

# DRUGS 101

So you think you know it all? Think again.

The main source of alcohol for underage drinkers is their parents

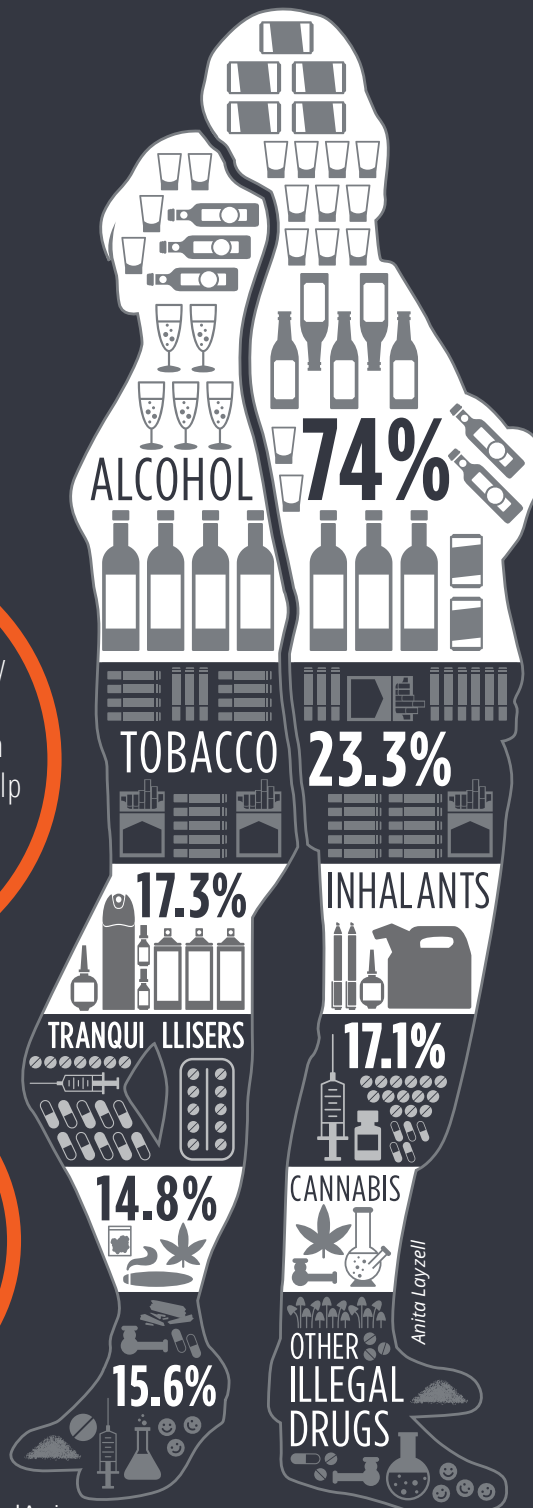
Open and honest discussions on both sides are important to build trust and respect

Parents need to let their children know that they will always support them in making a safe decision, such as calling an ambulance to help themselves or a friend. Help them to make safe choices

Access to drugs is commonplace. Help your child say "no"

Fears and worries can get in the way of parents being able to talk to, and hear, young people properly

If your child develops a drug or alcohol problem, that is when they will need you the most



Statistics of substances 12 to 17-year-olds have ever used in a lifetime.  
Australian Government Department of Health and Ageing.

# WHAT WE'RE ABOUT



**EILEEN BERRY**  
was the founding editor of *The Weekly Review* (2010) after more than 17 years at *The Age*. A family member

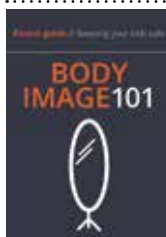
"introduced" Eileen to drugs, drug paraphernalia, angry dealers and the full arm of the law and all the ramifications that go with breaking the law – her nephew at 16 developed a drug-induced psychosis from smoking cannabis via bong. It is also true to say that her nephew had a predisposition to mental health issues – bipolar runs in the family. It's been 20 years since that first bong – and even with hindsight she is unsure what the solution would have been. An adolescent mental health specialist from the Austin Hospital told her that her nephew would grow out of his psychosis if he stopped smoking "gunga" and remain medicated for half a dozen years or so. Her nephew told her on the steps of the hospital that bright and sunny February day in 1994: "Aunty Eileen, I am not going to give up drugs." Eileen and her nephew remain in contact – via text and phone.

## COMING UP ...



### SOCIAL MEDIA 101

Social media can be a godsend and a nightmare. We tell parents what their kids are doing online and how to keep them safe.



### BODY IMAGE 101

From breast size and body shape to Botox and doctored private parts, the pressure to look perfect is crushing kids' self-esteem. How can parents help?



### SEX 101

Teenagers have never been better educated, but are they sexually aware? We cover everything parents need to know to help them stay safe.



**CHERYL CRITCHLEY**  
is a freelance journalist with 30 years' experience on publications including the *Herald Sun*, where, among other things, she

covered education and wrote a parenting column. *The Weekly Review's* education editor, Cheryl has written six books. With three children, including two teenagers, she is entering uncharted waters when it comes to drugs.



**SARAH MARINOS**  
has been a journalist for almost 30 years and has written extensively for newspapers and

national magazines about physical and mental health, parenting and social and community issues. She has four children, three at high school. Researching and writing the first-person articles for this publication has been an informative and useful experience – and a wake-up call.



**ANITA LAYZELL**  
worked as the visual communications manager for a sporting apparel company before

starting a family and focusing on a freelance graphic design career. In her 14 years as a graphic designer she has worked on publications including *The Weekly Review* and *Herald Sun*. Anita's part in the team creating this publication has given her a better insight into drugs.

## THANK YOU // FROM THE EDITOR

*Drugs101* would not have been possible without the help and guidance of many. It started with an idea and grew very quickly.

I have had many meetings, phone conversations and late-night emails with teachers (Terri Oprean and Julie Plymin from Strathcona; Kate Morris from Northcote High School) and not-for-profit agencies like the Australian Drug Foundation (Kate James), Family Drug Support (Tony Trimmingham) and Geelong's Ice Fight (Paul Kelly). Drug education is at the forefront of everyone's minds ... and the level of passion from all concerned has been greatly appreciated. I would like to put on the record my heartfelt thanks to each and everyone of you for your time and input.

Other agencies contacted regarding information for this publication were: Les Twentyman from the 20th Man Youth Fund, the Australian Institute of Health and Welfare, National Health and Medical Research Council, Australian Institute of Criminology, National Inhalants Information Service, Cancer Council Victoria,

Quit, National Cannabis Prevention and Information Centre, State Library of NSW, the What are you doing on ice? campaign and Parenting Strategies: Protecting your child's mental health.

