

Parent resource // Let's have a conversation



So you think you know it all?
Think again.

DRUGS 101

parentguides.com.au // a not-for-profit organisation

BUILDING TRUST WITH TEENS

“Parenting has never been easy and families face more challenges than ever as we navigate the 21st century. The cyber age has provided enormous opportunities but also poses many challenges. We have countless communication tools, but this hasn't necessarily made it easier to communicate with our kids. Technology is changing how we interact and forcing institutions to be more transparent, inclusive, dynamic and personalised. Trust has shifted back to individuals, with profound implications for society.

“At the same time, trust and influence have grown among family, friends, classmates, colleagues and even strangers. No longer is the ‘top down’ influence of elites, authorities and institutions a given. That’s why Parent Guides are so important. Our credible and easy-to-digest resources empower parents and carers to create trust and communicate with their children about what matters to them.

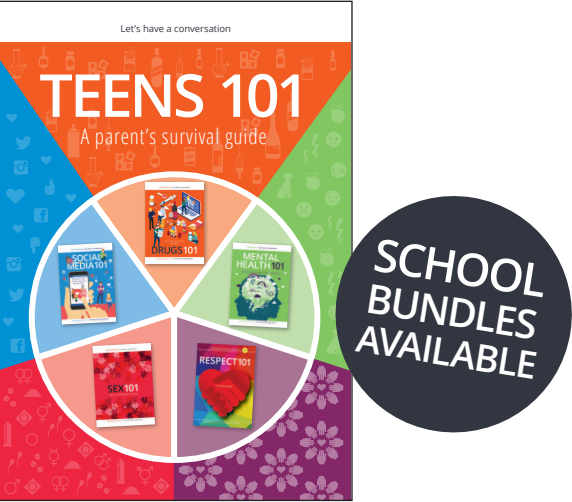
“This compendium of five Parent Guides – Drugs 101, Social Media 101, Sex 101, Respect 101 and Mental Health 101 – tells it like it is. Teens 101 is an evidence-based resource that offers parents and carers all they need to know about what their kids are doing and how to keep them safe.

“We want to encourage open and honest family conversations on topics such as drugs, sex, mental health, social media, respect, gambling and gaming. The aim is to inform, not alarm.

“Our comprehensively researched guides draw on the latest available data and expert advice to facilitate these important discussions and build confidence in families of all shapes and sizes.

“No-one has all the answers. But arming yourself with the best information and communicating openly with your kids is a great start. Together, we can maximise their chances of becoming healthy and happy adults.”

From the Editor // Eileen Berry



ESSENTIAL RESOURCE FOR PARENTS & EDUCATORS

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5 Books // \$300 + GST

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15 Books // \$810 + GST

25 x Books // \$1,275 + GST // Highly recommended

To purchase resources or for school subscriptions contact; Eileen Berry // 0407 542 655 or visit // parentguides.com.au

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// THANK YOU

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 such as the Alcohol and Drug Foundation (Kate James), Family Drug Support (Tony Trimmingham OAM) 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 every one of you for your time and input.

Our Advisory Committee // Dr Peter Briggs (GP); Kirsten Cleland (social worker, headspace); Shane Jacobson (partner, PKF Melbourne); Helen Kapalos (former chair commissioner, Victorian Multicultural Commission); Stephanie Kelly (parent); Julie Podbury (former president — Victorian Branch, Australian Principals Federation); Julian Riekert (partner, Lander & Rogers); Ian Robertson (former deputy principal Firkbank Grammar School); and Dr Tony Mordini (Principal, Melbourne High School).

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CONTENTS

Youth & drugs // 4

Alcohol // 6

Profile // The physician // 8

Lead by example // 9

Cannabis // 10

Profile // The teenager // 12

Profile // The parent // 13

Parent Q&A // 14

Inhalants // 15

Amphetamines // 16

Profile // The paramedic // 18

Heroin // 19

The addict // 20

Ecstasy // 21

Profile // The psychologist // 22

Cocaine // 23

Nbome freakout // 24

Hallucinogens // 25

Profile // The psychiatrist // 26

Steroids // 27

Profile // The professor // 28

Analgesics & tranquillisers // 29

Profile // The police // 30

Ingredients in illicit drugs // 31

Profile // The psychologist // 32

History // 33

Assistance // 34



PARENTING GUIDES LTD IS A REGISTERED CHARITY

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 © Alcohol and 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 OAM. "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 OAM 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:

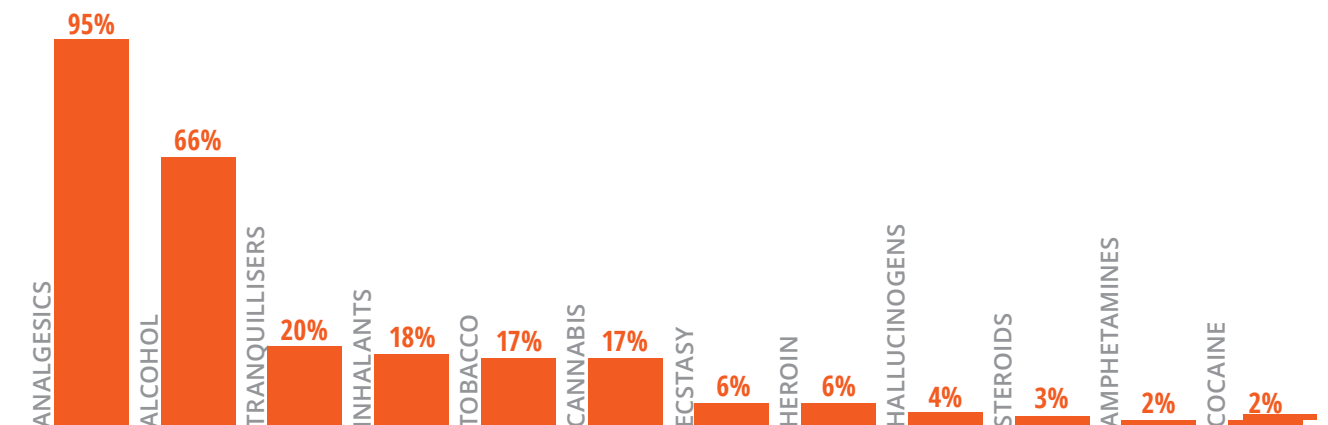
- Let them know that if they need help they can come to you and you will support them; you won't kick them out.
- Improve communication.
- Look for cues that they want to talk.
- Discuss drugs and alcohol openly. Listen more than directing or lecturing. Have a view, but accept theirs.
- Accept that they 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."

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

Percentage of students surveyed indicating they had used each of the different substances outlined in 2018.



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.

TRANQUILLISERS

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

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.

CANNABIS

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

ECSTASY

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

HALLUCINOGENS

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

AMPHETAMINES

Amphetamines or speed, uppers, MDA, goey, dex, Dexies, ox blood

dexamphetamine, methamphetamine or ice, other than for medical reasons.

STERIODS

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.

Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria, 2018

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



Prices as of December 2020. Alcohol prices sourced from a bottle shop, cigarette, deodorant, and correction fluid prices from a supermarket/office supplier and glue and paint/thinner prices from a hardware store. Illicit drug prices sourced from The Australian Criminal Intelligence Commission Illicit Drug Data Report 2018-19.



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 to reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.

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

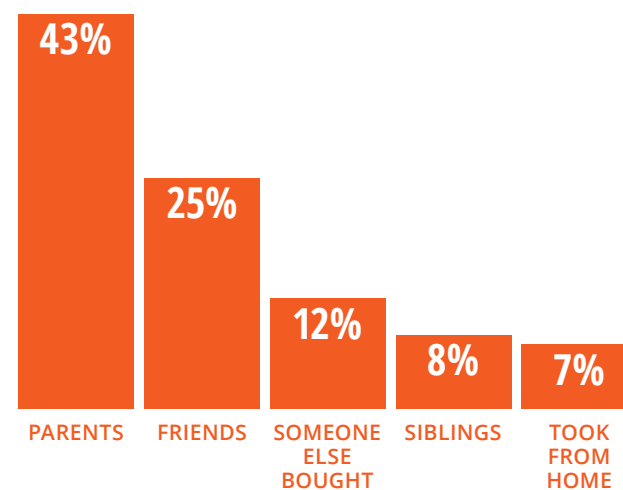
Family Drug Support founder and CEO Tony Trimingham OAM says alcohol should not be regarded as less harmful than other drugs. He says it is responsible for one in five hospital admissions, one in three drownings, one in four motor-vehicle accidents, three in four assaults, one in three divorces, domestic 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 2017 Australian school student survey found 43 per cent of 12 to 17-year-olds received their last alcoholic drink from their parents, compared with 25 per cent from friends, 12 per cent from someone else and eight per cent from siblings. Seven per cent took their last alcoholic drink from home.

// LAST ALCOHOLIC DRINK SUPPLIED BY



Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria, 2018.

// 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?

Almost seven in ten (66 per cent) of children aged 12 to 17 have tried alcohol. The 2017 Australian secondary students' survey found 46 per cent of those surveyed had consumed alcohol in the past year. Fifteen per cent had drunk in the past week. Most of these figures were similar to or down on past surveys.

AVERAGE NUMBER OF DRINKS STUDENTS WHO DRANK HAD IN THE PAST WEEK

(Current drinkers), by age group and sex, Australia, 2018

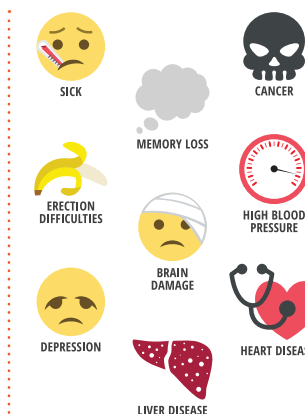
	HOME	FRIENDS HOME	PARTY
12 to 15yo	3	4	7
16 to 17yo	3.9	6	8

Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria, 2018

SHORT-TERM EFFECTS



LONG-TERM EFFECTS



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 PHYSICIAN

Yvonne Bonomo has worked with adolescents and specialised in addiction medicine for more than 20 years. She explains the harm-reduction approach to drug use.

I started to see young people present with drug problems 20 years ago and initially my focus was alcohol and the trajectories individuals follow depending on the age they start drinking or using drugs.

"Alcohol is still the number-one problem, despite what we hear about ice. The escalation in drug problems we saw with heroin 20 years ago, we're seeing today with ice. There was a flood of heroin in the market then, and it's almost a replay of that, but with methamphetamine.

"I've also seen a change in attitude. Young people are becoming more prepared to consider drug use, so we need to keep education about the harms of drug use at the forefront.

