Drugs and Addiction

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ISSUES IN SOCIETY
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Drugs and Addiction is Volume 356 in the 'Issues in Society' series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

KEY ISSUES IN THIS TOPIC
The use of legal and illicit drugs is widespread in Australia, however for a significant number of people, substance use can lead to addiction, also known as dependence. Many people become dependent on a drug, and they feel that they cannot function without it. They may spend a lot of their time and energy finding and using the drug. They may also need to take increasing amounts to get the same effects, and experience withdrawal symptoms when they stop using it.

Addiction is a physical and/or psychological need to use a substance; some substances are more addictive than others, and some users are more likely to become addicted to a substance depending on mental, physical and lifestyle factors.

This book examines the extent of tobacco, alcohol and illicit drug abuse in Australia. The book also explores the facts about substance addiction, including how to identify signs of dependency and respond to the negative effects of addiction. What kind of help is available to young people dealing with drug and alcohol dependence?

SOURCES OF INFORMATION
Titles in the ‘Issues in Society’ series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the ‘Issues in Society’ series lies in its diversity of content and perspectives.

The content comes from a wide variety of sources and includes:

➤ Newspaper reports and opinion pieces
➤ Website fact sheets
➤ Magazine and journal articles
➤ Statistics and surveys
➤ Government reports
➤ Literature from special interest groups

CRITICAL EVALUATION
As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

EXPLORING ISSUES
The 'Exploring issues' section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

FURTHER RESEARCH
This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The 'Web links' section at the back of this book contains a list of useful websites which you can access for more reading on the topic.
SMOKING DOWN, MIXED RESULTS FOR ALCOHOL, ILLICIT DRUG USE UP

Daily smoking has dropped, but levels of risky alcohol use remain unchanged and illicit drug use has increased, according to a major report released by the Australian Institute of Health and Welfare.

The 2010 National Drug Strategy Household Survey report, shows the proportion of people aged 14 years or older smoking tobacco daily has dropped to 15.1%, down from 16.6% in 2007.

“This continues a downward trend in tobacco use which is encouraging as tobacco smoking is the single most preventable cause of ill health and death in Australia,” said AIHW spokesperson Brent Diverty.

The largest falls in daily smoking were among people in their early twenties to mid-forties.

A positive finding for alcohol use was that more teenagers (12 to 17 year olds) abstained from alcohol (61.6%) than consumed alcohol in the previous 12 months (38.4%) and the proportion abstaining increased significantly from 2007 (54.5%).

Daily drinking among those aged 14 years and older also declined between 2007 (8.1%) and 2010 (7.2%).

“While there is some good news for Australia in terms of alcohol consumption, around one in five people drink at levels that puts their health at risk over their lifetime – over two standard drinks a day on average – and this proportion remains unchanged since 2007,” Mr Diverty said.

There was also little change in the proportion of people drinking at least once a month at levels that put them at risk of injury (more than four standard drinks per session). Patterns of risky drinking did vary by age and sex.

In terms of attitudes to drugs, excessive alcohol use and tobacco smoking were nominated as the two most serious concerns to the community.

Around 7% of recent drinkers, especially people aged less than 29, changed their drink preference in 2010, with a shift away from pre-mixed drinks, also known as ‘alcopops’.

In terms of attitudes to drugs, excessive alcohol use and tobacco smoking were nominated as the two most serious concerns to the community – and there were higher levels of support than previously for tobacco and alcohol harm reduction policies.

Recent illicit drug use rose in 2010, with people aged 14 or older who had used illicit drugs in the previous 12 months rising from 13.4% to 14.7% between 2007 and 2010.

There was an increase in the proportion of people who had used cannabis, pharmaceuticals for non-medical purposes, cocaine and hallucinogens.

“There was an increase in the proportion of people who had used cannabis, pharmaceuticals for non-medical purposes, cocaine and hallucinogens,” Mr Diverty said.

“For the first time since 1995, ecstasy use declined between 2007 and 2010 from 3.5% to 3.0%.”

Heroin continues to be the drug most associated with ‘a drug problem’, followed by cannabis. But there was also a small rise in community tolerance of regular cannabis use.

The AIHW is a major national agency set up by the Australian Government to provide reliable, regular and relevant information and statistics on Australia’s health and welfare.
The 2010 National Drug Strategy Household Survey was conducted between late-April and early-September 2010. This was the 10th survey in a series which began in 1985, and was the fifth to be managed by the Australian Institute of Health and Welfare (AIHW).

More than 26,000 people aged 12 years or older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories, and related behaviours. Most of the analysis presented is of people aged 14 years or older, so that results can be compared with previous reports.

USE AND ATTITUDES

Tobacco
In 2010, the proportion of people aged 14 years or older smoking daily (15.1%) declined, continuing a downward trend that began in 1995. The decline in daily smoking was largest for those aged in their early-20s to mid-40s, while the proportion of those aged over 45 years who smoked daily remained relatively stable or slightly increased between 2007 and 2010. Despite the decline in the proportion of people in Australia smoking tobacco, the number of smokers has remained stable between 2007 and 2010, at about 3.3 million.

In the 12-17 years age group, girls were more likely to smoke daily than boys (3.2% to 1.8%). This was the only age group where females were more likely than males to smoke daily.

Support for policies aimed at reducing harm caused by tobacco remained high in 2010. In particular, there were increasing levels of support for a rise in tax on tobacco products to pay for health education and to contribute to treatment costs.

Alcohol
The proportion of the population aged 14 years or older who consumed alcohol daily declined between 2007 (8.1%) and 2010 (7.2%). However, there was little change in the proportion of people drinking alcohol at levels that put them at risk of harm over their lifetime (20.3% in 2007 and 20.1% in 2010), or from a single drinking occasion at least once a month (28.7% in 2007 and 28.4% in 2010). As the Australian population has increased, the number of people drinking at risky levels increased between 2007 and 2010. Around 7% of recent drinkers changed their drink preference, shifting away from pre-mixed spirits; this preference was particularly evident for those aged less than 20 years.

There was higher support in 2010 (compared with 2007) given to alcohol measures related to venues, such as restricted trading and limiting the number of venues. Abstainers and those drinking at low-risk levels were more likely than risky drinkers to support policies aimed at reducing alcohol-related harm.

Illicit drugs
Recent illicit drug use increased in 2010, mainly due to an increase in the proportion of people who had used cannabis (from 9.1% in 2007 to 10.3% in 2010), pharmaceuticals for non-medical purposes (3.7% to 4.2%), cocaine (1.6% to 2.1%) and hallucinogens (0.6% to 1.4%). However, recent ecstasy use decreased, and there was no change in the use of meth/amphetamines, heroin, ketamine, GHB, inhalants and injecting drug use.

Between 2007 and 2010, ecstasy and meth/amphetamines were perceived to be less readily available, with less opportunity to use, but
cannabis, hallucinogens, painkillers/analgesics (both prescription and over-the-counter) and tranquillisers/sleeping pills for non-medical purposes were perceived to be more readily available.

Of all illicit drugs, community tolerance has increased for cannabis use, while people in Australia still consider heroin to be the drug most associated with a drug problem.

**POPULATION GROUPS**

**Sex and age**

Males were far more likely than females to use all drugs (both illicit and licit), except for pharmaceuticals which were used by a similar proportion of males and females. Females were considerably less likely than males to drink alcohol daily and in quantities that placed them at risk of harm. Females were also more likely than males to support measures aimed at reducing problems associated with drug use, and to support penalties for the sale and supply of illicit drugs.

Across Australia, those aged 18-29 years were the most likely to report using illicit drugs and drinking alcohol at risky levels in the previous 12 months. The proportion of 12-17 year olds abstaining from alcohol increased in 2010. Those aged 40-49 years were most likely to smoke daily.

**Other groups**

Patterns of drug use differ by other population characteristics depending on the drug type of interest. In general, high proportions of Aboriginal and Torres Strait Islander people smoked tobacco, drank alcohol at risky levels and used cannabis in the last 12 months compared with non-Indigenous Australians, as did people living in the Northern Territory compared with other states/territories. People living in Remote and Very remote areas were more likely to smoke and drink at risky levels, but less likely to use illicit drugs such as cocaine compared with those in Major cities and Inner regional areas.

Other differences were apparent for people who were unemployed, identified as homosexual/bisexual, did not have post-school qualifications, and were never married, as well as for students.

**Attitudes**

People who used drugs generally had a more accepting attitude towards drugs, and were less likely to support measures to reduce harm. Recent drug users (both licit and illicit), males, and younger people were all more likely to support policies that legalised drugs, and to approve of regular drug use, and showed less support for measures aimed at reducing harm associated with drugs.

In 2010, as in previous years, excessive alcohol use was mentioned more often than other drugs as being the most serious concern to the community, followed by tobacco and heroin. The proportion of people nominating marijuana, alcohol and tobacco as a ‘drug problem’ all decreased, whereas the proportion nominating cocaine, hallucinogens and pain killers increased.

**HEALTH AND HARM**

**Health**

Compared with non-smokers (never smoked or ex-smokers), smokers were: more likely to rate their health as being fair or poor; more likely to have asthma; twice as likely to having been diagnosed or treated for a mental illness; and more likely to report high or very high levels of psychological distress in the preceding 4-week period.

Recent drinkers who drank at levels that put them at risk of harm from a single occasion of drinking were 1.7 times as likely as low-risk drinkers (1.9%) to experience very high levels of psychological distress. A higher proportion had also been diagnosed with a mental illness (3.6% compared with 1.1%), however, the relationship between drug use and mental illness is complex.

Psychological distress and diagnoses or treatment for a mental illness continue to be highest among recent users of meth/amphetamines, ecstasy, cannabis, and cocaine.

**Harm**

In 2010, the proportion of pregnant women who smoked decreased after they found out they were pregnant (from 12.6% before realising they were pregnant to 8.1% after finding out). The proportion of pregnant women abstaining from drinking alcohol increased in 2010 (from 40.6% in 2007 to 52.0% in 2010).

Between 2007 and 2010, the proportion of people experiencing incidents related to illicit drug use decreased. This was influenced by a decline in people being verbally abused and being put in fear. However, the proportion of people reporting they were physically abused by a person under the influence of alcohol increased (from 4.5% to 8.1%) during this period.

Driving was the most common risky activity included in the survey to be undertaken while under the influence of drugs, but this decreased in 2010. In 2010, males continued to engage in more risky behaviours and activities than females while under the influence of illicit drugs or alcohol.
DRUGS, ALCOHOL AND TOBACCO

In most cultures there are substances that people take to alter their minds or body functions. Some of these are legal and accepted, others are illegal. This topic from the Women’s and Children’s Health Network looks at why people use drugs and alcohol, and their effects on health, and offers some tips for people who want to change their drug use.

Alert!
You need to check the laws where you live. There are laws about selling drugs, using drugs and the age you can use legal drugs in most countries.

TYPES OF DRUGS

A drug is any chemical that is not food and that affects your body. Drugs can be medicines such as antibiotics and painkillers. However, when young people talk about drugs they are usually referring to those that affect the mind – and this topic is mainly about those kinds of drugs.

Drugs are described in different ways. People use words like ‘soft’, ‘hard’, ‘upper’ and ‘downer’. Grouping them can help make sense of what they do to us.

1. **Stimulant** (upper) – Stimulants speed up the brain and central nervous system. Examples are caffeine (in coffee, tea, cola drinks and energy drinks), nicotine (in cigarettes), amphetamines (speed, dexamphetamine, diet pills), cocaine, and ecstasy.

2. **Depressant** (downer) – Depressants slow down the brain and central nervous system. Examples are alcohol (beer, wine, vodka, gin, etc.), marijuana/cannabis (‘dope’, ‘grass’, ‘weed’, etc.), fantasy, heroin, tranquillisers and anti-anxiety drugs (including sleeping pills).

3. **Hallucinogen** (psychedelic) – These drugs alter the user’s state of consciousness, and include drugs such as LSD (‘acid’ or ‘trips’), ecstasy, magic mushrooms, datura and marijuana/cannabis.

The most commonly used drugs in many countries, including Australia, are alcohol, tobacco and prescription drugs. Alcohol and tobacco are also the biggest killers. Marijuana is the most commonly used illegal drug.

DRUGS AND HEALTH

People use drugs for different reasons and at different levels, but most would realise that there are health risks with using any drug. Here are some general harms that can arise with drugs:

- **Injuries and accidents** – Lots of people who go to emergency departments at hospitals have taken a drug, often alcohol. Drug-related injuries can come from things like fights, falling over, operating machinery at work, car accidents, or even falling off a skateboard.

- **Damage to body organs** – Heavy use of many drugs can hurt the liver. The brain, lungs, throat and stomach can be damaged by drug use too.

- **Risk of infectious disease** – Sharing needles from injecting drugs is a major risk for getting diseases like Hepatitis C or B or HIV, which are spread through blood-to-blood transmission. You can also catch other infections from sharing things like pipes or bongs (e.g. colds, glandular fever).

- **Psychosis** – A number of drugs can trigger psychosis, which is a mental illness where a person loses touch with reality.

- **Depression** – Feeling low after using some drugs (including alcohol) is common – this could be due to the drug itself or because of things that happened while using. People sometimes use drugs more when they are depressed.

- **Stress** – Some people think that using certain drugs will help them relax and forget about the things that are causing them stress. However, changing the way the body and mind work with drugs is a stress in itself, and users can experience tension, anxiety, paranoia and other symptoms which only add to the feelings of stress.

- **Relationship problems** – Conflict between friends and partners, and family breakdown are more common when drug use is ongoing.

- **Violence** – Drugs and alcohol do not cause violence, although their use can make the problems that cause violence much worse. Violence is illegal, and is a choice just like using drugs or alcohol.

- **Dependence** – Many people become dependent on a drug, which means that they feel that they can’t function without it, they spend a lot of their time and energy finding and using the drug, and they might have withdrawal symptoms when they stop using it. They might also need to take increasing amounts to get the same effects.

- **Safety** – Getting drunk (or ‘stoned’) and out of control can make you less safe. Scoring drugs or trying to get the money to buy them can also put a person at risk of harm.

- **Job loss** – Drug use (and the ‘hangover’ effect) reduces a person’s ability to work in a job, and reduces their chances of getting a job (see the topic Unemployment at www.cyh.com).

- **Financial pressures** – Using alcohol and other drugs can be a costly business! In the worst cases, funding a habit can lead to crime, or losing everything on gambling.

- **Homelessness** – This can result from not being able to pay rent or getting ‘kicked out’ of home (see the topic Housing/homelessness at www.cyh.com).

- **Legal issues** – Court, jail time or hefty fines are associated with using or selling illicit drugs, driving under the influence of alcohol or drugs, or committing crimes as a results of using drugs (see the topic Police, courts and crime at www.cyh.com).
When I first started my job I tried to keep up with my old lifestyle of going out and getting off my face any day of the week. This meant I went to work the next day with a massive hangover. One day I had to keep going to the toilet to throw up. It was heaps hard to concentrate and I couldn’t do my job properly. That was when I decided I had to stop or it would soon be the end of my job!

Amy, 24 years

WHY PEOPLE USE THEM

People choose to use drugs (including legal ones like coffee, cigarettes, beers, etc.) for lots of reasons. Here is what some young people have said:

➤ “I wanted to try it out”
➤ “I wanted to rebel against what I was told not to do”
➤ “I wanted to show my parents that they couldn’t stop me”
➤ “I wanted to block out things that happened in my life”
➤ “I felt I could show people I was tough and I can hack it”
➤ “I was just there and drugs were offered to me, so I thought ‘why not?’”
➤ “If I don’t have it I start to get withdrawals or feel irritable”.

SAFETY FIRST!

Of course the safest thing is not to use drugs! If you choose to use a drug, you can reduce the harms of that drug. Here are some general tips to keep safe.

➤ It is your choice, not someone else’s! Don’t feel pressured into using any drug (including alcohol, cigarettes or illegal drugs)
➤ Find out about it first. Do some research and know what you are taking and what the effects are likely to be – see the topics in the Drugs and alcohol section at www.cyh.com

Injecting drugs is always a health risk – never share injecting equipment with anyone
➤ Never try to drive or operate machinery after taking a drug
➤ Don’t be pressured into taking more of a drug because others are doing it – if you feel you’ve had enough, stop
➤ If someone collapses, get help urgently – call an ambulance. Give the ambulance staff and doctors honest information about any drugs taken.

NOT FOR ME THANKS!

Here are some things you can do if you choose not to use drugs or alcohol.

➤ Stay away from places where they know people will be using
➤ Exercise your right to make your own choices. See the topic Assertiveness at www.cyh.com
➤ Say things like:
  - “Cheers, but not for me thanks”
  - “I’m cutting back”
  - “I can’t tonight, I’m driving”
➤ Get into things that give you a natural good feeling.

IF DRUGS TAKE OVER YOUR LIFE

Sometimes people notice that drug use starts to take over their life. Here are some tips to help get your life back.

➤ List all the things that you do or are important in your life – personal interests, social activities, work and financial matters, relationships, etc
➤ Next to them, make a list of how your drug use has an effect on these areas
➤ What are the reasons you use? What do you get out of using your drug? What are the not so good things about using? How might your life look if you continue
in this way?

➤ List the advantages for your life and your future if you made some changes
➤ Think about what changes you would like to make. What's the most realistic – quitting or cutting back?
➤ Make a plan. What are you trying to achieve? How are you going to achieve it? Who or what might help? What steps will you take? How will you know when you have achieved what you set out to do?
➤ Make a commitment to yourself. Set a date. Tell people what you are planning to do. Try to find people who are supportive of your changes
➤ Stick to your plan and celebrate when you achieve your goals
➤ Don’t give yourself a hard time if it doesn’t work out the first time. Try again
➤ Speak to your local drug and alcohol counsellor or community health worker for support or further information
➤ If you experience withdrawals, or you think you are dependent, speak to your doctor or drug service for information.

WHAT ABOUT YOUR BUDDY?
It can be a difficult to see your friends or family members using drugs.

➤ One person said:
“My friends smoke and are into drugs. My best friend started because my other friend did and when they take drugs I don’t really like being around. My best friend and I have just broken up because she takes drugs. I know it’s their choice but how can I stop them because I don’t want to lose my best friend?”

Below are a few ideas that might help you with your friend’s drug use.

➤ Accept that you can’t change someone else’s behaviour. They are the only ones who can decide to change
➤ Keep yourself safe. Tell someone you trust what is going on and how you feel about it. Talk to someone who you think might be able to help you
➤ Find out about the drug they are using. Perhaps you could give them some information about what their drug is and how it can affect them
➤ Try not to be too judgemental about what they do
➤ Tell them what you are worried about. Try not to blame or put them or other people down
➤ Inform them of the things they can do to try to keep as safe as possible
➤ Be true to yourself. Make your own choices and make sure you can continue your life in a positive way that you want!