Special thanks to our working lunch educational advisors: Dennis Freeman, Wesley College; Pitsa Binnion, McKinnon Secondary College; Ghina Makari and Liam Carter, Department of Education; Bo Rutecki, St Michael's; Natalie van Wetering, Brighton Grammar; Belinda Kranjcic, Camberwell Girls Grammar; Melanie Dow, Ivanhoe Girls' Grammar; and Jenny Vincent Green, Fribank Grammar.

Special thanks to my brains trust on this project: Cheryl Critchley, Sarah Marinos, Anita Layzell, Sue Richardson, Kimberly Barry, Julian Healey, Belinda Smith, Max Hunter and Emma Houghton.

And finally, a huge thank you to those who told us their stories under difficult circumstances in an attempt to help others.

**Eileen Berry // Editor-At-Large, Eileen Berry Media**

# PUTTING THE WELLBEING OF SCHOOL STUDENTS FIRST

THE HON CHRISTOPHER PYNE MP // MINISTER FOR EDUCATION AND TRAINING  
LEADER OF THE HOUSE OF REPRESENTATIVES, FEDERAL MEMBER FOR STURT

I want to reassure all parents that the Australian Government takes the wellbeing and safety of our school students very seriously. Working with state and territory governments, we support many practical initiatives, including the Safe Schools Hub, ([www.safeschoolshub.edu.au](http://www.safeschoolshub.edu.au)). This website provides a range of resources and links on crucial safety and wellbeing issues, such as drugs, mental health and bullying.

Importantly, the hub also includes a dedicated portal for parents.

I believe it is vital that parents are supported to help their children move smoothly and successfully through the critical years of childhood and adolescence.

Parents need to be confident that their child is able to be strong and safe with the range of issues that they are exposed to, including illegal drugs.

That's why I am doing as much as I can through my Students First initiative ([www.studentsfirst.gov.au](http://www.studentsfirst.gov.au)) to support parents to be engaged in their child's education.

Through Students First, I am working to empower parents to nurture their child's development, including through belonging to a thriving school community.

I look forward to *Drugs 101* being used by parents and schools to support the health and wellbeing of students with practical and useful information.



## DRUGS AFFECT US ALL

CHERYL CRITCHLEY IS A JOURNALIST AND MOTHER OF CHILDREN TURNING 12, 14 AND 16 IN 2015.

As parents of teenagers, we think we know it all. Been there, done that. Taken this, taken that. But today's drug scene is vastly different to what it was when we were kids 30 or 40 years ago. While rates of teen drug use have fallen slightly in the past 10 years and the number experimenting with hard drugs remains low, drugs such as ice are stronger and more-readily available. Some say official usage rates are also underreported. Regardless, today's teenagers have many more drugs to choose from than their parents did. They can buy legal and illegal substances online and find them easily at music gigs and parties. Caffeine-laced energy drinks add yet another dimension. Some young people mix a number of these drugs, increasing the risks.

What does all this mean for parents? How do we help our children navigate this increasingly complex world of legal and illegal drugs? Should we let our kids drink alcohol before they turn 18? Do we tell them about our own drug use? How strict should we be? There are no absolute rights and wrongs, but factual information and dispelling the myths does help. We also need to acknowledge that there is a lot we don't know. This guide takes a factual approach to what is out there, who is using these drugs, how they affect their users and what to do if your child takes them. No one has all the answers, but being informed and a good role model will help.

Today's teenagers have many more drugs to choose from than their parents did

### // IMMEDIATE SUPPORT

Anyone who needs help with a drug or alcohol problem or knows someone who does should call the state government's DirectLine:

**1800 888 236**

DirectLine provides 24/7 counselling, information and referral with professional counsellors experienced in alcohol and drug-related matters. The service is free, anonymous, confidential and available to people using drugs, relatives and friends of those using drugs, and health and welfare professionals. For more information, visit: [health.vic.gov.au/aod/directline](http://health.vic.gov.au/aod/directline)

### GET THE EFFECTS

The Australian Drug Foundation's *Get the effects by txt!* SMS service allows parents to text the name of a drug to 0439 TELL ME (0439 835 563), then receive an SMS about the effects of the drug and links to more information and help. The reply lists a number of the drug's effects and links to find further information on the ADF's DrugInfo website. [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au)

.....  
*There is no safe level of drug use and drugs affect everyone differently, based on a person's size, weight and health, whether they are used to taking it, the amount taken and the strength, which varies from batch to batch.*

*The Australian Drug Foundation*

# YOUTH & DRUGS

Honest and open communication is vital.

## // SIGNS OF DRUG USE\*

It can be hard to tell if someone is using drugs, and their effects vary greatly from person to person. Signs that appear to be uncharacteristic of the person may require your attention, regardless of whether drugs are involved. These signs include:

- Mood swings, tiredness, explosive outbursts.
- Minimal interaction with family.
- Trouble with the police.
- Changes in eating patterns.
- Frequent absences from school/work, declining school/work performance.
- Sudden changes of friends.
- Unexplained need for money, disappearing money and valuables.
- Impaired memory, poor concentration, withdrawing socially.

\* Copyright © Australian Drug Foundation 2015

## SHOULD I SEARCH THEIR ROOM?

How you respond to suspicions of drug use is a personal matter. "Some parents feel comfortable searching their kid's room for illicit (drugs), others feel this violates trust," says Family Drug Support founder and CEO Tony Trimingham. "It certainly pays to think this through before doing something you will regret later. Whether or not you decide to search their room, you need to be aware of how your behaviour will model trust in your child's eyes."

"Parents should certainly put an emphasis on communication and simply try asking their children about drugs in a calm non-judgmental way. If your child feels that their honesty will be rewarded with anger, punishment or hysterics, then it will only be natural to lie and conceal their drug use. It is usually far better for your child to feel that you understand them and are willing to help them, even if they are making mistakes."

