, are not meant to be ingested but when people do it makes them 'high'.

At this age it is important for your child to distinguish between drugs that are safe if used properly, such as medicines, and other substances found around the home that may be hazardous to health. To avoid unintentional injury, it is vital that children understand that medicines should only ever be taken under adult supervision. If you drink or smoke yourself, you will also need to address any concerns each child has about the effect this will be having on your own health.

You might like to ask your child to name any other household substances that he or she thinks may contain drugs or be harmful to health. You could also have a look around the house together and see what you can find. This would be a good opportunity to make sure that all medicines and other hazardous substances are kept locked away or in a secure place.

For further advice about this or any other aspect of home safety, please call the Child Accident Prevention Coordinator, on 443614.

# Drug education activities

## Key Stage 2 (7-11 year olds): DRUGS: TRUE OR FALSE?

Take a look at the following list of statements about drugs. Discuss each one in turn and decide whether you think it is true or false. Place a tick in the relevant box next to each one. When you have completed them all, have a look at the correct answers on the next page.

	TRUE	FALSE
1 Some fizzy drinks contain a drug called caffeine	<input type="checkbox"/>	<input type="checkbox"/>
2 All medicines are drugs	<input type="checkbox"/>	<input type="checkbox"/>
3 It is easy to give up smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
4 If someone drinks too much alcohol too quickly they can overdose and die	<input type="checkbox"/>	<input type="checkbox"/>
5 Spraying butane gas directly into the mouth can kill instantly	<input type="checkbox"/>	<input type="checkbox"/>
6 Illegal drugs often have other things mixed in with them	<input type="checkbox"/>	<input type="checkbox"/>
7 Drugs that are legal to buy are also safe to use	<input type="checkbox"/>	<input type="checkbox"/>
8 Each cigarette on average takes five minutes from a smoker's life	<input type="checkbox"/>	<input type="checkbox"/>

# Drug education activities

## Key Stage 2 (7-11 year olds) : DRUGS: TRUE OR FALSE?

### Answers and notes

- 1 True.** Caffeine is a mild stimulant drug found in tea, coffee and chocolate. It is not harmful, but temporarily raises energy levels and can make a child hyperactive.
- 2 True.** All medicines contain drugs, but not all drugs are medicines. Medicines generally improve health, but can be harmful if not taken properly.
- 3 False.** Smoking cigarettes is very habit-forming and most smokers find it very difficult to stop. Many try several times before they eventually succeed.
- 4 True.** Alcohol is a powerful depressant drug and if someone drinks too much too quickly they can lose consciousness, lapse into a coma or even die.
- 5 True.** Butane gas is not meant to be taken into the body and has been known to cause death by freezing the airway or sudden heart failure.
- 6 True.** There is no quality control with illegal drugs and it is impossible to tell what is in them just by looking. Some do not contain drugs at all, while others are cut with all sorts of other ingredients, some of which are harmful to health .
- 7 False.** There is no such thing as a safe drug to use. Alcohol and tobacco are both perfectly legal but hazardous to health. Even medicines can be dangerous if not taken properly.
- 8 True.** Smoking damages the heart and lungs and reduces life expectancy considerably. On average, smokers die ten years earlier than non-smokers.

# Drug education activities

## Key Stage 3 (11-14 year olds): DRUGS AND THE LAW QUIZ

The following ten statements describe a range of drug-related situations where one or more people may be breaking the law. Discuss each of them in turn and try to reach agreement. Tick the box labelled 'Yes' if you think that person is breaking the law, otherwise tick the box labelled 'No'. Answers to the quiz are on the next page.

	TRUE	FALSE
1 A 15 year old drinks alcohol with friends in the local park.	<input type="checkbox"/>	<input type="checkbox"/>
2 A 14 year old offers some cannabis to a friend.	<input type="checkbox"/>	<input type="checkbox"/>
3 A 12 year old smokes a cigarette.	<input type="checkbox"/>	<input type="checkbox"/>
4 A 13 year old 'sniffs' lighter fuel.	<input type="checkbox"/>	<input type="checkbox"/>
5 A 14 year old buys 48 paracetamol tablets from the chemist.	<input type="checkbox"/>	<input type="checkbox"/>
6 A 16 year old picks and eats magic mushrooms.	<input type="checkbox"/>	<input type="checkbox"/>
7 A 15 year old smokes cannabis in their own garden at home.	<input type="checkbox"/>	<input type="checkbox"/>
8 A 17 year old buys some ecstasy pills to share with friends.	<input type="checkbox"/>	<input type="checkbox"/>

# Drug education activities

## Key Stage 3 (11-14 year olds): DRUGS AND THE LAW QUIZ

### Answers and notes

- 1 No.** However, the Police do now have powers to confiscate alcohol from people under the age of 18 if they are drinking in public and there are bye-laws restricting the use of alcohol in certain places on the island.
- 2 Yes.** It is an offence to supply cannabis, which includes giving it away. The person receiving the drug would also be breaking the law by being in possession of an illegal drug.
- 3 No.** It is not an offence for a young person to smoke but the minimum age for buying cigarettes in Jersey was raised to 18 in 2004.
- 4 No.** Sniffing lighter fuel or other volatile substances is not against the law, but users do run the risk of being arrested for a public order offence while they are under the influence.
- 5 No.** There are no age restrictions on the purchase of paracetamol. Chemists are expected to follow guidelines, however, which recommend that no more than 32 tablets should be sold at a time to avoid the risk of overdose.
- 6 No.** Magic mushrooms are not illegal in their natural form. Once dried out or processed in any way, however, they become a Class A drug (see the section on Drug Laws on page 70) and users risk the same penalties as those in possession of ecstasy, heroin or cocaine.
- 7 Yes.** It is an offence to possess cannabis at any age. If the person who owns, rents or manages a property allows anyone to smoke cannabis on the premises, they too could be prosecuted.
- 8 Yes.** Buying drugs for friends is still classed as supplying them. Supplying ecstasy is a very serious offence and could lead to a prison sentence.

## Key Stage 4 (14-16 year olds): DRUG DILEMMAS

The scenarios below describe three possible drug dilemmas faced by young people. Take a look at each scenario together and try to think of an appropriate response to each one. There are no right or wrong answers, but by discussing the possible positive or negative consequences each time you may be able to reach agreement on the best course of action.

- 1** Jack, 16, is at a party drinking with his friends. They have already had a few drinks when one friend puts his hand in his pocket and pulls out a few small, white pills. This friend offers these pills round to the others. What do you think Jack should do?
- 2** Maria is 15. Her close friend has recently started going out with an older boyfriend who is a known heroin user and injects his drugs. She is very worried about her friend, because she has learned about heroin at school and knows the harm that it can do. What do you think Maria should do?
- 3** Ana, 16, is having a party at her house. Her parents have allowed her to have alcohol at the party and also agreed to stay away until midnight. Unfortunately, lots of unexpected guests have turned up and things are getting out of hand. People are smoking cannabis in the lounge and someone has collapsed on the floor in the bathroom. What do you think Ana should do?

## Key Stage 4 (14-16 year olds): DRUG DILEMMAS

### Answers and notes

- 1 Some of the concerns in this situation are lowered inhibitions making drug use more likely, what the drugs on offer might be and how they would mix with the alcohol. It is likely that Jack will be influenced by his friends and if they do decide to accept the drugs then he may feel under pressure to do so too. Jack's situation reflects the reality of most young people, whose first offer of drugs comes not from a stranger but from someone they know and trust. It is important that your children understand this so that they are prepared in case this kind of situation ever happens to them.
- 2 It is natural for young people to have concerns about their friends and to want to help them if they believe that they are in trouble. In this situation it is difficult to decide what needs to be done, however, as Maria's friend has got into a relationship with a known drug user but it is not clear whether or not she uses them herself. You may wish to discuss the different signs and symptoms of drug use that Maria could look for, the kind of questions she could ask her friend and also what advice or support she could offer.
- 3 Ana's party seems to be getting out of her control and she could probably do with some help. You might want to discuss whether or not Ana could have avoided this situation in the first place, and the relative advantages and disadvantages of getting her parents to come back early rather than trying to deal with the situation herself. The person collapsed in the bathroom may need medical help or even an ambulance, particularly if drugs and alcohol have been taken together. The First Aid advice on page 57 will help you both decide on the best course of action.

# What parents can do

## Can a parent tell if their child is using drugs?

As a parent you will want to know if your child is using drugs. What should you be looking out for? One indication could be to find drugs or drug paraphernalia. We have included pictures of drugs in this guide but beware, the same drug can come in many different forms and many illegal drugs look like many tablets or powders which you can find in any kitchen or bathroom. You could jump to the wrong conclusion and think your youngster is using drugs when they may not be.