"Harm reduction became prominent when HIV came on the scene in the 1980s. It refers to strategies aimed at reducing negative consequences of drug use and focuses on prevention of harm rather than prevention of drug use. It acknowledges that drug use is part of our world and we need to minimise its harmful effects, rather than ignoring or condemning people who use drugs.

"Do they have a trusted adult in their life that they would turn to if they needed support?"



Photo by Fiona Hamilton

"People have heard of needle and syringe programs (NSPs) where injecting drug users obtain clean equipment so they don't get infections like hepatitis C and HIV. Another example of harm reduction is injecting drug rooms (supervised injecting facilities or 'SIFs') where people go to a place supervised by health workers so their risk of overdose is reduced. At the same time, staff can provide other health care to these people.

"A new harm-reduction strategy will start this year for people who inject drugs. Naloxone is a medication that reverses the effects of an overdose so people start breathing again and it will be available without prescription. Another harm-reduction strategy is pill testing at dance parties.

"Some people worry that these strategies condone drug use. But it's important to understand that research shows they reduce deaths, infections and other health risks.

"But harm reduction for young people needs to be put into context. NSPs, SIFs and naloxone are for harder-end drug use. Harm-reduction strategies for young people also change as they mature. As young people develop their identity they may experience emotional turmoil, so understanding where they 'are at' is an important overlay to anything we do.

"Adolescence is usually when mental health problems emerge. Young people might turn to drugs, but in the long-term alcohol and drugs worsen mental health. Parents also should monitor risk and protective factors in their young person's life – is home stable and safe? Are they involved in education or employment and fulfilling activities?

"Most importantly, do they have a trusted adult in their life that they would turn to if they needed support? These things develop resilience and make alcohol, drugs or other risky behaviours less likely.

"Talk to your teenager, listen, talk again, listen again. Remember they are still developing maturity so their ability to see the bigger picture may not be immediate. Ask them if they have come across drugs. Many young people have been exposed to drug use in some way. Don't over-react if they say something that isn't in keeping with your opinion. Debate it and understand the different perspectives together.

"Acknowledge that we all want to make our own choices. Share why their experience might be different today and why, as a parent, you might worry. Talk through different scenarios to stay safe – alcohol, drugs and driving, drink spiking, aggression or violence, offers of pills etc.

"And don't forget to provide positive feedback about their strengths. Young people need to know they are cared for and that their parents want to make sure they're ready to manage potential harms in today's world."

// Yvonne Bonomo is director of Addiction Medicine at St Vincent's Hospital.

LEAD BY EXAMPLE

Children look to their parents to set standards.

Parental 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



// GOOD NEWS, BAD NEWS

NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY

More Australians are giving up alcohol and reducing their drinking. They are also taking up drinking older. The National Drug Strategy Household Survey 2019 found 66% of 13-17-year-olds had never consumed a full standard drink. The average (mean) age that 14-24-year-olds had their full serve of alcohol in 2019 was 16.2, up from 14.7 in 2001. However, the number of people exceeding the single occasion risk at least once a month rose from 4.6 million in 2001 to 5.2 million in 2019. Those aged 18-24 were most likely to drink 11 or more drinks on a single occasion; 30% had done so in the past year, and 14.6% at least monthly. One in 10 people who drink may have alcohol dependence.

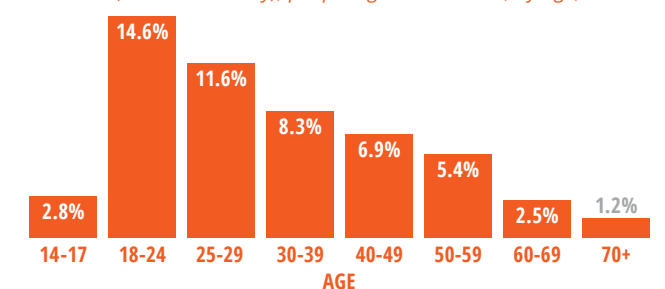
Find out more // www.aihw.gov.au

GLOBAL DRUG SURVEY

The online Global Drug Survey (GDS) is the world's biggest drug-use patterns survey. GDS has access to drug use data from over 500,000 people from over 50 countries. To take part visit // www.globaldrugsurvey.com

VERY HIGH RISK

People who consumed 11 or more standard drinks in a single occasion (at least monthly), people aged 14 or older, by age, 2019.



National Drug Strategy Household Survey detailed report 2019. Australian Institute of Health and Welfare 2019.

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 2017 Australian high-school students' survey found cannabis was the most commonly used illicit substance by this age group, with 17 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.

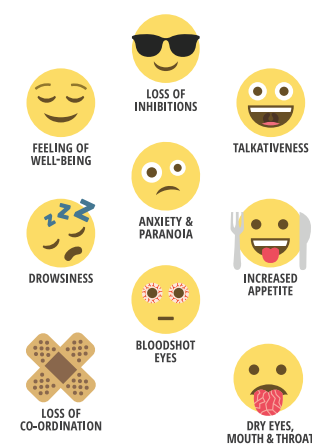
People with a family or personal history of mental health problems should avoid using cannabis



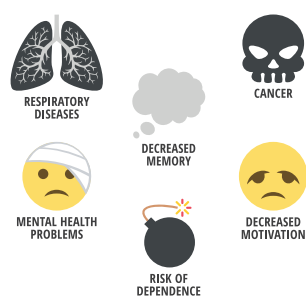
// WHAT IS CANNABIS?

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.

SHORT-TERM EFFECTS



LONG-TERM EFFECTS



// 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

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 Les Twentyman Foundation 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, 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.

BE PATIENT

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

ENCOURAGE THEM TO GET HELP

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

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.

BE UNDERSTANDING

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

HOW MUCH DOES CANNABIS COST?

One gram of cannabis head	\$10 - \$100
An ounce of cannabis head	\$200 - \$500
A single mature cannabis plant	\$3000 - \$5000

The Australian prices for hydroponic cannabis. The Australian Criminal Intelligence Commission Illicit Drug Data Report 2018-19.



// TOBACCO

While smoking rates have fallen dramatically, nicotine is still a serious health issue. Adult smoking rates have more than halved since 1980, when one in three Australians smoked.

Teenagers still experiment with smoking and some are taking it up. In 2017, 17 per cent of all Australian high-school students had tried smoking. By the age of 17, 35 per cent had tried it. Only two per cent of all students had smoked more than 100 cigarettes in their lifetime, peaking at six per cent per cent of 17-year-olds.

Only two per cent of 12-year-olds were current smokers, having smoked in the past seven days, rising to 11 per cent of 17-year-olds. Smoking rates for boys and girls were similar in all ages and smoking rates (e.g. have tried smoking, current smoker, committed smoker), but more 17-year-old boys than girls had smoked 100 cigarettes in their lifetime. Five per cent of students had smoked in the past week.

Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria, 2018

One in five Australian high-school students has tried smoking



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.

"I was about 12 when I began smoking a little bit of pot. I began drinking too and occasionally I tried speed. I never fitted into school and I found a pair of mates who were the same and we'd use with each other. It's hard to explain why I started but I suppose I relied on these things to make me feel better. When I got too many thoughts in my head – happy or sad – I'd try and wash them out with drugs.

"I started smoking pot more often in the week and doing crazy things on the weekend. By the time I was 13 or 14, I was using pot every day and drinking and popping pills and I was in and out of different schools.

"In early 2012 I got a job working with my family. I'd only smoke pot during the week but would go really crazy at the weekends – coke, amphetamines, methamphetamines ... I got prescribed benzos as well. Whatever I could get, really.

"Mum was pretty strict and told me I was going to see a drugs counsellor. I knew she was right and that I needed to pull up. I've been seeing my counsellor since I was 16. I went into detox for a week and did all right for a few weeks afterwards – and then I realised I was a mess again. I've stayed with my counsellor and I've been in detox and spent three months in rehab. I had 100 days clean afterwards and then I got that 'I'm going to use tonight' feeling. I went to my mate's place and drank heaps and popped a goog – an ecstasy tablet.

"At the moment methamphetamines are my drug of choice – but I try and get a couple of days a week when I stay home and don't use. I had a pretty full-on one last night though – I'm not going to lie. I was coming down from a bender and seeing people running around outside my front yard. I was tripping out, which freaks me out a bit. When that happens I try and stay calm and remind myself it will stop.

"I had a solid group of mates but since I got out of rehab my friends have changed. Some mates got really full on and others stopped. They stopped robbing people to support their habit and robbing dealers to get some drugs in their system. I've been in some serious fights with my mates about drugs and money ... it gets a mess. I don't know who to hang around with now because it's so easy to use when you're with mates.

"I see people being a bad influence on others. You'll see



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"I had 100 days clean ... and then I got that 'I'm going to use tonight' feeling."

innocent people hanging around and someone thinks it would be funny to see that person on drugs, so they give them something. I've told my mates not to give anyone their first drug.

"If I was a 12-year-old kid again I'd warn him to choose another life and not to go down this hectic path. Because you will always be in debt and you could go to jail. I used to think I was better than other drug users but I'm just the same – standing in Cash Converters hocking all my stuff.

"Mum has been pretty good and she's tried to get me the right help. I don't want to be a fully grown adult and still be using. I love drawing and I'd like to be a signwriter or a graphic artist one day. I've got to pull up before I get in big, big shit."

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

THE PARENT

Felicity* – Nick's* mum – has supported her son since realising he was using drugs. She believes parents need to better recognise the danger signs.

"Earlier in Nick's life we didn't realise he had dyslexia and other learning difficulties. He was in a supposedly top school in the state but they weren't interested in helping him. He was put in the 'too hard' basket and was ostracised. And Nick felt that. In hindsight, that's when all the trouble began ...

"I didn't realise for quite a long time that when I dropped Nick at the school gate he'd walk out the back gate and spend the day smoking marijuana with his friends. Then he started arriving home from school a little later and a little later. Four o'clock became five o'clock and then 9 or 10pm. I'd drive around the streets looking for him.

"He was using drugs and drinking for three years before I realised what was going on – then our cleaner found marijuana in his room. Now I know the signs – your child gets into trouble at school, they drop out of sport and activities they used to enjoy, they change friends and don't spend as much time with the family. Nick has a soft spot for his grandparents and he even stopped listening to them. They don't respect anyone any more because the drug rules their life and in some ways they are not your child any more. You're dealing with a beast.

"I tackled the problem aggressively at first – you think if you are demanding and controlling you can put your child back into place. You try and ground them but they climb out windows. They have no boundaries.