## TIPS TO PARENTS

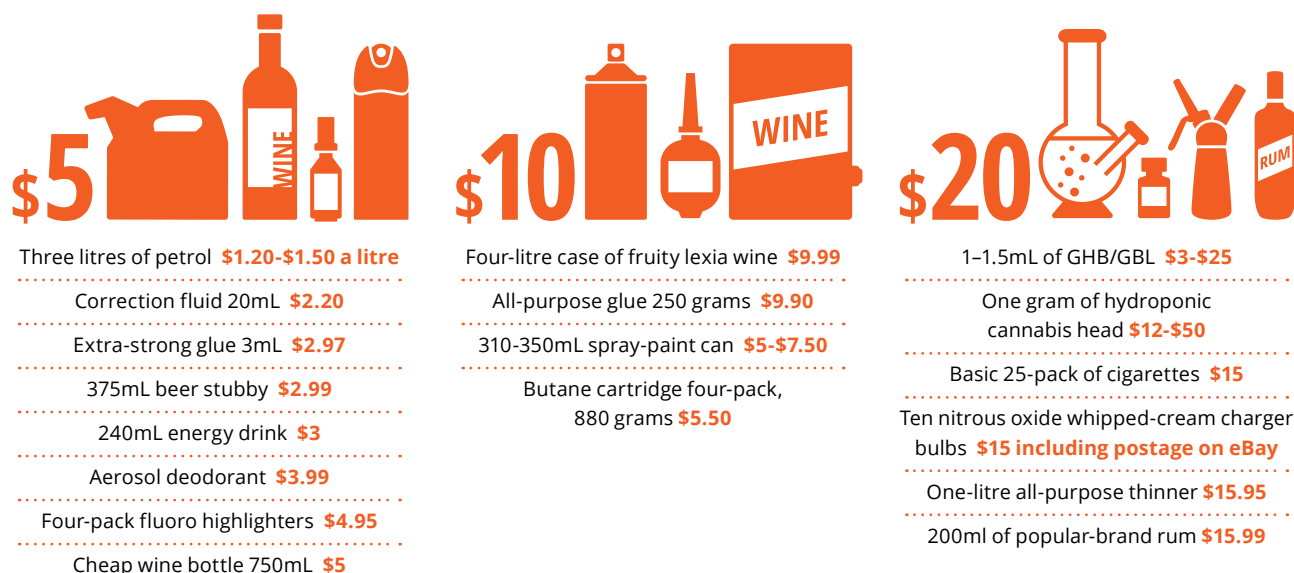
Tony Trimingham lost a son to heroin overdose in 1997. He says most parents believe their kids won't use drugs, will be truthful if asked and will turn to them if they are in trouble. This is not always the case. Trimingham urges parents to:

- Let them know that if they need help they can come to you and you will support them; you won't kick them out.
- Improve communication.
- Look for cues that they want to talk.
- Discuss drugs and alcohol openly. Listen more than directing or lecturing. Have a view, but accept theirs.
- Accept that they think they know more about drugs than you.
- Be informed and educated. Beware the extremes.
- Promote safety and encourage your children to look after themselves and their friends.
- Ensure they know the dangers of mixing drugs and alcohol and how to get medical help if needed.
- Discourage mixing substances and driving.
- Encourage them to have designated drivers or use public transport.

## WHAT ABOUT YOUR DRUG USE?

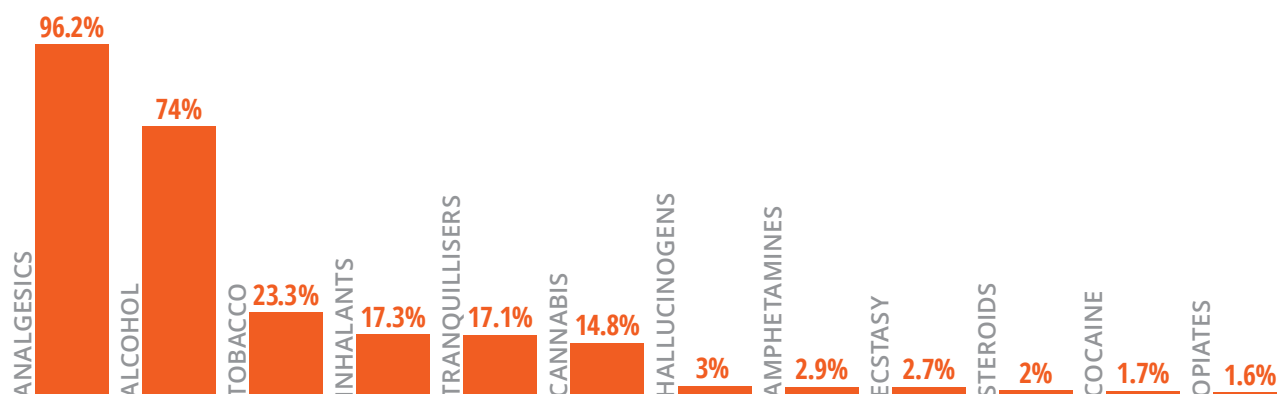
Parents should be honest about current and past drug use, says Trimingham. "It will demonstrate that you were young and did rebellious things. It will encourage them to open up. You will also be demonstrating that you have changed and no longer need to use. If they believe you are being hypocritical there will be no chance of your messages about drugs being effective."

## // WHAT YOUR KIDS COULD BE BUYING WITH THEIR POCKET MONEY



## // PERCENTAGE OF 12 TO 17-YEAR-OLDS WHO HAVE USED THESE DRUGS IN THEIR LIFETIME

Percentage of students surveyed indicating they had ever used each of the different substances outlined in 2011.



The substance categories, descriptions and examples below are identical to the ones used in the questionnaire provided to students.

### ANALGESICS

Pain killers/ analgesics such as Disprin, Panadol and Nurofen.

### ALCOHOL

Ordinary beer, low-alcohol beer, wine, wine cooler, Champagne or sparkling wine, alcoholic cider, alcoholic sodas, premixed spirits, spirits, or liqueurs.

### TOBACCO

Cigarettes.

### INHALANTS

Deliberately sniffed (inhaled) from spray cans or sniffed things such as glue, paint, petrol or thinners in order to get high or for the way it makes you feel.

### TRANQUILLISERS

Sleeping tablets, tranquillisers or sedatives such as rohies, Rohypnol, barbs, Valium or Serepax, for non-medical reasons.

### CANNABIS

Marijuana, grass, hash, cannabis, dope, weed, mull, yarrdi, ganga, pot, a bong, or a joint.

### HALLUCINOGENS

LSD, acid, trips, magic mushrooms, Datura, Angel's Trumpet.

### AMPHETAMINES

Amphetamines or speed, uppers, MDA, goey, dex, Dexies, dexamphetamine, ox blood, methamphetamine or ice, other than for medical reasons.

### ECSTASY

Ecstasy or XTC, E, MDMA, ecci, X, bickies.