LEGAL ISSUES
Some forms of drug use are illegal in most countries. Check the laws where you live. Some legal consequences of drug use are:

➤ Fines or expiration fees (i.e. on-the-spot fines)
➤ Court appearances
➤ Jail – remand or custody
➤ Community service
➤ Treatment orders
➤ A criminal record – if you have one, it can be difficult to get some jobs, and you won’t be allowed to travel to some countries.

If you sell, supply, manufacture or grow any illegal drug, you can expect very harsh penalties.

RESOURCES
➤ The Second Story Youth Health Service (TSS)
  – Central: 57 Hyde St, Adelaide
  – South: 50a Beach Rd, Christies Beach
  – North: 6 Gillingham Rd, Elizabeth
  – West: 51 Bower St, Woodville
➤ Youth Healthline – Monday to Friday, 9am to 5pm, Tel: 1300 13 17 19.
➤ Drug and Alcohol Services South Australia – Alcohol and Drug Information Service (ADIS) – 24 hour statewide line – Tel: 13 13 40, www.dassa.sa.gov.au
➤ Aboriginal Drug and Alcohol Council (SA) Inc – Tel: (08) 8362 0395, www.adac.org.au
➤ Your local Community Health Centre – check the phone book for one near you.
➤ Your local doctor or hospital.
➤ Your school, workplace, college or university counsellor.
➤ Your local police station.

GENERAL
➤ Save-A-Mate (SAM) is a program of the Red Cross. SAM promotes health and wellbeing of young people through peer education and support on issues such as alcohol and other drug use, and mental health, www.saveamate.org.au

This information should not be used as an alternative to professional care. If you have a particular problem, see a doctor, or ring the Youth Healthline on 1300 13 17 19 (local call cost from anywhere in South Australia).

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Child and Youth Health website
www.cyh.com.au
Drugs in Australia 2010 assembles the most recently available information about tobacco, alcohol and other drugs in Australia from a variety of data sources. It is a reference publication for those looking for accessible information about drug-related issues in Australia. The report presents information on the prevalence of tobacco, alcohol and other drug use in the community; and on treatment services, drug-related health issues, and drugs in crime and law enforcement. It includes a special focus on two areas - Aboriginal and Torres Strait Islander peoples, and patterns of drug use at key life stages.

Patterns of Drug Use

Tobacco and alcohol

Tobacco and alcohol are the drugs most commonly used by the Australian population. Tobacco smoking is the leading cause of preventable illness and death in Australia, accounting for 8% of the total burden of disease in 2003. Total smoking-related costs to society – including those for healthcare and lost productivity, and intangible social costs – were estimated at $31.5 billion in 2004-05.

In 2010, one in seven Australians aged 14 years or over were daily smokers, and one in four were ex-smokers. In 2010, one in seven (15%) Australians aged 14 years or over were daily smokers, and one in four (24%) were ex-smokers. More than half the population (59%) had never smoked. Daily smoking rates have fallen by more than a third over the past two decades, from 24% in 1991. This is largely due to lower rates of smoking among adults aged 24-44 years.

Close to four in five (78%) Australians aged 12 years or over had consumed alcohol over the previous year in 2010, including 46% who drank at least weekly. There was a significant decline in daily drinking between 2007 and 2010 (from 8.1% to 7.2% of the population aged 12 years or over).

Most people drank at levels that did not put them at risk of harm. However, 28% of males and 11% of females drank alcohol at levels that put them at risk of alcohol-related harm over their lifetime. In addition, 23% of males and 9% of females consumed alcohol in quantities that put them at risk of alcohol-related injury from a single drinking occasion at least weekly. An estimated 13.1% of people aged 14 years or older had driven a motor vehicle under the influence of alcohol in 2010.

The consumption of alcohol was estimated to cost Australian society $15.3 billion, in 2004-05 (Collins & Lapsley 2008). These costs included both tangible costs (such as for healthcare, road accidents and crime) and intangible costs, including for pain and suffering. The majority of social costs for alcohol (71%) were tangible costs. Businesses bore 50% of tangible costs and governments 26%, with individuals making up the balance.

Illicit drugs

In 2010, most Australians aged 14 years and over (60%) had never used an illicit drug. However, around 15% had used one or more illicit drugs in the past 12 months.

Cannabis was the most common illicit drug used recently (10.3%) followed by ecstasy (3.0%) and amphetamines and cocaine (each used by 2.1% of people). Many people who used an illicit drug in 2010 also used other drugs, illicit or licit.

The social cost of illicit drug use in Australia was estimated at $8.2 billion in 2004-05, including costs associated with crime, lost productivity and healthcare. Illicit drug use accounted for 2.0% of Australia’s total burden of disease in 2003. Much of this was caused by hepatitis C, which can be contracted by risky injecting practices.

Around 8% of people in Australia aged 16-85 years have had a drug use disorder in their lifetime.
SERVICES RELATED TO DRUG USE OR TREATMENT

Substance use – specific services

In 2009, 10,671 alcohol and other drug treatment agencies across Australia provided almost 150,000 episodes of service to people who were concerned about their own or someone else’s drug use.

In 2009-10, around 15% of the support services provided to people by homelessness services were related to the use of alcohol or other drugs.

In almost half these cases (46%), alcohol was the principal drug of concern, with cannabis nominated in almost one-quarter (23%) of episodes. While the ranking of the top two principal drugs of concern has not changed, seeking treatment related to alcohol use has become increasingly common (from 38% of episodes in 2002-03 to 48% in 2009-10); correspondingly, there were relatively fewer treatment episodes for heroin use (10% in 2009-10 compared with 18% in 2002-03).

The most common form of treatment provided by these agencies was counselling to individuals, groups or families (the main treatment type in 42% of episodes in 2009-10), followed by withdrawal management (detoxification, 15%).

One treatment option for people who are dependent on opioid drugs is opioid substitute pharmacotherapy. Just over 46,000 people were receiving pharmacotherapy as at 30 June 2010: mostly methadone (69%).

While Aboriginal and Torres Strait Islander people can access mainstream treatment services, the Australian Government also funds a number of indigenous substance use services. In 2009-10, the large majority of these (92%) provided programs specifically targeted at alcohol use. Other common substances/drugs for which services provided treatment or assistance included cannabis (77%), multiple drug use (54%) and tobacco/nicotine (52%).

Other services

There were 104,614 hospital separations reported with a drug-related principal diagnosis in 2009-10. More than half (58%) of these involved alcohol use.

Clients with mental or behavioural disorders due to the use of alcohol or other psychoactive drugs can receive treatment in a range of mental healthcare settings. In 2007-08, 16% of overnight hospital separations to do with mental health involved a diagnosis related to the use of alcohol or other psychoactive drugs; the corresponding figure for same-day separations was 19%. In addition, these diagnoses were responsible for more than 171,000 community service contacts for mental healthcare (2.6% of all contacts in 2007-08).

In 2009-10, around 15% of the support services provided to people by homelessness services were related to the use of alcohol or other drugs.

In 2008, 45% of Aboriginal and Torres Strait Islander people aged 15 years or over were daily smokers – more than twice the proportion of non-Indigenous Australians.

VULNERABLE GROUPS

A number of groups within the population had relatively high rates of tobacco, alcohol and other drug...
use, putting them at increased risk of harm.

For example, in 2008 45% of Aboriginal and Torres Strait Islander people aged 15 years or over were daily smokers – more than twice the proportion of non-Indigenous Australians, after accounting for age differences. Aboriginal and Torres Strait Islander people were also more likely to have used an illicit drug recently (21% in 2008). However, eight in ten Aboriginal and Torres Strait Islander people were non-drinkers or drank at levels that did not place them at risk. Furthermore, risk of long-term harm from alcohol consumption did not significantly differ from the non-Indigenous population.

Other vulnerable groups include:

➤ People living in the most socioeconomically disadvantaged areas – who were twice as likely to smoke as people living in the most advantaged areas

➤ People living in remote areas – were more likely than people living in major cities to smoke, to drink alcohol at a level that puts them at risk of lifetime harm (as well as harm on a single occasion) at least weekly, and to have recently used illicit drugs other than cannabis

➤ People who are unemployed – who were more likely than people who were employed to smoke or have recently used illicit drugs

➤ People who identify as homosexual or bisexual – were twice as likely as people identifying as heterosexual to smoke or to have used cannabis or other illicit drugs in the past year, and more likely to consume alcohol at a level that puts them at risk of lifetime harm (as well as harm on a single occasion) at least weekly.

**DRUGS AND CRIME**

There were more than 85,000 arrests in 2009-10 for illicit drug offences; two-thirds involved cannabis. Most arrests (81%) were for use or possession rather than other drug-related offences such as manufacture or trafficking.

According to prison census statistics, one in ten sentenced prisoners in 2010 had an illicit drug offence recorded as their most serious offence – largely manufacturing or trafficking.

Close to two-thirds of adults detained by police tested positive to illicit drugs in 2010; these drugs were most commonly cannabis (46% of males and 43% of females), followed by amphetamines (17% of males and 22% of females) and opiates (15% of males and 24% of females).

People entering prison (for any offence) had high rates of drug use compared with the general population. In 2010, three in four (74%) prison entrants smoked daily and two-thirds (66%) reported using illicit drugs in the past 12 months. In addition, 58% drank alcohol at levels that put them at risk of alcohol-related harm, although this was measured in a different way to the wider population statistics, making direct comparisons difficult.
ECSTASY
(E, Ex, E n C, ecstasy, MDMA, XTC, eggs, pingers, disco biscuits, pills)

Ecstasy is the common street name for Methylenedioxymethamphetamine (MDMA). Basically a stimulant with hallucinogenic properties, ecstasy most often comes in pill form (hence the creative nickname ‘pills’) in a multitude of colours differentiated by ‘stamps’. Usually swallowed, E can also be crushed or snorted.

What it does
The stimulants in ecstasy speed up the central nervous system, while any hallucinogens in the drug simultaneously affect perception. MDMA reduces inhibitions and causes users to become more alert, affectionate and energetic. Ecstasy starts to ‘come on’ within 20 minutes of taking it, producing a euphoric rush that peaks after another hour or so. Effects can last up to eight hours, followed by a comedown which may be accompanied by fatigue and irritation. These effects are intensified if use is combined with other drugs, including alcohol.

Short term
Ecstasy increases blood pressure and pulse rate, and raises body temperature. The user loses appetite and sweats a lot, maybe even vomits. Some people can overheat, while side effects such as involuntary jaw clenching, teeth grinding and dilated pupils are common, as is anxiety and insomnia during the comedown. Taking a pill in a hot, humid environment (like a rave party or a mosh pit) can cause dehydration, and although rare, heart failure and death. There’s also well-known cases of people overhydrating and suffering water-intoxication, leading to a swelling of the brain.

Long term
While inconclusive at this stage, mounting evidence suggests repeated use of ecstasy acts as a neurotoxin to the brain. Heavy users report symptoms of depression (such as lethargy and mood swings), decreased concentration skills and memory damage. This is because the serotonin in the brain is reduced by ecstasy use. Animal studies indicate that this serotonin depletion can be long-lasting (up to three years) and may even be permanent.

Water intake needs to be actively managed when ecstasy is consumed – drinking too much can be just as dangerous as too little.

Bottom line
Like any illicit drug that is manufactured in crude backyard labs, there is not much in the way of quality control. While the active ingredient in ecstasy is meant to be MDMA, most pills don’t actually contain it. Why? Well, it’s difficult to gain access to the base chemicals required to manufacture and it is tricky to synthesise chemically. Most pill-makers are using unsophisticated equipment and aren’t averse to cutting costs wherever possible.

Keep in mind, no matter what your dealer or mate who sold you the pills might think or say, it is very doubtful even he or she really knows the origins of the merchandise, let alone be qualified to vouch for their quality. Usually, they’re just repeating what they’ve been told from whoever gave them the pills. What that all means is, instead of buying MDMA, you’re more likely to be scoring a cocktail of methamphetamine and other synthetic hallucinogens, including Paramethoxyamphetamine (PMA). Other cheap ingredients used to pad out ecstasy pills can include caffeine, ketamine (a horse tranquiliser), paracetamol and ibuprofen.

➤ PMA – is an amphetamine-type drug with both stimulant and hallucinogenic properties and is sometimes sold as or found in ecstasy. Slower acting, but stronger than MDMA, people often think their pills...
are ‘duds’ and take a second one, then they OD. There have been a number of fatalities recorded due to it

- An oil called saffrole, extracted from the roots, bark and fruit of sassafras plants, is used to make MDMA. Use of sassafras in humans has been known to cause permanent liver damage and cancer
- From 2000-2004, the National Coronial Information System recorded 112 ecstasy-related fatalities, with the drug itself the primary cause of death in 46 per cent of them
- Serotonin syndrome can result from using ecstasy while on antidepressants, or from an overdose. Symptoms include agitation, headache, confusion, heart arrhythmias, muscle twitching and, in extreme cases, coma and death.

**ICE**

*(meth, crystal meth, d-meth, shabu, tina, glass)*

Ice is the street handle for crystal methamphetamine hydrochloride, which now accounts for 90 per cent of all methamphetamine seized by police in Australia since the mid-‘90s. Generally coming as a crystalline powder or in colourless ‘rocks’, ice can be smoked, snorted or injected.

**What it does**

The intense ‘high’ or ‘rush’ experienced from taking ice can last up to 12 hours, depending on how many times it is consumed. Users experience feelings of exhilaration and arousal. The drug works by flooding the brain’s receptors with monoamines. With repeated use, these receptors are killed off, so that the user is unable to feel pleasure at all without more ice. Hence its highly addictive nature, both physiologically and psychologically.

**Short term**

Increased heart rate and breathing, hypertension, circulatory and heart problems. It increases libido, so users are more likely to engage in risky sexual behaviour resulting in an increased risk of contracting a sexually transmitted infection (STI).

**Long term**

Over time, ice literally ages people. Injecting it causes scarring, abscesses, vein damage and increases the risk of blood-borne pathogens. Heavy users suffer damaged teeth, skin lesions, malnutrition, reduced lung function and general aches, pains and cramping. Aside from the risk of stroke, its also been shown to affect mental health and cognitive function – ice addicts suffer paranoia, hallucinations, memory loss, sleep deprivation and psychosis.

**Bottom line**

Ice is one of the worst drugs out there. In terms of social impact, access to the drug becomes the prevalent, overriding priority for any ice addict, and they often become aggressive and violent, alienating their families and friends.

**MARIJUANA (CANNABIS)**

*(pot, grass, weed, dope, reefer, joint, spliff, ya(r)ndi, rope, mull, cone, skunk, bhang, ganja, hash, chronic)*

The Cannabis plant produces three different products. Marijuana is the leaf and flowering head of the female plant and contains the psychoactive substance delta-9 tetrahydrocannabinol (THC). Cannabis plants also produce hash which comes in small coloured blocks (ranging from yellow to black) and hash oil. The most common form of consuming the drug in Australia is smoking the dried leaves and flower buds of the plant in either joints or bongs.

**What it does**

THC is absorbed through the lungs (or stomach) into the bloodstream and taken to the brain, where it floods the receptors with the brain’s reward chemicals. In general, smoking cannabis gives the user a relaxed effect. It also increases appetite, colloquially known as getting the ‘munchies’.

**Short term**

Difficulty in concentration, impaired co-ordination, bloodshot eyes and dryness of the mouth.

**Long term**

Respiratory diseases, smoking-related cancers and low sperm count and even lower sex drive. Psychological dependence on the drug leads to increased irritability, memory loss, emotional imbalance, lack of motivation, paranoia and anxiety attacks, and there’s also a link to psychosis and schizophrenia in heavy pot smokers. There can be social implications as well – such as relationship problems with family and friends. Unemployment has also been linked directly to marijuana abuse.

**Bottom line**

Like any form of inhaling what is essentially burnt carbon, smoking weed is basically bad for you. And because much of the ganja sold nowadays is grown hydroponically, there is anecdotal evidence of a high concentration of toxic chemicals still in the plant when smoked.

- Toxic gasses produced during meth production include hydrogen chloride, hydrochloric acid, ammonia and phosphine – all highly poisonous to humans.

**Physical impacts** – Long-term potheads may suffer asthma, bronchitis, cancers of the mouth, throat and lungs, poor concentration, damaged memory, learning difficulties and potentially mental disorders.
What it does

Dependent upon quality and purity, all three forms of cocaine provide an intense, short-lived rush caused by the release of a neurochemical called dopamine. Aside from the unusual feelings of arousal, users feel overly confident and talkative.

Short term

Increased heart rate, agitation, paranoia and hallucinations, muscle spasms and vomiting. Bingeing on cocaine over several hours or days leads to a ‘crash’ (i.e. depression and lethargy).

Long term

Cocaine psychosis – characterised by violent, aggressive behaviour and paranoid delusions – as well as sleeping disorders, sexual dysfunction, strokes, convulsions and kidney failure. Also, snorting the drug damages the nasal membranes which can eventually lead to the collapse of the nose’s septum. Injecting it will cause tissue damage.

The combination of cocaine and alcohol produces a chemical called cocaethylene, which is more toxic to the system than taking either drug by itself.

Bottom line

Whatever your source claims, purity of coke in Australia is very low compared with some other countries, so local supply is invariably ‘cut’ with other drugs such as speed, meth and ecstasy powder.

SPEED

(whiz, point, zip, go-ee, snow, gas, pure, eve, gogo)

Speed is an amphetamine. It generally comes in an off-white/yellowy powder, but can be pink or even brown – ranging from very fine to quite coarse – or as a viscous liquid in capsules. The drug can be swallowed, smoked, snorted, injected or taken rectally.

What it does

As with all amphetamines, speed gives an intense rush after taking it. Increased energy, suppressed appetite and alertness are normal – mainly because the drug acts to accelerate the messages between the brain and the body. Consequently, breathing and heart rate increase, as does blood pressure.

Short term

Excessive sweating, overheating, blurred vision, headaches, teeth grinding, jaw clenching, nausea and diarrhoea.

Long term

Like ice, long-term use ages the user considerably and will lead to dental degradation, heart problems, weight loss, potential stroke and a high risk of addiction. As well
as suffering decreased emotional control and delusional or compulsive behaviour, dependent users can be violent and abusive, and the drug is blamed for destroying many families and friendships.

