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Smoking, drinking and drug use: new trends and what they mean

By Michael O'Toole

The latest instalment of the Health and Social Care Information Centre's (HSCIC) ongoing survey of young people¹, published on 23 July 2015, sheds light on several issues that continue to whirl around media and public opinion.

Since the 1980s, the *Smoking, Drinking and Drug Use Among Young People in England* series has been a valuable indicator of current and emerging trends in young people's attitudes towards drug use. This year's report confirms the continuation of a number of positive trends, highlights areas for improvement, and, for the first time, provides useful insight into the scale of the NPS problem among young people.

Broad trends are overwhelmingly positive

The number of 11- to 15-year-olds who have tried alcohol is at its lowest level (38%) since the survey began, and only 8% drank in the last week. There are a number of potential reasons for this ongoing decline – DEMOS recently reported² that social media is cited as a distraction and/or a deterrent to heavy drinking for as many as four in ten young people – but it appears that the trend is due to a mix of changing attitudes towards health and drunkenness, as well as the impact of migrants from non-drinking cultures.

But the numbers should still be treated with caution: HSCIC estimates suggest that 240,000

11-to-15-year-olds drank in the last week, representing a significant amount of underage drinking; and almost one in ten young people drank 15 units or more. Further, these cases of heavy underage drinking are linked to other risky behaviours, including smoking, drug use and truancy, suggesting that there is a need to target prevention initiatives at a significant minority of vulnerable young people.

The role of parents

The survey also highlighted the profound influence of parents on young people's drinking behaviour. Only 2% of pupils who said their parents did not like them to drink had drunk alcohol in the last week, compared to 44% of those whose parents did not mind. Along with the fact that families are one of the main sources of procuring alcohol, this strengthens the evidence that parents can be one of the most important protective factors in young people's lives.

HSCIC findings with regard to other drugs were similarly positive: the number of 11- to 15-year-olds who have ever smoked (19%) is as low as it has ever been and, although the decline has slowed, fewer school-aged children have ever taken illegal drugs.

Given the tone of media reporting³ – headlines such as, “Will your child die from a legal high?” and “Primary school kids taking legal highs” – data on NPS is particularly intriguing. 2.5% of young people had tried an New Psychoactive Substances (NPS), compared to 15% who had taken illicit drugs, most commonly cannabis; and despite being the ‘legal high capital of Europe’, only half of respondents had heard of ‘legal highs’.

The role of schools

Finally, the survey elicited insight into the status of drug education in schools. Echoing Mentor's findings in 2013⁴, HSCIC report that the vast majority of schools provide one lesson per year on smoking, drinking and drug use, with fewer than one in ten schools offering lessons more than once a term. Consequently, satisfaction with drug education has decreased in recent years: today, 60% of young people think schools gave enough information about smoking, 56% about drinking and 54% about drug use; and almost half of young people could not recall learning about any of these.

Therefore, despite a continual downward trend in drug use and some improvements in drug education, including the ongoing development of Mentor-ADEPIS (mentor-adepis.org), there are still some areas of concern. In particular, there is a need to target the most vulnerable young people, who are often susceptible to a range of interlinked risky behaviours. The report also highlights certain widely reported problems that are perhaps not as serious as popular opinion suggests. Although NPS remain a concern, their use is not prevalent among 11- to 15-year-olds, which suggests that a holistic approach to drug education and prevention at an early age remains the best way to protect young people from a range of interconnected risks.

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1 *Smoking, Drinking and Drug Use Among Young People in England – 2014 [NS]*. Health & Social Care Information Centre. Published July 23, 2015. Accessed March 14 2016. <http://www.hscic.gov.uk/catalogue/PUB17879>.

2 Owen, Jonathan. 2015. *Forget Pubs And Clubs, Today's Youth Would Rather Be On Social Media*. The Independent. Accessed March 14 2016. <http://www.independent.co.uk/life-style/gadgets-and-tech/news/temptations-of-alcohol-being-replaced-by-lure-of-social-media-for-many-young-britons-says-new-study-10391081.html>.

3 *Kids These Days Are Smoking And Drinking A Lot Less Than They Used To*. 2016. The Huffington Post UK. Accessed March 14 2016. http://www.huffingtonpost.co.uk/2015/07/23/children-drug-use-alcohol-smoking-legal-highs-kill_n_7855548.html.

4 *"We Don't Get Taught Enough": An Assessment Of Drug Education Provision In Schools In England: Drugs And Alcohol Today: Vol 15, No 3*. 2016. *Drugs And Alcohol Today*. <http://www.emeraldinsight.com/doi/abs/10.1108/DAT-03-2015-0014>.

but, with the high, can come panic, irritability and a paranoid sense that everyone is looking at you. Smoking a version of speed called methamphetamine (crystal meth) can give an intense and prolonged high but a severe comedown, when feelings of hopelessness and sadness are common.

Long term: There's no research on the long-term heavy use of speed. Professor Nutt has seen users, especially those who have injected speed regularly, who appear to be permanently depressed. They have difficulty thinking straight, remembering things, problem solving and coping with their emotions.

Steroids

Short term: Steroids pump up muscle mass but can bring on 'roid rage', with users becoming physically violent and sexually abusive. Steroids can make sleep difficult and cause confusion, depression and paranoia.

Long term: They can lead to psychological dependence, where people become convinced they cannot perform well without the drug.

Tranquillisers (benzodiazepines)

Short term: Tranquillisers such as Valium are sedative drugs. They are used to relieve anxiety and aid sleep. Some drug users take them to help a comedown from drugs such as cocaine or speed.