"I took away his phone and one day I became so frustrated that I threw his computer out of a window. Nothing I was doing was helping him and I was so frustrated.

"I tried to get help through schools but ended up getting some recommendations from our church. I called Youth Support and

Advocacy Service, who went through Headspace, and they called Odyssey House.

"I took Nick to psychologists but you need to find them a place that helps kids with an alcohol problem, or kids with a drug problem. They need to find a counsellor they relate to.

"And I now know that love and understanding works. It's the hardest thing to do to be kind when your kid is off his face and swearing at you. But it's like talking to a child of three or four who is having a tantrum – you have to stay calm and give them love.

"If you become aggressive, they run further away. If you make them feel guilty, they drink more or take more drugs. Drama makes it all worse. Kindness and support draws your child closer to you.

"There are always underlying problems. You'll be surprised what secrets your child hides, before it's too late. We live in a society where we respect a child's privacy – I think you need to snoop a little. You need to know what's going on – in their mobile phone, Facebook, diaries – and what they are hiding in their closets. That could save their future or their lives. If it wasn't for our cleaner finding Nick's drugs or alcohol, I would still be in the dark about it.

"Don't think this could never happen to your child and your family. It can. So education about drugs and alcohol and how it may affect your child is important. If it does happen, you need professional help as a parent too. There may be times when your child is off the rails and to cope you might start drinking or taking medication yourself, and that doesn't help.

"After rehab Nick was doing fantastic and although he has relapsed now, it isn't as bad as before he went to rehab. I can see positive signs and I will support him to get the help he needs."

"He was using drugs and drinking for three years before I realised what was going on."

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

PARENT Q&A

Kirsten Cleland has worked in the mental-health field for more than 20 years and in youth mental health for the past eight years with headspace.

Q. ARE PARENTS INSTINCTS IMPORTANT IN RECOGNISING IF THEIR CHILD IS STRUGGLING WITH SOMETHING IN THEIR LIFE?

A "Parents know their children better than anyone else in the world. If you sense there is something going on for your child that is not usual, and it has happened consistently, see your GP. If you sense your GP is not taking you seriously then I strongly recommend you get a second opinion – maybe from a GP who specialises in young people or someone with an interest in mental health."

Q. HOW PREVALENT ARE MENTAL HEALTH DIFFICULTIES IN YOUNG PEOPLE?

A "One of the reasons headspace was set up was that 75 per cent of all mental health difficulties occur before the age of 25. By mental health difficulties I'm talking about social or family difficulties, bullying or stress at school and young people questioning their gender role or sexuality through to anxiety and depression. It's a time of massive change – puberty, the transition from primary to secondary school, young people making decisions about what they are going to do with their life and wanting to be more independent from parents ..."

Q. HOW DO YOU GET YOUR KIDS TO TALK ABOUT THESE ISSUES?

A "Kids can feel uncomfortable speaking with their parents about issues that are concerning them. So it is important for them to know who is in that young person's life that they can talk to? A footy coach, teacher, mum, dad, grandparents, godparents. Make yourself available. Kids always (often?) want to tell you the most important things as you're walking out the door, making dinner or on a business call. It won't always be at the most convenient time. It is important that you take this opportunity to engage with your young person, as this is the moment when they have come to you for help. If you're trying to start the conversation, evidence indicates statements help like 'I've noticed... it seems like... I'm wondering... you don't seem yourself, you seem really tired...' Be inquiring rather than accusatory. You shut off the opportunity for communication if young people see it as potentially adversarial or feel they're going to get in trouble."

Q. WOULD YOUR CHILD LIKE YOU TO FIX THE PROBLEM, OR DO THEY WANT YOU TO SIMPLY LISTEN?

A "I often say to my kids, 'would you like me to fix this or would you like me to listen?' By giving them an opportunity to decide what type of support is available you are allowing them to have a degree of control as well as letting them know you trust them to know what they need. Often, at first, they just want



Photo: Supplied

you to listen because listening is an opportunity to join around a shared concern. Then you can ask 'what can I do?', however you are enabling your child to have a degree of responsibility and you're demonstrating you have faith in their ability to make decisions. That's our job as parents – to help our kids make decisions. The decision might not be the one we would like, and it might blow up in their face, but as long as it's not going to do harm then it's a learning opportunity."

Q. HOW DO YOU KEEP COMMUNICATION OPEN WHEN YOUR CHILD DOES EVERYTHING TO AVOID TALKING?

A "Young people can feel they have nothing of value to offer or they believe that what they have to say is important, especially if they are feeling so awful in themselves. Check in with them regularly – tell them you're making a cup of tea and would they like something? If they say no, ask again in an hour. Make their favourite meal for dinner and if they don't leave their room, take a plate to them. Or sit with them and let them know you've noticed they are not themselves. Even if you're not getting much back, the young person sees that mum or dad are reliable and are there for them. Remember to be consistent in what you say and do, and to follow through as this will demonstrate your reliability to them as a support."

// Kirsten Cleland is a manager with headspace Early Psychosis Services and a former centre manager – headspace Elsternwick & headspace Bentleigh.

INHALANTS

OTHER NAMES // GLUE, GAS, SNIFF, HUFF, CHROMING, POPPERS

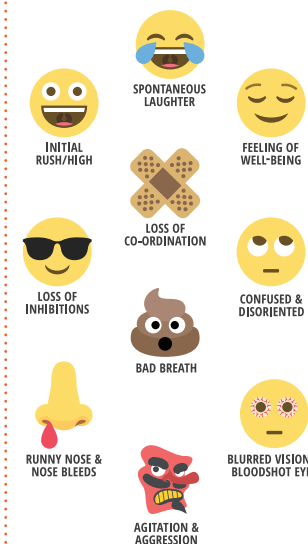
Be careful what is left around the house.

Sniffing inhalants such as glue, petrol and aerosols is a cheap and dangerous way for young people to achieve a "high". The substances used are often affordable and easily obtained. About 18 per cent of Australia high-school students have used inhalants, making them more popular than individual illicit drugs such as heroin, cocaine and ice. These substances can seriously affect or even kill if an overdose occurs.

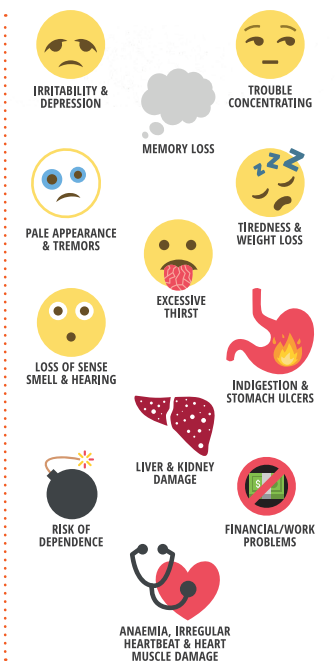
Essentially, inhalants are common household, industrial and medical products that produce vapours that can be inhaled to produce a "high". Common inhalants include aerosol sprays, spray paint and paint thinner, felt-tipped pens, correction fluid, gas from lighters or barbecues (butane), cleaning fluid, glue, petrol and nitrous oxide. The use of inhalants is more common in younger children than older children.

Inhalants are commonly sprayed into a plastic bag, poured into a bottle or soaked onto a cloth or sleeve before being inhaled. Sometimes they are inhaled directly from the container or are sprayed directly into the mouth or nose. This method can cause suffocation.

SHORT-TERM EFFECTS



LONG-TERM EFFECTS



// COMMON SOURCES*

AEROSOLS	SOLVENTS	CLEANING AGENTS	GASES	FOOD PRODUCTS	ANAESTHETICS	ADHESIVES	NITRITES
Hairspray Deodorants Spray paint Fabric-protector spray Computer cleaners Asthma sprays	Nail polish removers Paint remover/thinners Correction fluids and thinners Permanent marker pens Petrol	Dry cleaners Spot removers Degreasers Video head cleaners	Fuel gas Cigarette-lighter fuel Refrigerant	Whipped-cream aerosols	Gaseous Liquid Local	Airplane glue Other glues	Poppers Fluids Room odorisers

SOME OF THE CHEMICALS FOUND IN THESE PRODUCTS

Acetone, amyl nitrite, benzene, butane, butyl nitrite, chlorofluorocarbons, cyclohexyl nitrite, dimethyl ether, ethyl acetate, enflurane, ethyl chloride, freon, fluorocarbons, lead, halothane, methyl chloride, methyl ethyl ketone, methyl butyl ketone, methanol, nitrous oxide, n-hexane, propane, petroleum distillates, trichloroethylene, trichloroethane, tetrachloroethylene, xylene.

* National Inhalants Information Service

AMPHETAMINES

OTHER NAMES // SPEED, FAST, UP, UPPERS, LOUEE, GOEY AND WHIZ, ICE, CRYSTAL METH, SHABU, CRYSTAL, GLASS, SHARD, P2

Highly addictive and extremely dangerous, problem amphetamines such as ice are becoming more common.

Ice is a highly addictive form of amphetamine known as methamphetamine. It is stronger than the powdered form of amphetamine, speed. Usage rates by Australian teenagers are generally low, but pockets of Melbourne and regional Victoria face growing ice-related problems, both physical and social. Drug overdose deaths and ambulance attendances involving ice have risen in metropolitan Melbourne and regional Victoria in the past two years.

While the use of amphetamines as a whole has not increased, more people are using it in the potent crystal methamphetamine form (ice), which produces strong highs very quickly and can be highly addictive. This is causing growing concern among police and medical

professionals, as those using ice can become extremely violent and have been known to attack ambulance officers trying to help them. They may also commit violent crimes.

Youth worker and Les Twentymen Foundation founder Les Twentymen says in some areas of high youth unemployment up to 30 per cent of young people use or sell ice – or both. He says the drug is highly addictive and can cause users to become extremely violent. He has even heard of desperate parents buying it for their children.

“Once you start and you get an addiction you have to have more and more ... and that’s when it becomes a problem,” he says. “There’s no easy fix for this.”

Ice can be found in different colours such as fawn, brown, white and grey

// WHAT ARE AMPHETAMINES? *

Amphetamines are stimulants that come in powder form, tablets, capsules or crystals. They may be packaged in “foils” (aluminium foil), plastic bags or small balloons. Amphetamine powder has a strong smell and bitter taste. The capsules and tablets vary in colour and can be a mix of drugs, binding agents, caffeine and sugar. Some amphetamines are legally prescribed by doctors to treat conditions such as attention deficit hyperactivity disorder (ADHD) and narcolepsy (where a person has an uncontrollable urge to sleep).