**Bottom line**

Speed is a particularly ‘dirty’ drug, cut or mixed with any number of other drugs and even detergents to increase profits. Use it over the long term and you’ll look haggard, get bad skin, ruin your teeth and may become irrational, aggressive and even violent.

‘Speed psychosis’ is common with any overdose of amphetamines and closely resembles paranoid schizophrenia.

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**Bottom line**

Depressants can act as an anaesthetic to the central nervous system, reducing feelings of anxiousness, stress or paranoia. They also relieve insomnia and relax the body’s muscles. Often, users report their mood improves and they experience feelings of being more sociable. In terms of the drug scene, depressants can be used as a crude ‘antidote’ to overcome symptoms of withdrawal or ‘comedown’ from taking other illicit stimulants.

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**Short term**

Dizziness, confusion, slurred speech, shallow breathing, impaired coordination and judgement, and low blood pressure. Self-medicating with depressants while under the influence of other drugs is dangerous, it can lead to respiratory arrest or even death.

Mixed with alcohol, depressants lower your respiratory rate to the point you can actually stop breathing.

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**Long term**

Many depressants or barbiturates are also addictive if taken regularly, and withdrawal symptoms include sleeplessness, panic attacks and anxiety.

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**Bottom line**

They’re meant to be prescribed by a doctor for specific reasons and not to come down off other drugs. If you’re using downers just to come off other drugs, it’s better to just sleep it off. Take too many, or with the wrong cocktails of drugs, and you risk coma or death.

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**DEPRESSANTS**

**(benzos, tranks, serries, mandies, sleepers)**

Otherwise known as ‘downers’, depressants act to slow or reduce the function of the brain and body. Mainly used as prescription medicines, they’ve also become popular as ‘illicits’ or mood-altering substances. They can cause anything from feelings of relaxation and mild contentment, to sedation and total blackout.

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**Need Help?**

**NATIONAL DRUGS CAMPAIGN**  
1800 250 015 (freecall)  
For information about the campaign or to find out more about information and support services in your State/Territory.

**ALCOHOL INFORMATION**  
The Australian Government’s national alcohol information site, created by the Department of Health and Ageing.

**THE NATIONAL CANNABIS PREVENTION AND INFORMATION CENTRE (NCPIC)**  
1800 304 050 (freecall)  
[www.ncpic.org.au](http://www.ncpic.org.au)  
The National Cannabis Prevention and Information Centre (NCPIC) aims to reduce the use of cannabis in Australia by preventing uptake and providing the community with evidence-based information and interventions.
TED NOFFS FOUNDATION
1800 151 045 (freecall)
www.noffs.org.au
Providing essential services for young people and their families who are experiencing drug and alcohol problems and related trauma.

TURNING POINT
1800 888 236 (freecall)
www.turningpoint.org.au
Turning Point strives to promote and maximise the health and wellbeing of individuals and communities living with and affected by alcohol and other drug-related harms.

AUSTRALIAN DRUG FOUNDATION (ADF)
www.adf.org.au
Comprehensive information on drugs, including latest research, fact sheets, updates on conferences and news, government policy and more.

AUSTRALIAN DRUG INFORMATION NETWORK (ADIN)
www.adin.com.au
ADIN provides easy access to more than 1,200 professionally reviewed websites and links to drug and alcohol agencies – from small regional groups to nationwide organisations.

DRUG ARM
1300 656 800
www.drugarm.com.au
DRUG ARM Australasia is a non-government, non-profit organisation committed to the promotion of a healthy lifestyle without the use of illicit drugs.

FAMILY DRUG SUPPORT
1300 368 186 (local call)
www.fds.org.au
An organisation for those who need help with someone they love. It’s made up of volunteers who’ve experienced first-hand the trauma of having family members with drug problems.

BEACON FOUNDATION
www.beaconfoundation.com.au
The Beacon Foundation is a national not-for-profit organisation that seeks to influence the attitudes and culture of Australians so that each young person develops an independent will to achieve personal success for themselves and their community.

KIDSHELP LINE
1800 551 800 (freecall)
www.kidshelp.com.au
A national phone and online counselling service for young people aged 5 to 25 years. It’s free, anonymous and completely confidential.

LIFELINE
13 11 14 (local call)
www.lifeline.org.au
A national 24-hour phone counselling service there to help you through any problem, no matter how big or small.

OXYGEN
www.oxygen.org.au
OxyGen encourages healthy lifestyle choices and provides interactive activities and information about tobacco for young people.

REACH OUT
www.reachout.com
A place online where you can find the information you need about mental health issues and some space to chill out. Reach out. Find out. Move on.

MOODGYM
www.moodgym.anu.edu.au
MoodGym is an innovative, interactive web program designed to prevent and decrease depressive symptoms. It was designed for young people but is helpful for people of all ages.

BEYONDBLUE
www.beyondblue.org.au
The national depression initiative. Opening our eyes to depression throughout Australia.

HEADSPACE
www.headspace.org.au
headspace provides mental and health wellbeing support, information and services to young people and their families across Australia.

NATIONAL RELAY SERVICE
24-hour relay call numbers TTY/Voice 13 36 77, Speak and Listen (SSR) 1300 555 727 The National Relay Service is an Australia-wide telephone access service provided for people who are deaf, or have a hearing or speech impairment.

Don’t forget that if you use a mobile phone to call the numbers listed above, you’ll be charged mobile rates.

GETTING HELP

HEADSPACE
www.headspace.org.au

THE NATIONAL CANNABIS PREVENTION AND INFORMATION CENTRE (NCPIC)
1800 304 050 (freecall)
www.ncpic.org.au

TED NOFFS FOUNDATION
1800 151 045 (freecall)
www.noffs.org.au

TURNING POINT
1800 888 236 (freecall)
www.turningpoint.org.au

MOODGYM
www.moodgym.anu.edu.au

BEACON FOUNDATION
www.beaconfoundation.com.au

SOURCES
* Anthony Smith – La Trobe University Study.

It can help to know the signs of drug addiction and different types of dependence if you’re not sure if you have a problem. Finding out the negative effects on the body and mind can also give some perspective on drug use. But drug addiction is treatable, and finding out how to get help is the first courageous step to feeling better.

This might help if...
- You want to know more about drug addiction
- You or someone you know might be suffering from drug addiction
- You want to know signs of addiction.

Drug addiction is complex and can hurt people in a number of different ways. Not only does it have a physical health impact, but it can also affect mental health and social connections if you’re not careful.

Drug addiction occurs mostly with excessive use of party and other drugs; but prescription medication can also be a source of drug addiction and dependence.

What can I do now?
- Don’t go cold turkey unless you’ve checked with your doctor
- Don’t replace one addiction with another
- Learn more about types of drugs and their effects.

Drug addiction can come in many different forms including both physical and psychological dependence on specific types of drugs.

Signs of drug addiction
Some of the signs of drug dependence include:
- Avoiding non-users
- Feeling uncomfortable and alone without drugs
- Losing weight
- Lying or not being honest with friends and family about how much you’re using
- Getting into debt or spending money you can’t afford on drugs
- Selling belongings to pay for drugs
- Stealing from other people to pay for drugs.

Types of drug addiction
Drug addiction can come in many different forms including both physical and psychological dependence on specific types of drugs.

Some drugs that cause physical dependence include:
- Heroin
- Benzodiazepines
- Tobacco.

Drugs that cause psychological dependence can include:
- Cannabis
- Cocaine
- Amphetamines
- Ecstasy
- LSD and magic mushrooms.

Negative effects of drug addiction
There are a number of negative effects that come with drug addiction. Different drugs have different long-term effects, however some common symptoms include:
Getting help

Recognising the problem is the first step in getting help for addiction. No one can force another person to undergo treatment for a problem they don’t believe they have.

Many people think they can go cold turkey and give up drugs on their own, but that’s a really difficult way of going about it and often not the most successful. Talking to someone, whether it is a friend, teacher, parent or doctor, and seeking support from others can be a really great way of figuring out next steps.

Many people think they can go cold turkey and give up drugs on their own, but that’s a really difficult way of going about it and often not the most successful.

If you think you might have an alcohol problem, it could be worth checking out the fact sheet Signs of a drinking problem at http://au.reachout.com

Need help?

eheadspace
Age: 12-25

Kids Helpline
Age: 5-25
To talk to someone about anything that’s going on in your life. Kids Helpline has phone counselling 24/7.
1800 55 1800
www.kidshelp.com.au

Lifeline
For support and advice in a personal crisis.
13 11 14
www.lifeline.org.au
Effects of drug addiction

While different drugs have different consequences for your mental and physical health, all drugs can have the following detrimental effects:

➤ Brain damage
➤ Risk of overdose
➤ Impotence
➤ Insomnia
➤ Legal problems
➤ Violence
➤ Relationship problems.

TYPES OF DRUGS

Many substances are classified as drugs, including legal products such as cigarettes and illegal drugs like marijuana, amphetamines, heroin, ecstasy, cocaine and hallucinogens.

Cannabis

The most commonly used illicit drug in Australia is marijuana, the dried flowers and leaves of the cannabis plant. Most marijuana is smoked in joints or bongs, but it can also be eaten.

Prolonged use can lead to physical and psychological dependence, with effects including:

➤ Lack of co-ordination and concentration
➤ Lack of motivation
➤ Lethargy
➤ Cognitive problems
➤ Irrational thoughts
➤ Hallucinations and altered perceptions
➤ Short-term memory loss
➤ Tachycardia and arrhythmias.

The long-term health consequences of marijuana use can include:

➤ Throat and lung cancer
➤ Respiratory problems
➤ Paranoia
➤ Psychosis
➤ Depression
➤ Weight problems.

Amphetamines

Amphetamines are stimulants, with colloquial names including speed, whiz, crystal meth and ice. Amphetamines can be smoked, injected or snorted. In the short-term, the use of amphetamines can cause agitation and hyperactivity, insomnia and increased heart rate.

Addiction to amphetamines can have a number of effects, including:

➤ Paranoia
➤ Hallucinations
➤ Seizures
➤ Asthma
➤ Violent behaviour
➤ Thrombosis
➤ Vein abscesses, viruses and infections from using needles.

Many substances are classified as drugs, including legal products such as cigarettes and illegal drugs like marijuana, amphetamines, heroin, ecstasy, cocaine and hallucinogens.

Loss of inhibitions while under the influence of amphetamines can lead to poor judgements and involvement in violence, binge drinking, parenting or driving while affected by drugs, unsafe sex, other drug use and other risk-taking behaviour. Withdrawal from amphetamines can cause depression, suicidal thoughts and problems at work or home.
Benzodiazepines
Tranquillisers, or benzos, are legal medications prescribed as an anti-anxiety or insomnia medication. Benzodiazepines include the highly addictive drugs Temazepam, Serepax, Diazepam (Valium) and Xanax. Most benzodiazepines are taken orally, and taking them in combination with other drugs can be highly dangerous. As these drugs affect the nervous system, detoxification needs to take place under strict medical supervision.

Most benzodiazepines are taken orally, and taking them in combination with other drugs can be highly dangerous.

The use of benzodiazepines can have a number of effects, including:
➤ Confusion and irritability
➤ Loss of memory
➤ Slurred speech
➤ Poor co-ordination
➤ Fatigue
➤ Headaches
➤ Major withdrawal symptoms including depression, sweating, tremors and anxiety.

The long-term health consequences of benzodiazepines can include:
➤ Stroke
➤ Damage to internal organs
➤ Infections
➤ Insomnia
➤ Collapsed veins
➤ Poor circulation
➤ Thrombosis.

Heroin
Heroin is an opiate originating from the opium poppy flower. The drug can be injected, inhaled or smoked, and is known as smack, gear or skag. Heroin creates a feeling of drowsiness, and can quickly lead to coma or overdose when heart and breathing rates are slowed down.

The effects of heroin include:
➤ Drowsiness
➤ Glazed eyes
➤ Itching and sweating
➤ Clammy skin.

The long-term health consequences of heroin use can include:
➤ Hepatitis C
➤ HIV
➤ Infertility and risky pregnancy
➤ Lung and heart problems
➤ Nausea and vomiting
➤ Hormonal changes.
What is substance misuse and addiction?

LIFELINE OUTLINES THE ISSUES INVOLVING DRUG ABUSE AND DEPENDENCE

Substance misuse is the harmful use of substances (like drugs and alcohol) for non-medical purposes. The term ‘substance misuse’ often refers to illegal drugs. However, legal substances can also be misused, such as alcohol, prescription medications, caffeine, nicotine and volatile substances (e.g. petrol, glue, paint).

Addiction is a physical and/or psychological need for a substance, due to regular, continued use. Some substances are highly addictive, others are less addictive. However, the symptoms of addiction are similar no matter which substance is used.

Typical signs of substance misuse or addiction include:
- Neglecting responsibilities and activities you used to enjoy (e.g. work, family, hobbies, sports, socialising)
- Participating in dangerous or risky behaviours (e.g. drink driving, unprotected sex, using dirty needles)
- Criminal problems (e.g. disorderly behaviour, drink driving, stealing)
- Relationship problems (e.g. arguments with partner/family/friends, losing friends)
- Physical tolerance (e.g. needing more substance to experience the same effects, symptoms of withdrawal when not using)
- Losing control of your substance use (e.g. unable to stop using, even if you want to)
- Substance use takes over your life (e.g. spending a lot of time using, finding/getting drugs and recovering from the effects).

WHY DO PEOPLE MISUSE SUBSTANCES?

People use drugs and alcohol for many reasons. We might use substances to relax, have fun, cope with or escape a problem or dull emotional/physical pain. However, using substances to cope with problems or numb your pain doesn’t make the problems go away and can make them worse. Also, you might come to depend on drugs or alcohol as a way of coping, rather than seeking help and finding more positive strategies and solutions.

Using substances to cope with problems or numb your pain doesn’t make the problems go away and can make them worse.

WHAT HELPS?

Recognise when your substance use becomes a problem – realising and accepting that you are misusing or addicted to a substance is the first step in finding solutions.

- Get support – getting through substance misuse and addiction on your own is very difficult. Talking to family members, friends, your doctor, other health professionals or a telephone helpline (such as Lifeline) about your substance use can help you to feel supported, find appropriate treatment options and assist in your recovery.

- Investigate treatment options – there are many ways to manage substance misuse and addiction, including some free and low cost options. Types of support include counselling, medication, rehabilitation centres, self-help programs, support networks and others. Talk to a helpline or doctor about available services. Everyone responds differently, so you may need to try a number of options to find what works for you.

Find alternative coping strategies – often people use substances to cope with or escape other personal problems. Finding positive ways of managing stress and problems will help you to manage your substance use and prevent relapses.

Dealing with setbacks – recovery from substance addiction is a long road and sometimes you may experience setbacks. Rather than giving up or feeling like a failure following a relapse, try to get back on the wagon as quickly as possible. It also helps to figure out what triggered the relapse and how you can change your behaviour in the future.

FIND OUT MORE

Call Lifeline – 13 11 14 if you need to speak to someone about substance misuse or addiction for you or someone you know.

Alternatively, call DirectLine on 1800 888 236 or DrugARM on 1300 656 800.

Visit www.lifeline.org.au to find a range of self-help resources and information.

The assistance of The Science of Knowing Pty Ltd in producing this fact sheet is gratefully acknowledged.

© Lifeline Australia | www.lifeline.org.au
OVERVIEW

Addiction describes the compulsive use of mood-altering substances such as alcohol and drugs, or behaviours such as gambling, sex and internet use, despite the negative impact it has on your physical health, relationships, or employment. People suffering from addiction are usually in denial about their problem. Addictive disorders are medically defined as mental illnesses and are treatable by health professionals. The most common addictive disorders are alcohol, drugs and gambling.

Other common addictions are:
- Sex
- Shopping
- Work
- Overeating
- Exercise
- Internet use.

Addiction to a physical substance, such as alcohol or drugs, is also a called a ‘dependence’.

CAUSES

Addiction is caused by a combination of continued use of a substance or activity that gives us pleasure or masks anxiety or depression, and/or a genetic predisposition vulnerability. Both factors are involved in driving our compulsion to have more.

Substance addiction

The exact causes of addiction are not known but addiction is thought to be caused by changes in brain structure and function from repeated use of a substance. One part of the brain affected by substance use is the limbic system which holds the brain’s reward circuit. This controls and regulates our ability to feel pleasure.

Feeling pleasure is essential for survival as it motivates us to repeat behaviours such as eating. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again, without thinking about it. Most people can temper this urge but in people with addictions the reward centre takes over and ends up driving behaviour.

Some people appear to be more vulnerable to addiction because their body chemistry increases their sensitivity to certain substances like alcohol or nicotine. Some forms of substance addiction seem to run in families such as alcoholism.

Some people appear to be more vulnerable to addiction because their body chemistry increases their sensitivity to certain substances like alcohol or nicotine.

Some specific substances that are commonly addictive include:
- Nicotine, a stimulant found in cigarettes and other forms of tobacco
- Alcohol
- Marijuana
- Inhalants such as common household products like oven cleaners, gasoline, spray paints, and other aerosols
- Cocaine, a highly addictive stimulant
- Amphetamines, powerful stimulants
- Ecstasy, a stimulant
- LSD, a potent hallucinogenic
- Opiates such as heroin, and prescribed painkillers like morphine, OxyContin, Vicodin, and Percodan
- Steroids.

Behaviour or process addiction

Addiction can also be to a behaviour like sex or gambling. This is called ‘behaviour’ or ‘process’ addiction. Like substance addictions it is thought that some behaviours tap into the brain’s reward system teaching the brain that certain actions bring pleasure, prompting people to repeat the behaviour.

SYMPTOMS

A substance use or behaviour may be an addiction if:
- It is compulsive and you have little or no control over it
- You neglect family and other responsibilities as a result of using the substance or engaging in the behaviour,
or in order to access the substance or engage in the behaviour. For example: Spending money earmarked for household bills on gambling

➤ You have made failed attempts to stop abusing a substance or engaging in the recurrent behavior
➤ You suffer from withdrawal symptoms (including mood swings, sweating, trembling, raised blood pressure) when you have not used the substance or engaged in the behaviour for a period of time.

DIAGNOSIS

Generally people with a drug dependency show at least three of the following:
1. Tolerance a) need for markedly increased amounts of the drug to achieve the same effect; or b) diminished effect with use of same amounts of the drug
2. Withdrawal a) symptoms occur when the drug is no longer used; or b) drug is taken to avoid or relieve symptoms
3. Drug is taken in larger amounts or for longer periods than intended
4. Persistent desire for the drug or unsuccessful attempts to stop, or reduce use
5. A lot of time is spent in acquiring, using and recovering from use of the drug
6. Other important activities are given up or reduced because of the use or search for the drug
7. Drug use continues despite the recognition of problems caused by its use.