**There are also lists of signs and symptoms that have been put together to try to help parents know what changes in behaviour or appearance to look out for in their youngsters. You could look through these lists, keep an eye on your youngsters and spot the tell-tale signs of drug use. Unfortunately, it is not always that easy as all of the following signs can occur in the absence of drug use - after all, teenagers are teenagers!**

## Signs and symptoms.

### *Warning signs in individuals:*

- **Decline in performance in school work or youth club activities.**
- **Changes in attendance and being unwilling to take part in school or youth club group activities.**
- **Unusual outbreaks of temper, marked swings of moods, restlessness or irritability.**
- **More time being spent away from home, possibly with new friends or with friends in older age groups.**
- **Excessive spending or borrowing of money.**
- **Stealing money or goods.**

# What parents can do

- Excessive tiredness without obvious cause.
- No interest in physical appearance.
- Sores or rashes, especially on the mouth or nose.
- Lack of appetite.
- Blood shot eyes.
- Wearing sunglasses at inappropriate times (to hide dilated or constricted pupils).
- Use of drug takers' slang.
- Being the subject of rumours about drug taking.
- Having friends who use drugs.

***Many of the listed signs and symptoms are normal aspects of adolescent behaviour. All of them could be because of things other than drug use.***

# Responding to drug use

Most of the time, using a drug does not result in clear signs and symptoms unless you happen to be with the user while they are actually intoxicated. Think about alcohol for a moment. You cannot tell if someone uses alcohol just by looking at them. Perhaps you could smell alcohol on their breath if they had just had a drink. Maybe if they were a really heavy drinker they might have a red face. But most of the time you wouldn't be able to tell. It's just the same with other drugs. The lists of signs and symptoms usually apply to the very heavy and chaotic users. These are only a small minority - most young people use drugs occasionally and do not fall into this category.

Drug effects are complex. The same drug can produce different effects in different people. The same drug can even produce different effects in the same person at different times. So predicting drug use by trying to spot its effects is an unreliable business. What if you get it wrong? Young people will resent being accused of things they have not done. The 'signs' may be nothing more than unconfirmed rumours and your worst imagination.

**If you think they are behaving oddly and are worried about the possibility of drug use, say so. Tell them about your concerns. Listen carefully to what they have to say.**

**“ THE KEY IS COMMUNICATION  
WITH YOUR YOUNGSTER. ”**

**Parents and youngsters talking can break through the mystique of drug use. Lists of signs and symptoms have only a very limited value in helping that communication process.**

# What parents can do

## What to do if you really suspect your child may be using drugs.

The first principle is to keep calm and check your facts. Are you sure? Have a look at 'Can a parent tell if their child is using drugs'. Remember it is important to communicate with your youngster, rather than just trying to spot the 'hidden signs and symptoms'. Likewise, if you have found a suspicious substance or object, look at the 'Different Drugs' section in this Guide, but take care not to jump to the wrong conclusion.

You will also need to inform yourself about drugs and their use. If you rush straight off to tell your youngster about the horrors of drug use you could find yourself in the uncomfortable situation of realising that they know more about it than you do. Re-read the 'How to have 'the drugs conversation'' section on page 31.

**Try not to give in to the fear or anger. Instead, give yourself time to think and to keep calm. Create some space and time for yourself. What is it that really demands an instant response? Of course, if there is a youngster flat out on the floor, then swift action is certainly needed (See A Survivor's Guide - Basic First Aid). Most other situations can wait a bit while you get your own thoughts sorted out.**

## What to do if you find illegal drugs in the house.

Discuss what you have found and decide together what to do, which should include your child immediately disposing of the drug which you are legally entitled to do. Call a drug help and support agency for further advice and guidance.

# Responding to drug use

## What to do if your youngster comes home stoned, high or drunk.

Keep calm is the first advice. If you do feel angry, try to manage the way you react. Anger is a natural response, but it can make things worse. Try to respond at a practical level. Are they flat out or just woozy? If they are having difficulty staying awake, don't let them 'sleep it off'. They may be in danger of a potentially fatal overdose or choking on their vomit - even on alcohol. If they are agitated or disorientated, try to calm them down.

If they literally pass out and you cannot rouse them, you must put them into the recovery position and call an ambulance. Tel: 999. While waiting for it to arrive, monitor their breathing. If they are not breathing be prepared to do CPR.

**Leave discussion about the rights and wrongs of the situation until the following day. You will be calmer and they will be sober. You will just be wasting your time trying to have a rational discussion with someone who is stoned or drunk.**

The day after is the time to discuss rules for living together. You have the right not to have your home regularly disrupted by drunken or stoned behaviour. Fortunately, it is only a small minority of young people who will use frequently in this way.

# Responding to drug use

## Get some support

You don't have to tackle these problems on your own. Is there another family member or close friend with whom you can talk these things through? Be careful to pick out the most level-headed person you know.

There are a wide range of agencies offering free, confidential advice and support. These can be found at the back of this guide under 'helplines'.

**“ My advice to parents if they suspect but aren't sure is don't jump in with both feet. Think about it first. Talk it through with someone else first. Think carefully about exactly what you are going to say and carefully choose when to do it. Don't let it get out of hand. ”**

[Counsellor]

# What parents can do

**To conclude this section we wish to emphasise a number of key points.**

***These are:***

- **Keep drugs in perspective** - don't exaggerate, overreact or panic.
- **Be aware of your own values and beliefs about drugs.** Think carefully about where you stand and why and appreciate that other people, including your youngster, may have different views.
- **Increase your knowledge and awareness of drugs,** but don't underestimate what you already know.
- **Distinguish between fact and myth.** You don't have to become a drugs expert, but don't fall for the many myths which commonly surround discussion of drug use.
- **Try to appreciate what life is like for your youngster** and what drug use - legal or illegal - means to them.
- **Talk to your youngster about drugs and listen carefully to what they have to say.** Don't make discussion of drugs a big thing. Make sure they know that you are prepared to listen to them now and in the future.
- **Feel free to seek out specialist help and advice** if you and/or your youngster need it.
- **Don't become isolated.** Talk to other people, especially other parents.

# Free support and information

## Parenting Programmes

Research shows that having strong parenting skills and building healthy relationships with your child can reduce the risk of having problems with alcohol and drug use. We all want to be good parents, however being a parent is one of the most demanding jobs we will ever do. Some days we may doubt whether we are doing the right thing and best for our children. Rest assured, there are ways parenting can be made easier, less fraught and more enjoyable.

The Bridge Child and Family Centre run a six week programme that aims to help parents increase their understanding of their changing role and of their teenager's needs. To find out more visit: <http://www.gov.je/Caring/Organisations/Pages/Parentingsupportservices.aspx>

**Parenting Support Services,  
The Bridge,  
Le Geyt Road,  
St Saviour,  
JE2 7NT**

**Direct dial: 449152**

# Basic first aid for drug incidents

There are many drugs available and when mixed together they can cause all sorts of complex reactions within the body. Some can make people very drowsy, others can lead to people being very tense and panicky. Some drugs have caused people to overheat and become severely dehydrated. In some situations people can take too much or have a bad reaction to a drug and fall unconscious.

## ***What follows are some guidelines for administering basic first aid:***

### **Do you know how to...**

- Open someone's airway?
- Give CPR?
- Place somebody in the recovery position?
- Save lives?

If you want to learn or simply update your existing knowledge on the latest first aid practices, please call;

***The St. John Ambulance Training Services,  
First Aid Courses Line: Tel: 735611  
E-mail: [countyhq@sj.org.je](mailto:countyhq@sj.org.je)***



# Basic first aid for drug incidents

## If people are tense and panicky

This can occur with many drugs including hallucinogenic drugs like LSD and magic mushrooms, but it also happens with upper drugs like amphetamines and ecstasy as well as with high doses of cannabis.

*If someone is really tense and panicky on drugs, take the following steps:*

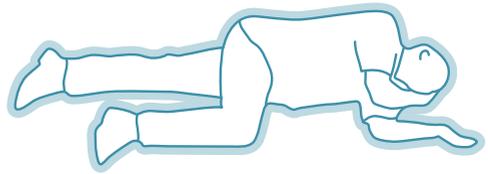
- 1 Calm them down and reassure them.**
- 2 Establish what drug/s have been taken.**
- 3 Talk quietly and explain** that the panicky feeling will gradually go as the effect of the drug wears off.
- 4 Keep them away from loud noises** and bright lights and overly inquisitive spectators.
- 5 Help them if they hyperventilate.** When someone breathes very quickly and gasps for breath, they often get dizzy and feel sick. Try to encourage them to breath in through their nose or mouth and breath out using the other whilst reassuring them all the time. This will help the person clam down and restore a normal pattern of breathing.