### STEROIDS

Steroids, muscle, roids or gear, without a doctor's prescription to make you better at sport, to increase muscle size or to improve your general appearance.

### COCAINE

Cocaine.

### OPIATES

Heroin, smack, horse, skag, hammer, H, or other opiates (narcotics) such as methadone, morphine or pethidine other than for medical reasons.

Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011. 24,854 students participated in this survey. Prepared for the Australian Government Department of Health and Ageing by the The Cancer Council Victoria, December, 2012.



Prices as of March 2015. Alcohol prices sourced from a bottle shop, cigarette, deodorant, glue and correction fluid prices from a supermarket and paint/paint thinner prices from a hardware store. Illicit drug prices sourced from The Australian Crime Commission's *Illicit Drug report* 2012-13.





# ALCOHOL

OTHER NAMES // BOOZE, GROG, PISS, LIQUOR, CHARGE, NIP

Drinking can pose unacceptable risks in young people's formative years.

Parents may think they are doing their children a favour by letting them drink alcohol before they turn 18, particularly if it is supervised. But a growing body of evidence suggests that alcohol can damage developing young brains, which don't mature until we are about 25.

Early drinking can also lead to increased drinking rates and damaging behaviour. The risk of accidents, injuries, violence and self-harm are high among drinkers aged under 18. Young people who drink are also more prone to risky and antisocial behaviour than older drinkers.

National Health and Medical Research Council (NHMRC) guidelines recommend that not drinking alcohol is the best option for those under 18. For those under 15, this is especially important, and for those aged 15-17 drinking should be delayed as long as possible.

Experts also advise parents to discourage their children from abusing alcohol by modelling safe behaviours at home and while socialising. Many parents don't realise the influence their own drinking habits can have on their children and how important it is to model responsible alcohol use. It is important to be informed about the possible risks and to be aware that your child is learning from your behaviour.

Combining alcohol with caffeine-laced energy drinks or other drugs can result in even more risky behaviour, put the body under great stress and increase the chances of overdosing



## ALCOHOL IS NOT HARMLESS

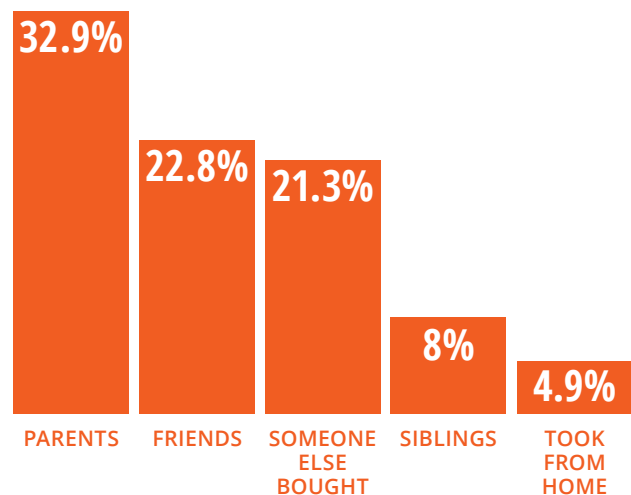
Family Drug Support founder and CEO Tony Trimmingham says alcohol should not be regarded as less harmful than other drugs. He says it is responsible for one in five hospital admissions, one in three drownings, one in four motor-vehicle accidents, three in four assaults, one in three divorces, domestic violence, sexual assault, unplanned sex, homelessness and suicide. The later young people start drinking, the less likely they are to develop severe issues.

Trimingham talks at many schools and believes 85 per cent of students have tried alcohol and more than 50 per cent drink regularly and to the point of intoxication. "It is without any question the most damaging drug that we use. Many parents turn a blind eye or even encourage underage drinking. Of course teenagers will use it, but ... we should not actively promote it."

## WHERE ARE KIDS GETTING IT?

Adolescents aged 12 to 17 are most likely to get alcohol from their parents. A 2011 Australian school student survey found almost 33 per cent of 12 to 17-year-olds received their last alcoholic drink from their parents, compared with 22.8 per cent from friends, 21.3 per cent from someone else and 8 per cent from siblings. Almost 5 per cent took their last alcoholic drink from home.

## // LAST ALCOHOLIC DRINK SUPPLIED BY



Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011. Prepared for the Australian Government Department of Health and Ageing by the The Cancer Council Victoria, December, 2012.

## // WARNING SIGNS A TEEN MAY BE MISUSING ALCOHOL

There are no definitive warning signs of alcohol misuse. But there are a range of signs and behaviours that, combined, may indicate excessive drinking. They include:

- Repeated health complaints.
- Changes in sleeping patterns.
- Changes in mood, especially irritability.
- Starting arguments, withdrawing from the family or breaking family rules.
- Dropping grades, frequent school absences or discipline problems at school.
- Changes in social activities and social groups.

### WHO IS DRINKING ALCOHOL?

Three in four (74 per cent) Australian children aged 12 to 17 have tried alcohol. The 2011 Australian secondary students' survey found more than half of those surveyed had consumed alcohol in the past year. Almost 40 per cent of 17-year-old boys and 35 per cent of girls had drunk in the past week.



### ALCOHOL CONSUMPTION AMONG STUDENTS WHO DRANK ON ANY OF THE PAST SEVEN DAYS

*Average number of drinks consumed in past seven days*

	12yo	13yo	14yo	15yo	16yo	17yo	18yo
<b>MALES</b>	4.4	4.5	5.4	6.7	8.1	9.5	7.6
<b>FEMALES</b>	2.9	3.7	4.7	4.7	6.0	6.7	5.6

Means are based on unweighted data. Respondents indicating they consumed more than 20 drinks on any one day excluded from calculations of means. *Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011*. Prepared for the Australian Government Department of Health and Ageing by the The Cancer Council Victoria, December, 2012.

### FOR SHORT AND LONG-TERM EFFECTS VISIT

<http://www.druginfo.adf.org.au/drug-facts/alcohol>

The following day they may have a hangover that may include a headache, diarrhoea and nausea, tiredness and trembling, increased heart rate and blood pressure, dry mouth, trouble concentrating, anxiety and restless sleep.

## // ENERGY DRINKS

A typical 250mL energy drink contains about 50-80mg of caffeine, which is similar to the average cup of coffee. Larger 500mL drinks contain up to 160mg. Energy drinks are popular with teenagers who may not realise how much caffeine and other stimulants they contain. Energy drinks have varying amounts of caffeine, taurine, guarana, amino acids, vitamins and sugar. Short-term effects include feeling more alert and active, needing to urinate more frequently, increased body temperature and heart rate and stimulation of the brain and nervous system.