TREATMENT

Behavioural therapies used to treat addiction include:
➤ One-on-one psychotherapy, including cognitive behavioural therapy aimed at helping change destructive behaviour patterns
➤ Family therapy which aims to help and support everyone involved and to aid in recognising warning signs of relapse
➤ Group therapy including 12-step recovery programs which often provide support
➤ Relaxation techniques, such as meditation or yoga.

Many people may use a substance to self-medicate or mask another psychological or mental problem such as anxiety and depression. Treatment for any underlying disorder is essential.

Some people with a substance addiction may need to detox – that is get the substance out of their system. This may involved in-patient or out-patient hospitalisation.

MEDICINES

Combining treatment medications with behavioural therapy is often very effective for treating substance dependency.

Medications can help:
➤ Treat withdrawal symptoms
➤ The brain to adapt to going without a substance and reduce cravings
➤ Interfere with stress triggers that cause the brain to need a substance.

Some medications include:

**Tobacco addiction**
➤ Nicotine replacement therapies (e.g. patch, inhaler, gum)
➤ Bupropion (Zyban SR), an SSRI originally used to treat depression
➤ Varenicline (Champix).

**Opioid addiction**
➤ Methadone
➤ Buprenorphine
➤ Naltrexone.

**Alcohol and drug addiction**
➤ Naltrexone
➤ Disulfiram
➤ Acamprosate.

LIFESTYLE AND DIET

If you are recovering from an addiction it is usually advisable that you completely abstain from using the substance or participating in the behaviour or process.

This may involve making lifestyle changes such as:
➤ Avoiding pubs/bars or occasions where alcohol is readily available
➤ Changing social networks if substance use is common
amongst your peer group
➤ Avoiding places where gambling is easily accessible such as the pokies at clubs and pubs
➤ Finding alternative, healthy ways of dealing with stress such as relaxation or exercise
➤ Seeking treatment for any underlying disorders or issues
➤ Continue with support groups such as Alcoholics Anonymous (AA) or Gamblers Anonymous.

If you are recovering from an addiction it is usually advisable that you completely abstain from using the substance or participating in the behaviour or process.

People with addictions are not alone and there are various support groups that can help them and their loved ones get through this period (see Online support and resources at www.itsmyhealth.com.au).

ONLINE SUPPORT AND RESOURCES
Here are some online resources and support for dealing with addiction.

Gambling
➤ Gambling Helpline, www.gamblinghelponline.org.au
➤ Gamblers Anonymous, www.gansw.org.au

Alcohol and drugs
➤ Suicide Support – If you, or someone you know, is at risk of suicide, you can contact one of the organisations below:
  - Lifeline 13 11 14 (Local call cost; 24 hours)
  - SANE Helpline 1800 18 SANE (7263) (Freecall; 9 am-5 pm)
  - Mens Line Australia: 1300 78 99 78 (Local call cost; 24 hours)
  - Salvo Counselling Line: 1300 36 36 22 (Local call cost; 24 hours).
HOW DRUG USE CAN IMPACT YOUR LIFE

Making an Informed Decision

When making a decision about whether to take drugs, it is important for you to know the facts about the drug you choose, and understand the risks related to taking that drug. Feeling confused about whether or not taking drugs is the right choice for you is not unusual.

Drugs can appear initially to have positive effects—lifting your mood, relaxing you or even giving you more energy. However, they can also have negative impacts on your mental and physical health, your relationships, and your life in general.

When you are making your decision, consider the following points:

➤ Do you know what you are really taking? For example, most ecstasy is not actually MDMA.
➤ What do you know about the person who’s selling you the drug?
➤ Are you taking anything else (alcohol, illicit drugs, over-the-counter or prescribed medication) that might interact with the drug?
➤ How likely is it that you will have a positive experience?
➤ How do you know that the next experience is also going to be a positive one?
➤ Do you know that you will be able to control your drug usage and that it will be safe?
➤ Can you really afford it?
➤ Do you know the safest method of use?
➤ Are you in the right environment—Is there someone to help if something goes wrong?
➤ Do you know what the risks are, and what to do if something goes wrong?
➤ It is your choice to decide whether or not the risk of taking the drug is worth it for you.

Consider the Long-Term Effects

If you are taking drugs, it is possible you believe that you can manage the effects of the drugs and that you can deal with the impact it has on your life. Taking drugs might make you feel good, and there may not even appear to be any immediate consequences to taking the drug.

Sometimes some of these impacts might appear over time and as circumstances in your life or your use of drugs changes. It may be useful to stop and re-examine the impact of your drug use on your life now and see whether the negatives are outweighing the positives.

You may find it useful to go through the list of possible life impacts below as a prompt. It may also be helpful to talk with someone you trust, for example, a friend, counsellor or family member.

In general—your drug use might have impact on your life in ways you might not expect. What were things like before you started using? How does using affect your life now? How would you like things to be different in the future?

Your relationships—Are you finding that there has been any negative change in your relationships? When drug use is an ongoing problem, conflict between friends and partners, and family breakdown can be more common.

Safety—do you ever find yourself in situations where you do not feel entirely in control of your actions? Being under the influence of drugs could put you at risk of being in danger in certain circumstances. Buying drugs or trying to get the money to buy them can also put you at risk of harm.

School/TAFE/university—do you feel you are managing your study commitments? You might not immediately notice the impact that your lifestyle is having on your study. Keeping up with your assignments and concentrating in class are two examples of how your study can be affected by drug use.

Employment—have you or a friend lost a job recently as a result of not being able to do your job...
because you were drug-affected? The after effects of using drugs (coming down or feeling scattered) can reduce your ability to work in a job, they often place you in danger of hurting yourself or others at work, and can reduce your job prospects too.

Financial pressures – have you found yourself struggling to pay bills or buy necessities because you have spent your pay or allowance on drugs? Have you ever thought about just how much you would save if you didn’t use drugs?

Using drugs regularly can become really expensive. In the extreme, when people are highly dependent on drugs, funding their habit can be their top priority and can lead to crime, or risking everything on gambling, only to end up losing.

Dependence – are you finding it difficult to function without taking drugs? When you take drugs there is a risk that you will become dependent on them. This means that you might feel like you can not operate without it or that you are spending a lot of time and energy finding and using the drug. Another sign of dependence can be when you start taking more of the drug as a way to cope, or avoid, the symptoms related to the comedown.

Violence – have you done something you would not normally do when not taking drugs? Some drugs, like amphetamines, can increase the likelihood of acting in a violent way, or being the victim of violence.

Homelessness – have your parents threatened to kick you out of home, or are you finding it hard to pay your rent? If you are spending your money on drugs you might find that there is not much money left for living (paying rent, buying food, or having the money to see a doctor or buy medicine when you get sick).

Drugs can appear initially to have positive effects, however, they can also have negative impacts on your mental and physical health.

Stress – feeling stressed instead of relaxed after taking drugs? You might think that using certain drugs will help you relax and forget about the things that are causing you stress. However, changing the way the body and mind work with drugs is a stress in itself, and you could experience tension, anxiety, paranoia and other symptoms which only increase the feelings of stress.

Psychosis – have you or anyone you know ever lost touch with what is real? A number of drugs can trigger psychosis, which is a mental disorder where you lose touch with reality.

Depression – have you ever felt depressed after taking drugs, or felt that taking drugs worsens existing depression? Feeling low after using some drugs is common (including alcohol). This can be due to the effect of the drug itself or because of things that happened when you were using them.

Injuries and accidents – ever had an accident after taking drugs? When you are under the influence of drugs you might find yourself doing things that you would not normally do, which can increase your chance of getting hurt or having an accident.

Sexually transmitted infections (STI’s) or unwanted pregnancy – ever forgotten to use a condom when you were under the influence of drugs? Under the influence you are less likely to remember to use protection which can result in you or the person you have sex with contracting an STI or getting pregnant.

Damage to internal organs – have you considered the impact on your body? Heavy use of some drugs can damage the liver, brain, lungs, throat and stomach.

Risk of infectious disease – have you considered the risk of disease through drug paraphernalia? Sharing needles is a major risk for getting diseases like hepatitis B or C, or HIV, which are all spread through blood-to-blood transmission.
A n overdose occurs when a toxic (poisonous) amount of a drug or medicine is taken. Substances that can cause harm when too much is taken include alcohol, prescription and over-the-counter medications, illegal drugs and some herbal remedies.

An overdose is a medical emergency that requires immediate medical attention. Always call triple zero (000) if a drug overdose is known or suspected.

A person’s tolerance to overdose varies with age, state of health, how the substance was consumed and other factors. The body often heals (with or without treatment). However, death is a risk in some cases. This may be instant or may follow more slowly if organs are permanently damaged. Treatment for overdose may be short term or may involve ongoing treatment (for example, in the case of self-harm or attempted suicide).

Signs and symptoms of drug overdose
A wide range of signs and symptoms can occur when a person overdoses and everyone responds differently. Signs and symptoms depend on a variety of factors including which drug is taken, the amount taken and the person’s state of health at the time.

General symptoms of a drug overdose may include:
- Nausea
- Vomiting
- Abdominal cramps
- Diarrhoea
- Dizziness
- Loss of balance
- Seizures (fitting)
- Coma.

Reasons for overdose
Reasons for taking an overdose include:
- Accidental – a person takes the wrong drug or combination of drugs, in the wrong amount or at the wrong time without knowing that it could cause them harm
- Intentional misuse – a person takes an overdose to get ‘high’ or to inflict self-harm. The latter may be a cry for help or a suicide attempt.

Risk factors of drug overdose
People of any age may take a drug overdose but some groups are at increased risk. These include:
- Young adults
- Middle-aged people
- Women, who are more likely to overdose than men.

The risk is increased when:
- More than one drug is taken at the same time
- The body is not used to taking a certain drug.

Paracetamol overdose
Paracetamol is a common pain reliever and fever reducer that is usually bought over the counter without a prescription. It is one of the most common medicines taken by young children in an accidental overdose. Paracetamol is also commonly taken by people who intend to harm themselves (suicide attempts). Signs of paracetamol overdose include drowsiness, coma, seizures, abdominal pain, nausea and vomiting. Another name for paracetamol is acetaminophen (often known by its brand name, Tylenol).

There is only a small difference between the maximum daily dose of paracetamol and an overdose, which can cause liver damage. Large amounts of paracetamol are very dangerous, but the effects often don’t show until about two to three days after taking the tablets. Yet treatment must be started early to be effective, before the effects begin.

Always seek treatment for paracetamol overdose immediately, even if the person seems quite well.

First aid for drug overdose
If you think someone has taken an overdose:
- Stay calm
- Call an ambulance on triple zero (000)
- Do not try to make the person vomit
- Do not give them anything to eat or drink
- Bring the pill containers to hospital
- Even if the person seems OK, call the Poisons Information Centre on 13 11 26 for advice on what to do to help. The centre is open 24 hours every day, Australia-wide.

Some knowledge of basic first aid could mean the difference between life and death in an emergency. Consider doing a first aid course, so that you will be able to manage if someone is injured or becomes ill.

Preventing drug overdose
Some ways to avoid overdose include:
- Maintain a healthy lifestyle – don’t smoke, have regular exercise and maintain a healthy diet
- Always read medication labels carefully and take prescription medications only as directed. Keep all medications in their original packaging
- Avoid drugs of any kind unless advised by a doctor
- Always inform your doctor or other health professional of a previous overdose
- Do not stockpile unnecessary drugs. Return them to the pharmacist if you no longer need them
- Keep all drugs and poisons locked away in a safe secure place and out of reach of children.

Drug use precautions
The best way to avoid overdose from illegal drugs is not to use them. If you do use, take these precautions:
If you haven't used illicit drugs such as heroin for a while, be aware that your tolerance is likely to be a lot lower than it was before – it would be best to use a smaller amount.

If using illegal drugs from an unknown source or of unknown purity, have a smaller amount at first.

Try to avoid using alone – let someone know where you are and what you are doing or have a friend with you.

Treatment for drug overdose

Medical care depends on the drug (or drugs) taken, the dose and the effect on the person. This may depend on when and how the drug was taken, what else it was taken with and any medical complications resulting from the overdose.

Options include:

- Full assessment in the emergency department – this may include blood tests, observation and psychological review
- Phoning the Poisons Information Centre for advice
- Removing the drug from the body – for example, giving activated charcoal which binds the drug so the body can't absorb it
- Administering an antidote, which is possible for some drugs
- Admission to hospital for further treatment
- A follow-up by the person's registered medical doctor (GP) – this is important for everyone who has had an overdose. Your doctor can monitor your healing, advise on continued treatment (if required) or arrange for further help (referral).

Activated charcoal – home care suggestions

If charcoal was given in hospital, it will be passed with the next bowel motion in a day or two.

Home care suggestions include:

- Follow all instructions given by the doctor
- Some people can get constipated. Drinking plenty of water should stop this from happening
- Charcoal could interfere with the effectiveness of other medications – for example, women taking the oral contraceptive pill should use another method of contraception until their next period.

Where to get help

- Victorian Poisons Information Centre, Tel. 13 11 26 – for advice when poisoning or suspected poisoning occurs and poisoning prevention information (24 hours, 7 days)
- In an emergency, always call for an ambulance on triple zero (000)
- Emergency department of your nearest hospital
- Your doctor
- Lifeline, Tel. 13 11 14
- DirectLine, Tel. 1800 888 236 – for 24-hour confidential drug and alcohol telephone counselling, information and referral
- St John Ambulance Australia (first aid courses), Tel. 1300 360 455
- Family Drug Help, Tel. 1300 660 068 – for information and support for people concerned about a relative or friend using drugs

Things to remember

- Many substances can cause harm when too much is taken including alcohol, prescription and over-the-counter medications, illegal drugs and some herbal remedies
- The risk is increased when more than one drug is taken at the same time or the body is not used to taking a certain drug
- If a drug overdose is known or suspected, call triple zero (000) for an ambulance immediately
- Keep all drugs and poisons locked away in a safe, secure place and take only as directed.

This information has been produced in consultation with, and approved by the Australian Drug Foundation.
One of the reasons there’s considerable polarisation whenever the subject of addiction is raised is the stereotyped associations of addicts with illegality. In reality, this is the thin end of the wedge; by far the most harm and mortality is related to alcohol and tobacco use, both of which are legal.

While one can question the motivations driving people to experiment with drugs/alcohol in the first instance, addiction, once developed, can be regarded as a chronic, relapsing disorder. Most people know somebody who has repeatedly tried, but failed, to stop smoking with periods of abstinence in-between relapses – that’s addiction in a nutshell. Despite this, only a relatively small number of people who ever use a drug actually become addicted to it. Why?

This is a difficult question to answer, but pieces of the puzzle are gradually coming together. Some genes have been implicated in addiction; but, unlike other disorders (Huntington’s disease, for example), there’s no single causative gene that can be labelled as an addiction gene. It’s most unlikely there ever will be.

Also, many addicts are what is known as ‘dual diagnosis’ patients with co-morbid (co-existent) psychiatric problems that add a further layer of complexity.

Nevertheless, an individual with one or more alterations in specific genes may be more vulnerable to developing addiction after experimenting with drug use. In that regard, drug use could be viewed as a form of Russian Roulette – if we don’t know the combined genetic vulnerability, we are playing a dangerous game.

At another level, there is increasing evidence that drugs/alcohol can drive changes in the expression of genes via what are called epigenetic mechanisms. Again, these adaptations can dramatically alter the way the brain functions.

If we consider function, recent studies provide strong evidence there’s a subset of individuals who are more prone to long-lasting drug-induced alterations in brain function. Again, before drug use occurs we do not know who all of these vulnerable individuals are, reinforcing the notion of Russian Roulette.

While drugs of abuse alter brain function in all people, for many this is a temporary situation. But after repeated drug use, some people will experience enduring alterations in the way certain brain pathways work.

Critically, these pathways are implicated in decision making, behavioural regulation and link past experiences to actions (such as an environmental cue associated with drug use). So while continued druguse and relapses can be seen as poor choices, these decisions are made by a system that has effectively been hijacked by prior drug use. Understanding the mechanisms behind this phenomenon are therefore a pressing question in addiction research.

Can the affected brain pathways recover? For the majority of people, this seems to be the case, since they only experience a temporary change in brain function and do not become addicted.

Studying the mechanisms of functional recovery in non-addicts that use drugs/alcohol episodically could therefore shed light on what is dysfunctional in addicts. To do this, we need robust model systems that recapitulate the human experience.

Fortunately, animal models are progressing to the stage where questions of this nature are becoming easier to deal with than ever. Nevertheless, while the question may seem straightforward, getting an answer will likely be more complicated!

While choice is a significant component in continued drug use, this reflects the working of a somewhat dysfunctional brain. What seems rational to one person may be an impossible task for another.

Exploring how we can address the problem of a dysfunctional (addicted) brain, from all possible angles (neuro-biological, psychological, sociological etc), should be a matter of urgency.

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IS SHOOTING UP A DISEASE OR A CHOICE?

Neil Levy considers the role of ‘choice’ and ‘responsibility’ in addictive behaviour

Public discussions of addiction too often fall into the trap of simplistic slogans. One side asserts addicts are fully responsible for what they do and can choose to act differently; the other side asserts addiction is a brain disease and that therefore addicts do not choose their behaviour.

Both views are partially true, but each is also very misleading. Addicts do make choices, including the choice to consume the drug to which they are addicted. But the neuropsychological changes involved in addiction mean their capacity for choice is abnormal enough to mean it would often be unreasonable to expect them to make alternative choices.

You choose

What is it to make a choice? Roughly speaking, we choose when we respond to reasons. A reflex is not a choice: when the doctor hits my kneecap, I don’t respond to a reason to jerk my leg.

A behaviour that looks more like a choice – compulsive handwashing, say – might not be a choice if it is not responsive to reasons.

We test to see whether the behaviour is responsive to reasons by seeing how the person responds to various incentives. If the person is choosing, they will make a different choice given the right incentive.

So the compulsive handwasher is choosing to wash her hands if she would stop for $100, or because she is hungry (enough), or what have you.

Using this test, it’s immediately apparent that addicts make choices, both to engage in activities (sometimes illegal, of course) to procure their drug, and to consume their drug.

An addict would not shoot up, for instance, were they sitting opposite a police officer. Their behaviour is sensitive to reasons, and therefore is chosen.

But as the example of the compulsive handwasher illustrates, saying a piece of behaviour is ‘chosen’ is only the beginning of the story. Sufferers from obsessive-compulsive disorders, phobias and so on, make choices, but their choices are pathological in various ways.