# Basic first aid for drug incidents

## If people faint or lose consciousness.

First aid for drug overdose is essentially the same as for any unconscious person. This can happen with downer drugs like alcohol, heroin and tranquillisers but is also common with solvents (glue and gas) and poppers and can happen to people who react badly or overheat on amphetamine or ecstasy. If this happens take the following steps:

- 1 Call 999 for medical assistance.
- 2 Check their breathing. If they are not breathing, be prepared to do CPR.
- 3 If they are breathing, place the person in the recovery position.
- 4 Loosen any tight clothing that might restrict their breathing.
- 5 Never get a sleepy or unconscious person to drink or be sick.
- 6 Keep them warm by use of blankets or a coat (but not too warm). This does not apply if loss of consciousness is caused by overheating.
- 7 When the ambulance crew arrives, give them as much information as you can, such as which drugs have been taken, when, etc.



# Basic first aid for drug incidents

## If people are drowsy but conscious

**If someone is really drowsy take the following steps:**

- 1 Check they are breathing. If so, place the person in the recovery position and keep talking to them.
- 2 Don't put them to bed (People have been put to bed in a drowsy state only to be found dead the next morning).
- 3 Talk to them, stay with them.
- 4 DO NOT give any drinks.

**Call 999 for medical assistance if necessary!**

## If people overheat or dehydrate

This tends to happen with drugs like amphetamine and ecstasy when people physically exert themselves. These drugs raise body temperature especially if people use them whilst dancing in hot places, like night clubs.

**The warning signs include:**

- Cramps in the legs, arms and back.
- Failure to sweat.
- Headaches, dizziness and vomiting.
- Suddenly feeling very tired.
- Feeling like needing the toilet but not doing much when you go (urine becomes too concentrated).
- Fainting.

# Basic first aid for drug incidents

## **It can be prevented by:**

**Avoiding amphetamine or ecstasy in the first place.**

**Not dancing for long periods of time.**

**Taking regular rests** and relaxing in a cool area.

**Drinking water**, fruit juice or a sports drink at about the rate of one pint an hour (no more), sipping the drink regularly and avoiding alcohol.

**Drinking or eating something that keeps the salt levels in the body up.** Salty snacks, fruit juice, fizzy drinks and sports drinks will all help to keep the body provided with the minerals it needs.

**Wearing cool clothes** and not wearing a cap will help.

## **If someone is overheating:**

**Call 999 for medical assistance.**

**Move the person to a cool area** - possibly outside.

**Move them to an air-conditioned room** if possible and stay with them. People who overheat may have a fit or pass out.

**Administer cool, non-alcoholic drinks if conscious.**

**Splash them down with luke warm water to cool them down**, cover in wet cool sheets and/or fan them.

# Alcohol

## Other names:

Ale, beer, booze, drink, sherbet, spirits, wine.

## Under the influence:

Off your head/face, pissed, sozzled, drunk, wasted, tiddly, tipsy.



## Background information:

Alcoholic drinks are produced by the process of fermenting fruit, grain or vegetables to produce an intoxicating drink which may vary in alcohol content. Distillation of the fermented product produces spirits with a higher concentration of alcohol.

Jersey has one of the highest levels of alcohol consumption on a population level than most Western European countries, including the UK, As a result, the problems associated with excessive alcohol use are found here.

## How it is taken:

Alcohol is usually swallowed as a drink.

## Effects and risks:

Alcohol is a depressant drug which slows down the Central Nervous System.

**Small amounts:** remove inhibitions, relaxes.

**Large amounts:** loss of co-ordination, slurred speech, double vision, nausea and/or vomiting.

**Very large amounts:** unconsciousness, possible heart attack, coma or death.

# Alcohol

## Did you know?

An alcohol free childhood is the healthiest option and if children and young people do consume alcohol it should be in moderation and always under parental guidance or supervision.

If children drink alcohol it should not be until at least the age of 15. If 15-17 year olds do consume alcohol, they should do so infrequently and certainly no more than one day a week. Young people aged 15-17 years should never exceed recommended adult daily limits and, on days when they drink consumption should be below such levels.

**Men** - Should not regularly drink more than 3–4 units of alcohol a day.

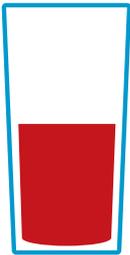
**Women** - Should not regularly drink more than 2–3 units a day

Both men and women should have at least two alcohol free days a week.

## Legal status:

Alcohol may only be sold under licence to a person over the age of 18 but may be drunk by anyone (*see **The Law** on page 21 for more detailed information*).

## 1 UNIT IS EQUAL TO



Half a pint of ordinary  
beer, lager or cider



Half a bottle (275ml) of  
ready-mixed spirits



One small glass  
of wine, sherry or port



One 25ml measure  
of spirit or liqueur

# Amphetamines

## Other names:

Phet, billy, whizz, sulph, base, paste, dexies.

## Under the influence:

Buzzing, piller up, racing, speeding, wired.

## Background information:

Invented in Germany in the 1930s, amphetamine was prescribed to combat depression and as a slimming aid. Another use is as a prescribed drug for people with a pathological tendency to fall asleep (*narcolepsy*). Crystal meth' is a particularly powerful, addictive and dangerous form of amphetamine that comes in a crystalline form. 'Crystal meth' is smoked in its 'ice' form.

## How it is taken:

This drug is taken in various ways. Powder can be sniffed up the nose through a tube or rolled banknote (*snorted*) or swallowed in solution; tablets or capsules are swallowed. Can also be prepared in solution or liquid form for injection.

## Effects and risks:

Amphetamine is a stimulant drug. Users initially experience a sense of increased energy, intelligence, talkativeness, confidence, endurance and well-being. Amphetamine's ability to reduce appetite (*for slimming purposes*) and to reduce the need for sleep depends largely on the dose and how it is taken.

The physical effects of amphetamines include dry mouth, dental damage through teeth grinding, increased blood pressure and heart rate, increased body temperature and respiratory rate. Dilated pupils are common and some users feel the need to go to the toilet more frequently.

'Coming down' or 'crashing' can result in extreme tiredness, irritability, depression and feelings of self-persecution. The body can take up to two days to fully recover, even after small doses.

# Amphetamines



Experience of pleasurable effects may be followed by an increase in dose and frequency. Large amounts can lead to anxiety, shaking, paranoia, as well as disrupted sleep and eating patterns (*which may lead to lowered resistance to disease*).

A short drug-induced psychosis (*including hallucinations and increased vulnerability to paranoid delusions*) can result from chronic amphetamine consumption. Amphetamines and similar drugs merely postpone fatigue and hunger and do not satisfy the needs of the body for rest and nourishment.

As with all injectable drugs, a shared syringe and needle (works) and other injecting equipment may put the user at risk of HIV and other blood-borne infections, especially Hepatitis C.

## **Legal status:**

Unless prescribed by a doctor, amphetamines are controlled under the Misuse of Drugs (Jersey) Law as a Class B drug. If prepared for injection, amphetamines become a Class A drug.

## **Did you know?**

Amphetamines have been popular party drugs for years. They allow users to stay awake and dance or talk all night without feeling tired or hungry. The Mods of the 1960s took them, and their use continued through the 1970s and 1980s on the Northern Soul and Punk scenes. Amphetamines are still used today by a wide variety of people, from clubbers to long distance lorry drivers.

# Cannabis

## Other names:

Bhang, black, blast, blow, blunts, Bob Hope, bush, dope, draw, ganja, grass, hash, hashish, hemp, herb, marijuana, pot, puff, Northern Lights, resin, sensi, sinsemilla, shit, skunk, smoke, soap, spliff, wacky backy, weed, zero. Some names are based on where it comes from... Afghan, homegrown, Moroccan etc.

## Under the influence:

Off your face, out of it, spliffed, stoned, wasted, wrecked.

## Background information:

Cannabis is a variety of the hemp plant originally native to Central Asia but now grown all over the world. Plants can be either male or female. The buds of the female plant provide the highest concentration of the active ingredient THC (*tetrahydro-cannibinol*), the chemical that provides users with their high. These buds can be dried out and smoked, or processed further by extracting their resin to make hashish or oil. The mild psychedelic effects of THC and its relatively low cost make cannabis the most popular illegal drug among young people in Jersey.

## How it is taken:

Cannabis can be smoked on its own or mixed with tobacco as a herbal hand-rolled cigarette. Resin is warmed and crumbled into a tobacco 'joint' or 'spliff' or smoked neat in a pipe. The effects can also be achieved by eating the drug or cooking with it.



# Cannabis

## Effects and risks:

A person feels the effects after a few minutes and these include feelings of relaxation and laughter, talkativeness or quietness, enhanced sensual perceptions, creativity, hunger (*munchies*). Feelings of paranoia and blood-shot eyes are common. The effects can last up to an hour with low doses and for several hours with high doses.

The clearest psychological harm is to people who are prone to depression and anxiety. Users may experience feelings of disorientation and increased paranoia. Cannabis use can also lead to decreased concentration and impaired ability to perform mechanical tasks (*e.g. driving a car can be dangerous*), distorted sense of reality and impaired memory.