SHORT-TERM EFFECTS



LONG-TERM EFFECTS



METHAMPHETAMINES

Ice, or crystal methamphetamine, is a potent amphetamine. The only difference between ice and speed is that ice is further refined to remove impurities. Ice is a stimulant and is generally stronger, more addictive and has more harmful side effects than speed. Ice usually comes as small chunky clear crystals that look like ice. It may also be a white or brownish crystal-like powder with a strong smell and bitter taste. Ice is generally smoked or injected. * Copyright © Alcohol and Drug Foundation 2015

WHO IS USING ICE?

While reported use of ice by high-school students is relatively low, those working at street level say it is much higher and growing fast, particularly in low socio-economic areas. The 2017 secondary school students' survey found two per cent of 12 to 17-year-old students have tried amphetamines.

Ice users will often have a four to five-day bender, failing to sleep, eat or drink properly

// EFFECTS OF ICE

Ice is much stronger than regular amphetamines. As well as constantly picking at their skin due to a feeling of bugs crawling underneath, users often become extremely paranoid and ultra-violent. One user threw a Molotov cocktail at youth worker Les Twentymen because she thought he was selling her daughter drugs. Twentymen says some people who use drugs also seem to gain superhuman strength, making it extremely dangerous for ambulance officers and doctors treating them. “They think everyone’s after them and they cause havoc in the hospital system,” he says.

Ice users will often have a four to five-day bender, failing “to sleep, eat or drink properly”. They then tend to “crash” and sleep on and off for several days. This lifestyle puts enormous stress on their bodies. “It’s far more potent than the other amphetamines,” Twentymen says.

// ICE-RELATED HARM

The number of Victorian fatal drug overdoses involving methamphetamines has risen by more than 250 per cent since 2010, putting it second behind heroin as an illicit drug contributing to overdose. The purity of ice also rose from 20 per cent in 2010-11 to 75 per cent in 2012-13.

Impacts of Methamphetamine in Victoria, Penington Institute report for the Victorian Department of Health, June, 2014.

After a massive increase the previous year, ambulance attendances involving ice continued to rise across regional Victoria between 2012-13 and 2013-14, up from 231 to 295. In metropolitan Melbourne they increased from 1116 to 1237.

The local government areas with the highest attendance rate in regional Victoria were Greater Shepparton, Campaspe and La Trobe, and in the metropolitan area Melbourne, Frankston and Port Phillip.

Turning Point Ambo Project: Alcohol and Drug Related Ambulance Attendances: Trends in alcohol and drug-related ambulance attendances in Victoria 2013-14.

DEPENDENCE

Regular ice users can quickly become dependent and might need it to get through a normal day. Twentymen says dealers tell teenagers that ice will boost their energy and sex drive, when in reality it can lead to serious health and social problems. Twentymen says signs of dependence include a changed personality, unusual sleeping patterns, loss of appetite and theft. “Certain things start to go missing,” he says. “You can’t find your camera, you can’t find your wedding rings.”

MENTAL HEALTH PROBLEMS *

Some regular users may enjoy everyday activities less. They can get stressed easily and their moods can go up and down quite quickly. These changes can lead to longer-term problems with anxiety and depression. People may feel these effects for at least several weeks or months after they give up ice.

ICE PSYCHOSIS *

High doses of ice and frequent use may cause “ice psychosis”, which is characterised by paranoid delusions, hallucinations and bizarre, aggressive or violent behaviour. These symptoms usually disappear a few days after the person stops using ice.

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.

“Around midnight last night we were called to help a 14 year-old boy on the city streets. He and some other teenagers did a snatch-and-run at a bottle shop. He consumed quite a bit of alcohol in a short space of time and became intoxicated. Police saw him and called an ambulance.

“He wasn’t life-threateningly unwell and he hadn’t run away from home either but he was taken to a children’s hospital where he could safely sleep off the alcohol and be supervised while he recovered. Since I began this job alcohol has always been present but it was unusual in the under-14s. Now we see children in single-digit years drinking alcohol on a regular basis. Although, the age young people have their first alcoholic drink has increased over the past two years, which is a positive.

“More young people are getting exposed to illegal drugs at an earlier age and they want instant gratification. If under-18s used an illegal substance 20 years ago it was most likely marijuana. The current illegal drugs that young people use vary – there is no firm pattern and it is largely driven by local availability. Some drugs are reasonably easy to access because young people are incredibly tech savvy and many drugs are imported using the internet.

“The primary impact of this latest drug is disorientation and an acute confused state but they can result in kidney failure, liver

failure and diffuse organ failure and it’s not infrequent for people to end up having seizures.

“Most young people we see fall into a few categories – the isolated or disconnected group that roam the street, or young people provided alcohol by adults, often their parents. Then there are the house parties, celebrations, end-of-year break-ups and school formals where young people use whatever illegal drugs they’ve cobbled together through their networks. They dump it in a pile and help themselves.

“When something does go wrong, there’s a reluctance to access emergency help for fear of cost, police prosecution, or other trouble from elders. Or they don’t have credit and don’t realise you can dial 000 even when you don’t have credit. They’re more likely to call a parent before they call 000.

“Our priority is to help the person who is sick, but one of the hardest things is getting young people to tell us the truth. It helps if we know what substances a person has used so we can work out the best way to keep them safe. Do they go home and sleep it off? Do they go to hospital? Or do we need to give them medicine to keep them safe while we take them to a hospital emergency department?

“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.”

“We see children in single-digit years drinking alcohol on a regular basis.”



Photo by Fiona Hamilton

// Alan Eade is Victoria’s Chief Paramedic Officer with Safer Care Victoria.

HEROIN

OTHER NAMES // SMACK, GEAR, HAMMER, THE DRAGON, H, DOPE, JUNK, HARRY, HORSE, WHITE DYNAMITE, HOMEBAKE, CHINA WHITE, CHINESE H, POISON

Methadone programs can be used to get people off heroin.

Heroin use is not common among Australian teenagers; latest figures reveal only 1.6 per cent of high-school students have used opiates or narcotics such as heroin or morphine other than for medical reasons.

Heroin is a depressant and belongs to a group of drugs known as “opioids” that are derived from the opium poppy. It comes in different forms, including fine white powder, coarse off-white granules and tiny pieces of light brown “rock”. Heroin is usually injected into a vein, but it can also be smoked (“chasing the dragon”) and added to cigarettes and cannabis. The effects are usually felt straight away. If snorted, it takes 10 to 15 minutes to take effect.

Unlike many other drugs, heroin addiction has a known treatment. Heroin users can be prescribed methadone, which is also an opiate but is much cheaper and less likely to result in an overdose. Used as a replacement drug, methadone can help stabilise heroin users as they withdraw. Methadone is also used as a pain reliever following heart attacks, trauma and surgery.

WHO IS USING HEROIN?

The 2017 Australian secondary students’ survey found that one per cent of 12 to 17-year-olds had ever tried heroin. Only one per cent had used it in the past year and four per cent had used other opiates in the past year.

MYTH BUSTER

Heroin is always injected.

FACT

It can be also smoked and snorted.

// OTHER OPIATES

METHADONE

Methadone is often taken as part of treatment for heroin dependence, as it can help prevent physical withdrawal symptoms. It is also used to relieve pain following heart attacks, trauma and surgery.

MORPHINE

Morphine is widely used for pain relief in adults and children. It is highly effective but extended use can have side-effects such as constipation, low blood pressure, confusion and shallow breathing.

PETHIDINE

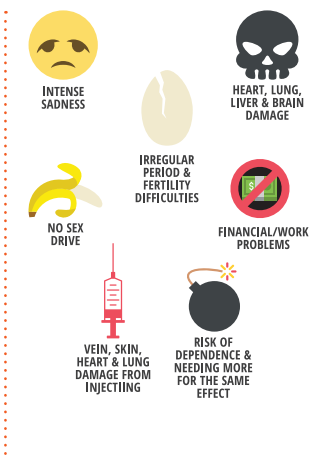
A synthetic version of morphine, pethidine is a pain reliever perhaps best known for its use during childbirth. It is generally used to treat moderate to severe pain.



SHORT-TERM EFFECTS



LONG-TERM EFFECTS



Injecting heroin and sharing needles may also transmit tetanus, hepatitis B, hepatitis C and HIV/AIDS.

OVERDOSE *

If too much or a strong batch of heroin is consumed, the user may experience trouble concentrating, falling asleep, wanting to urinate but finding it hard, itchiness, irregular heartbeat, cold, clammy skin, slow breathing, blue lips and fingertips, passing out, and even death.

Naloxone (also known as Narcan®) reverses the effects of heroin, particularly in the case of an overdose. It can be administered by authorised medical personnel such as ambulance officers. Family and friends can also administer naloxone if they join one of the trials taking place in Australia.

WITHDRAWAL*

Withdrawal symptoms usually start within six to 24 hours after the last dose and can last for about a week – days one to three will be the worst. Symptoms can include:

- Cravings for heroin.
- Restlessness and irritability.
- Depression and crying.
- Diarrhoea.
- Restless sleep and yawning.
- Stomach and leg cramps.
- Vomiting and no appetite.
- Goose bumps.
- Runny nose.
- Fast heartbeat.

* Copyright © Alcohol and Drug Foundation 2015

THE ADDICT

Travis Barugh began drinking alcohol at the age of 12. Later he became addicted to speed, ecstasy and ice. Today, he believes abstinence is the most effective way to stay clean.

Q. HOW DID YOU FIRST EXPERIMENT WITH ALCOHOL?

A "I grew up in a middle-class family. My father worked hard and my mother was a stay-at-home mother. They both drank every night. I wanted to be an Olympic high jumper – it's all I wanted – but I broke bones in my leg when I was 12. About two weeks later I was at a party and I didn't have an excuse not to drink any more. I'd go to parties and was given way too much free rein. From about the age of 15 mum would drive me to the bottle shop and buy me vodka. I could do whatever I wanted."

Q. WHAT DID ALCOHOL AND LATER DRUGS DO FOR YOU BACK THEN?

A "From the first time I tried alcohol, I loved it. It quietened that inner self-critic. Throughout my teenage years I was still a good kid, I still helped out the football club and played and coached basketball. I finished year 12 and did well but a few months after I finished school my parents separated. I had nobody to talk to and thought no one cared about me. A house of seven people turned into just me and my father. The broken family tore me apart. I find most drug addicts are really sensitive to everything in life and I guess from a young age I learnt that if you have a shit day and things get tough, you can get rid of it with alcohol or other drugs."