We can see this using precisely the same kind of test we used to show they are making choices at all. Take the person who suffers from agoraphobia – fear of open spaces – and who therefore does not leave their house for months or even years. We can show they are choosing to remain inside by showing they would go out were they presented with a sufficiently large incentive.

By the same token, the fact they would not go out for a smaller incentive shows their choices are severely constrained. An agoraphobic might leave his house if he ran out of food entirely, but not, say, if all he had left was spaghetti, or merely to avoid severe social embarrassment. These facts show his choices are highly abnormal.

And the fact he would not leave the house to avoid a moderate harm, or to gain a moderate benefit (say to get $500) helps us to see it would be unreasonable to expect him to make alternative choices under the circumstances in which he finds himself.

A great escape

The evidence with regard to addiction seems to indicate addicts’ choices are similarly constrained. Due to a variety of factors, addicts find it far harder to control some of their actions than most other people.

Neuroadaptations (whereby the brain attempts to compensate for something that influences normal functioning) decrease the control these people have over their actions, and also make drugs and drug-related cues hard to ignore.

Very often this, when added to concurrent mental illness, poverty and hopelessness, makes a drug-facilitated temporary escape very tempting. In other words, they choose, but they find it harder to make alternative choices.

These facts often make it unreasonable for us to expect addicts to make better choices. Whether it’s unreasonable on a particular occasion depends on what the choice is.

We rightly expect people to try harder to avoid seriously immoral actions, such as mugging a stranger, then less serious. The more distant the relationship between the addiction and the action, the less difficult addicts typically find it to exercise control.

So we might reasonably expect addicts to avoid mugging strangers for money to buy heroin, but it might be unreasonable to expect them to refrain from taking the drug when they have it. Again, it will depend on the circumstances.

We might expect more of an addict who becomes a mother (and the evidence suggests parenthood often does provide a sufficient incentive to many addicts to stay clean).

We need to give up simplistic dichotomies such as ‘chosen’ or ‘responsible’. We need to recognise human action exists on a continuum, on which a great deal of behaviour is chosen but to different degrees.

And we need to develop means of assisting addicts so they can make better choices. That means adopting a multi-pronged approach in which we address all the circumstances that make their choices difficult.

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Dealing with drug and alcohol dependence

REASONS TEENS USE

Here are some of the reasons young people give for using drugs, and some ideas about how you can respond to them in a constructive way. Information courtesy of the National Drugs Campaign

“Someone had some and I just thought I’d try it”
➤ Express your concern and ask them about their decision
➤ Ask if they knew what they were taking, you can then talk about some of the side effects of that particular drug
➤ Ask whether it was what they expected, and talk about the risks of further use
➤ Try and find out if they felt pressured. If so, you can discuss better ways for them to handle a similar situation in the future
➤ Consider using examples of times when you have had to deal with a similar situation.

“I always wanted to try that stuff”
➤ Ask what made that particular drug appealing, and what they expected to get from it
➤ Questions such as, “what did you think it would be like?” and “why that drug?” can be good conversation starters
➤ If they are happy to talk you may be able to discuss whether they have tried other drugs, and if so, why
➤ Let them know that you are concerned about what happened, what the issues are and try to establish some ground rules that you can both agree on.

“All my friends were doing it so I thought, why not?”
➤ Make your feelings about using drugs clear – giving reasons – and explain why you don’t want them to use drugs
➤ Ask if they felt it was safe because their friends were using it
➤ Ask why they thought their friends used the drug, and whether they were aware of the risks
➤ Discuss, don’t lecture, about the dangers of experimenting with drugs. It can be helpful to ask questions and allow the young person to remain engaged in the discussion and it’s useful to discuss the importance of being able to make their own decisions, even if these are different from their friends.

“It made me feel really good”
➤ Try to explore the main reason they took the drug
➤ Find out how they have been feeling in general, as this may be a good time to offer help and to find out if there is anything you else going on, or if they want to talk about another issue
➤ Talk about less risky and healthier ways of feeling good.

“All my problems from school, at home and in life just went away”
➤ This statement is a good chance to start talking about other issues – express your concern about them using drugs as a means of coping
➤ Let them know that if there are problems, you’d like to talk about them, and ask what can be done to make things better
➤ Discuss whether the problems returned after the effects of the drug wore off and highlight that using only makes the problems disappear for a while
➤ Express your feelings about the dangers of using drugs to deal with problem and make it clear that you want to work together to find a better way of solving their problems.

“It gave me more confidence”
➤ Let them know that this is of concern to you, and explain that they don’t need drugs to feel good about themselves
➤ Share your own experiences where you also found it difficult in social situations and explain things you did to gain more confidence. By acknowledging and discussing your own behaviour, you can increase your credibility with them
➤ Consider ways in which you can help to improve their confidence and self-esteem.

“Well, you used drugs”
You should be prepared for this type of response if this statement applies to you, as part of being a role model is being honest and open. Acknowledge that illicit drugs are dangerous and that you would think differently now about the choices you made.

“I don’t want to talk about it”
If you find that the young person does not want to discuss their use with you, offer to help them find someone else to talk to. Reassure them that you want what is best for them and understand if they would prefer to speak to a counsellor or someone else outside of the situation. You can use the service finder to locate some assistance for the young person.
Substance abuse can cover a broad spectrum of substances, including alcohol, marijuana, methamphetamine, heroin and cocaine, just to name a few. Prescription medications can also be addictive, although many of us think of prescription medication as benign or harmless. Examples of addictive medications include Oxycontin, Percodan, Ativan, Valium and almost any sedative, sleep aid or painkiller.

For many of us, talking about potentially being an addict is a difficult topic of discussion. While checklists do not take into account personal differences, they can be a good indicator of broad symptoms.

You can use the following checklist to consider whether or not you may have some of the qualities or symptoms of a drug or alcohol addict.

**CHECKLIST: DO I HAVE A DRUG OR ALCOHOL PROBLEM?**

- Do you spend time with your friends drinking or using drugs?
- Do you engage in activities with your friends that do not involve alcohol or drug consumption?
- Do you think about your drug of choice a great deal of your time?
- When you are not using your drug of choice, do you feel like you have the flu?
- Do you need to use your drug of choice in order to avoid physical symptoms of withdrawal?
- Do you need to use more and more of your drug of choice to get the same high?
- Have you tried to cut down on the amount of drug you use with no success?
- Do you spend a great amount of time obtaining your drug of choice?
- Do you give up important social functions or activities in order to use your drug of choice?
- Are there negative consequences if you continue to use your drug of choice?
- Do you continue to use despite those consequences?

People who suffer from depression, loneliness or anxiety often turn to drugs or drinking as a way to experience a sense of happiness.

If you answered yes to most of these questions, you may have a drug or alcohol addiction issue that needs to be addressed. By talking to a professional counsellor, psychologist or therapist, you may receive the help you need to conquer your addiction issue or avoid developing one.

**WHAT ARE THE RISK FACTORS INVOLVED IN DEVELOPING AN ADDICTION?**

There are numerous risk factors involved in developing an addiction. Some of these risk factors are discussed below.

1. Some studies show that people can have a genetic predisposition to alcohol and drug addiction, although these genetic factors are generally thought to be influenced by social, cultural and development influences.
2. Similarly, if your parents struggled with addiction, it is more likely that you might too. This is particularly common with drinking issues.
3. Men are statistically more prone to addiction than women, however, studies indicate that women are quickly catching up with their male counterparts.
when it comes to drug addiction, particularly under stressful conditions. Women are more likely than men to become addicted to prescription medication. People who suffer from a mental disorder are considered by counsellors and psychologists to be at greater risk of developing an addiction than others. Certainly people who suffer from depression, loneliness or anxiety often turn to drugs or drinking as a way to experience a sense of happiness, escape from their problems, or lessen their anxiety.

Interestingly, people who are in the position of caregivers, as parents or as children of their own ageing parents, are less prone to developing addictions. This suggests that, for many of us, the need to be present and tend to family needs prevents us from falling into an addictive cycle.

Drug withdrawal can last from a few days to a couple of weeks, depending on the drug and the degree to which a person has become addicted.

HOW DOES ADDICTION HAPPEN?

No one plans to be an addict. Instead, addiction is usually a slow, steady progress that starts with recreational use or a real medical need (as in the case of painkillers). The first time you use drugs or alcohol, the affects tend to be immediate and intense, but as we continue using, a person often finds that they need more and more of the drug to experience that same initial effect. Soon, we are on the downward spiral into addiction and it can be a difficult cycle to get out of – the less we use, the more we experience withdrawal symptoms, the more uncomfortable we become and the more we want our drug again.

DRUG DEPENDENCE AND WITHDRAWAL

Most drugs, used too often or in substantial quantities, cause us to become physically dependent on them in order to feel okay. The process of withdrawal (when you stop using the drug) can be difficult, painful and in some situations, require medical intervention. Alcohol addiction can cause the body to adjust itself to such a degree that in extreme cases, alcohol becomes the only form of nourishment that the body will accept. A long term alcoholic will become malnourished and their body will begin to shut down if they stop drinking.

In the case of other drugs, like cocaine, the process of withdrawal will often cause you to feel physically sick and uncomfortable. In these circumstances, a detox program is usually recommended prior to the commencement of counselling.

Depending on the drug and the length of use, withdrawal symptoms can range from feeling flu-ish, running a fever, headaches or a general feeling of discomfort, confusion, or more significant physical effects like hallucinations or seizures. Withdrawal can last from a few days to a couple of weeks, depending on the drug and the degree to which a person has become addicted. Some drugs, such as crack cocaine, can have withdrawal symptoms begin within a few hours of the last use of the drug. This is one of the reasons these drugs can be so addictive: the withdrawal symptoms can begin so quickly that one feels an almost immediate urge to re-use the drug in order to feel good or even to feel relatively normal.

While some drugs, like nicotine, morphine or heroin, are physiologically addictive, that is the brain becomes dependent on its presence in the bloodstream to function, other drugs are more psychologically addictive, like marijuana. Psychological addiction is a very compelling reason for repeated use of a certain drug and can be just as dangerous as physiological addiction. It is possible for one to develop a psychological addiction to the use of a drug first and then develop a physiological independence after prolonged use.

Imagine, for example, that you are a young university student who is shy and nervous when you go out to clubs and meet new people. You might start drinking alcohol and become psychologically dependent on getting drunk to have a good time when you go out with your friends. After some time of prolonged abuse of alcohol your body will develop a physiological addiction to alcohol.
HOW TO IDENTIFY A PROBLEM WITH DRUGS AND ALCOHOL

Here is some information from The Salvation Army to help you identify a problem in yourself or someone else.

Are drugs or alcohol causing problems in your life? Do you suspect drugs are keeping you from being your best self and living to your full potential? Are you worried about someone close to you?

Signs of drug use

Some of the following danger signals of drug use may help identify a drug problem in yourself or in someone close to you:
➤ Marked changes in attitude
➤ Spending lots of time alone in room
➤ Lying
➤ Violence
➤ Being secretive about movements and friends
➤ Strange or secretive phone calls
➤ Stealing
➤ Not caring for others – family members, friends, etc
➤ Short-term memory loss
➤ Emotional outbursts, mood swings
➤ Changes in group of friends, loss of interest in old friends
➤ Sudden drop in grades

➤ Skipping classes, skipping school
➤ Difficulty concentrating
➤ Irregular sleep patterns and eating habits
➤ Dramatic weight loss or gain
➤ Constant sniffing, runny eyes and nose, difficulty fighting infection
➤ Drug paraphernalia to look for includes: rolling papers, pipes, bong (marijuana); small spoons, razor blades, mirror, little bottles of white powder, plastic/glass/metal straws (stimulants, e.g. cocaine and amphetamines); syringes, bent spoons, bottle caps, eye droppers, rubber tubing, cotton and needles (narcotics, e.g. heroin).

Alcohol – questions to ask yourself

Answering ‘yes’ to some or all of the following points may indicate alcohol dependence:
➤ Drinking excessive amounts (in excess of guidelines for safe drinking)
➤ Drinking one type or brand of alcoholic beverage (e.g. beer, wine, etc)
➤ Drink-seeking behaviour (hanging out with others who drink, only going to events that include drinking, etc)
➤ Increased tolerance (drinking increasing amounts to gain same effect)
➤ Decreased tolerance (drinking decreasing amounts to gain the same effect)
➤ Withdrawal symptoms (getting physical symptoms after going a short time without drinking)
➤ Drinking to relieve or avoid withdrawal symptoms (such as drinking to ‘cure’ a hangover, or to stop the shakes)
➤ Some awareness of craving for alcohol or inability to control drinking habits (whether or not you admit it to others)
➤ A return to drinking after a period of abstinence (deciding to quit and not being able to follow through).

If you are alcohol-dependent, you will probably require outside help to stop drinking. This could include detoxification, medical treatment, counselling and/or attending a self-help support group.
Reducing alcohol and other drugs

Sometimes people use alcohol, cigarettes, marijuana and other drugs to deal with their problems and feelings. These substances can cause long-term problems, warns beyondblue: the national depression initiative.

Most illegal drugs and alcohol interfere with the effects of prescribed antidepressant drugs. If you’ve been drinking large amounts of alcohol or taking other drugs, tell your doctor so you can get the appropriate treatment.

Your doctor can also help you make a plan to stop smoking cigarettes. This is important as cigarette smoking has negative effects on both your physical and mental health.

**Drinking alcohol**

- Risky levels of drinking can impact on both physical and mental health
- For people experiencing depression or anxiety, a low-risk level of drinking may mean not drinking any alcohol at all. It’s important to discuss with your doctor what your safe drinking levels are
- Alcohol has a brief mood-lifting effect, but later causes feelings of depression. Any short-term relief alcohol provides doesn’t last and it can result in long-term harm
- Intoxication and depression can be a dangerous combination which puts a person at risk of suicide
- The Australian guidelines to reduce health risks from drinking alcohol provide information on reducing risks to health from drinking alcohol for men and women. This includes drinking no more than two standard drinks per day to reduce health risks over a lifetime.

**Cigarette smoking**

- Many people with depression or anxiety take up cigarette smoking and soon become addicted to nicotine
- Smokers are twice as likely to have a major depressive disorder as the general population
- Smokers are likely to increase smoking when depressed
- People who try to quit smoking after years of use may sometimes develop depression, anxiety or irritability in the first few weeks and often go back to smoking
- It’s important to consult your doctor if you develop symptoms of depression or anxiety when you try to quit smoking.

**Smoking marijuana**

- Marijuana may cause depression, acute panic attacks or ongoing anxiety, even in people who have never previously shown signs of having the illness
- There is no known ‘safe’ level of marijuana use.

**The harmful effects of amphetamines (speed), ecstasy and other illegal drugs**

Many people use illegal drugs to deal with their depression or anxiety but:

- The effects of these drugs may increase depression and anxiety
- A high proportion of people who use amphetamines and related drugs develop depression, anxiety, panic attacks and paranoia
- Ecstasy and related drugs can cause severe mental and emotional disturbances
- There are growing concerns about damage to brain neurons from heavy use of amphetamines and ecstasy
- Withdrawal effects of these drugs usually include depression, anxiety, irritability and agitation
- The feelings of depression experienced after use of amphetamines or ecstasy do not respond to antidepressant medication.

**How can you reduce your alcohol and drug use?**

Part of reducing alcohol and other drug use is to be aware of how much alcohol you are drinking and what drugs you are taking. Recording this information in a diary can be a useful way to keep track of your intake. Once you know this, there are some ways to help yourself.

1. **Stop completely**

   It’s important to stop completely when:

   - Your depression or anxiety is severe
   - You have suicidal thoughts
   - You’ve experienced physical health problems as a result of your drinking or drug use
   - You’ve become dependent on alcohol or another drug
Your life and happiness is affected
You’re taking antidepressants.

2. Moderate or control your use
It’s often very hard to stop drinking or taking drugs completely. Asking your family and friends for help is a good place to start. Your doctor can also develop a program to help you to change your habits. If necessary your doctor may prescribe medication to help you stop drinking alcohol.

If you have developed drinking problems in association with depression or anxiety, it’s important at least to control or moderate your drinking. A good way to reduce your alcohol or drug intake is to set your own personal goals on how you plan to cut back.

This may include:

- How many alcohol-free days you will have each week (It is ideal to have at least two alcohol-free days each week)
- How many standard drinks you will have on any one drinking day
- What your maximum number of standard drinks is per week.

If you are depressed and are drinking alcohol or taking other drugs, it is worth remembering you need to set out to address both problems. The two problems may relate closely to each other, but once your pattern of substance use is habitual, you will need to do something about it as well as the depression in order to make a full recovery.

What else can you do?

- Don’t drink alone
- Don’t drink when you know you’re down or anxious
- Don’t keep alcohol in the house
- Avoid situations where you know you will drink excessively (e.g. bars, pubs, hotels)
- Limit drinking to meal times
- Drink low-alcohol beers and mixers

Alternate alcoholic drinks with non-alcoholic drinks
Don’t drink during the working week
Have alcohol-free days, weekends or weeks
Count your drinks and stop at a pre-set limit e.g. two per day
Drink slowly – limit yourself to one drink per hour.

More information
National Drug and Alcohol Research Centre
www.ndarc.med.unsw.edu.au
or 02 9385 0333
Information and research about drugs and alcohol in Australia.

Quitline
www.quitnow.info.au or 131 848
This program can help you quit smoking or help you find out more about how smoking harms you.

National Cannabis Prevention and Information Centre
www.ncpic.org.au or 1800 30 40 50
Evidence-based information on cannabis and related harms.

Australian Drug Information Network
www.adin.com.au
Central point of access to alcohol and drug information and services in Australia.

DrugInfo Clearinghouse
www.druginfo.adf.org.au
or 1300 85 85 84
Information about alcohol and other drugs, and drug prevention.

NOTES

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WHEN SOMEONE CLOSE TO YOU HAS A DRUG PROBLEM

Being close to someone with a ‘drug problem’ can be difficult and emotionally draining. While there are no simple answers, the Australian Drug Foundation hopes you find the following information helpful.

This information has been adapted from the Drugs Today pamphlet produced by the Australian Drug Foundation. For single copies of this pamphlet contact DrugInfo (Victoria only). For multiple copies visit the ADF shop (review copies are available).

Being close to someone with a ‘drug problem’ can be difficult and emotionally draining. While there are no simple answers, we hope you find the following information helpful.

WHAT IS A DRUG PROBLEM?

It is difficult to say exactly what a drug problem is. Others, including the person using drugs, may not view what you perceive as a problem in the same way.