High doses can cause insomnia, nervousness, headaches, nausea, vomiting, rapid heart rate and heart palpitations. Several young people have died after consuming too much or mixing energy drinks with alcohol and other drugs. There is no reported evidence that energy drinks have any nutritional value. Research has found that children and young people who consume energy drinks may suffer from sleep problems, bed-wetting and anxiety.

Sales of energy drinks in Australia and New Zealand increased from 34.5 million litres in 2001 to 155.6 million litres in 2010 – a 23 per cent share of the total convenience beverages market.



*Food Regulation Policy Options Paper: The Regulation of Caffeine in Foods*. Produced for the Food Regulation Standing Committee (FRSC) by the FRSC Caffeine Working Group, August, 2013.

# THE PARENT

Debbie Warner's son Adam\* began experimenting with alcohol and marijuana at 17. An ice addiction has left him with mental health issues.

**"A** few weeks ago my son lost his car. He simply can't remember where he left it. He's been homeless for a year and was sleeping in his car. Now he's in a refuge.

"Adam\* is my youngest son. He began using ice two years ago. Before that he was a normal teenager. He had a job, and was an elite gymnast. He left school at 17 and went to uni for six months to do a specialist sports course and during that time he went to parties and there was alcohol and marijuana around.

"Adam left uni after six months and instead got a job teaching sports in primary schools.

"But the drugs started again when he turned 18. We went on a family camping holiday and he met two boys from Melbourne his age. Adam began visiting them and they introduced Adam to ecstasy, MDMA and speed. He'd arrive home on Saturday night, sit at the end of my bed and talk 100 miles an hour. I told him to be careful. He'd say it was all right, he knew what he was doing.

"Then at a hotel one night someone introduced him to ice. By the third time he used it he was injecting. Then he stopped going to work and things got worse. One day I had to call the police because he swallowed eight MDMA tablets. The police had to pepper spray him and drag him to hospital – our first episode in a psychiatric ward.

"Everything fell away. The only pleasure he could find in life was taking drugs. Centrelink give him \$750 on a Friday and within 12 hours it's gone. For the past year he's been sleeping on the couch of the dealers who sell him drugs and he's been in and out of psych wards. I talk to Adam and give him my support, but I don't give him money. I don't take away the consequences of his actions, like paying his fines or car registration.

"Parents have to talk to their teenagers about drugs.

If your child is going to a party and there are drugs there, what will they do? If your child is going to a party and they are going to drink, negotiate. If you say simply say 'no' to them point blank then they won't tell you about those parties any more.

"Self care is important because there's shame and stigma attached to drugs. When this initially took place I realised that what I needed to do for myself was to gain as much information and support to cope better. In my search I found Family Drug Support and through them I have learnt many skills so I am now able to cope much better. As a family we check in with each other – my other children and myself. When feeling overwhelmed I call the 24-hour support line and attend a support group.

"I'm grieving the loss of my son although he's not dead. It's awful but nothing will change until Adam gets motivated to change. But his family are his fan club and we always tell him that we hope he gets well."

"I'm grieving  
the loss of my son  
although he's  
not dead."



Photo: Fiona Hamilton

\* Names have been changed to protect the person's identity.



# LEAD BY EXAMPLE

Children look to their parents to set standards.

**P**arental attitudes to drinking have a big influence on their children. There is nothing wrong with having a drink, but parents need to be aware that their alcohol habits are observed by their children, who may take a lead from their behaviour.

## PARENTS CAN MODEL RESPONSIBLE DRINKING BY FOLLOWING THESE TIPS \*

- Limit your alcohol use, especially in front of your children.
- Do not get drunk, especially in front of your children.
- Sometimes decline the offer of alcohol.
- Provide food and non-alcoholic beverages if making alcohol available to guests.
- Never drink and drive.
- Do not let other adults drive after they have been drinking.
- Do not convey to your children the idea that alcohol is fun or glamorous through stories about your own or others' drinking.
- Use healthy ways to cope with stress without alcohol, such as exercise, listening to music, or talking things over.

## SUPPLYING ALCOHOL TO MINORS

Under Victoria's Liquor Control Reform Act 1998, a person must not supply liquor to a minor aged under 18 and a minor must not receive, possess or consume liquor. It is an offence for adults to supply alcohol to a minor in a private home without parental consent. Adults must therefore have parental consent before supplying alcohol to their child's friends in their own home. An adult who breaks this law faces the same penalty as licensees who supply alcohol to minors in licensed venues – a maximum of more than \$7000.

## MYTH BUSTER

Allowing under-18s to drink will "ease them into it"

## FACT

Alcohol can be damaging to young, developing brains. Early drinking is also linked to increased alcohol consumption in adolescence and young adulthood and the possibility of damage to the developing brain and development of alcohol-related harms in adulthood.

## ALCOHOL TIPS FOR PARENTS \*

- Talk about alcohol issues.
- Establish family rules.
- Have consequences when rules are broken.
- Monitor your child.
- Prepare for peer influence.
- Encourage positive friendships.
- Enlist the support of other parents.
- Prepare your child for a range of drinking scenarios such as being around drunk people.
- Discuss drink spiking and other dangers.
- Warn about drink driving.
- Never supply alcohol to your adolescent's friends.
- Give positive feedback if they act responsibly.
- Discuss any concerns you have.

\* Parenting Strategies: preventing adolescent alcohol misuse.  
[www.parentingstrategies.net/alcohol](http://www.parentingstrategies.net/alcohol)



## // GOOD NEWS, BAD NEWS

### NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY

It's good news and bad news for Australian drinkers. The proportion of people aged 14 and over who don't drink alcohol rose from 19.9 per cent in 2010 to 22 per cent in 2013. Of those aged 12 to 17, 72 per cent abstained, up from 64 per cent. But the National Drug Strategy Household Survey found almost four in 10 Australians aged 14 and over put themselves at risk of injury while drinking in the past year. One in four did so as often as monthly.

Binge drinking remains a problem. In 2013, about one in six (15.6 per cent) people aged 12 or older had consumed 11 or more standard drinks on a single occasion in the past 12 months. One in 15 (7.3 per cent) had in the last month.