Some people who smoke cannabis, especially after drinking large amounts of alcohol, can experience 'head spins' and vomiting. Regular users may often experience lowered motivation for activity, developing an 'I'll do it tomorrow' syndrome as well as suffering short-term memory loss. These side-effects tend to disappear after stopping for a period.

Long-term smoking of cannabis, especially with tobacco, increases the risk of developing respiratory diseases.

## Legal status:

Cannabis in its herbal or resin form is controlled under the Misuse of Drugs (Jersey) Law as a Class B drug. If it is in oil form, it is controlled as a Class A drug.

## Did you know?

There has been an increased availability of strong herbal cannabis, containing on average 2-3 times the amount of the active compound, tetrahydrocannabinol or THC, as compared to the traditional imported 'weed'. From a health perspective, it is important to understand that the long term impact of smoking these higher potency forms is not yet clear, but might include an increase in the risk of later developing psychotic illnesses including schizophrenia or possibly an increased risk of developing dependence.

# Cocaine & Crack Cocaine

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## Other names:

**Cocaine:** coke, Charlie, C, white, Percy, snow, toot.

**Crack:** rocks, wash, stones, pebbles, base, freebase

## Under the influence:

Buzzing, piller up, racing, speeding, wired.

## Background information:

Cocaine comes from the coca plant from South America. In its native habitat the leaves are chewed but it is more commonly found in its processed form, a white powder. Crack is a white opaque crystal produced from cocaine.

## How it is taken:

Cocaine can be sniffed up the nose (*snorted*), eaten, smoked or injected.

Crack is smoked in a pipe or tube.

## Effects and risks:

**Cocaine:** The effects are felt after a few minutes, lasting for 20-60 minutes, and include feelings of euphoria, increased confidence, alertness, energy, talkativeness, increased heart, pulse and respiratory rate, decreased appetite and numbness in the nose/throat. When sniffed, the psychological effects peak after 15-30 minutes and then diminish, meaning the dose may have to be repeated every 20 minutes to maintain the effect.

**Crack:** The name 'crack' is said to have come from the 'crackling' sound it makes during manufacture or when smoked. Effects are similar to cocaine but are more intense and shorter-lived, lasting between 3-10 minutes. Because the effects wear off very quickly, users inevitably want more and more to get 'the feeling' back. They feel that their cravings and feelings of depression can only be relieved by another hit.

# Cocaine & Crack Cocaine



Taking high doses of cocaine or crack, especially on a regular basis, can lead to anxiety, shaking, irritability, paranoia, disrupted sleep and eating patterns which may lead to a lowered resistance to disease. The possibilities of a stroke or heart attack are increased. Raised tolerance and dependence can develop with sustained use.

There is also the risk of cocaine being sold mixed or bulked out (*cut*) with other substances, some of which may themselves be dangerous. This, while unpleasant if snorted, could be lethal if injected.

## **Legal status:**

Cocaine and crack are controlled under the Misuse of Drugs (*Jersey*) Law as Class A drugs.

## **Did you know?**

Crack is sometimes called the '*fast-food*' version of cocaine. Users experience a quick and intense high, but the expense of maintaining a regular crack '*habit*' has often led users into dealing, prostitution or other crime.

# Ecstasy

**Other names:**

Pills, brownies, Mitsubishi's, Rolex's, Dolphins, XTC, Mandy, E's, MDMA.

**Under the influence:**

Buzzing, E-ing, rushing.

**Background information:**

Ecstasy's chemical name is MDMA (Methylenedioxy-methamphetamine). It is an amphetamine-type drug which was developed as an appetite suppressant. Ecstasy has also been used as a group therapy drug for psychiatric patients and was once used in America and Switzerland in marriage counselling sessions to aid communication between partners.

**How it is taken:**

Ecstasy is usually swallowed in tablet or capsule form. It can be sniffed or swallowed as a white powder and also prepared for injection.

**Effects and risks:**

About 30 to 40 minutes after a pill is taken, a period of 'coming up' on the drug begins, including intense 'rushes' and increased sensory awareness. This is followed by a 'plateau' phase, during which these effects level off and the user experiences feelings of calmness and empathy. These feelings can last from 2 to 6 hours and are followed by a less pleasant 'comedown' as the drug's effects wear off.

Ecstasy causes raised body temperature - long periods of physical exertion e.g. energetic dancing combined with excessive sweating can lead to dehydration. If users do not periodically 'chill out' (*sit down, relax and cool off*) overheating may reach such a peak as to cause collapse and possibly death. People taking ecstasy are advised to sip up to a pint of water and/or soft drinks an hour (*not alcohol because it causes further dehydration*).

# Ecstasy



However, ecstasy can also inhibit the ability of the kidneys to balance the amount of water in the body. This, combined with the depletion of sodium, caused by excessive sweating, makes it possible to 'drown' the body with too much water, which may result in coma and death.

Ecstasy can also cause anxiety, nausea and shaking. Persistent use may lead to irritability, paranoia, disrupted sleep and eating patterns (*combining ecstasy and asthma medications can dangerously raise blood pressure levels*). When drugs are bought there is often no way of knowing what is really being taken; all kinds of substances have been sold disguised as ecstasy.

## **Legal status:**

Ecstasy is controlled under the Misuse of Drugs (Jersey) Law as a Class A drug.

## **Did you know?**

It's possible to build up tolerance to ecstasy, which means people take more to get the same buzz. You may also develop a psychological dependence (the desire to keep on using even in spite of potential harm).

There's some uncertainty about the long term side effects of ecstasy. But evidence suggests it can cause damage to the brain causing long term problems - like depression, personality change and memory loss. Anyone with a history of mental illness/depression is advised to stay away from ecstasy.

# Ethylphenidate

## **Other names:**

Magic Crystals, Ethylcaine

## **Background Information:**

Ethylphenidate is a psycho-stimulant that is chemically similar to the controlled medicine called methylphenidate that is illegal to possess without a prescription.

## **How it is taken:**

Ethylphenidate is commonly snorted, swallowed or injected.

## **Effects and Risks:**

Effects are similar to amphetamines with an intense high lasting about 2 hours. Possible side effects including agitation, lethargy, low mood, confusion, as well as irrational, aggressive and self harming behaviours. Physical symptoms of jaw tension, abdominal discomfort and penis shrinkage are also reported. These side effect symptoms are more pronounced if the drug is taken in conjunction with alcohol and other stimulants and are dose related. The greater the amounts taken the more seriously ill users become.

# Ethylphenidate



## **Legal status:**

Ethylphenidate is controlled under the misuse of Drugs Law (Jersey) as a class B Drug.

## **Did you know?**

Because the high effects of this drug are short lived there can be a compulsion to re-dose leading to the risk of worsening side effects.

# GBH (Gamma-Hydroxybutyrate)

## **Other names:**

GHB, GBH, Liquid Ecstasy, GBL, 1,4-BD.

## **Background information:**

GHB is a colourless, odourless liquid with a slightly salty taste which is sold in small bottles. It is an anaesthetic with primarily sedative rather than painkilling properties. GHB is also present in the body in small amounts and in certain ripe fruits such as Guava. Its use was developed in the USA as a pre-medication to promote sleep before surgery.

## **How it is taken:**

In liquid, capsule or powder form, orally.

## **Effects and risks:**

The effects of GHB are noticeable between 10 minutes and 1 hour and have been reported as lasting a day or longer. Like alcohol, in small doses at first, it will lower inhibitions, leading to euphoria and increased sexual desire.

High doses produce strong sedative effects including confusion, nausea, muscle stiffness, possible respiratory collapse or coma.

One of the dangers of taking GHB is that the concentration of the drug is unknown, meaning the risk of overdose is increased significantly. Clearly, any dangers will be enhanced if GHB is mixed with other 'downer' drugs.

# GBH (Gamma-Hydroxybutyrate)



## **Legal status:**

GHB is controlled under the Misuse of Drugs (Jersey) Law as a Class C drug. This means that it is illegal to possess, supply or manufacture

## **Did you know?**

GHB is used by some body builders because it stimulates secretion of a natural growth hormone during sleep. The long term effects of GHB are not yet fully known.

# Heroin

## **Other names:**

Brown scag, H, Harry, horse, scag, smack, junk.

## **Under the influence:**

Rushing, spaced, stoned, gouched out, gouching.

## **Background information:**

Heroin is derived from the opium poppy. The raw opium (*a brown, gummy sap*) is processed to make heroin, a white powder in its pure form though yellow or brown in its 'cut' or adulterated state.

## **How it is taken:**

Heroin can be sniffed up the nose (*snorted*), injected or smoked by heating on foil and inhaling the smoke (*known as 'chasing the dragon'*).

## **Effects and risks:**

Initially the user experiences a sleepy, pleasant euphoria and total relief from stress and anxiety. There is an overwhelming rush of pleasure as the drug enters the system.