Q. HOW DID USING DRUGS HAVE AN IMPACT ON YOUR LIFE?

A "During the time I was using ice – from when I was 19 until 32 – I had what resembled a life. I had a partner, then had a wedding and a wife and we had a business. But I was using ice non-stop. When I was 25 my little brother committed suicide and I didn't feel I had any reason to live any more. The drugs totally exploded. I pushed myself to not feel. I was 78 kilos – now I weigh 105 kilos. My brain started shutting down. I would suddenly black out – that happened about 100 times in the last month before I stopped. I had five car accidents. My whole world fell down around me."

Q. WHAT DO YOU THINK WOULD HAVE HELPED YOU AVOID ALCOHOL AND DRUGS, OR REDUCED THE EXTENT OF THE PROBLEM?

A "The whole time I was using drugs, not once did someone say, 'What are you doing? You're a good bloke... you're going down the wrong path'. All I wanted as a child was some boundaries. I didn't get anything. I couldn't say as a child that I wanted boundaries and some love and that I wanted my parents to care. For boys, it's your father. I think it's a given that your

"About two weeks later I was at a party and I didn't have an excuse not to drink any more."



Photo: Supplied

mum's going to be good to you most of the time but having that strong fatherly figure and a good relationship with your father is important."

Q. HOW HAVE YOU GOT OFF DRUGS AND STAYED OFF THEM?

A "I had six months in rehab and going through all that, you learn to forgive. When I was growing up the parenting emphasis was more on, 'this is my way and this is how we're doing it'. Nowadays I think people discuss stuff more. Dad doesn't have too much to do with me although he's proud of the changes I've made. I get along well with mum. Through getting clean and abstaining from all drugs and alcohol, I've also learnt how to deal with the stuff that goes on in my head. It's been quite a journey in learning about myself."

// Travis Barugh is a construction manager for Delco Developments who in 2018 won the Master Builders Victoria Award of Excellence for best renovation/addition \$500,000 to \$750,000.

ECSTASY

OTHER NAMES // ECKIES, E, XTC, PILLS, FINGERS, BIKKIES AND FLIPPERS

Commonly supplied in pill form, ecstasy pills often have a symbol or picture printed on them.

Ecstasy is relatively easily obtained on the street or at parties and raves; tablets can cost as little as \$15 each. Unlike the 1970s and 1980s, when some of today's parents were teenagers and illicit drugs were deep underground, today's teens need only attend a music event or ask around to find ecstasy and other drugs. They can also use underground websites that sell illegal substances of all kinds.

Ecstasy is usually swallowed as a pill. The pills come in different colours and sizes and are often imprinted with a picture or symbol. Ecstasy is a stimulant containing the drug MDMA (methylenedioxymethamphetamine). However, many pills sold as ecstasy only have a small amount of MDMA or none at all. Other drugs and "fillers" such as household cleaning products, are often used instead. This makes it hard to know what reactions to expect or how bad the side-effects will be. Instead of MDMA, drugs sold as ecstasy may contain a mix of amphetamine, paramethoxyamphetamine (PMA), ketamine, NBOMe, methylene or other substances.

WHO IS USING ECSTASY?

Six per cent of students aged 12 to 17 in the 2017 Australian secondary students' survey said they had tried ecstasy, almost double the 2014 figure of 3.1. Like most other substances, the proportion who said they had ever used it increased with age, from three per cent among 12-year-olds, to 12 per cent among 17-year-olds.

Older boys were generally more likely to use ecstasy than girls, but as many 12-year-old girls had used it as boys (three per cent). Five per cent of 12 to 17-year-olds reported using ecstasy in the past year, and two per cent had in the past month.

Ecstasy use can cause cracked teeth due to clenching and grinding

// GHB

GHB (gamma hydroxybutyrate) is often known as liquid ecstasy, but it is a different drug. It is also known as G, fantasy, grievous bodily harm (GBH), liquid ecstasy, liquid E, liquid X, Georgia Home Boy, soap, scoop, cherry meth and blue nitro. Some refer to it as "the date-rape drug" as it has been used to spike drinks before a sexual assault. It usually comes as a colourless, odourless, bitter or salty liquid, which is usually sold in small bottles or vials. It can also come as a bright-blue liquid known as "blue nitro".

Important note: It is easy to take too much GHB which could result in an overdose.

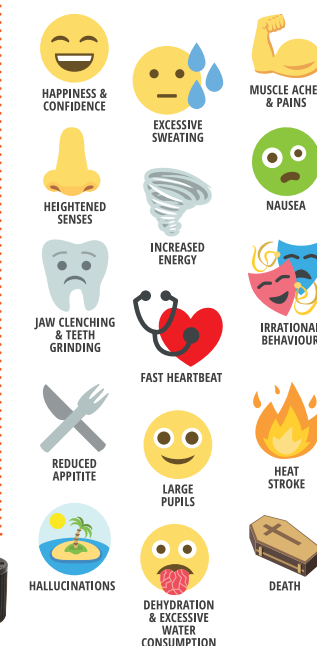


// WHERE ARE KIDS GETTING IT?

Teenagers can source party drugs such as ecstasy easier than their parents could. They can ask around for a contact, search coded websites or find dealers at dance parties and rock concerts. In some cases, dealers are identified by markers such as a top or T-shirt with a particular number on it. Dealers might also ask "are you Jason?", a thinly disguised reference to "are you chasing?" Such methods change constantly to avoid police detection.



SHORT-TERM EFFECTS



LONG-TERM EFFECTS



THE PSYCHOLOGIST

Paula Ross helps clients and their families with issues related to substance use, addiction or 'substance-use disorder'.

In the field of drug and alcohol treatment and intervention there are lots of different terms – addiction, problematic drug use, or substance dependence. Addiction as a word has gone a little out of favour and from a psychology perspective we tend to now use 'substance-use disorder', but the criteria for substance use disorder are mostly the factors people consider when talking about addiction.

"Some young people use substances experimentally, some recreationally and some become substance-use dependent, but they are the minority. Substance use and therefore dependency can be related to internal and external factors.

"External factors are things like peer-group behaviour and what might be going on in the young person's family and circumstances at the time. Internal factors include the fact that some kids are more naturally risk takers, and there is a group of young people who start taking drugs as self-medication for depression, anxiety and because they don't feel good about themselves. I think it's possible we'll discover that certain brain chemistry makes you more predisposed to addiction, too.

"There are a complex number of factors that are involved here and so it's not as simple as young people who develop substance-use disorders being from 'bad' families or from 'bad' parents. Parents and family members often feel they have failed or done something

"You won't have one conversation and find that your young person says 'you're right, I'll stop'."

wrong and also need support.

"The things that start heading into substance-use disorder territory are when young people start spending increasing amounts of time using, obtaining, planning or sorting out their drug use or recovering from drug use.

"We are concerned if young people start not meeting their commitments in other areas of their life as a result of their drug use. So they don't get homework done, they can't get to school and they don't do their normal social and family activities. So things start to 'go'.

"It can be helpful if parents and family members don't jump to conclusions but instead start a conversation with their child about what might be happening – 'I notice this, this and this, what is going on?' Rather than 'I've noticed this, this and this – I think you're using drugs'.

"Stay calm and don't overwhelm your teenager. So don't sit down with your whole family and talk at them. Think about who is the best person to talk to the young person, who has the best communication with them, who is most likely to not get angry or emotional? And approach the conversation with warm curiosity – 'I'm interested in what is going on, how are you...'

"Parents need to have realistic expectations. You won't have one conversation and find that your young person says 'you're right, I'll stop'. Approach each conversation with an aim to start a dialogue and to keep communication channels open.

"If the conversation starts to go badly and you or your child gets angry or emotional, stop it. Don't pressure yourself to have the whole conversation in that one moment. Sometimes the first conversation is about flagging the issue and sending the message that your child can talk about anything with you and that they can come to you. It is an ongoing conversation.

"There is some debate around whether you disclose your own past (or present) drug use. Parents need to walk the line between disclosure with the aim of letting a child know that you understand versus how much of your disclosure will your child hear as permission giving. If you do disclose, don't turn it into a speech about every drug you've taken in your life – disclose a certain amount.

"Parents can talk to a professional to discuss what they are dealing with and to get advice on how they can support their child. Consistency in the family is important. Family members should talk among themselves about how they as a family are going to respond to this issue. So are you giving your child money or not? Are you letting them stay out all night or not? What do you tell your other children if they ask questions about what is happening?

"Above all, as a starting point, stay calm, get help and keep focusing on having conversations."

Photo: Supplied



// Paula Ross is a psychologist in private practice at the Williamsroad Family Therapy Centre in Caulfield.

COCAINE

OTHER NAMES // C, COKE, NOSE CANDY, SNOW, WHITE LADY, TOOT, CHARLIE, BLOW, WHITE DUST, STARDUST



Often portrayed as the jetset's drug of choice, cocaine is anything but glamorous.

Cocaine has a reputation as the drug of choice for celebrities, but its effects can be far from glamorous. Cocaine can be dangerous if taken in high doses or contaminated by other substances. Snorting cocaine regularly can cause a runny nose and nosebleeds, infection of the nasal membranes, perforation of the septum and long-term damage to the nasal cavity and sinuses.

Only two per cent of Australian high-school students surveyed in the 2017 Australian secondary students' survey had used cocaine, and only one per cent had used it in the past month. These levels have also fallen significantly since 2005, when almost three per cent of 12 to 17-year-olds had tried it. But any level of use in this age group is a concern because of its potential dangers.

Extensive cocaine use can cause holes in the septum, which divides the left nasal passage from the right

// WHAT IS COCAINE AND HOW IS IT USED? *



Cocaine is a stimulant that speeds up the messages travelling between the brain and the rest of the body. It comes from the leaves of the coca bush (*Erythroxylum coca*), which is native to South America. The leaf extract is processed to produce three different forms of cocaine:

COCAINE HYDROCHLORIDE

A white crystalline powder with a bitter, numbing taste. Cocaine hydrochloride is often mixed, or "cut", with other substances such as lactose and glucose to dilute it before being sold.

FREEBASE

A white powder that is more pure than cocaine hydrochloride.

CRACK

Crystals ranging in colour from white or cream to transparent with a pink or yellow hue, it may contain impurities.

Cocaine is most commonly snorted. It can also be injected, rubbed into the gums, added to drinks or food. Freebase and crack cocaine are usually smoked.