Long term: The body quickly gets used to benzodiazepines and soon needs more to get the same effect. It's possible to become addicted in just a few weeks and withdrawal can be difficult and make people feel sick, unable to sleep and very anxious. Sudden withdrawal from high doses can be very dangerous and result in serious convulsions (fits).

9 October 2014

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Thousands of children kicked out of school for drink and drugs, says Centre for Social Justice

There are more than 7,000 exclusions in schools in England each year for drugs or alcohol, the Centre for Social Justice (CSJ) has said.

The damning new statistics, revealed by CSJ analysis of new government data, show how alcohol and drug abuse are daily realities in some of England's state schools.

Christian Guy, former Director of the CSJ, said: "These new figures show many schools are struggling to cope and pupils are being hit by drugs and alcohol and an early age."

Many individual local authorities had several hundreds of pupils excluded for drugs and alcohol – with the highest number in Kent, where there were 272 exclusions.

In total there were 7,400 drug- and alcohol-related exclusions in England, 360 of them permanent.

The CSJ is urging the Government to scrap the drugs information website, FRANK and develop an effective replacement programme to send a strong signal to young people about the dangers of drug and alcohol abuse.

The figures also show that there were 2,550 exclusions from school

for sexual misconduct, while there were 3,790 exclusions for racist abuse.

Shockingly there were also tens of thousands of cases of physical assault which led to expulsions, including 52,620 expulsions for pupils physically assaulting another pupil, and 17,680 expulsions for physical assault against an adult.

Mr Guy added: "School provides the perfect opportunity to improve life chances and help children fulfil their potential.

"It is alarming so many schools succumb to these problems which can have such a damaging and long-lasting impact."

The figures come from the Department of Education, and cover the latest recorded academic year, 2012/13. They relate to all state primary, secondary and special schools.

29 January 2015

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Drug addiction: getting help

If you have a problem with drugs, there's a wide range of addiction services that can help.

Some of these services are provided by the NHS, and some are specialist drug facilities run by charities and private organisations.

You can use the search to locate your nearest NHS drug addiction support services.

This guide to getting treatment for a drug problem will steer you through the options, so you can find help that works for you. If you have a problem with drugs, you have the same entitlement to care as anyone coming to the NHS for help with any other health problem.

With the right help and support it's possible for you to get drug free and stay that way.

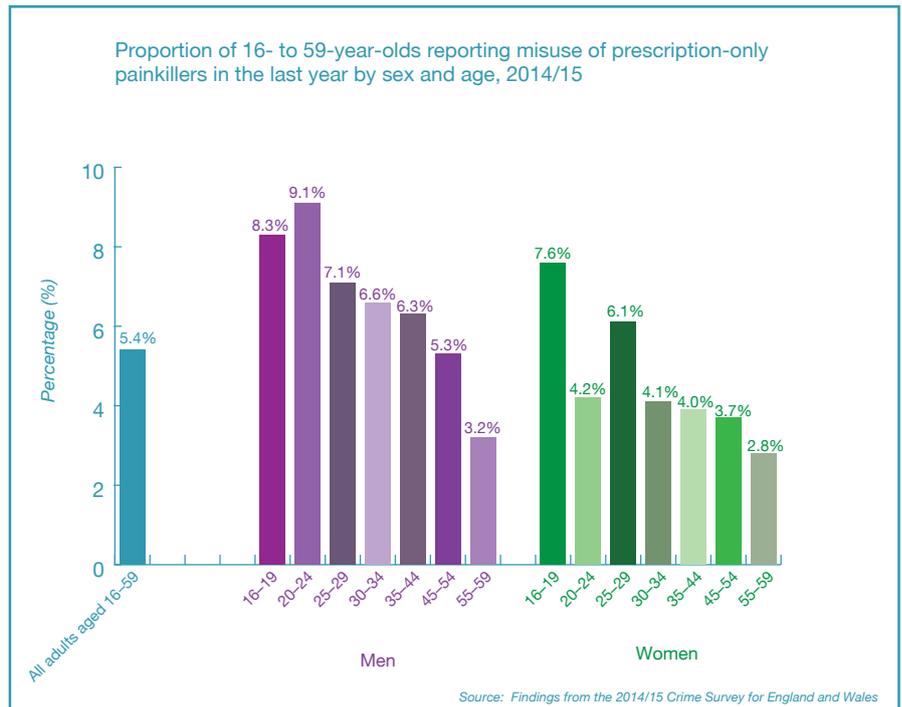
Where to get help for drugs

A good place to start is to visit your GP. Your GP can discuss your concerns with you, assess the nature of your problems and help you choose the most appropriate treatment. Your GP might offer to treat you or might refer you to your local specialist drug service.

Many drug treatment services accept self-referrals so, if you're not comfortable talking to your GP, you might be able to approach your local drug treatment service directly.

You can find information about local drug treatment services on the FRANK website.

If you're having trouble finding the right sort of help, call the FRANK drugs helpline on 0300 123 6600. An adviser can talk to you about the different options.



Your drugs keyworker

If you are seen at your local drug treatment service, you will first be assessed and, if you are deemed appropriate for treatment, you will then be allocated a keyworker. Your keyworker may be a doctor, a nurse or a drugs worker.

Your keyworker will help you organise the treatment that you need, develop a personalised care plan with you and be your first point of call throughout your treatment. You'll see your keyworker for regular one-to-one sessions during your treatment.

Charity and private drugs treatment

Outside the NHS, there are many voluntary sector and private drug and alcohol treatment organisations that can help you. As well as residential rehab centres, community services of various types are provided by voluntary organisations. These include structured day programmes, outreach and harm reduction services, counselling services, aftercare and housing support services.

These organisations will usually be linked to NHS services in your area.

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