Reduced pulse and respiratory rate, decreased appetite as well as constricted pupils (*known as being 'pinned'*) are also common. First use of heroin (*especially injection*) is often accompanied by nausea and vomiting.

Injection into the veins intensifies the effects and makes them almost instantaneous, producing a short-lived burst of pleasure (rush). When smoked, the effects of heroin can be expected nearly as quickly as with injection, but are less intense.

The risk of continued or heavy use may include respiratory complaints, constipation, menstrual irregularity, anxiety, mood swings, paranoia and disrupted eating patterns. This may well lead to a lowered resistance to disease. The consequences of injecting opiates and of a drug-using lifestyle can be serious. Shared syringes, needles and other injecting equipment put users at risk of HIV and other blood-borne infections including Hepatitis B and C.

# Heroin



There is also the risk of heroin being sold mixed or bulked out (*cut*) with other substances, some of which may be dangerous. This, while unpleasant if snorted, could be lethal if injected. It is also difficult to predict the purity of heroin sold on the street, which could easily lead to an overdose.

Mixing heroin with other drugs that depress the Central Nervous System, such as alcohol or tranquillisers, increases the depressant effect of these drugs and can lead to overdose. **These drugs should never be mixed!**

## Legal status:

Opiates, including heroin, opium and morphine, are controlled under the Misuse of Drugs (Jersey) Law as Class A drugs.

## Did you know?

It takes weeks and sometimes months to develop a heroin habit. Even a regular user may be unaware that he or she is addicted until he or she has to go without the drug and start to experience withdrawal symptoms. Withdrawal is unpleasant, but it is short-lived and the psychological craving for heroin is the biggest obstacle to staying off the drug.

# Ketamine

## Other names:

K, quick, special K, super K, vitamin K.

## Background information:

Ketamine has medical uses as an anaesthetic. It has been associated with the rave scene but the extent of its use is not really known. Sold in pill form as 'ecstasy'.

## How it is taken:

Orally in tablet form, snorted in powder form or prepared for injection.

## Effects and risks:

Creates feelings of detachment and introversion - a feeling of being 'outside the body'. Effects can last up to 3 hours. Reported physical effects include an initial energy rush and hallucinations, vomiting, slurring of speech, numbness and irregular muscle co-ordination.

Large amounts can cause anaesthesia and muscle spasm. It is ketamine's anaesthetic properties that pose the main physical dangers. Under its influence, users are less likely to feel pain, combined with the fact that some might not realise they are hallucinating (*because they believe what is happening is real*) means there is the potential for serious injury.

Eating and drinking before taking ketamine (*as with other anaesthetics*) may cause vomiting. If this is combined with unconsciousness there is a real danger of choking on vomit. There is also a risk that ketamine is being sold bulked out or 'cut' with other substances, some of which may be more dangerous than the ketamine.

# Ketamine

## Legal status:

Ketamine is controlled under the misuse of drugs (Jersey) Law as a class c drug.

## Did you know?

In the Vietnam war, ketamine was used to manage severe body injuries where legs and arms and other body parts were blown off through warfare. This drug allowed soldiers to disassociate themselves from their horrific injuries.



# LSD

## **Other names:**

Acid, blotters, dragons, jokers, micro-dots, red stars, strawberries, tabs, trips *(and other names usually referring to the pictures printed on the sheets of blotting paper on to which the liquid LSD is dropped and dried).*

## **Under the influence:**

Hallucinating, on an acid trip, tripping.

## **Background information:**

Lysergic acid diethylamide (LSD) became popular during the 1960s and 70s as a psychedelic drug associated with the 'hippie' culture of the time. It still continues to be available, for those looking to experience this 'hallucinogenic high'.

## **How it is taken:**

LSD is swallowed on small squares of paper on to which the liquid LSD has been dropped and dried or as tablets and capsules of various shapes and colours.

## **Effects and risks:**

The effects come on about half an hour after taking LSD. It causes hallucinations or 'trips' which can last up to 12 hours or more. The experience can be highly entertaining and revelatory. The total effect depends largely on how the user is feeling when the drug is taken. Their environment at the time also plays an important part.

Hallucinations can vary from colour enhancements to distortions of sound, surroundings and perceptions. Feelings of disassociation from the body are commonly reported. Hallucinations can also be very disturbing and frightening, making the user paranoid and anxious. The user has to ride out this time, whether enjoyable or not.

# LSD

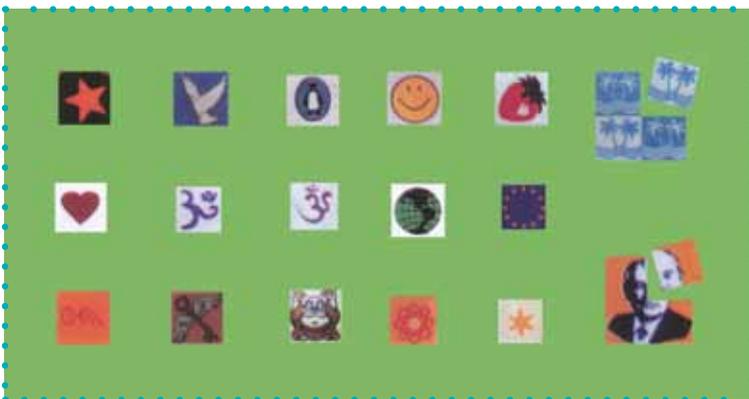
The main risks associated with LSD are that of the user having a 'bad' or disturbing trip and the increased risk of accidents whilst experiencing distortions of reality (*i.e.*, *driving a car*). There is also the possibility that frequent use leaves the user with delayed 'flashbacks' or spontaneous 'trip' feelings, although this is rare. Those with mental health problems may have a particularly adverse reaction to the psychedelic effect of LSD.

## Legal status:

LSD is controlled under the Misuse of Drugs (Jersey) Law as a Class A drug.

## Did you know?

The use of cartoon pictures on acid blotters created a powerful myth about LSD that is still being repeated today. It claimed that temporary tattoos of a particular design were being impregnated with the drug and given out to school children by unscrupulous dealers to get them 'hooked'. The lack of any evidence to support this story and the fact that LSD is not an addictive substance suggest that it is highly unlikely to be true.



# Magic Mushrooms

## Other names:

Liberties, magics, mushies, liberty cap, shrooms, Amani, agaric.

## Under the influence:

Hallucinating, on mushrooms, shrooming, tripping.

## Background information:

There are two main types of 'magic mushroom' growing wild in the U.K and in Jersey. **The liberty cap** is small and brown with a long stem and a small closed cap with a slightly darker 'nipple' on the top. **Fly agaric** is a red and white spotted toadstool (*like the ones you see in children's stories*).

## How it is taken:

Liberty cap mushrooms are eaten raw or dried (*20-30 being a full 'dose'*), boiled in water to make tea, or put into cooking. Fly agaric is usually eaten cooked or dried (*1-3 caps*).

## Effects and risks:

The effects of magic mushrooms are similar to LSD but the '*trip*' can be less intense. Small amounts can create sociable feelings of well-being, with the user experiencing enlarged pupils and increased heart-rate. Larger doses produce hallucinations. If the user is inexperienced, or if they are anxious or unhappy to start with, '*bad trips*' characterised by deep fear and anxiety can occur, and may develop into a psychotic episode.

Both types of magic mushroom can cause nausea, stomach pains and vomiting. There are many fungi, including other types of fly agaric, which look similar to magic mushrooms but are poisonous. Distinguishing hallucinogenic mushrooms from their poisonous and sometimes deadly cousins is a complex skill. If the wrong mushroom is harvested it is possible to poison oneself, possibly with fatal results. Fly agaric can be poisonous if too many are taken.

# Magic Mushrooms

## Legal status:

Liberty caps and fly agaric grow wild and are not covered by the Misuse of Drugs (*Jersey*) Law in their natural growing state. However, if they are dried, made into tea or processed in any way they are controlled under the Misuse of Drugs (*Jersey*) Law as a Class A drug.

## Did you know?

Some people think that Lewis Carroll wrote 'Alice in Wonderland' following the use of magic mushrooms



# Mephedrone

## **Other names:**

Meph, m-cat, MCAT, Miaow, miaew, 4-mmc, bubbles, white magic, plant feeder.

## **Background information:**

Mephedrone is a stimulant drug which belongs to the chemical family of cathinones which are a group of drugs closely related to amphetamines. Users report that mephedrone produces a similar experience to drugs like amphetamines, ecstasy or cocaine.

## **How it is taken:**

Mephedrone is a white, off-white or yellowish powder which is usually snorted, but can also be swallowed/bombed (wraps of paper) and may also appear in pill or capsule form.