- Find out more at [www.aihw.gov.au](http://www.aihw.gov.au)

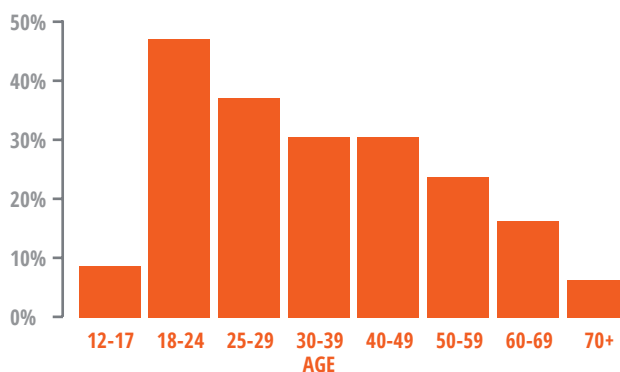
### GLOBAL DRUG SURVEY

The online Global Drug Survey is the world's biggest drug-use patterns survey. In 2014 it attracted 80,000 respondents and wants 120,000 respondents in 2015.

- To take part visit: [www.globaldrugsurvey.com/GDS2015](http://www.globaldrugsurvey.com/GDS2015)

## VERY HIGH RISK

*Proportion of people exceeding the single occasion risk (had more than four standard drinks on one occasion) guidelines (at least monthly), people aged 12 or older, by age, 2013.*



National Drug Strategy Household Survey detailed report 2013.  
Australian Institute of Health and Welfare 2014.

# CANNABIS

OTHER NAMES // MARIJUANA, GRASS, POT, DOPE, MARY JANE, HOOCH, WEED, HASH, JOINTS, BREW, REEFERS, CONES, SMOKE, MULL, BUDDHA, GANGA, HYDRO, YARNDI, HEADS, CHOOF



One in three adults and one in seven teenagers has tried cannabis.

Cannabis is Australia's most popular illicit drug and many of today's high-school parents have tried it. The 2013 National Drug Strategy Household Survey found that 35 per cent of Australians reported using cannabis at least once, with 10 per cent using it in the past year. A 2011 Australian high-school students' survey found cannabis was the most commonly used illicit substance by this age group, with 15 per cent of 12 to 17-year-olds reporting they had tried it.

Most people who use cannabis seek a sense of mild euphoria and relaxation, often referred to as a "high". Cannabis causes changes in the user's mood and also affects how they think and perceive the environment. Everyday activities such as watching television and listening to music can become altered and more intense.

Generally speaking, people who start smoking cannabis at a younger age and smoke heavily are more likely to experience problems. This may include mental health problems, and more general life problems, such as conflict at home or school/work, financial problems and memory problems. If a teenager has a genetic vulnerability, such as close family with depression, psychosis, bipolar disorder or anxiety, or if they have an existing mental health issue, cannabis should be avoided.

People with a family or personal history of mental health problems should avoid using cannabis



## // WHAT IS CANNABIS?

Cannabis is derived from the cannabis plant (*Cannabis sativa*). The main active ingredient is delta-9-tetrahydrocannabinol, commonly known as THC. This is the part of the plant that gives the high. THC potency varies greatly between cannabis products.

### FOR SHORT AND LONG-TERM EFFECTS VISIT

<http://www.druginfo.adf.org.au/drug-facts/cannabis>

<http://www.druginfo.adf.org.au/fact-sheets/cannabis-use-and-mental-health-the-facts-web-fact-sheet>

## // HOW IT IS USED

Cannabis is usually smoked in hand-rolled cigarettes (known as joints) or in special waterpipes (bongs). These pipes or bongs can be bought or made from things such as orange-juice containers, soft-drink cans or even toilet rolls. Cannabis is used in three main forms:

### MARIJUANA

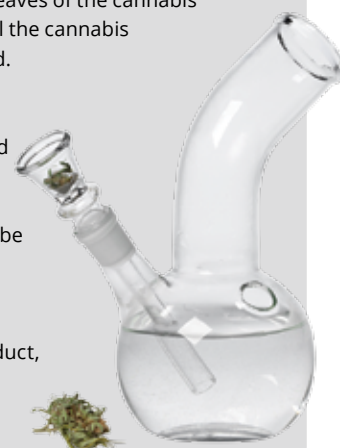
Made from dried flowers and leaves of the cannabis plant. It is the least potent of all the cannabis products and is usually smoked.

### HASHISH

Made from the resin (a secreted gum) of the cannabis plant. It is dried and pressed into small blocks and smoked. It can also be added to food and eaten.

### HASH OIL

The most potent cannabis product, this is a thick oil obtained from hashish. It is also smoked.



## Q&A // WWW.DRUGINFO.ADF.ORG.AU

### Q. DOES CANNABIS LEAD TO HARD-DRUG USE?

**A** A direct link has not been established between cannabis use and the later use of "harder" drugs such as heroin and methamphetamine. Anecdotally, those working with disadvantaged young people see some who use cannabis and other drugs. Youth worker and 20th Man Youth Fund founder Les Twentyman has met hundreds of dependent hard-drug users and says most started with marijuana. He believes as they become more dependent on cannabis they need a stronger "kick". "So they go from one thing to the next," he says. Others disagree with this theory.

### Q. DOES IT CAUSE MENTAL HEALTH PROBLEMS?

**A** Medical professionals and researchers have not found conclusive evidence that cannabis use causes mental health problems, but research does show a strong relationship between cannabis use and experiencing mental health problems. The causes of psychosis are not fully understood, but a relationship has been found between cannabis use and psychosis. It may cause symptoms similar to psychotic disorders, such as schizophrenia, which can last several hours or, in rare cases, up to three days. In many cases the symptoms disappear when cannabis use is stopped.

### Q. DOES CANNABIS CAUSE SCHIZOPHRENIA?

**A** Research has shown a relationship between cannabis use and mental health problems such as schizophrenia. However, despite major increases in cannabis use in Australia during the past 30 years, schizophrenia levels have not increased. There is evidence that regular cannabis use increases the likelihood of schizophrenia symptoms in people with certain risk factors, with the main one being a personal or family history of mental health problems. There is evidence that people with schizophrenia who use cannabis tend to have their first psychotic episode at a younger age than those who don't.

### Q. DOES IT CAUSE DEPRESSION AND ANXIETY?

**A** Research has found a relationship between cannabis use and depression. The effects of cannabis may seem to help ease depression at the time, but is likely to worsen depression in the long term. Regular cannabis users are likely to have higher levels of depression than non-users. There is some evidence to indicate that cannabis use – heavy or frequent use in particular – can cause depression later in life. The relationship between cannabis use and anxiety is less clear, but anxiety and panic attacks are among the most-common negative effects reported by users.