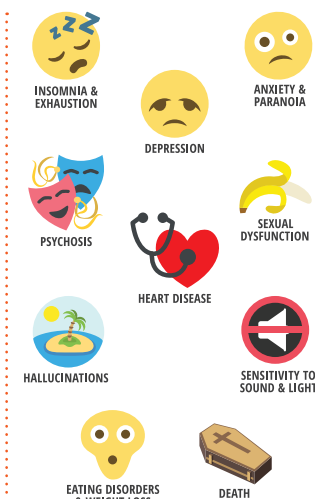


* Copyright © Alcohol and Drug Foundation 2015

SHORT-TERM EFFECTS



LONG-TERM EFFECTS



COCAINE PSYCHOSIS *

High doses and frequent heavy use can also cause "cocaine psychosis", characterised by paranoid delusions, hallucinations and out-of-character aggressive behaviour. These symptoms usually disappear a few days after the person stops using cocaine.

NBOME* FREAKOUT

Georgie** (21) describes being suddenly overwhelmed by a sense of doom, panicking, taking off her clothes, fleeing in her car, throwing away her phone, and shocking herself on electric fences.

// 'd just finished exams and we decided to go camping to one of my favourite waterfalls. It's just completely in the middle of nowhere. It's an hour and a half from any civilisation.

"We took [the tablets] in the morning so we could just really relax and enjoy the views and everything.

"I felt like I tasted something a little bit different to usual. Usually there's no taste at all. There was a little bit of bitterness but I didn't really think much of it.

"It took about half an hour, so it was pretty quick. I've had LSD before and sometimes it's taken an hour, an hour and a half, so it was pretty instant.

"After no time at all I had no concept of what the time was or how long it had been, or what day it was, or who I was.

"All of a sudden out of nowhere I was just convinced that we were going to die. I thought that everything was going to blow up. I had these petrol canisters in the back of my car that I had from another trip and I was just convinced they were going to blow up so I grabbed them both. I ran and threw them into the mountain. I was just convinced that everything was out to get us. I thought that my car was not safe there, we weren't safe there.

"All of a sudden it was this scary, dangerous place. I am a huge lover of nature. I have always felt safe in nature and all of a sudden I felt that my life was in danger. I was demanding the keys, I was just like 'we need to escape, we're not safe here, we need to leave'.

"We just got in the car and I drove. All of a sudden the car turned on me as well. I felt I wasn't safe in the car. I was in the middle of driving and I just opened the door and jumped out the window while the car was still moving. I grabbed my phone; I thought that was unsafe; I threw that into the river. I threw my watch into the river.

"I lost my mind. I was absolutely convinced I was going to die. I was screaming, I was crying. I took all of my clothes off. I jumped through this electric fence to try to run away and then I just stopped in the middle of this paddock and I was just completely naked and just screaming out any name of anyone I knew to try to get help.

"I was calling 000 out into the middle of nowhere, there was no one around. I was trying to talk to the ambulance. I was trying to talk to my mum.

"I was convinced that I had to sacrifice myself. There were two electric fences beside me and I just kept constantly jumping in and out of both of them – completely shocking myself and then rolling over, looking at the sky and just thinking, 'I cannot believe that I am 21 and I'm dying right now. I can't believe that I have got this far and my life has been so amazing and this is where it ends'.

"There were so many times where I was on the ground and I

would roll over looking at the sky and just be like, 'take me, I'm ready. There have been 10 times where I have been so close to dying, please just take me now because I can't go through this any more'. I was terrified.

"I think [my friend] was trying to get to me but there were electric fences all around and I jumped through three to get to the area I was. He finally came to me and I didn't realise he was my friend, I thought he was a completely different person that I once knew and that he had come to save me because I had called out his name.

"[When we finally got back to the car] the door was still open, the keys were still in the car and a police car had pulled up to the car to try and figure out what was going on and I just saw them and was like 'wow, they must have heard me'.

"I was bleeding. I was bleeding all down my legs and all over my face and I was naked and they were just like 'what's happened, what are you doing?' and they drove me to the nearest hospital, which was about an hour drive.

"I remember calling my mum in the police car and saying 'Mum, I've been in a car accident, there's blood everywhere. The car is a write-off, I'm going to the hospital now, can you please come and pick me up'.

"I didn't tell her the whole story right away, I just said 'Mum we took LSD and I drove the car' and she just looked at me with complete shock and disgust and I just lost it because I was still affected at that point, I was still under the influence, but I knew that was my mum and I had hurt her.

"I was reading about that young footballer that passed away from NBOME*. I just kept reading this one part saying that the main causes of death (when taking the drug) are cardiac arrest and bizarre behaviour such as jumping off balconies and running into oncoming traffic and I was just like 'yeah, that's exactly the types of stuff I was doing'. I was insane, I was completely in another world and I didn't have any care for my safety. I just thought I was going to die. My experiences seem to link to what this young man had.

"My friends are saying every day it will get easier but that was such a massive thing to happen. At the moment I don't know how I can move on from it. I don't know how I can ever move on from something like that, it's traumatic, it is.

"I'm anxious even driving, I'm anxious all the time. It's not worth it, it's not. All of a sudden I hate myself, I can't believe that I would put myself and my family in this position. What if I got in the car and kept driving, what if I got to a main road and what if I killed someone, what if I killed us? I am just so lucky to be alive and I am so lucky that I can turn this around and change my life and hopefully try and educate other people because it's not worth it. It's not worth it."

"I was in the middle of driving and I just opened the door and jumped out the window while the car was still moving."

// * Editor's note: The tablets mentioned in this story have not been tested to prove it was an NBOME. ** Names have been changed. Republished with permission from Hack on Triple J // www.adf.org.au

HALLUCINOGENS

OTHER NAMES // LSD, ACID, TRIPS, TABS, MICRODOTS, DOTS, MAGIC MUSHROOMS, SHROOMS, MUSHIES, BLUE MEANIES, GOLDEN TOPS, LIBERTY, Mescaline, CACTUS, CACTUS BUTTONS, CACTUS JOINT, MESC, Mescal

A bad trip on hallucinogens can be a nightmare.

Hallucinogens, such as LSD, were popular with young people during the 1960s and 1970s "flower power" era. While many more drugs have been developed since, LSD is still available in Australia. Hallucinogen use among young people is relatively uncommon; about three per cent of Australian high-school students report having tried them.

Also known as "psychedelics", hallucinogens can make you see, hear, smell, feel or taste things that aren't really there or are different from reality, hence the word hallucinate. LSD (Lysergic acid diethylamide) is made in a laboratory and in its pure state is a white odourless powder. It usually comes in squares of gelatine or blotting paper that have been dipped or soaked in LSD and is sometimes sold as a liquid, in a tablet or capsules. LSD is usually swallowed, but it can also be sniffed, injected or smoked. Some plants, such as magic mushrooms, can cause similar hallucinations to chemically produced hallucinogens.

Flashbacks of hallucinations can occur weeks, months or even years after the drug was last taken



WHO USES HALLUCINOGENS?

The 2017 Australian secondary students' survey found four per cent had used hallucinogens such as LSD. The proportion increased with age, from two per cent of 12-year-old students to six per cent of 17-year-olds. Only three per cent of all students reported having used hallucinogens in the past year and only one per cent had used them in the previous month. Boys were generally more likely than girls to use them, particularly at ages 16 and 17.

// FOUND IN NATURE

MAGIC MUSHROOMS

There are many different types of magic mushrooms. In Australia, the most common are called golden tops, blue meanies and liberty caps. Magic mushrooms look similar to poisonous mushrooms that can cause sickness and possible death. They are usually collected and then sold as dried mushrooms, a powder or as capsules. The mushrooms can be eaten fresh, cooked or brewed into a tea. They are sometimes mixed with tobacco or cannabis, and smoked.

Mescaline (PEYOTE CACTUS)

Mescaline is the active ingredient of the peyote cactus plant. It contains "buttons" that can be cut from the root and dried before eating or smoking. It can also be produced synthetically. In its pure form, mescaline sulphate is a white crystal-like powder. Synthetic mescaline comes in different colours.

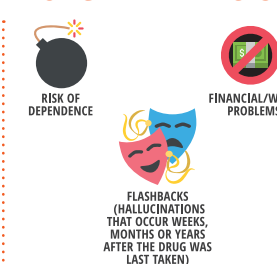
ARE MAGIC MUSHROOMS LESS DANGEROUS THAN LSD?

Magic mushrooms have similar effects to LSD. They contain psilocybin, which belongs to the same chemical family as LSD. It is dangerous to pick and eat wild mushrooms because they are difficult to distinguish from edible mushrooms. Poisonous mushrooms can cause stomach pains, vomiting and diarrhoea; some can cause permanent liver damage, respiratory failure, unconsciousness and even death. Symptoms can take up to 40 hours to develop.

SHORT-TERM EFFECTS



LONG-TERM EFFECTS



A BAD TRIP

In some cases, hallucinogen users experience a "bad trip" involving a disturbing hallucination. This can lead to panic and risky behaviour, like running across a road or attempting suicide. If a large amount or a strong batch is taken, the negative effects of hallucinogens are more likely.

THE PSYCHIATRIST

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

CAMHS at the Austin looks after children from zero to 18 years of age. We have a multidisciplinary team with clinical psychologists, nurses, occupational therapists, speech therapists, social workers, training registrars and psychiatrists.

"A range of people refer children to us – parents, general practitioners, paediatricians, private psychiatrists and psychologists, schools and the Department of Human Services.

"Initially we do an assessment to establish the presenting difficulties and one of our team takes on a care co-ordination role and looks at any psychological interventions received up to this point, social skills, drug and alcohol use, and family relationships. They meet with the school to work out a curriculum and to identify any special needs in that area.

"Depending on the clinical needs identified, CAMHS offers a variety of psychological and therapeutic interventions, for example cognitive behavioural therapy, social skills training, supportive psychotherapy, and parent and family therapy.

"I do think kids are starting to experiment with alcohol and illicit substances at a younger age. That is a significant concern because we now know parts of the brain don't mature until the mid-20s and that maturation occurs from the back to the front of the brain. The part that matures last – the pre-frontal cortex – is responsible for high-level reasoning, decision making and impulse control.

"Adolescence is a complex and confusing time for young people and their families. It's a constantly shifting landscape and can be sunny one minute and hailing the next. Adolescents are easily overwhelmed by high emotions, risk taking and unpredictability. They're impulsive and often overestimate short-term payoffs and underestimate long-term consequences.

"Adolescents are vulnerable to alcohol not only because of peer pressure or experimentation. Studies show alcohol is more effective in reducing social discomfort in a child's brain. So for children who are shy and introverted, it gives them a sense of ease and confidence in their interaction with others. Their brain cells are less sensitive to intoxication, too, and that's risky because they drink and drink and drink and crash – it's like stepping on an accelerator downhill without proper brakes.