## **Effects and risks:**

Mephedrone is a new drug therefore there is little evidence of its long term effects or on the risks from using it. Many people who have used Mephedrone report that their experiences are similar to taking amphetamines, ecstasy or cocaine, producing a sense of euphoria and wellbeing, with users becoming more alert, confident and talkative.

Like other stimulant drugs, the cathinone derivatives can have an impact on the heart. A user could experience heart palpitations, or an irregular or racing heartbeat, which may last for some time after taking the drugs. It can over stimulate the nervous system to cause fits, agitation and hallucinations. As with other stimulants, the substances tend to act as appetite suppressants. Nausea and vomiting has been reported, particularly if mixed with other drugs such as alcohol or cannabis.

People who snort these substances can experience extremely sore nasal passages, throats and mouths, with burns or cuts caused by the chemicals sometimes leading to nose bleeds.

# Mephedrone

## **Legal status:**

Mephedrone is controlled under the Misuse of Drugs Law (Jersey) as a class B drug.

## **Did you know?**

A particularly concerning feature of many reports about mephedrone use is that once users have started using the drugs in a particular session, it is very hard to stop, with compulsive use leading to a number of unpleasant side effects including insomnia, involuntary muscle clenching and hallucinations. In some cases, it seems, regular or heavy use may develop into psychological dependency.



# Methadone

## **Other names:**

Green linctus, liquid for injection or tablets.

## **Background information:**

Methadone hydrochloride, is a legally prescribed synthetic drug similar to heroin: both have a depressant effect but there are some differences between them, unlike heroin. Methadone has no 'rush' or 'hit' - and the effect, which comes on more slowly, is less intense. Some heroin users participating in a methadone administration programme find the changes take some getting used to, while others don't find it a problem.

## **Effects and risks:**

Methadone can cause a high that is less intense but longer-lasting than heroin. Methadone lowers sensitivity and reaction to pain or anxiety and also creates a feeling of well-being. Higher doses induce sleep or unconsciousness. Tolerance and dependency develop with regular use and people can quickly become dependent on methadone.

Again, using methadone with other Central Nervous System depressants can cause overdose and a non-tolerant individual can overdose on even small amounts.

## ***Long term use can cause:***

- **Reduced or absent menstrual period**
- **Reduced sexual desire**
- **Reduced concentration**
- **Reduced energy Itching**
- **Depressed cough reflex**
- **Reduced blood pressure**
- **Constipation**

# Methadone

## Legal status:

Methadone is controlled under the Misuse of Drugs (Jersey) Law as a Class A drug. Available on prescription only.

## Did you know?

Methadone has, for some time, been the preferred way of tackling heroin dependence, being legally prescribed in a dose that is reduced gradually over time. It isn't cut with other potentially harmful substances and is a reliable daily supply for regular users wanting to come off heroin.

Regular heroin users participating in methadone administration programmes greatly reduce the risks of contracting HIV, Hep B and Hep C by ceasing unsafe injecting practices, as well as eliminating the risk of acquiring a criminal record for being in possession of a Class A drug.



# Naphyrone

## **Other names:**

NRG - 1, Energy1.

## **Background information:**

Naphyrone is a stimulant drug closely related to 'cathinone derivatives' this includes Mephedrone which are related to the family of amphetamine compounds.

## **How is it taken:**

Naphyrone is a white crystalline powder usually snorted like cocaine or swallowed in 'bombed' in wraps of paper.

## **Effects and risks:**

Naphyrone is a new drug therefore there is little evidence of its long term effects or on the risks from using it. However, due to its similarity to other drugs like Mephedrone the main health risks are associated with the heart and its associated systems. These include anxiety, paranoia and a risk of fits. Users also run the risk of amphetamine-like psychosis and dependence.

# Naphyrone

## **Legal status:**

Naphyrone is controlled under the Misuse of Drugs Law (Jersey) as a class B drug.

## **Did you know:**

Naphyrone is more toxic than chemically similar drugs like mephedrone - in other words, a user could overdose on this drug more easily.



# Nitrous Oxide (N2O)

## Other names:

Laughing gas, gas, whippets, buzz bomb, hippy crack.

## Background info:

Nitrous oxide, or laughing gas, is a volatile substance which is a gas at room temperature. It belongs to a group of drugs designed to relieve pain, with many legitimate uses including pain relief during child-birth. Nitrous oxide is sometimes illegally sold for recreational use as it can make people feel euphoric and relaxed. It is also supplied to the catering industry for use in whipping cream.

## How is it taken:

Nitrous oxide is most commonly inhaled through the mouth. It is normally brought in pressured canisters, but often sold in balloons from which it is possible to inhale the gas more safely and easily. There are some reports of inhaling the gas from bags over the head. This method has been linked with accidental deaths in the UK.

## Effects and risks:

Other than the desired euphoric or relaxed feelings associated with inhalation, nitrous oxide can cause dizziness or affect your judgement, which might make you act carelessly or dangerously. Mixing nitrous oxide with alcohol is especially dangerous, as it can increase the hazardous effects of both substances, leading to an increased risk of accidents or death. Moreover, because nitrous oxide is a pressurised gas in the canister, if inhaled directly there is an increased risk of harm, such as unconsciousness, fainting or sudden death due to a lack of oxygen. The risk is greater if the gas is consumed in an enclosed space, or if a plastic bag is used that covers both nose and mouth.

Severe vitamin B deficiency can develop with heavy, regular use of nitrous oxide. This can cause serious nerve damage, which leads to tingling, numbness and pain in the fingers, toes and other extremities. Long-term use of excessive quantities of nitrous oxide has also been associated limb spasms, incontinence and tinnitus (buzzing or hissing sounds in the ear).

# Nitrous Oxide (N<sub>2</sub>O)

## **Legal status:**

It is currently not illegal to inhale nitrous oxide on an individual basis for recreational use. However, it is illegal to sell for this purpose under the Medicines Law is Article 51, whereby it is illegal to sell pharmaceutical products unless it is from a registered pharmacy, or under the supervision of a pharmacist.

## **Did you know?**

Figures have estimated that nitrous oxide has been used recreationally by as many as 350,000 young people in the UK annually.



# Poppers

## **Other names:**

Brand names include liquid gold, rain, rush, stud, TNT.

## **Under the influence:**

Rushing.

## **Background information:**

Amyl nitrite was discovered in 1857 and was used to ease the chest pains caused by angina, which it does by dilating the blood vessels, allowing more blood to get to the heart.

Butyl nitrite is the main form found today. Its main use is as an antidote to cyanide poisoning and is normally supplied to companies who use cyanide in their manufacturing process.

## **How it is taken:**

Poppers usually come as a gold-coloured liquid in a small bottle. The vapours are inhaled through the mouth or nose from the small bottle they are sold in, or the liquid is poured on to a cloth and inhaled.

## **Effects and risks:**

The effects of poppers are felt immediately on inhalation. The blood pressure drops, blood vessels dilate and the heart-rate increases. Users experience a rush of blood to the head and brain, giving a feeling of being slowed down similar to the sensation prior to fainting. The intense '*rush*' lasts only 30 to 60 seconds.

Pounding headaches, dizziness, flushed face and neck and '*light-headedness*' are commonly reported.

The risk of losing balance and of unconsciousness increases the risk of accidents. If poppers are poured onto the skin this can cause a painful burning sensation. Sustained use may lead to skin problems around the nostrils and an increased tolerance to the substance. It is dangerous for persons with a heart condition, blood pressure problems or glaucoma to use poppers. Swallowing poppers can result in death.

# Poppers

## Legal status:

Amyl Nitrite is available on prescription only.

## Did you know?

Poppers have been popularly used on the club scene, both gay and straight, to enhance sexual feeling and performance. On the dance scene they are often used, in combination with other drugs, to heighten the beat and intensity of the music.



# Solvents

## **Other names:**

There are many propellants and solvents contained in commonly purchased items: sprays (air fresheners, deodorants), lighter fuel (butane gas) glues (Evostik), paints, nail varnish remover and many others.

## **Background information:**

Using this type of substance is not new. There are many substances that give off intoxicating vapour, from gases to petrol to glues. Because these substances are widespread and commonly available it is difficult to control their use.

## **How it is taken:**

The vapours released by solvents are inhaled through the mouth or nose. Some solvents are put in a plastic bag or crisp packet or onto a cloth or piece of clothing before being inhaled. Some users spray the butane gas from aerosols directly into their mouth, or clench the lighter fuel valve between their teeth to control its release. Others prefer to spray the gas into a bag or up their sleeve first and then inhale the fumes.

## **Effects and risks:**

The effects of solvents are felt immediately on inhalation and are similar to alcohol intoxication. The heart and respiration rate slow and the Central Nervous System is depressed. This can result in slurred speech, loss of co-ordination, double vision and hallucinations. Short term effects can also include running eyes and nose.