## // IF YOUR CHILD IS AFFECTED BY CANNABIS

### LEARN ABOUT CANNABIS USE AND MENTAL HEALTH

The more you know, the better equipped you will be to help.

### ENCOURAGE THEM TO GET HELP

Urge them to seek professional help – don't wait to see if they get better without treatment.

### BE UNDERSTANDING

Tell them you're there for them, encourage them and help with their treatment.

### BE PATIENT

Getting better takes time – even if they are committed to treatment. Be prepared for setbacks and challenges.

### LOOK AFTER YOURSELF

Information and assistance is available for family, friends and people who use drugs. There is no need to deal with drug issues alone.

### HOW MUCH DOES CANNABIS COST?

One gram of cannabis head	<b>\$12 - \$50</b>
.....	
An ounce of cannabis head	<b>\$250 - \$450</b>
.....	
A single mature cannabis plant	<b>\$2000 - \$5000</b>

The Australian prices for hydroponic cannabis. The Australian Crime Commission's *Illicit Drug report 2012-13*.



## // TOBACCO

While smoking rates have fallen dramatically, nicotine is still a serious health issue. Adult smoking rates have almost halved since 1980, when one in three Australians smoked. In 2010, 17.5 per cent of adults smoked nationally. By 2012, 13.3 per cent of Victorian adults smoked (16.1 per cent of males and 10.6 per cent of females).

Teenagers still experiment with smoking and some of them are taking it up. In 2011, about 23 per cent of all Australian high-school students had tried smoking. By the

age of 17, almost half had tried it. About 4 per cent of all students had smoked more than 100 cigarettes in their lifetime, peaking at 9 per cent of 17-year-olds.

Only 1 per cent of 12-year-olds were current smokers, having smoked in the past seven days, rising to almost 15 per cent of 17-year-olds. Boys and girls smoked at similar rates, except among 12 and 14-year-old boys, who were more likely to have smoked than girls. 7 per cent of Victorian 12 to 17-year-olds were current smokers.

One in four Australian high-school students has tried smoking

[www.quit.org.au](http://www.quit.org.au) and Australian secondary school students' use of tobacco, alcohol and illicit substances in 2011.

WANT TO KNOW MORE?

Drugs 101 contains a “sober” amount of information and insights in it’s definitive 36-page guide for parents on the subject of teenage drug use and abuse. If you liked this sample, you can purchase the full edition via the link opposite.

## EMERGENCY SERVICES

Professor George Brakberg has witnessed first-hand the impact of drugs and alcohol on teenagers.



THE CHILDHOOD  
RIGHTS CAMPAIGNER

Dr Joe Tucci says alcohol and drugs can be used by teenagers as a way to 'fit in' and belong. Some will make mistakes, and parents have to be there when they do.



## THE PARAMEDIC

A 20-year veteran of the ambulance service, paramedic Alan Eade attends incidents every week involving young people affected by drugs or alcohol.



## THE POLICE

Superintendent Daryl Clifton has helped mobilise the local community to break the grip of ice in the Geelong and Barwon regions.



## THE PARENT

Sarah\*, 42, has two children. Megan\* is 16 and Matthew\* is 14. They have both gone to parties where alcohol and drugs are present.



## THE TEENAGER

Nick\*, 17, began using drugs and drinking when he was 12. He has been to detox and rehab and is working with a counsellor at Odyssey House to overcome his addiction.



## THE COUNSELLOR

Rene de Sant'Anna works at Odyssey House with young people aged 12 to 24 who are using drugs and/or alcohol and want to stop. He also supports parents and families.



## THE PSYCHIATRIST

The Austin Hospital's child and adolescent psychiatrist Dr Hanna Cheng has specialised in this field for four years.



## THE PSYCHOLOGIST

Dr Michael Carr-Gregg is a child and adolescent psychologist. He's also the author of *Strictly Parenting: Everything you need to know about raising school-aged kids*.

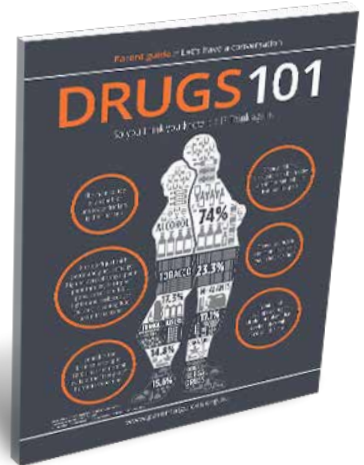


## LEGAL AID MANAGER

Ancushka Jerneimus, program manager of youth crime at Victoria Legal Aid, manages a team of 10 lawyers who provide legal advice and case work support.



# PARENT GUIDES DRUGS 101



EVERYTHING YOU NEED TO KNOW ABOUT..

ALCOHOL  
CANNABIS  
INHALANTS  
HEROIN  
ECSTASY  
COCAINE  
STEROIDS  
ANALGESICS  
TRANQUILISERS  
HALLUCINOGENS  
AMPHETAMINES (ICE)

## THE ESSENTIAL RESOURCE ON DRUGS

As endorsed by STRATHCONA, McKINNON

and as reported by

THE AGE, LEADER

and THE WEEKLY REVIEW

[PARENTGUIDES.COM.AU/DRUGS101](http://PARENTGUIDES.COM.AU/DRUGS101)

**\$15 AUD**

### CAROL KELLY

"Drugs 101 is an important resource for parents, supporting them to have honest and open conversations with their children about drug use and providing useful advice about the warning signs."

Carol is Executive Director of the Wellbeing, Health and Engagement Division  
of the Australian Government Department of Education & Training



# ASSISTANCE

Alcohol and drug issues can be daunting for families. Below are some useful contacts for parents who feel that they need more information.

## THE STATE GOVERNMENT'S DIRECTLINE

Those seeking help for drug or alcohol-related problems should call the state government's DirectLine, which will advise of the closest and most appropriate service.  
Directline // **1800 888 236**  
[www.directline.org.au](http://www.directline.org.au)

## AUSTRALIAN DRUG FOUNDATION

The Australian Drug Foundation works with parents to help them talk with their children about alcohol and other drugs. It also runs community programs such as Good Sports, which promotes responsible drinking in local sporting clubs.