"Alcohol aside, marijuana is probably the most regularly used illicit substance in adolescence. It's relatively affordable and accessible and is somewhat more socially accepted in peer groups in this age range. It's not perceived as dangerous as ecstasy or speed but is equally harmful. Ongoing marijuana use results in amotivation, low mood, poorer academic functioning and, in the long term, it increases the risk of acute and chronic psychotic and mood disorders.

"The permissiveness around marijuana is worrying. Parents

"Their brain cells are less sensitive to intoxication ... they drink and drink and drink and crash."



Photo: Supplied

might think 'my kid is not using speed, he smokes a cone or two every now and then with his mates...'. There is a downplay of how significant marijuana impacts on kids.

"Studies show the most significant protective factor against alcohol and substance abuse is a good parent-child relationship – an open, confiding parent-child relationship where different opinions, strong emotions and difficult situations can be talked about; where parents acknowledge and accept that experimentation and making mistakes is very much part of the process of growing up.

"It's not difficult for parents to feel desperate and angry. At times it's hard to understand why their child is not listening to them like they did when they were younger – why are they using drugs when they've been provided with all they need in their lives? Fears and worries can get in the way of parents being able to talk to, and hear, young people properly.

"Don't get into a dynamic where parents control and discipline and the young person withholds and deceives. Listen and acknowledge that adolescence is different these days. Talk about emotions, general health and wellbeing – and not just when there is a problem. Have clear rules and expectations about when your children must be home and where they are going. Being a parent is a bit like being a helicopter – hover close and, as they get older, hover a little further away. Pick the moments where your child can afford to figure out their own mistakes – and which moments you need to hover closer and rescue."

// Dr Hanna Cheng is a child and adolescent psychiatrist and acting clinical director for Austin Child and Adolescent Mental Health Service (CAMHS).

STEROIDS

OTHER NAMES // ROIDS, GEAR, JUICE, HYPE, GYM CANDY, ARNOLDS, STACKERS, PUMPERS

Use of steroids has spread from athletes to the general public.



Steroids and other performance and image-enhancing drugs (PIEDs) have long been associated with elite sportspeople desperate for an edge. PIEDs are used by people of all skill levels and ages, whether they want to boost their sporting performance or simply build muscle mass. Among the most notorious cases was champion cyclist Lance Armstrong, who was stripped of seven Tour de France wins after admitting he took EPO (erythropoietin), which regulates red blood cell production.

PIED use is not common and in some cases steroids are used legitimately to treat medical conditions such as osteoporosis. But if used privately and without professional supervision they can have health implications. Steroids may be injected intramuscularly, taken orally or rubbed on the skin as a cream. Only three per cent of Australian high-school students aged 12 to 17 say they have used steroids without a doctor's prescription, with boys (three per cent) slightly more likely than girls (two per cent) to have tried them. One per cent of males and less than one per cent of females had used them in the past month.

MYTH BUSTER

Do steroids shrink your private parts?

FACT

They can. Shrinking testicles and prostate problems are among the many possible side-effects.

WHAT ARE STEROIDS?

Performance and image-enhancing drugs (PIEDs) claim to improve the effects of physical training and a person's physical appearance. There are two broad types. One includes drugs that enhance muscle growth or reduce body fat, such as steroids, peptides, diuretics and stimulants. The other includes hormones and hormone-stimulating drugs such as human growth hormone.

PIEDs were traditionally used by body-builders and athletes but are increasingly used more widely. Those who use them without medical supervision often exceed the recommended dosage and expose themselves to side-effects. Some black-market drugs, such as synthetic hormones, haven't been approved for human use.

ARE STEROIDS LEGAL?

Commercially produced steroids fall into three groups – human consumption, veterinary use and illegal. The possession, use and supply of steroids, other than by prescription from a medical practitioner, dentist or veterinarian, is illegal in Australia, as is unauthorised importation. The use of steroids by competitors in most sports is banned.

// TYPES OF STEROIDS

ANABOLIC STEROIDS *

Anabolic-androgenic steroids are derived from testosterone and can be taken as an injection or tablet. Their anabolic effects help with the growth and repair of muscle tissue.

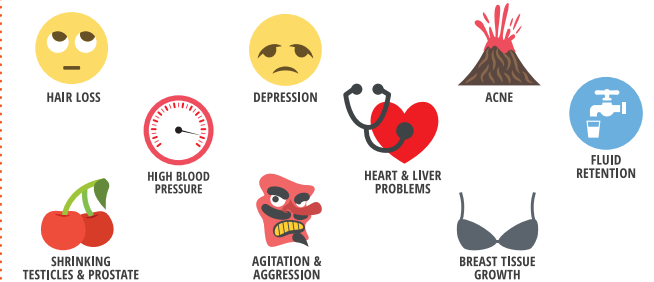
PEPTIDES *

Peptides stimulate the release of human growth hormone, which has an important role in muscle and bone growth. Peptides have become increasingly popular among professional and amateur athletes as they are hard to detect due to speedy absorption.

HORMONES *

Hormones are chemicals released by the body. There are many artificial hormones and hormone-stimulating drugs, including growth hormones such as AOD-9604, which has fat-burning properties and is used to increase power-to-weight ratios.

SIDE-EFFECTS



The long-term effects of PIED misuse in young people are still unknown, but it's especially risky to take any substance while the body and brain are still developing.

* Copyright © Alcohol and Drug Foundation 2015

SOME PIEDS *

Clenbuterol: classed as a "beta-2 agonist", short-term effects are similar to stimulant drugs such as amphetamine or ephedrine.

Creatine monohydrate: a naturally occurring compound synthesised from amino acids by the kidneys and liver.

Erythropoietin (EPO): a naturally occurring hormone produced by cells in the kidneys that regulate the production of red blood cells in bone marrow.

Human chorionic gonadotrophin (hCG): when taken by males, hCG can stimulate the testes to produce testosterone rapidly.

Insulin-like growth factor (IGF-1): a naturally occurring growth factor that stimulates many processes in the body.

THE PROFESSOR

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

I've looked after a patient of 14 or 15 who had one of the highest blood alcohol levels I've seen – he was 0.5 – 10 times the legal limit for driving. When he arrived at hospital he was unconscious and needed a couple of days in ICU attached to a ventilator.

"I think the age at which young people begin experimenting with drugs has dropped, and that started with the advent of pills, such as ecstasy, when kids were looking to supplement the pleasurable experience at rave parties. Young people don't want to take anything that involves a needle, so the proliferation of pills has made drugs more accessible for them. But these pills are not safe. They're not made by pharmacists and usually have contaminants – other drugs and bulking agents such as starch that may create a reaction.

"Synthetic cannabinoids that are around now can raise the heart rate, raise blood pressure and they're associated with bleeding in the brain. If young people are also drinking alcohol and aren't drinking a lot of water, then dehydration compounds the effect.

"You can never control what the likely effects of drugs are going to be. It's a major downfall of children experimenting with drugs. They hear from friends that if you take this tablet you will have this experience, but they can actually experience something quite different, something dangerous.

"Add a child's sense of invulnerability – 'nothing can happen to me' – and this is a dangerous combination.

"We've seen people in emergency with very disturbing presentations. Their pulse rate and blood pressure rise and they can become quite paranoid and confused. Parents might notice a child is hallucinating and if they've taken a significant amount of drugs they can go from agitated to a comatose state.

"We can see more aggression and agitation and we have a code-grey team that is activated when a patient is at risk of harming themselves or others. Most of our code greys are drug-related issues and we have around 50 code greys a day.

"A young person's lungs, heart and kidneys are better able to tolerate drugs than an older person who has heart disease. And if the child doesn't have an addictive tendency and has a single experimentation with drugs, we'd hopefully see a good outcome.

"But there is the problem of recurrent use. There is data that shows you're more likely to go on to take hard drugs if you start with soft drugs, and chronic drug use brings concerns about long-term brain development and mental health issues.



Photo by Fiona Hamilton

"I don't think children can use drugs responsibly and I don't think there is a safe level of drug-taking behaviour."

"I used to teach schoolchildren about harm minimisation and my message was if you are going to use drugs, use them responsibly. But I've changed that message. I don't think children can use drugs responsibly and I don't think there is a safe level of drug-taking behaviour. There is no benefit at all in taking recreational drugs – they won't make your child's life any better, but they do bring lots of potential problems."

// Professor George Braitberg is emergency medicine specialist at the Royal Melbourne Hospital and former ED Director.

ANALGESICS

OTHER NAMES // ASPRIN, PARACETAMOL, IBUPROFEN, CODEINE, DOXYLAMINE

Often seen as harmless, analgesics and tranquillisers can have a dark side



Nearly all Australian high-school students (95 per cent) have used pain-killing analgesics such as Panadol at least once. Almost two thirds (66 per cent) told the 2017 national secondary school students' drug survey that they had used pain killers in the past month; almost four in ten (39 per cent) had in the past week. Girls were more likely than boys to have used analgesics in the past week (46 per cent v 32 per cent).

The most common reason girls and boys used pain killers was to help ease headache/migraine pain, followed by easing cold and flu symptoms. More boys than girls reported using them to help relieve sports injury pain. One in four (24 per cent) girls used them for menstrual pain. Nine in ten (90 per cent) students who had used analgesics in the past year obtained them from their parents. Three per cent took them from home and three per cent bought them.

THE PRICE OF FIGHTING PAIN**

100 tablets a day are swallowed by over-the-counter codeine addicts.

1.3 million packets of "pharmacy only" codeine-based products are bought each month in Australia.

1078 Australians were treated for codeine dependency in 2012-13.

Three-day use only. Can cause addiction.

This is the small warning label that now adorns many pharmacy-only codeine products.

** The Sunday Age, April 26, 2015.

PERCENTAGE OF STUDENTS WHO HAVE CONSUMED ANALGESICS IN THE PAST SEVEN DAYS

	12yo	13yo	14yo	15yo	16yo	17yo
MALES	26%	31%	30%	37%	34%	37%
FEMALES	32%	37%	47%	51%	54%	54%

Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria, 2018.

// OXYCODONE

Also known as hillbilly heroin, oxy, OC and O, common brand names include Oxynorm®, OxyContin®, Endone®, Proladone®, Targin®. It comes in capsules, tablets, liquid and suppositories.

Oxycodone is one of Australia's most abused prescription drugs and caused 806 deaths from 2001-2011. A Monash University study found oxycodone-related deaths rose from 21 in 2001 to 139 in 2011. Six in 10 of those who died were males and most of those who died were trying to relieve pain.

The Monash report, *An update on oxycodone: lessons for death investigators in Australia*, looked at National Coronial Information System data and found that 39 per cent of cases involved a legitimate prescription, mostly for chronic pain. It called for more care in prescribing oxycodone and better information for preventive strategies.