Spraying butane gas directly into the mouth is particularly dangerous because it can result in damage to the respiratory system and even death from sudden heart failure. Deaths from solvent abuse are thankfully rare, but they do happen and occur mainly among inexperienced users.

# Solvents

Other risks from using solvents include accidental injury, vomiting and the loss of consciousness. It is dangerous for persons with respiratory conditions, such as asthma, to use solvents. Sustained use may lead to skin problems around the nose and mouth. There is a risk of fire or explosion if flames or cigarettes are present because many solvent vapours are highly flammable. If bags containing solvent are put over the head there is a risk of suffocation, especially if unconsciousness occurs.

## Legal status:

It is not illegal to possess, use or buy solvents at any age.

## Did you know?

Despite the possibilities of permanent damage through very long- term, heavy use, lasting damage attributable to solvent misuse seems extremely rare.



# Synthetic Cannabinoids e.g. Spice

## **Other Names:**

There are many synthetic cannabinoids that have come onto the so called 'legal high' drug market in recent years. Popular brands include Spice, Black Mamba and Pandora's Box. However, many are simply referred to by their chemical research name.

## **Background info:**

Synthetic cannabinoids usually come in the form of herbs or plant material which have been sprayed with synthetic cannabinoid receptor agonists, producing a cannabis-like effect when smoked. More than one type of synthetic cannabinoid has been identified, but they all mimic the psychoactive effects of THC (tetrahydrocannabinol), one of the active ingredients in cannabis.

## **How are they taken:**

Spice products are often in colourful sachets with labels describing the contents as incense or herbal smoking mixture. In Jersey, they may simply come in small plastic bags, or wrapped in paper or cling-film.

## **Effects and risks:**

Synthetic cannabinoids can give a similar experience to actual cannabis. However, as they are created in a lab, they do not contain the wide variety of chemicals found naturally within cannabis, some of which actually balance out the negative effects of THC. They can also be a lot stronger, and reported issues around their impact on mental health is a growing concern.

Like cannabis, dependence on synthetic cannabinoids can occur and a user will experience psychological and physical withdrawals when trying to stop. These withdrawals can include cravings, irritability, mood changes, appetite disturbance, weight loss, difficulty sleeping and sweating, shaking and diarrhoea.

# Synthetic Cannabinoids e.g. Spice

## **Legal status:**

Many synthetic cannabinoids are controlled under the Misuse of Drugs Law (Jersey) as class B drugs.

## **Did you know?**

Evidence indicates that synthetic cannabinoids can be anything up to ten times stronger than the THC found in cannabis plants. Given the product's inconsistency, the user has no idea what they are buying.



# Tobacco

## Other names:

Cancer sticks, cigarettes, cigars, ciggies, cigs, coffin nails, fags, pipes, smokes.

## How it is taken:

Tobacco is usually smoked. In some countries it is chewed and sniffed up the nose (snorted).

## Effects and risks:

Tobacco smoke consists of droplets of tar, carbon monoxide and other gases, nicotine and a range of 4000 toxins. Tobacco smoking has been clearly linked to a range of cancers, lung disease and coronary heart disease. In the short term smoking can greatly affect cardio-vascular fitness making smokers shorter of breath while being physically, reducing strength, speed and stamina. First time users often feel sick and dizzy.

Nicotine is the addictive chemical in tobacco and often leads to those who begin to smoke increasing their consumption and becoming regular smokers. Many people who smoke regularly say they find it relaxing yet stimulating at the same time and experience satisfaction on inhaling. Evidence shows these experiences are the body's response to nicotine addiction. If people stop smoking, they may suffer withdrawal symptoms including restlessness, irritability and insomnia.

**For young people, the greatest risk is becoming dependent on the effects of nicotine and beginning a lifelong dependence on tobacco. There is a high risk of dependence both physically and psychologically. The more a person smokes, the more they are likely to suffer from heart disease, blood clots, heart attacks, lung infections, strokes, impotence and sterility, bronchitis, bad circulation, lung cancer, cancer of the mouth and throat, and peptic ulcers.**

**Other high risks to children and young people come from the effects of breathed smoke of others and the toxic unfiltered smoke coming off lit cigarettes. When you breathe in second hand tobacco smoke, it causes major health problems especially in babies and children who become at increased risk of: asthma & chest infections; coughing & wheezing; cot death and middle ear infections.**

# Tobacco



Smoking kills half of all long-term users and remains the biggest preventable cause of premature death in Jersey killing around 150 people each year. In response to this, the States of Jersey continue to support a tobacco strategy using a variety of approaches to reduce the harmful effects of tobacco on both smokers and non-smokers.

There is no safe amount to smoke and the only way to avoid the harms of tobacco is not to smoke at all. For people who already smoke, the only way to protect their health and the health of their family and friends is to stop smoking.

## **Legal status:**

It is illegal for shops to sell cigarettes to people under the age of 18 years of age. It is not illegal for someone under 18 to smoke.

## **Did you know?**

85% of second hand smoke is invisible and odourless and can linger for two and half hours, even with a window open. Smoking outdoors with the door closed is a meaningful way of protection from second hand smoke, other precautions indoors have little or no effect.

**People who stop smoking notice a real improvement in their health. For more information and advice on stopping smoking, call Help2Quit on freephone 0800 735 1155.**

# Tranquillisers

## Other names:

Ativan, benzos, Librium, moggies, Mogadon, Temazepam, tranx, Valium.

## Background information:

These are synthetic drugs manufactured for medical use in the treatment of anxiety, depression, sleeplessness and as a muscle relaxant. They include the minor tranquilizers listed above and are collectively known as Benzodiazepines.

## How it is taken:

They are manufactured as powders formed into a variety of pills and capsules taken by mouth.

## Effects and risks:

All of these drugs are depressants, slowing down the Central Nervous System. Tranquillisers relieve tension and anxiety and produce feelings of calmness and relaxation.

They are generally effective in doses which do not usually make people drowsy. Nevertheless, some people do feel drowsy and lethargic and may be forgetful after first taking them. They do impair driving and similar skills but these side-effects generally fade after a week or two's continuous use.

**Regular use may lead to tolerance and dependence. More is needed to get the same effect and sudden withdrawal can result in anxiety, panic attacks, irritability, headaches and nausea. After regular high doses sudden withdrawal can result in fits and convulsions.**

Taking large doses can lead to coma and death, especially if mixed with other Central Nervous System depressants such as heroin or alcohol.

They are sometimes used (*without a prescription*) by people wanting to offset the effects of stimulant drugs or with other downer drugs such as alcohol or heroin.

# Tranquillisers



## Legal status:

Unless prescribed by a doctor, minor tranquillisers (*benzodiazepines*) are controlled under the Misuse of Drugs (*Jersey*) Law as a Class C drug. It is not illegal to possess them for personal use but it is illegal to supply to other people.

## Did you know?

Benzodiazepines should only be used for short periods of time, but regrettably this is not the case. As a result, many long-term users develop a strong dependence on the drug and feel unable to cope with life's day-to-day pressures without *'taking a pill'*.

# Drugs and women

## **Can drug use have an effect on women's periods?**

Some women who use ecstasy or amphetamine say they experience not only irregular but lighter periods when they do occur. Some have reported their periods stopping altogether. This has caused some women who use drugs to experience what is known as a 'phantom pregnancy' - they think they are pregnant but are really experiencing the adverse effects of using drugs. The flip side of this is that some women, who do take drugs regularly, may well be pregnant but do not realise this as they are used to irregular periods.

## **Can combining drugs with the contraceptive pill cause problems?**

Drug mixing carries its own set of problems that can be somewhat unpredictable. The pill is a drug so there is a chance that it can react with other drugs that women take. The pill increases blood pressure as do drugs such as ecstasy and amphetamines. Combining these drugs whilst taking the pill may increase the chances of women having problems with their heart, liver and blood pressure. Poppers should also be avoided by anyone with heart or blood pressure problems.

## **Can taking drugs affect the unborn baby?**

It is very difficult to isolate a single drug's effect from a variety of other factors when explaining complications in fetal development. The health of the foetus can be affected by a variety of maternal and environmental factors. Factors such as age, health, genetics or stress certainly play a role in influencing the ultimate development of the new-born baby. Heavy drug use can further complicate this picture.

Alcohol and other drug use during pregnancy carries with it many potential risks. Foetal Alcohol Syndrome produces a number of well-documented abnormalities and occurs in babies of women who drink heavily during pregnancy.

# Drugs and women

Injecting drugs such as heroin or amphetamines puts women at risk of other complications. The use of contaminated needles and other injectable equipment further increases the risk of contracting HIV, Hepatitis B and C and passing this onto her unborn baby.