**1300 858 584** Parents website // [theothertalk.org.au](http://theothertalk.org.au)  
Drug facts // [druginfo.adf.org.au](http://druginfo.adf.org.au)  
Blog // [grogwatch.adf.org.au](http://grogwatch.adf.org.au)

## FAMILY DRUG SUPPORT

Family Drug Support was formed in 1997 after its founder Tony Trimmingham lost his son to a heroin overdose. FDS is a caring, non-religious and non-judgmental organisation primarily made up of volunteers who have had family members with drug dependency and run courses and hold support meetings.  
National support line // **1300 368 186**  
[www.fds.org.au](http://www.fds.org.au)

## 20TH MAN YOUTH FUND

Born out of a Christmas party for 10 young homeless people in Sunshine in 1984, Les Twentyman's 20th Man Youth Fund provides resources and programs for Melbourne's homeless, disadvantaged and disconnected youth.  
[www.20thman.com.au](http://www.20thman.com.au)

## // MORE ALCOHOL AND DRUG RESOURCES

Ambulance, fire and police.  
**000**

Anglicare drug and alcohol support services.

[anglicarevic.org.au/alcohol-drug-support](http://anglicarevic.org.au/alcohol-drug-support)

Al Anon and AlaTeen.

Al Anon Assists families and friends of alcoholics recover from the effects of living with someone whose drinking is a problem.

Alateen is a fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking.

[al-anon.org/australia](http://al-anon.org/australia)

Alcoholics Anonymous.

**9429 1833**

[aavictoria.org.au](http://aavictoria.org.au)

beyondblue.

**1300 22 4636**

[beyondblue.org.au](http://beyondblue.org.au)

Cannabis Information and Helpline.

**1800 30 40 50**

Drug information in other languages.

**1800 123 234**

Family Drug Help. Advice and support for families affected by drugs.

**1300 660 068**

[sharc.org.au/program/family-drug-help](http://sharc.org.au/program/family-drug-help)

The First Step Program.

**9537 3177**

[firststep.org.au](http://firststep.org.au)

Headspace.

Advice and help for 12 to 15-year-olds with mental health issues.

[headspace.org.au](http://headspace.org.au)

Hepatitis Council of Victoria.

**1800 703 003**

[hepvic.org.au](http://hepvic.org.au)

Kids Help Line.

**1800 551 800**

Lifeline.

**13 11 14**

Narcotics Anonymous.

**9525 2833**

Odyssey House.

[odyssey.org.au](http://odyssey.org.au)

Parentline.

**13 22 89**

Parenting Strategies: preventing adolescent alcohol misuse.

[parentingstrategies.net](http://parentingstrategies.net)

Raymond Hader Clinic.

[rayhaderclinic.com.au](http://rayhaderclinic.com.au)

SANE Australia mental health helpline.

**1800 187 263**

Say When: online support for monitoring alcohol intake.

[betterhealth.vic.gov.au/saywhen](http://betterhealth.vic.gov.au/saywhen)

Smoking Quitline.

**13 78 48**

The Other Talk.

[theothertalk.org.au](http://theothertalk.org.au)

Turning Point drug and alcohol treatment, research and education.

[www.turningpoint.org.au](http://www.turningpoint.org.au)

Turning Point offers online counselling at [www.counsellingonline.org.au](http://www.counsellingonline.org.au)

Youth Support and Advocacy Service.  
24 Hour free YoDAA (Youth Drug and Alcohol Advice) line:

**1800 458 685**

## // FREE ALCOHOL AND DRUG APPS

### **QUIT NOW: MY QUITBUDDY APP**

Australian National Preventive Health Agency quit smoking app.

### **BETTER HEALTH CHANNEL APP**

Health information and a Victorian-based health services search directory.

### **TEEN DRINKING LAW APP**

This VicHealth app is aimed at parents and explains drinking laws relating to young people.

### **ON TRACK WITH THE RIGHT MIX APP**

Federal government alcohol consumption app.

### **WADA PROHIBITED LIST 2014 APP**

The World Anti-Doping Agency's latest banned list.

### **ICE. YOUR BODY BELONGS TO YOU APP**

Australian Lions Drug Awareness Foundation video about the effects of ice.

### **DRINKSMART APP**

Drinking diary that sends reminders and tips to regulate consumption.

### **ALCOHOL AND YOUR BRAIN APP**

**For those aged 17+**

Australian Lions Drug Awareness Foundation and DrinkWise App that shows the effects of alcohol on the brain.

### **NATIONAL HEALTH SERVICES DIRECTORY APP**

Federal government health services directory.

### **NATIONAL DRUGS CAMPAIGN APP**

Federal government site with good advice for parents on teen drug use.



## // USEFUL VIEWING

### **AUSTRALIAN DRUG FOUNDATION YOUTUBE CHANNEL**

[youtube.com/user/AustDrugFoundation](https://www.youtube.com/user/AustDrugFoundation)

### **FAMILY DRUG SUPPORT YOUTUBE CHANNEL**

Go to [youtube.com](https://www.youtube.com) and search Family Drug Support

### **VICTORIAN STATE GOVERNMENT'S WHAT ARE YOU DOING ON ICE? CAMPAIGN VIDEO**

[ice.vic.gov.au/#videos](https://ice.vic.gov.au/#videos)

### **AL JAZEERA 2014 ICE DOCUMENTARY 101 EAST - THE ICE AGE**

Go to [youtube.com](https://www.youtube.com) and search Al Jazeera the ice age

### **ABC FOUR CORNERS 2014 DOCUMENTARY: ICE RUSH**

[youtube.com/watch?v=qQ-JO6bWD5Y](https://www.youtube.com/watch?v=qQ-JO6bWD5Y)

### **ABC FOUR CORNERS 2012 DOCUMENTARY: THE ICE AGE**

[youtube.com/watch?v=yxKst8BaPbc](https://www.youtube.com/watch?v=yxKst8BaPbc)

### **POPULAR QUITLINE VIDEOS**

Go to [youtube.com](https://www.youtube.com) and search Australian Quitline videos

### **UNDER CONSTRUCTION: ALCOHOL AND THE TEENAGE BRAIN**

A practical TurningPointTraining animation that looks at how the teenage brain develops and its vulnerabilities to alcohol

[youtube.com/watch?v=g2gVzVIBc\\_g](https://www.youtube.com/watch?v=g2gVzVIBc_g)

### **THE GREATER GEELONG COLLECTIVE COMMUNITY EFFORT ON SUBSTANCE ABUSE ICE CAMPAIGN: OUR TOWN'S ICE FIGHT; THERE'S NO PLACE FOR ICE.**

[icefight.com.au](https://icefight.com.au)



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++ The first-person interviews in this booklet are not necessarily the views that all agencies agree upon.

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