Many experts agree that a drug problem is not measured by how much, how many or what types of drugs a person uses, but by how the drug affects the person’s life and the lives of those around them.

There are many types of drugs that can cause problems, including prescription medicines, over-the-counter or non-prescription medicines, alcohol, tobacco, and illegal drugs.

Problems related to drug use

There are many problems related to drug use including:

➤ Family/relationship problems: Drug use may lead to conflict with family or friends. Family and friends may be very frustrated and concerned when they are manipulated or pressured for money or possessions, or when the person using drugs fails or refuses to recognise their drug use is causing problems.

➤ Work/school problems: Drug users may take increased sick days and be unable to work properly.

➤ Accidents: Drug use may affect a person’s ability to respond appropriately to a given situation, their ability to think clearly, and their ability to maintain attention. It may also cause physical symptoms such as blurred vision, cramps, and nausea. Such effects can increase the risks of car accidents, drownings, and reduce the ability to be able to safely cross roads.

➤ Legal problems: Each state has laws governing the manufacture, possession, distribution and use of drugs. The four main types of offences related to illegal drugs are: use, possession, cultivation and trafficking of drugs. Drug use may also lead to other legal concerns such as crimes committed in order to raise sufficient money to support ongoing drug use and violent assaults. For legal advice relating to someone’s drug use, contact a legal service in your state/territory.

➤ Financial problems: The cost of maintaining ongoing drug use may mean that there is not enough money left to pay for vital goods and services. This may include regular bills, food and clothing, and other purchases that may increase a person’s quality of life such as entertainment and leisure.

➤ Health problems: Tobacco, alcohol and illegal drugs can all have serious health effects if used over a long period of time. Lifestyle changes such as poor eating habits and inadequate sleep can increase the chance of experiencing a variety of health complications. People who inject drugs are at risk of contracting hepatitis B, hepatitis C and HIV (the virus that causes AIDS).

➤ Sexual problems: Certain types of drugs may lead a person to feel sexually aroused, but can actually reduce a person’s ability to perform sexually.

HOW CAN I TELL IF SOMEONE IS USING DRUGS?

It is difficult to tell with any certainty that someone is using drugs. The effects of drugs vary greatly from person to person. Changes in behaviour or moods may indicate drug use, however, any such changes may indicate an issue in the person’s life that is not drug-related.

Signs that appear to be uncharacteristic of the person may require your attention, regardless of whether drugs are involved.

These signs include:

➤ Moods swings
➤ Lethargy
➤ Explosive outbursts
➤ Minimal interaction with family
➤ Trouble with the police
➤ Changes in eating patterns
➤ Frequent absences from school/work
➤ Sudden changes of friends
➤ Unexplained need for money; declining school/work performance
➤ Disappearing money and valuables
➤ Impaired memory
➤ Decrease in other activities that may have been important to the person previously
➤ Poor concentration
➤ Withdrawing socially.

WHAT IS DRUG DEPENDENCE?

There are degrees of drug dependence ranging from mild dependency to compulsive drug use (often referred to as addiction). It is impossible to say how long or how often a person must use a drug before they become dependent to it.
Dependence can be psychological or physical, or both.

Psychological dependence makes the person feel compelled, in certain situations, to use a drug in order to function effectively or to achieve emotional satisfaction.

Physical dependence is when a person’s body adapts to a drug and becomes use to functioning with the drug present.

If a physically and/or psychologically dependent person suddenly stops taking the drug, they may experience withdrawal symptoms as they readjust to functioning without the drug. Withdrawal symptoms are different for different types of drugs and for each person. There are many types of withdrawal symptoms. They could include depression, irritability, cramps, nausea, sweating and sleeping problems.

People who are physically dependent on a drug usually develop a tolerance to the drug. This means that they need to take more and more of the drug to get the same effect.

They still have friends because you apologised for them.

WHAT CAN I DO IF I AM CONCERNED ABOUT THEIR DRUG USE?

Concerned family and friends are often the first to recognise problems resulting from someone’s drug use, however, often they don’t know what to do about it. There are a number of strategies that can assist in making the process easier.

Planning: Establish and be clear about what level/type of involvement you are prepared to commit yourself to. To assist in making these decisions it may be helpful to speak with a drug and alcohol professional, other members of the family and concerned friends.

Discuss what level of support each person is prepared to make and the roles that each person will undertake. Find out what resources are needed such as written information on the drug of concern and what support services are available.

Talking and gaining clarity on what people can and cannot expect from one another helps to develop a network of support. This also helps reduce feeling isolated and overwhelmed by the situation.

Avoid contributing to the situation: You may want to protect the person who is using drugs from the consequences of their behaviour. For example, making excuses for them, paying their bills, or apologising for them.

You may think or say:

“She can’t be addicted. She only uses prescription medications.”

“When things get better at work, I’m sure he won’t use drugs.”

“John won’t be in to work today. He’s not well.”

“When you’re looking for a job, don’t forget to take your medication.”

“Shed has a tough life, she can’t help it.”

Being ‘too helpful’, ‘too caring’ or ‘too forgiving’, can make it much easier for the person to continue using drugs. They won’t have to face up to the consequences of their drug use, because everything is being done for them. They still have their job because you rang up work making excuses when they were affected by drugs. They still have somewhere to live because you paid the rent.

The best way to help is to stop protecting them. Support the person, not their drug use. Let the person face up to the consequences by refusing to support their drug use. This can be very difficult, especially if there are children in the family and you’re trying to keep family life as stable as possible. However, the person taking drugs is unlikely to change if they never have to face the consequences of their behaviour.

Talk with them: Keep the communication open. One of the most important steps in bringing about change is to acknowledge what is going on and to explain how you feel to the person taking drugs.

There is no easy way to start talking about drug problems. The person taking drugs may deny everything. They may give excuses and promise to change or get angry and try to blame you.

“It took me weeks to work up the courage. I rehearsed everything I was going to say in my head, yet I still kept putting it off, waiting for a better time. Eventually I realised that there would never be a perfect moment. I just had to come out with it.”

“Pete flew off the handle as soon as I brought it up. He denied everything and said I was just getting at him. I took deep breaths, remained calm and let his insults pass over me. I was determined to just tell him the way I felt and what was happening with me.”

Talking to the person taking drugs will not bring about instant change but it’s a start.

The following suggestions may help:

➤ Explain how you feel and how their drug taking is affecting you
➤ Give concrete examples of their behaviour and how you feel about it
➤ Try to remain calm and logical and stick to the point you wish to get across to them. Refuse to be drawn into an argument. Encourage them to seek professional help.

These suggestions may be easier said than done but it is important for the person taking drugs to realise how his or her behaviour is affecting you.

Effective communication

An important part of effectively addressing another person’s drinking and the impact it is having involves communication. Communication is a two-way process in which listening plays an important part. People want to be understood and to know that others are open to hearing what they have to say. Effective communication is not about giving lectures or judging the person.

Use ‘I’ statements instead of ‘you’ statements.
Open questions allow the person to explore their thoughts and feelings without it being an interrogation. For example, ask for their thoughts on their own drug use. Ask if they see any problems or potential risks and how they think these can be addressed.

Listen carefully and actively without being judgmental. Allow and encourage the person you’re concerned about to speak in full sentences and to finish what they have to say without interruption. After they have finished speaking, reflect back to them what you have understood that they have said. For example, “So what you are saying is….” Allow them to clarify any misunderstandings.

Choose an appropriate time to talk. If a person is caught at a time when they are unprepared, they may be more inclined to react defensively. Also, try to remove any distractions, such as the telephone. Avoid attempting an important discussion while they are under the influence of alcohol.

Be clear and honest about feelings. It is important that a person hears your concerns. Let them know that it is not them as a person that you don’t approve of, but particular behaviour(s).

Privacy. Think about consequences before acting. For example, is it worth searching through someone’s room or belongings if it means potentially losing their trust?

Negotiate. When all parties participate in setting guidelines it is more likely that everyone will adhere to them. Work towards agreement on consequences if guidelines are broken. It is important that these consequences are also enforced.

Support and encourage positive behaviour. Avoid focusing only on negatives.

Looking after yourself

Try not to allow the drug issue to affect all aspects of your life. Drugs can become the central focus of the lives of all those around someone who uses drugs. Look after yourself – this will benefit both you and the person using drugs.

It takes courage to do things differently, and often this will involve small steps and sometimes temporary setbacks. If you have always looked after the person using drugs and protected them in the past, it will be difficult to change your thinking and behaviour. You may feel guilty. You may feel as though you’re giving up on them when they need you most. You may feel as though you’re making things worse. Be kind to yourself.

Ensuring your safety and that of any children involved, must come first. If you are feeling physically threatened, remove yourself from the situation and seek help immediately.

Make changes in your own life. Take some time to do things that you’ve always wanted to do, perhaps some activities that you’ve put off for a long time. Start doing things for yourself. Try joining a club or group and getting together with other people.

If you have outside interests and time away from the person using drugs, you will be better able to cope with the family problems caused by their drug use.

You can’t force someone to change their drug use no matter how much you love them, but you can make changes in your own life. Changing your behaviour is likely to have an impact on the person taking drugs. By getting on with your own life, and not protecting them, you are helping them to face up to the problems that result from their choice to take drugs. You are also helping them to take more responsibility for the way they feel and act.

Where can I turn for support?

Talk with a friend: It may help to discuss the problem with a friend. Talking about how you feel may help clarify your thoughts and work out what you’re going to do. It may just help to get things off your chest.

It is easier to talk with someone you trust and are comfortable with. They may already be aware that something is wrong. They may have been in a similar situation themselves. People are usually very willing to help a friend; however, they often have to be asked.

Talk with a professional: Talking with someone outside your daily life, such as a professional counsellor, can be another useful option. They have talked with many people in similar situations, and can help you to explore ways to deal with the problem. You will find professionals experienced in dealing with drug problems at your local community health centre or at an alcohol and drug treatment agency.

Self-help groups and other support: Some people join self-help or support groups to share their thoughts and experiences with other people who are facing, or have faced, similar problems. There are several types of self-help groups for family and friends and each can have a different style. You might want to go to several meetings before you settle on one that’s right for you.

There is no need to deal with drug issues alone. For information, counselling, advice, services available and other assistance, contact the alcohol and drug information service in your state or territory.

TREATMENT OPTIONS

A number of different treatment options exist. These differ in their aims and methods. Some aim for the user to achieve a drug-free lifestyle, while others aim to stabilise drug use at a reduced, safer level. Some employ individual counselling techniques, others use group therapy, while still others use chemical agents to assist with withdrawal or maintenance.

A combination of treatments is often recommended to address the physical and psychological complexities of drug dependency, including withdrawal treatment and follow-up counselling.

For help and further information regarding supporting someone in treatment, contact the alcohol and drug information service in your state or territory.
Helping someone with problem drug use

MENTAL HEALTH FIRST AID TRAINING AND RESEARCH PROGRAM GUIDELINES

WHAT IS PROBLEM DRUG USE?

Problem drug use refers to using drugs (e.g. cannabis, ecstasy, amphetamines, cocaine and/or heroin) at levels which are associated with short-term and/or long-term harm (see box Consequences of problem drug use). Problem drug use is not just a matter of how much drug the person uses, but how their use affects their life and the lives of those around them. You cannot assume that any use of drugs necessarily means that the person has a drug use problem.

Alcohol is also a drug. If you are concerned that the person may have a drinking problem, please see Helping someone with problem drinking: mental health first aid guidelines at www.mhfa.com.au

Approaching the person about problem drug use

Before speaking to the person, reflect on their situation, organise your thoughts and decide what you want to say. Be aware that the person may react negatively when approached. One of the reasons may be that the person does not consider their drug use a problem. If you are uncertain about how best to approach the person about your concerns, you can speak with a health professional who specialises in problem drug use. You may also find it helpful to consult with others who have dealt with problem drug use about effective ways to help.

Arrange a time to talk with the person. Express your concerns non-judgementally in a supportive, non-confrontational way. Be assertive, but not do blame or be aggressive. Let the person know that you will listen without judging them (see box Tips for effective communication).

Problem drug use is not just a matter of how much drug the person uses, but how their use affects their life and the lives of those around them.

Try to talk to the person in a quiet, private environment at a time when there will be no interruptions or distractions and when both of you are in a calm frame of mind. Talk to the person about their drug use by asking about areas of their life it may be affecting (e.g. their mood, work performance and relationships).

Ask the person if they would like information about problem drug use or any associated risks. If they agree, provide them with relevant information (e.g. increased risk of physical and mental health problems).

There are a wide range of reasons why people take drugs and the person may not be clear about why they use.

CONSEQUENCES OF PROBLEM DRUG USE

You should know the short-term and long-term consequences of problem drug use. These include:

- Adverse effects on the person’s judgement and decision-making
- Family or social difficulties (e.g. relationship, work, financial problems)
- Legal problems
- Injuries while using drugs (e.g. as a result of accidents, falls, violence, road trauma)
- Mental health problems (e.g. panic attacks, psychosis, suicidal thoughts and behaviours)
- Physical health problems
- Difficulty controlling the amount of time spent using or the quantity used
- Needing more of the drug to get the same effect
- Problems in cutting down or controlling use
- Experiencing unpleasant symptoms when stopping or reducing use.
What to do if the person is unwilling to change their drug use

If the person does not want to reduce or stop their drug use, do not feel guilty or responsible for their decision to keep using drugs. It is important that you maintain a good relationship with the person as you may be able to have a beneficial effect on their use. Let the person know you are available to talk in the future.

Drug use is often associated with stigma and discrimination, which are barriers to seeking help.

If the person is unwilling to change their drug use, do not:

➤ Use negative approaches (such as lecturing or making them feel guilty) as these are unlikely to promote change
➤ Try to control them by bribing, nagging, threatening or crying
➤ Use drugs with them
➤ Take on their responsibilities
➤ Cover up or make excuses for them
➤ Deny their basic needs (e.g. food or shelter).

If the person continues to take drugs, you should encourage the person to seek out information (e.g. reputable websites or pamphlets) about ways to reduce risks associated with drug use. If the person is using or planning to use drugs while pregnant or breastfeeding, encourage them to consult with a health professional (e.g. a doctor). You should only disclose the person's drug use to a professional if the person is at risk of harming others.

PROFESSIONAL AND OTHER HELP

There are effective interventions for problem drug use. Treatment options and support services available include education, counselling, therapy, rehabilitation and self-help groups. It is useful to be aware that while abstinence may be a suitable treatment aim for some people, many programs recognise that for others this may not be possible or realistic.

If the person wants professional help

Provide the person with a range of options that they can pursue including information about local services. Encourage the person to find a health professional who they feel comfortable talking to and to make an appointment. Reassure the person that professional help is confidential.

If the person does not want professional help

Be prepared for a negative response when suggesting professional help. It is common for people with problem drug use to initially resist seeking, or to have difficulty accepting, professional help. Drug use is often associated with stigma and discrimination, which are barriers to seeking help.

It is ultimately the person’s decision to get professional help. Pressuring the person or using negative approaches may be counterproductive. Be patient and remain optimistic because opportunities will present themselves to suggest professional help again. Changing problem drug use is a process that takes time. Be prepared to talk to the person again in the future. In the meantime, set boundaries around what behaviour you are willing and unwilling to accept from the person.

Changing problem drug use is a process that takes time. Be prepared to talk to the person again in the future.

If the person needs other supports

Encourage the person to talk to someone they trust (for example, a friend, family member or community support worker). Inform the person of supports they may turn to (e.g. self-help resources, support groups, family members) and allow the person to decide which would be most appropriate or useful for them.

DRUG-AFFECTED STATES

Drug-affected states refer to temporary alterations in the person's mental state or behaviour as a result of drug use, resulting in distress or impairment. The effects of drugs vary from person to person and the behavioural signs of drug-affected states vary depending on the person’s level of intoxication. Also, illicit drugs can have unpredictable effects as they are not manufactured in a controlled
way. Finally, it is often difficult to make a distinction between the effects of different drugs.

What to do if the person is in a drug-affected state

Stay calm and assess the situation for potential dangers. Try to ensure that the person, yourself and others are safe.

Talk with the person in a respectful manner using simple, clear language. Be prepared to repeat simple requests and instructions as the person may find it difficult to comprehend what has been said. Do not speak in an angry manner.

Try to dissuade the affected person from engaging in dangerous behaviours, such as driving a vehicle or operating machinery. Tell the person that it is dangerous to drive even though they may feel alert.

Encourage the person to tell someone if they start to feel unwell or uneasy, or to call emergency services if they have an adverse reaction.

Adverse reactions leading to a medical emergency

Drug use can lead to a range of medical emergencies. Even though there may be legal implications for the person, it is important that you seek medical help for the person if necessary, clear the person’s airway after they have vomited. Keep the person warm without allowing them to overheat. Do not inject any substances into the person including salt solution or amphetamine.

Drugs and Addiction Issues in Society |

HELPING AN UNCONSCIOUS PERSON

Any unconscious person needs immediate medical attention and their airway kept open. If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. Putting the person in the recovery position will help to keep the airway open. Before rolling the person in the recovery position, check for sharp objects (e.g. broken glass or syringes) on the ground.

Prolonged dancing in a hot environment while on drugs without adequate water intake, can cause a person’s body temperature to rise to dangerous levels.

Deteriorating or loss of consciousness

It is a medical emergency if the person shows signs of a rapid deterioration in consciousness (i.e. sudden confusion or disorientation) or unconsciousness (i.e. they fall asleep and cannot be woken).

If the person is showing these signs, it is essential that you:

➤ Check the person’s airway, breathing and circulation

You should clear the person’s airway if it is blocked. If they are not breathing, give the person expired air resuscitation (EAR). If they don’t have a pulse, give the person cardiopulmonary resuscitation (CPR). If you do not know how to give resuscitation (EAR, CPR), enlist the help of someone in the vicinity who knows or call the ambulance service and follow the directions of the telephone operator.

➤ Put the person in the recovery position

If the person is unconscious, or slipping in and out of consciousness, put them in the recovery position. Ensure they do not roll out of the recovery position onto their back (see box above Helping an unconscious person).

➤ Call an ambulance

When you call for an ambulance, it is important that you follow the instructions of the telephone operator. When asked, describe the person’s symptoms and explain that the person has been using drugs (e.g. “my friend has taken a drug, has collapsed and is unconscious”). Try to get detailed information about what drugs the person has taken by asking the person, their friends or visually scanning the environment for

Adverse physical reactions

You should be able to recognise and help someone who is showing signs of an adverse physical reaction after drug use, such as deteriorating or loss of consciousness, overheating, dehydration and overhydration.