**When a pregnant women uses drugs they can easily pass through the placenta and into the baby's blood stream. Smoking during pregnancy is particularly dangerous because tobacco contains over 4000 toxins including carbon monoxide. These have been shown to pass through the placenta and reduce the supply of oxygen to the foetus. There is a greater risk of reduced growth with low birth weight babies, as well as other complications that can cause premature birth and still born babies in mothers who smoke. In addition many drugs can pass into the mother's breast milk and expose a developing infant to dangerous chemicals.**

The potential problems of alcohol, tobacco and other drugs mean that pregnant women should seek professional advice. Health care staff can offer support and advice in ensuring the best outcomes for both mother and baby. If a pregnant woman is taking prescribed medicines, preferred alternatives for pregnancy may be available but any medicines should not be stopped without first seeking a doctor's advice. Seeking advice on drugs and medications is also a good idea when planning for a baby.

# Drugs in sport

Drugs are seen by many athletes who use them as a short cut to the tedious training and preparation necessary for competition. They are the quick way to gain or lose weight, to increase stamina, to get up for a game, to relieve pain or to keep up with other athletes suspected of using drugs.

**People use Anabolic steroids for various reasons. Some use them to build muscle for their job, others just want to look good and some to help them in sport or body building. Whatever the reason, care needs to be taken so that as little harm is done to the body as possible. Despite having muscle-building effects they also have serious side-effects, especially when used incorrectly.**

## What are they?

Anabolic steroids are man-made versions of the hormone testosterone. Testosterone is the chemical in men responsible for facial hair, deepening of the voice and sex organ development - basically the masculine things in a man.

These masculine effects are called 'androgenic' effects of testosterone. Anabolic steroids also stimulate growth in tissues such as muscle; this is the 'anabolic' effect of testosterone. People take anabolic steroids for the anabolic effect. The androgenic effects are some of the side-effects experienced.

➤ **TESTOSTERONE = MALE SEX HORMONE**

➤ **ANABOLIC = MUSCLE GROWTH**

➤ **ANDROGENIC = MASCULINE EFFECTS**

# Drugs in sport



(Other names include Anadrol, anavar, andriol, deca-durabolin, dianabol, dynabolon and other brand names).

## How do they work?

Steroids, like everything else, are made up of tiny molecules. When injected or taken orally, steroid molecules travel around the bloodstream to various receptor sites. Several parts of the body have these receptor sites. When a steroid molecule binds at these receptor sites, different reactions are triggered off. For instance, when steroid molecules bind to muscle cells several things happen:

- More protein can be used by the body's muscles, so muscle tissue can be built faster if combined with a high carbohydrate diet and regular training.
- There is an increase in the muscle fuel stored in the muscle, making more energy available for the muscle to work.
- There is an increase in red blood cells, enabling more oxygen to be delivered to the muscles whilst training, and improving the endurance ability of the muscles. This may also account for what is called the 'Pump'.

# Drugs in sport

## **More molecules - more problems:**

More does not mean better or bigger when using anabolic steroids. The receptor sites will only bind so many of the steroid molecules before they become saturated. Those molecules that cannot find a site to bind to will just float about, causing damage to the liver and kidneys. It seems that many people think that using 'mega' doses will mean getting bigger faster. It does not work.

## **Legal status:**

A number of anabolic steroids are Class C drugs and therefore only available on prescription for medical use. Steroids are only available for non-medical use via the black market. It is an offence to be found in possession of them, even in small quantities, without a prescription, but possession with intention to supply is an offence carrying penalties of fines, prison or both.

## **Did you know:**

Steroids are used in medicine to treat anaemia, muscle weakness after surgery, vascular disorders and menopausal symptoms.

# Side-effects of anabolic steroids

The extent of the masculine effects on women and the side effects for men are dependent very much on the individual, what anabolic steroids are used, how much and for how long.

## Men

**Baldness, headaches**

**Acne**

**Palpitations, enlarged heart, heart disease, high cholesterol, high blood pressure and increased blood clotting time**

**Liver damage/cancer and jaundice**

**Sodium and water retention**

**Increased risk of infections and viruses such as colds, flu etc.**

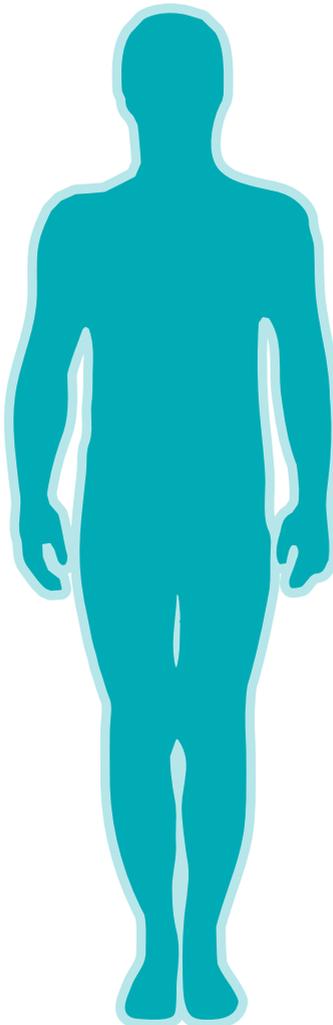
**Aggression, mood swings, insomnia and paranoia**

**Developing breasts (gynaecomastia)**

**Stomach pains**

**Sterility, shrinking testicles, impotence, loss of ability to maintain an erection and enlarged prostate gland**

**Muscle and tendon injuries. Damage to the long bone (Femur)**



## Women

**Deepening of voice (irreversible)**

**Thinning of hair or baldness**

**Increased sex drive**

**Increased growth of body and facial hair (irreversible)**

**Enlarged clitoris**

**Disturbance of the menstrual cycle or complete absence of periods**

# Drugs on the internet

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The internet can be a valuable source of drugs information, although the quality of information can vary widely. With a bit of careful searching it is possible to find out a lot about drug issues, including history, legality, help for parents and the latest up-to-date research.

The following websites all contain reliable and relevant information and any one would provide a good starting point for a virtual journey through the world of drugs.

## [www.adfam.org.uk](http://www.adfam.org.uk)

An online community for concerned parents, carers and families.

## [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

The national agency on alcohol misuse.

## [www.drugscope.org.uk](http://www.drugscope.org.uk)

The leading independent source of drugs information in the UK.

## [www.re-solv.org](http://www.re-solv.org)

A UK charity dedicated to the prevention of volatile substance abuse.

## [www.talktofrank.com](http://www.talktofrank.com)

Drug information for young people and handy advice for parents.

## [www.wada-ama.org](http://www.wada-ama.org)

World Anti-Doping Agency promotes, coordinates and monitors the fight against doping in sport in all its forms.

## JERSEY AGENCIES

<b>Alcohol and drugs service</b>	<b>445000</b>
<b>Alcoholics anonymous</b>	<b>726881</b>
<b>Jersey Brook Centre</b>	<b>507981</b>
<b>Child and Adolescent Mental health service</b>	<b>445030</b>
<b>Public Health Department</b>	<b>445786</b>
<b>Narcotics anonymous</b>	<b>08007 351860</b>
<b>Jersey council on Alcoholism</b>	<b>726672</b>
<b>Children's Service</b>	<b>443500</b>
<b>Smokers quitline 'Help2Quit'</b>	<b>08007 351155</b>
<b>Citizens Advice Bureau</b>	<b>08007 350249</b>
<b>Sexual Health Service</b>	<b>442856 / 444319</b>
<b>Youth Enquiry Service</b>	<b>766628 or <a href="mailto:yes@youthservice.yc.je">yes@youthservice.yc.je</a></b>

## UK AGENCIES

<b>Talk to Frank</b> <i>(Confidential, 24 hour advice and information)</i>	<b>0300 123 6600</b>
<b>Drinkline</b>	<b>0300 123 1110</b>
<b>Release</b> <i>(Legal advice)</i>	<b>020 7324 2989</b>
<b>Re-Solv</b> <i>(Information about solvents)</i>	<b>01785 810762</b>
<b>Adfam National</b> <i>(Support for families)</i>	<b>0207553 7640</b>
<b>DrugScope</b>	<b>020 7234 9730</b>

# Notes



# Notes





**An essential guide to understanding,  
identifying and updating your drugs knowledge**

**Discover:** what drugs are, what they look like and the reason people use them.

**Identify:** the latest trends in young people's use of drugs.

**Separate:** myth from fact and understand the real issues surrounding drugs.

**Understand:** how drugs can affect a woman and the unborn baby.

**Learn:** more about how performance enhancing drugs can affect the body.

**Explore:** the risk and problems involved with talking drugs.

**Read:** about the latest approaches to drugs prevention.

**Know:** what to do if you find drugs in your house.

**Develop:** the skill of effective communication with young people.

**Find out:** what is happening within schools in Jersey regarding effective drugs education.

**Update:** your first aid knowledge.

**Locate:** local and national helpline numbers offering further advice and guidance.

**Extend:** your knowledge of drugs and tap into the world-wide net.

States   
of Jersey

Public Health Department

[www.gov.je](http://www.gov.je)