WHAT TO DO IF THE PERSON IS AGGRESSIVE

If the person becomes aggressive, assess the risks to yourself, the person and others. Ensure your own safety at all times so that you can continue to be an effective helper. If you feel unsafe, seek help from others. Do not stay with the person if your safety is at risk. Remain as calm as possible and try to de-escalate the situation with the following techniques:

➤ Talk in a calm, non-confrontational manner

➤ Speak slowly and confidently with a gentle, caring tone of voice

➤ Try not to provoke the person; refrain from speaking in a hostile or threatening manner and avoid arguing with them

➤ Use positive words (such as ‘stay calm’) instead of negative words (such as ‘don’t fight’) which may cause the person to overreact

➤ Consider taking a break from the conversation to allow the person a chance to calm down

➤ Try to provide the person with a quiet environment away from noise and other distractions

➤ If inside, try to keep the exits clear so that the person does not feel penned in and you and others can get away easily if needed.

If violence has occurred, seek appropriate emergency assistance.

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clues. Have the address of where you are ready to give to the telephone operator and stay with the person until the ambulance arrives.

**Overheating and dehydration**

Prolonged dancing in a hot environment (such as a dance party) while on some drugs (e.g. ecstasy) without adequate water intake, can cause the person’s body temperature to rise to dangerous levels.

This can lead to symptoms of overheating or dehydration, such as:

- Feeling hot, exhausted and weak
- Persistent headache
- Pale, cool, clammy skin
- Rapid breathing and shortness of breath
- Fatigue, thirst and nausea
- Giddiness and feeling faint.

If the person is showing symptoms of overheating or dehydration, you must keep the person calm and seek medical help immediately. Encourage the person to stop dancing and to rest somewhere quiet and cool.

While waiting for help to arrive, reduce the person’s body temperature gradually so as not to induce shock (a life threatening condition brought on by a sudden drop in blood flow throughout the body). Do this by loosening any restrictive clothing or removing any additional layers, and encourage the person to sip non-alcoholic fluids (e.g. water and soft drinks). Prevent the person from drinking too much water at once as this may lead to coma or death. Discourage the person from drinking alcohol as it will further dehydrate them.

**If a person is anxious and panicky, take them to a quiet environment away from crowds, loud noise and bright lights.**

**Adverse psychological reactions**

Mental health problems can be caused or exacerbated by drug use. However, it can be difficult to differentiate between the symptoms of mental illness and drug-affected behaviour. You should be able to recognise and help someone who is experiencing an adverse psychological reaction to drugs, such as panic attacks, psychosis, suicidal thoughts and behaviours, and aggression.

**Panic attacks**

If the person is anxious and panicky, take them to a quiet environment away from crowds, loud noise and bright lights and monitor them in case their psychological state deteriorates. For more information see Panic attacks: first aid guidelines at www.mhfa.com.au

**Psychosis**

If the person is experiencing psychosis you should encourage them to seek professional help whether you think the psychosis is drug-related or not. For more information see Psychosis: first aid guidelines at www.mhfa.com.au

**Suicidal thoughts or behaviours**

For information on helping someone see Suicidal thoughts and behaviours: first aid guidelines at www.mhfa.com.au

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**PURPOSE OF THESE GUIDELINES**

These guidelines are designed to help members of the public provide mental health first aid to someone who may be experiencing problems associated with the use of drugs such as cannabis, ecstasy, amphetamines, cocaine and/or heroin. The first aider’s role is to assist the person until appropriate professional help is received or until any drug-related crisis is resolved. The role of a first aider may be filled by any member of the community (e.g. a friend, family member or colleague). The first aider does not necessarily have professional training in drug and alcohol, mental health or medical/emergency care.

**DEVELOPMENT OF THESE GUIDELINES**

The following guidelines are based on the expert opinions of a panel of consumers, carers and clinicians from Australia, Canada, New Zealand, the USA, and the UK about how to help someone who may have a drug use problem. Details of the methodology can be found in: Mental Health First Aid Training and Research Program. Helping someone with problem drug use: mental health first aid guidelines.

**HOW TO USE THESE GUIDELINES**

These guidelines are a general set of recommendations about how you can help someone who may have a drug problem. Each individual is unique and it is important to tailor your support to that person’s needs. These recommendations therefore may not be appropriate for every person with problem drug use. Problems with one drug may occur at the same time as problems with other drugs or mental health issues. Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.
Parents of drug addicts need our help

Families of drug addicts are often ignored but they need support from the community, write Gino Vumbaca and Tony Trimingham in this opinion piece first published in The Sydney Morning Herald.

Politicians have invoked all types of families to push policies and programs, from the ‘working families’ of 2007 to the ‘forgotten families’ of 2010.

But there is a very large group that remain unrecognised: parents of children with drug problems.

Fearing further stigma many of them avoid assistance and support, unaware of just how many others find themselves in similar situations. They are often looked upon by society as failures when the reality can be very different.

In our work we come across families from across the spectrum of social and economic standing, each of them heartbroken and distraught that one of their children could have become a ‘drug addict’. In some tragic cases it means dealing with the loss of a child from overdose and the unrelenting sadness that it brings.

While great and commendable strides have been made in tackling the stigma that confronts families dealing with mental illness and gambling problems, more focus should be placed on the needs of families living with drug-dependent children.

Eliciting widespread sympathy for families with problems that society often sees as self-inflicted or the direct result of bad parenting and weak character is far from easy.

And the fact that by definition illicit drug dependency means directly engaging in criminal behaviour doesn’t make the task any easier.

For families carrying the burden of drug dependency, the public and political debate often centres on the rhetoric of how to send the right message to young people. It’s an empty argument for those families that are dealing with a death each day from a fatal drug overdose.

For many of these families they just want to know why this has happened to them, and, as is often the case, why their child had to die in a harsh, desperate and lonely place.

Of course there’s no real answer as to why. As parents we try the best we can but that doesn’t provide any guarantee. Any child from any family can become dependent on drugs.

It’s also important to understand that not all kids who use drugs have problems, any more than all people who drink alcohol are alcoholics.

However, what we don’t have at the moment is a genuine debate about the support and help that people dependent on illicit drugs, and their families, need.

Drugs are different. Somehow decisions are not based solely on evidence; there is also a moral imperative to address. Even decisions on treatment are debated by those with little expertise. Can you ever imagine a media commentator or politician arguing with a clinician on the best type of treatment for someone with bipolar disorder, liver cancer or other health problems? Yet in the arena of drugs this is unfortunately seen as fair game.

Little wonder then that these families feel incredible shame and stigma.

Of course identifying the problem is one thing, finding the answers is something altogether different.

As a start, let’s first acknowledge that drug use has and always will be with us. Let’s acknowledge that it is a health problem and treat it like other health problems.

Let’s invest in a whole range of treatments that the evidence tells us can work and make it as accessible as possible for people who want it – asking people with drug dependency problems to join a waiting list for help is just plain dumb.

If you think that drugs should continue to be a battle of ideology and morals then spend some time with families that did all they could as parents and still lost a child to drugs. Or conversely think of all the children living in families where parental drug use is problematic and ask either of them whether they care much about the what right message to send is.

One day we hope that political and community support for families dealing with drug problems will be as strong as that provided for families dealing with mental illness and gambling.

Drug dependency needs to be taken out of the shadows with new and innovative investments in support, treatment and help as soon as possible.

Gino Vumbaca is the executive director of the Australian National Council on Drugs and Tony Trimingham is the founder and chief executive of Family Drug Support and lost a son to a heroin overdose in 1997.
spent years in denial, but now I can accept that yes, I did in fact have a problem with drug addiction. What I claimed was ‘social use’ was actually a habit. It doesn’t matter how or why I started, nor does it matter when. What mattered was that I used drugs and they interfered with my life. My work suffered, as did my relationships with friends and family, and in the end my whole life revolved around using.

My health is what probably suffered the most, in particular my mental health. The fact that I had bipolar disorder with psychotic tendencies was only magnified by drug use. Hallucination, paranoia and panic became regular features of my life. I became moody and aggressive and generally unpleasant to be with.

I wasn’t prepared to do it
I was offered rehab many times in varying forms, but nothing worked. To be honest it was because I wasn’t prepared to make the changes to my life that were needed to stay clean.

Getting off drugs is more than a physical withdrawal and a mental test of will, it’s about lifestyle change too. And not everyone wants to change their way of life, even to get off drugs. So time after time I ended up back with tram lines.

Crunch time
And then it came to crunch time. Several factors in my life meant I simply had to get it together and stay off drugs. I tried going cold turkey and found it too hard to do alone. So my doctor, my mum, my partner and my mentor all took turns sitting with me and talking to me, holding my hand, and reassuring me. And then after several long days of agony it broke. I realised I had pulled through and wasn’t that keen to do it again. That’s when I made myself a promise to stay clean, and I began to make the necessary changes to my life.

I gave up going to the pub after work and getting stoned to wind down, instead I went to the gym with my sister, did yoga classes, started horse riding and playing music with friends, I even took up salsa dancing classes! I did everything I could to keep me busy and active, and went out of my way to create new social circles – drug-free ones.

It wasn’t an easy thing to do, and sometimes I still miss what I had. But I would much rather be in control of my life and be able to do the things I can now, than be trapped in a cycle of hitting up, getting stoned and drinking just to get through a day.
The influence of peers on your behaviour

Peer pressure can happen when we are influenced to do something we would not normally do, or are stopped from doing something we would like to do. This may be because we want to be accepted by our peers and/or family.

A peer can be anyone you look up to, or someone who you think is an equal in age or ability. A peer could be a friend, someone in the community or even someone on TV. Most of us choose the peers we hang around with (although not always).

Peer pressure may be a positive influence and help challenge or motivate you to do your best. For example, if your friends tell you you’ve taken too much of a drug and that you’re embarrassing yourself (and them) you might feel pressured to stop, take some time out or even go home.

However, peer pressure can also result in you doing stuff that may not fit with your sense of what is right and wrong. For example, you may not feel like taking drugs on a night out, but be pressured by friends and end up taking drugs because they want a big night and everyone else is taking them.

Peer pressure to take drugs may be present in the workplace, at school or uni, or in the general community. It can affect anyone, and can affect different people in different ways. Some of the ways it may affect you include:

Directly – you may experience peer pressure to take drugs if someone is telling you directly that you should take them to fit in with the crowd. It’s a good idea to talk to someone you trust if you are being pressured into taking drugs when you don’t want to. This may be a family member, teacher, youth worker or counsellor.

Indirectly – peer pressure may not always be obvious to you. It’s not uncommon for a group of friends to have particular habits or activities that they do together – for example, drinking or taking drugs. This might be particularly common in certain industries where taking drugs can be more prevalent, and taking them may be more socially acceptable or even normal. Work pressures may also mean that the natural thing for everyone to do at the end of the day is to go out and take drugs to relax, or even to stay awake and cope with the long hours of a job.

Putting pressure on yourself

Sometimes the pressure to take drugs might start with yourself. Feeling different from the group may be hard and to avoid this, we sometimes do things to make sure we feel like the rest of the group.

Moving to a new area or starting at a new high school, TAFE, university or job may be scary. Often it means having to make new friends and fit into a new environment. When you are feeling unsure about yourself, you may be more likely to or be more inclined to give in to the effects of peer pressure, and may resort to taking drugs to boost your confidence and reduce anxiety about meeting new people.

However, part of being an individual and looking after yourself first and foremost involves making decisions based on what is best for you. It means taking ownership and responsibility for what you do and how you think. Being an individual can still mean that you are a valued member of a group.

Some ideas to help you manage peer pressure to take drugs

➤ Value common interests
➤ Say ‘no’
➤ Try not to judge others
➤ Take action
➤ Change your peer group
➤ Suggest activities that aren’t drug-related
➤ Pretend.

Value common interests – hanging out with people who share similar interests may help to avoid a situation where you feel pressured into doing things you don’t want to do. Being part of the cool crowd may not be as much fun as it looks.

Say ‘no’ – having the strength to say ‘no’ may be hard, however, it also feels good to stick with what you believe in.

Try not to judge others – try not to place judgements on other people’s choices. Respecting someone else’s choice will help them to respect yours. Try to remember that you don’t have to agree with their actions. Focusing on the reasons why you don’t feel happy with the choice may help you not to judge them.

Take action – sometimes you are able to tackle peer pressure if you are older, or feel more comfortable in your environment. Standing up for someone else may help you feel stronger about your own decision.

Change your peer group – you usually choose your peers, so if your peer group is pressuring you and you want to avoid that pressure, then it might be an option to change peer group. Get involved in a new activity and meet new people.

Suggest activities that aren’t drug-related – it’s useful to get a bit creative and think of other activities you can all enjoy that don’t revolve around taking drugs, for example, like going to the movies, reading, or playing a sport.

Pretend – sometimes when people are under the influence of drugs they can be more persistent and pushy than they realise. This means that saying ‘no’ is harder than it could be in other situations.

You could pretend you need to go home (because you feel sick or you forgot about something else you had to do, or even fake that you received an important phone call) to avoid being pressured into drug taking.
Different treatments aim for different outcomes, such as total abstinence or the reduction of drug use to a safer and less harmful level. Options include individual counselling, group therapy and medications to ease the symptoms of withdrawal.

Not everyone completes a treatment program the first or even second time, but this does not mean a person cannot seek help again. Some people find they need to explore a number of different treatment options before they find what works for them.

Assessment for drug dependency

A person with a drug dependence is normally assessed at a treatment centre or health agency to find out which forms of treatment might work best for them. Face-to-face interviews and questionnaires help to pinpoint key areas of the person’s drug use in relation to their history, lifestyle and personality.

The issues discussed may include:
- The type of drug used
- How much is used
- The regularity of the drug use
- The level of drug dependence or severity of addiction
- Any previous dependency problems with other drugs
- The person’s motivation for change regarding their drug use
- Lifestyle issues – such as housing, employment and relationships.

Following on from an assessment, a treatment plan can be developed. Treatment plans are a common part of many drug and alcohol interventions. These plans contain practical, realistic goals and the strategies needed to achieve these goals.

Brief intervention for drug dependency

Brief intervention means attempting to treat a person in the earlier stages of their drug use before they develop serious drug-related problems. It is based on the theory that a person can manage their own drug use and associated issues if they are provided with the appropriate information or other intervention at the right time.

These intervention sessions may include an assessment of the person’s drug use and provide a self-help manual or other information. Brief intervention has been used successfully with cigarette smokers and heavy alcohol drinkers.

Counselling options for drug dependency

A person can receive individual or group counselling. This can be received as an outpatient or as part of their inpatient treatment.

The different models of counselling may include:
- **The Egan model** – the person decides which issues are important and the best ways to address them, with the counsellor as a ‘sounding board’
- **Motivational interviewing** – the person is encouraged to reduce their level of drug use by exploring the consequences of their addiction and the benefits of behavioural change. Taking responsibility for their behaviour and decision-making helps the client to see their ability to make changes in their life
- **Cognitive behavioural therapy (CBT)** – the person is helped to overcome irrational thoughts. The theory aims to change the way people think about their own behaviour
- **The systems theory** – a form of counselling that places a person in the context of family, social, cultural and other environments in which they live. The theory proposes that change in any area creates change in other areas.

Detoxification is withdrawal from the drug

Detoxification (‘detox’), or withdrawal, is a program to rid the person’s body of toxic drug levels. A person who is dependent on a drug may suffer from withdrawal symptoms when they stop using the drug.

Withdrawal from certain drugs – such as alcohol and minor tranquillisers (benzodiazepines) – can be life threatening in extreme circumstances. Therefore, a medical assessment should be considered before a person withdraws from a drug.

Medical withdrawal means using other medications to ease the symptoms of withdrawal. This can be carried out either in hospital or through a drug withdrawal service.

Typical withdrawal symptoms can include:
- Insomnia
- Nausea
- Shaking
- Sweating
- Coma or death, in very rare cases.
Harm reduction

Harm reduction recognises that most people regularly use drugs of some type, such as alcohol. Rather than aiming exclusively for abstinence, the concept of harm reduction centres on reducing drug use or changing drug use behaviour so it is less harmful to the drug user.

An example is the needle exchange program, which is designed to reduce the incidence of HIV and other blood-borne diseases that are passed through intravenous drug users sharing needles. For many people, reducing drug use is a more realistic goal than abstinence.

Pharmacotherapy and medication

Sometimes a prescribed medication is used to replace the drug a person is trying to stop using. This is called substitution pharmacotherapy. For example, methadone is sometimes prescribed for heroin dependence (addiction). Methadone is a synthetic drug that is taken in place of heroin. Like heroin, methadone belongs to the opiate family. While it doesn’t provide the same ‘high’ as heroin, it eases the withdrawal symptoms. Methadone works for longer than heroin, so it only needs to be taken once daily instead of every few hours.

While substitution pharmacotherapy may not be suitable for everyone, and there are not pharmacotherapies available for use with all drugs, it does have a number of benefits.

Depending on the drug a person is using, some of these benefits can include:
➤ An easing of withdrawal symptoms, which allows the person to function in day-to-day life
➤ The person is no longer taking a drug that is manufactured in a ‘backyard lab’ with no quality control or knowledge of its purity
➤ The person is no longer using a drug in harmful amounts or using a potentially dangerous method, such as injecting
➤ Providing a person with the chance to address their life issues without having to worry about finding enough money each day, getting the drug, using it and so on.

Some examples of pharmacotherapies for different drugs are listed below.

Alcohol
➤ Acamprosate (Campral)
➤ Disulfiram (Antabuse)
➤ Naltrexone (Revia).

Opioids (such as heroin)
➤ Buprenorphine (Subutex®, Suboxone)
➤ Methadone
➤ Naltrexone (Revia).

Tobacco
➤ Nicotine replacement therapies (NRT) such as patches, gum and inhalers
➤ Bupropion (Zyban)
➤ Clonidine
➤ Nortriptyline.

Relapse prevention

A person undergoing treatment for drug dependence needs considerable support to successfully make the transition to a drug-free lifestyle. There are various support programs available – for example, to help the person find employment or housing.

Self-help groups

A person with a drug problem can gain insights into their drug use by talking to others who have been in a similar situation. Many self-help groups can also offer support services.

Therapeutic communities

This type of treatment involves the person becoming a member of a therapeutic community for months or years. The aim is personal growth, aided by the understanding and care of others in the community.

Women-only treatments

Women are less likely to seek help for drug use than men. Several treatment options have been established specifically for women – for example, group counselling sessions that are for women only, with child care available if required.

Access to treatment

People who want to overcome a drug problem can seek help in a variety of ways, including:
➤ Seeing their doctor for information and referral
➤ Contacting a treatment centre directly
➤ Calling the alcohol and drug information service in their state or territory.

Where to get help

➤ The alcohol and drug information and referral service in your state or territory – see www.druginfo.adf.org.au/support for contacts
➤ DrugInfo
Tel. 1300 85 85 85 – for information
➤ DirectLine
Tel. 1800 888 236 – for 24-hour confidential drug and alcohol telephone counselling, information and referral
➤ Counselling Online
– for online counselling and referral
➤ Youth Support and Advocacy Service (YSAS)
Tel. 1800 014 446
➤ Family Drug Help
Tel. 1300 660 068 – for information and support for people concerned about a relative or friend using drugs
➤ Your doctor.

Things to remember

➤ Many treatment programs can help people overcome an alcohol or other drug-related problem
➤ Treatment options include individual counselling, group therapy or medications to ease withdrawal symptoms
➤ Some people need to explore a number of different treatment options before they find out what works for them.

Produced in consultation with the Australian Drug Foundation.

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What kind of help is available?

In line with Australia’s National Drug Strategy, many treatment services follow the harm minimisation approach. This means that they work to reduce the harms caused by drug use, rather than on the drug use itself.

It is ideal for people to stop using drugs altogether, but sometimes this is not possible, and instead they can work on reducing the problems associated with their drug use.

There are a number of different types of help available, and they are often combined.

They usually include:
➤ Withdrawal
➤ Pharmacotherapy
➤ Counselling
➤ Rehabilitation
➤ Complementary therapies
➤ Peer support
➤ Social support
➤ Family support.

WITHDRAWAL OR DETOXIFICATION

Withdrawal or detoxification (also known as detox) is a process of stopping the use of a drug while minimising unpleasant symptoms and the risks of harm. Read more about withdrawal at www.druginfo.adf.org.au/treatment-options/withdrawal

PHARMACOTHERAPY

Substitution pharmacotherapy is the use of medication to replace harmful drug use. This will be a legal, measured, prescribed dose of a drug which helps take away cravings so that you can work on other issues that will help you to recover. Some examples of these are buprenorphine, methadone and naltrexone which are used in the treatment of opioid dependence.

Pharmacotherapy is not available for withdrawal from all drugs. Your doctor, or an alcohol and drug information service, can give you more information about what is available to help you.

It is ideal for people to stop using drugs altogether, but sometimes this is not possible, and instead they can work on reducing the problems associated with their drug use.

COUNSELLING

This is the most common kind of treatment. It can be provided individually, or in a group situation, and is available both to people who use drugs, and to their family members or support people.

There are several different types of counselling approaches which might be offered to you:
➤ Psychotherapy can work to help you feel comfortable to discuss your personal situation, and work through problems and issues
➤ Cognitive behaviour therapy can be used to help you learn, and correct, problems in the way you think or behave, which could affect your drug use
➤ Brief intervention is short-term treatment, which may be only a few minutes or hours, and can help some people at certain stages of their treatment
Relapse prevention can help you to recognise warning signs of relapse, and to work out how to deal with, and prevent, relapse.

Motivational interviewing can help work out your own personal reasons for getting involved in treatment and stopping drug use.

Anger and anxiety management uses cognitive behavioural methods to help you deal with anger or anxiety issues which might be affecting your recovery.

Rehabilitation programs take a long-term approach to treatment to help you achieve a drug-free lifestyle.

PEER SUPPORT
These programs are provided both for people who use drugs, and their family members or support persons.

They are usually established by people who have had personal experience with alcohol or other drugs, and are often based on the twelve-step program model. Alcoholics Anonymous and Narcotics Anonymous are two examples of these.

SOCIAL SUPPORT
A range of social support services can help you to access housing, financial, legal, general health, dental and other assistance.

FAMILY SUPPORT
Services are available to support those who have been affected by the alcohol or other drug use of a family member. As well as providing understanding, these services can also provide information about how best to help during treatment.

Call your state and territory alcohol and drug information service or contact DrugInfo to find out how to get in touch with any of these services.
EXPLORING ISSUES

ABOUT THIS SECTION
‘Exploring issues’ features a range of ready-to-use worksheets relating to the articles and issues raised in this book.

The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

As the information in this book is gathered from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Does the source have a particular bias or agenda? Are you being presented with facts or opinions? Do you agree with the writer?

The types of ‘Exploring issues’ questions posed in each Issues in Society title differ according to their relevance to the topic at hand.

‘Exploring issues’ sections in each Issues in Society title may include any combination of the following worksheets: Brainstorm, Research activities, Written activities, Discussion activities, Quotes of note, Ethical dilemmas, Cartoon comments, Pros and cons, Case studies, Design activities, Statistics and spin, and Multiple choice.

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Brainstorm, individually or as a group, to find out what you know about drugs and addiction.

1. What is the difference between a licit and an illicit drug, and what are some examples of both?

2. What are amphetamines, and what are the possible effects from their use?

3. What is a drug overdose, and what can you do to help someone who has overdosed?

4. Are cigarettes and alcohol addictive drugs? Explain your answer.
You have discovered a friend has started using 'ice' and their behaviour has changed considerably. Write an email to your friend explaining your concerns, the long-term effects the drug can have on his/her life, and the kind of support and treatment he/she can get to stop using the drug. Include some specific examples of the treatment services available in your own state or territory.
1. Do you think enough is being done to educate young people about the dangers of illicit drugs and the harmful impacts they can have on a person’s life? Compile a list of current programs, campaigns and organisations that are in place to educate the youth market on the negative aspects of these drugs, and offer a brief description of each.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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2. What is the Australian government doing to address tobacco addiction? Using the internet, research government-funded campaigns targeting tobacco use. What are they and how can they help smokers to quit?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
CASE STUDIES

Do your own research on the drugs listed below. Imagine a friend is using each of the drugs listed and create a case study, exploring the following factors:

a. Causes
b. Symptoms and signs
c. Support options
d. Treatment

1. Marijuana

2. Alcohol

3. Amphetamines
Substitution pharmacotherapy is the prescribing of regular doses of legal drugs to enable users to reduce or stop illegal, harmful and dangerous drug use.

Are you for or against the use of substitution pharmacotherapy to help people with drug dependency? Form two opposing groups and compile a list of points with which to debate the advantages and disadvantages of the use of prescription medication to aid in drug withdrawal.
EXPLORING WORKSHEETS AND ACTIVITIES

EXPLORING
ISSUES
WORKSHEETS AND ACTIVITIES

MULTIPLE CHOICE

Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of the next page.

1. Drug addiction can come in many different forms including both physical and psychological dependence on specific types of drugs. Which of the following drugs cause physical dependence?
   a. Cannabis  
   b. Ecstasy  
   c. Tobacco  
   d. Cocaine  
   e. Heroin  
   f. Amphetamines

2. Which of the following is a street name for Methylenedioxymethamphetamine?
   a. Skunk  
   b. Eccy  
   c. Meth  
   d. Ecstasy  
   e. Cocaine  
   f. Fantasy  
   g. Snow

3. Methadone is sometimes prescribed as part of substitution pharmacotherapy for which of the following drugs?
   a. Cocaine  
   b. Nicotine  
   c. Heroin  
   d. Marijuana  
   e. Caffeine

4. Drugs are grouped in different ways – stimulant, depressant and hallucinogen. Match the following drugs to their correct group (note: some drugs may fall into two groups):
   1. Stimulant
      a. LSD
      b. Alcohol
      c. Nicotine
      d. Marijuana
   2. Depressant
      e. Caffeine
      f. Cocaine
      g. Heroin
      h. Ecstasy
   3. Hallucinogen
      i. Datura
      j. Amphetamine
      k. Sleeping pills
      l. GHB

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Issues in Society | Volume 356
Drugs and Addiction 55
MULTIPLE CHOICE

Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of this page.

5. Identify which of the following is not a common sign of drug use (circle any that apply):
   a. Violence
   b. Improvement in grades
   c. Emotional outbursts
   d. Weight loss or gain
   e. Stealing
   f. Short-term memory loss
   g. Lying

6. Which of the following is not a long-term health consequence of cocaine use (circle any that apply):
   a. Hepatitis C
   b. Sleeping disorders
   c. Psychosis
   d. Stroke
   e. HIV
   f. Kidney failure

MULTIPLE CHOICE ANSWERS

1 = c, e; 2 = b, d; 3 = c; 4 = 1 – c, e, f, h, j; 2 – b, d, g, k, l; 3 – a, d, h, i; 5 = b; 6 = a, e.
In 2010, the proportion of people aged 14 years or older smoking tobacco daily dropped to 15.1%, down from 16.6% in 2007. (p.1)

Daily drinking among those aged 14 years and older declined between 2007 (8.1%) and 2010 (7.2%). (pp.1, 2)

Around 7% of recent drinkers, especially people aged less than 29, changed their drink preference in 2010, with a shift away from pre-mixed drinks, also known as ‘alcopops’. (p.1)

Recent illicit drug use rose in 2010, with people aged 14 or older who had used illicit drugs in the previous 12 months rising from 13.4% to 14.7% between 2007 and 2010. (p.1)

Since 1995, there has been a continuing trend in the decline of the proportion of people aged 14 years or older smoking daily. (p.2)

Recent illicit drug use increased in 2010, mainly due to an increase in the proportion of people who used cannabis (from 9.1% in 2007 to 10.3% in 2010), pharmaceuticals for non-medical purposes (3.7% to 4.2%), cocaine (1.6% to 2.1%) and hallucinogens (0.6% to 1.4%). (p.2)

Males are far more likely than females to use all drugs (both illicit and licit), except for pharmaceuticals which are used by a similar proportion of males and females. (p.3)

In 2010, the proportion of pregnant women who smoked decreased after they found out they were pregnant (from 12.6% before realising they were pregnant to 8.1% after finding out). (p.3)

The proportion of pregnant women abstaining from drinking alcohol increased in 2010 (from 40.0% in 2007 to 52.0% in 2010). (p.3)

Lots of people who go to emergency departments at hospitals have taken a drug, often alcohol. (p.4)

In 2010, 1 in 7 (15%) Australians aged 14 years or over were daily smokers, and 1 in 4 (24%) were ex-smokers. More than half the population (59%) had never smoked. (p.7)

Close to 4 in 5 (78%) Australians aged 12 years or over had consumed alcohol over the previous year in 2010. (p.7)

The consumption of alcohol was estimated to cost Australian society $15.3 billion in 2004-05. (p.7)

Around 8% of people in Australia aged 16-85 years have had a drug use disorder (including harmful use/abuse and/or dependence) in their lifetime. (p.7)

In 2009, 10,671 alcohol and other drug treatment agencies across Australia provided almost 150,000 episodes of service to people who were concerned about their own or someone else’s drug use. (p.8)

In 2008, 45% of Aboriginal and Torres Strait Islander people aged 15 years or over were daily smokers. (p.9)

There were more than 85,000 arrests in 2009-10 for illicit drug offences; two-thirds involved cannabis. (p.9)

Taking an ecstasy pill in a hot, humid environment (like a rave party or a mosh pit) can cause dehydration, and although rare, heart failure and death. (p.10)

Serotonin syndrome can result from using ecstasy while on antidepressants, or from an overdose. (p.11)

‘Ice’ is the street handle for crystal methamphetamine hydrochloride, which now accounts for 90% of all methamphetamine seized by police in Australia since the mid-’90s. (p.11)

Recent research shows that driving while stoned can increase your chances of having an accident by 300%. (p.12)

‘Speed psychosis’ is common with any overdose of amphetamines and closely resembles paranoid schizophrenia. (p.13)

The most commonly used illicit drug in Australia is marijuana. (p.17)

The exact causes of addiction are not known but addiction is thought to be caused by changes in brain structure and function from repeated use of a substance. (p.20)

Many people may use a substance to self-medicate or mask another psychological or mental problem such as anxiety and depression. (p.21)

A number of drugs can trigger psychosis, which is a mental disorder where you lose touch with reality. (p.24)

Feeling low after using some drugs is common (including alcohol). This can be due to the effect of the drug itself or because of things that happened when you were using them. (p.24)

Paracetamol is one of the most common medicines taken by young children in an accidental overdose. (p.25)

Prescription medications can be addictive, although many of us think of prescription medication as benign or harmless. Examples of addictive medications include Oxycontin, Percodan, Ativan, Valium and almost any sedative, sleep aid or painkiller. (p.30)

Withdrawal can last from a few days to a couple of weeks, depending on the drug and the degree to which a person has become addicted. (p.31)

For people experiencing depression or anxiety, a low-risk level of drinking may mean not drinking any alcohol at all. (p.33)

Marijuana may cause depression, acute panic attacks or ongoing anxiety, even in people who have never previously shown signs of having the illness. (p.33)

1 in 13 Australian adults has a substance use disorder. (p.33)

Men are more than twice as likely as women to have a substance use disorder (11% compared with 4.5%). (p.33)

1 in 6 Australians aged 18-24 years has a substance use disorder compared with just 1 in 90 over 65 years of age. (p.33)

People who inject drugs are at risk of contracting hepatitis B, hepatitis C and HIV (the virus that causes AIDS). (p.35)

Mental health problems can be caused or exacerbated by drug use. However, it can be difficult to differentiate between the symptoms of mental illness and drug-affected behaviour. (p.41)

A person with a drug dependence is normally assessed at a treatment centre or health agency to find out which forms of treatment might work best for them. (p.45)

Withdrawal from certain drugs, such as alcohol and minor tranquillisers (benzodiazepines), can be life threatening in extreme circumstances. (p.45)
**Abstinence**
Not using or refraining from using a drug; being drug-free.

**Addiction**
Physical or psychological dependence on a drug. The term ‘drug dependent’ is commonly used.

**Amphetamine**
A psychostimulant drug that speeds up the messages going from the brain to the body. Common amphetamines are speed, ice, and crystal meth.

**Dependence**
Occurs when a drug is central to a person's life, they have trouble cutting down their use, and experience symptoms of withdrawal when trying to cut down. Can be physical or psychological, or both. Physical dependence occurs when a person’s body has adapted to a drug and is used to functioning with the drug present. Psychological dependence is when a person feels compelled to use a drug in order to function effectively or to achieve emotional satisfaction.

**Detoxification**
Also known as 'detox' or 'withdrawal'. The process by which a person who is dependent on a drug ceases use, in such a way that minimises the symptoms of withdrawal and risk of harm. May involve the administration of medication.

**Drugs**
A substance that affects the processes of the mind or body and changes they way they normally function. Legal drugs include alcohol, tobacco, caffeine and prescription medicines. Illegal drugs taken for recreational purposes include cannabis, cocaine and ecstasy.

**Drug use/abuse**
The use of any substance under international control for purposes other than medical and scientific, including use without prescription, in excessive doses, or over an unjustified period of time. Abuse includes the continued consumption of a substance despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

**Ecstasy**
Street term for a range of drugs that are similar in structure to the synthetic stimulant MDMA (methyleneedioxymethylamphetamine). The chemical structure of MDMA is related to stimulants (amphetamines) and some hallucinogens. Drugs sold as ‘ecstasy’ often contain a range of drugs such as amphetamine, caffeine, aspirin, paracetamol, ketamine, in addition to, or instead of MDMA.

**Hallucinogen**
A drug that changes the way you see, hear, feel, smell or touch the world – often known as a ‘trip’. Common hallucinogens include LSD, ketamine and magic mushrooms.

**Harm minimisation**
Drug prevention that acknowledges abstinence as the most effective way to avoid drug-related harms, however that it is not always possible in certain individual circumstances. It entails minimising the adverse effects of drug use to individuals and the community through supply reduction, demand reduction and harm reduction strategies.

**Intoxication**
A condition that follows the administration of a sufficient amount of a psychoactive substance and which results in behavioural and/or physical changes. The capacity to think and act within a normal range of ability diminishes.

**Methamphetamine**
A stimulant drug available in a number of different forms. It is most commonly a colourless crystalline solid, and called a variety of names, such as ‘crystal meth’, ‘crystal’ or ‘ice’. In its powder form it is most commonly known as ‘speed’.

**Overdose**
When the amount of the drug taken exceeds the body's ability to cope with the drug resulting in stupor, coma, respiratory depression or death.

**Party drugs**
‘Club’ or ‘party’ drugs refer to a range of substances used in the environment of a nightclub or other entertainment venue or event. This includes drugs such as ecstasy, speed, LSD, GHB and ketamine.

**Pharmacotherapy**
Also known as ‘substitution pharmacotherapy’. The use of prescribed medication to replace the drug a person is trying to stop using. This method is not available for all types of drug withdrawal.

**Psychosis**
Any significant mental disorder that is characterised by a loss of contact with reality.

**Psychostimulants**
A group of drugs that produce euphoria, a sense of wellbeing, wakefulness and alertness. Prolonged use or high levels of use can produce behavioural disturbances.

**Risk reduction**
Policies or programs that focus on reducing the risk of harm from alcohol or other drug use.

**Stimulants**
Drugs that stimulate certain chemicals in the brain and increase alertness, heart rate, blood pressure and breathing rate.

**Tolerance**
When the body becomes used to a drug being present and more of the drug is required in order to achieve the same effect felt previously with smaller amounts.

**Withdrawal**
Set of symptoms that can occur when a user cuts down, or stops the use of a particular drug. Withdrawal symptoms can range from mild to severe, and are different depending upon the drug from which the user is withdrawing.
Websites with further information on the topic

Alcohol and Other Drugs Council of Australia  www.adca.org.au
Australian Crime Commission  www.crimecommission.gov.au
Australian Drug Information Network  www.adin.com.au
Australian Drug Law Reform Foundation  http://adlrf.org.au
Australian National Council on Drugs  www.ancd.org.au
Drug Advisory Council of Australia  www.daca.org.au
Drug Aware  www.drugaware.com.au
Drug ARM – Awareness and Relief Movement  www.drugarm.com.au
Drug Info  www.druginfo.adf.org.au
Drug info @ your library  www.druginfo.sl.nsw.gov.au
Families and Friends for Drug Law Reform  www.ffdlr.org.au
Family Drug Support  www.fds.org.au
National Cannabis Prevention and Information Centre  http://ncpic.org.au
National Drug and Alcohol Research Centre  http://ndarc.med.unsw.edu.au
National Drugs Campaign  www.drugs.health.gov.au
Somazone  www.somazone.com.au
Turning Point Alcohol and Drug Centre  www.turningpoint.org.au

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THANK YOU
* Better Health Channel
* Australian Drug Foundation
* Australian Institute of Health and Welfare.

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