TRANQUILLISERS

OTHER NAMES // BENZOS, TRANX, SLEEPERS, DOWNERS, PILLS, XANNIES, SERRAS, MOGGIES, NORMIES

In 2017, 20 per cent of high school students had used tranquillisers, such as Xanax and Valium, for non-medical reasons. Use in the past month was low, peaking at eight per cent for 17-year-olds. Thirteen per cent had used them in the past year, while four per cent of boys and three per cent of girls had used them in the past week.

Young people can buy prescription-only drugs such as Xanax for about \$20 each on the black market



WHAT ARE BENZODIAZEPINES?

Benzodiazepines, also known as minor tranquillisers, are most commonly prescribed by doctors to relieve stress and anxiety and to help people sleep. Some people use them illegally to become intoxicated or to help with the "come down" effects of stimulants such as amphetamines or cocaine. They are usually swallowed, but some people inject them. Short-acting benzodiazepines have stronger withdrawal or "come down" effects and can be more addictive than long-acting ones.

STUDENTS WHO HAVE EVER USED TRANQUILLISERS*

	12yo	13yo	14yo	15yo	16yo	17yo
MALES	19%	19%	19%	21%	22%	24%
FEMALES	13%	18%	20%	21%	21%	21%

Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Cancer Council Victoria, 2018.

THE POLICE

Crime Inspector Shane Cashman says parents need to be more proactive in warning their children about the devastating impact of drugs.

Parents need to put themselves in the driver's seat in terms of drug education and awareness for their children. They need to learn about the types of drugs prevalent in the community and the harm associated with each drug – in relation to the health of their child, community harm resulting from drug use and the law.

"A drug dealer doesn't have a look or a certain style of dress. A drug dealer doesn't drive a certain vehicle or live in a certain suburb or come from a certain social background – they have a mobile phone, an ability to access drugs and a willingness to sell them. Our children have the potential to access drugs via mobile phones and social media. Parents must be on top of their children's usage of those forums.

"Because some parents have come through past alcohol or drug issues in their own lives they think their children will be similarly OK. Alternatively, if parents didn't have any of those challenges, they can assume their children won't have any issues.

"There has been such a change in drug culture in the last 20 years. Some drugs can devastate lives in a short period. The health of a child can be so affected that he or she may never reach their potential.

"Ice is the worst drug I've seen. In the past there was a propensity for some people to start with alcohol use and progressively scale up to the heavier drugs. Now we see young people go from alcohol to ice use, and the ramifications for that child, their family and the community are devastating. A large percentage of people who try ice become addicted. Young people who should be entering university or the workforce don't even begin to take the steps to reach their potential in life. That's tragic.

"Young people commit crimes such as theft of motor car and theft from motor car to get money to buy ice. They then commit crimes when they are on the drug because it takes away their inhibitions and makes them violent. We've seen drug use as a driver in people killed and injured on our roads and in family violence where young people have offended against their own parents and siblings.

"But let's not forget alcohol too. Parents underestimate how much their children are drinking and they underestimate the harms. Just because a child drinks alcohol in the home, the harm isn't removed. The earlier a child drinks alcohol, the greater the chance of them using other drugs.

"Parents must never administer alcohol to a friend of a child who is under 18. If you have a party and some children are under-18, there should be no alcohol available. This should be on the invitation and made clear. Endeavour to employ security and

monitor children closely as they arrive – and if they're already affected by alcohol, don't let them in. It's your party, your rules. If teenagers try and drink alcohol or bring alcohol in, ask them to leave. If the party becomes unruly, contact the police for early intervention.

"It's not a parent's role to be a friend to their child or to be cool or popular. It's your role to keep children safe and to keep their friends safe. Some teenagers can be difficult. Parents must persevere and be consistent in their messaging. Link in with the child's school or employer. I believe children want to know what their boundaries are – and they will test them to see if that boundary is going to be reinforced. It's your responsibility to reinforce endlessly to your child why they should not use drugs and their devastating effects."

"Just because a child drinks alcohol in the home, the harm isn't removed. The earlier a child drinks alcohol, the greater the chance of them using other drugs."



Photo: Supplied

// Crime Inspector for Eastern Region Shane Cashman has had experience working in drug investigation for more than 20 years. Shane runs drug information sessions at schools, sporting clubs and employee groups and can be contacted to assist in organising these events. Email: shane.cashman@police.vic.gov.au

INGREDIENTS IN ILLICIT DRUGS

Pill testing may not discover these additives.

DRAIN CLEANER

Used in the production process of methamphetamine drugs (stimulant) including **ice** and **speed**. Furthermore traces of drain cleaner are regularly found in **ecstasy** tablets.

Drain cleaner reacts with other chemicals to create the methamphetamine substance. The human body is not designed to deal with such chemicals, like drain cleaner, and therefore has both an immediate and long-term effect on the body, which has to work extra hard (increased heart rate, brain activity, organ function, sweating) to remove the chemical once taken.

Drain cleaner is also found in substances such as **GHB** or **GBH** (depressant). Drain cleaner is mixed with paint thinner and cooked down to create a liquid substance known as **GHB/GBH** (Juice, Zonk). This illicit substance puts the body into a sedated state as the body decides that the best way to fight the chemicals is to shut down. **GBH/GHB** is commonly used in drink spiking and as a "date rape" drug.

BATTERIES/CAR BATTERY

The acid is used in drugs such as **acid/LSD** as it has a significant effect on brain activity and functioning. **Acid** is extremely dangerous to the human body and can cause severe long-term complications.

Battery acid is also used in the manufacture of **ecstasy**. There can be an increase in heart rate, brain activity and sweating caused by the central nervous system which is all associated with taking a "stimulant" drug. The user is unable to know what exactly is in an **ecstasy** tablet so overdose or death is always a possibility.

PANADOL/NUROFEN/PARACETAMOL

Used as a cutter or filler in drugs such as **speed**, **cocaine**, **ecstasy** and **heroin** as it bulks up the drug and also thins the blood, allowing the chemicals to get into the blood stream faster. Some drug dealers coat paracetamol with household chemicals and pass it off as **ecstasy**. In the '80s throughout Europe and the UK, **ecstasy** was making its mark in the club scene as the "dance drug". It contained about 15-18 per cent **MDMA** (the active ingredient for **ecstasy**), as well as caffeine and sugar supplements. Today's **ecstasy** would be lucky to contain one per cent, if that, of **MDMA**.

CRUSHED UP GLASS FROM LIGHT GLOBES

Found regularly in **ecstasy** tablets. When the user swallows the tablet, the glass will cut them either on the way down in their oesophagus or in the stomach lining. This therefore releases the chemicals into the blood stream quicker, however, increasing the chance of scarring, infection, overdose and death.

BABY POWDER

Used as a filler to bulk up illicit substances such as **speed**, **cocaine** and sometimes **heroin**. The issue with baby powder (or talcum powder) is that some users are now using needles to inject these illicit substances, including **speed** and **cocaine**. Baby powder clots the blood if it is injected into the vein/s and the user increases the risk of causing serious damage or losing limbs.



Illustration by Anita Layzell

URINAL CAKES

Contain a corrosive acid which causes internal bleeding. Urinal cakes are commonly used in **ecstasy** as it increases the functioning of the central nervous system (heart rate, brain activity etc.) as the body fights to remove the chemical. This is another chemical used to replace and mimic **MDMA**.

WEED KILLER

Used at base point in the manufacture of methamphetamine substances such as **Ice**, **speed** and **ecstasy**. The weed killer contains a substance called glyphosate – a herbicide. By the end of the manufacturing process the glyphosate becomes a powdery substance that sticks to the methamphetamine.

// Ashley Gurney, managing director & founder, Alcohol & Drug Education Specialists // www.adesaustralia.com

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*.

There are risk factors that dramatically increase the chances of your children using illicit drugs – the more risk factors there are in their life, the greater the risk. One of these is your child hanging out with friends who use. Using drugs can be associated with genetics, too – so if someone in the family has a drug problem, that can increase the likelihood your kid uses drugs too.

“But we also know there are protective factors, like your child having a close relationship with an adult where they feel safe, valued and listened to. Having open communication and feeling that they belong in a friendship group, or having a real connection to school are also protective. If your children hang out with kids who do arts, drama, music or sport and who are not using alcohol or drugs – that's another protective factor.

“So my advice to parents is to be a good role model, to show you are proud of your child when they do the right thing – because they get discouraged if you only notice when they do something wrong! Set clear rules about

“There are protective factors, like your child having a close relationship with an adult where they feel safe, valued and listened to.”



Photo: Penguin Books Australia

alcohol and other drug use – it makes it easier for young people to do the right thing. And get to know your teenager's friends and their parents, so drive them everywhere you can and invite their friends over to your place.

“It's also important to be informed about drugs because there's a mixture of ignorance, fear and anxiety out there. At the moment you could easily think there's an ice pandemic and that our schools are flooded with drug dealers, but by far and away the biggest drug problem is alcohol.

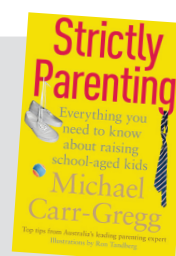
“So don't be shy about having a conversation about drugs and alcohol. Teens have an inability to predict the consequences of their actions because their brain connections are not fully wired up yet. They are susceptible to peer influence and they have a profound deficit in being able to put brakes on their

behaviour. Use teachable moments that illustrate the dangers of drugs – so if you read about someone who played a drinking game, drank a shot of vodka every minute for 100 minutes and died, it's not about scaring your child but saying ‘what do you think about that?’.

“Stay calm and clearly articulate what you think is acceptable and unacceptable behaviour around alcohol and other drugs, and learn everything you can to give your child the right information. There's a tendency for parents to outsource responsibilities for this to schools, but that's a major failing. Parents need to step up to the plate and lead the battle on this.”

// BOOKS

Strictly Parenting: Everything you need to know about raising school-aged kids
Available from Penguin Books Australia.
www.penguin.com.au
Hardcopy // \$29.99 e-book // \$16.99



OTHER BOOKS BY MICHAEL CARR-GREGG

Beyond Cyberbullying: An Essential Guide for parenting in the digital age
.....
Princess Bitchface Syndrome
.....
Real Wired Child
.....
Surviving Adolescents: The Must-Have Manual for All Parents
.....
Surviving Step-Families
.....
When to Really Worry: Mental health problems in teenagers and what to do about them
.....
Surviving Year 12

// Dr Michael Carr-Gregg is managing director of The Young and Well Cooperative Research Centre.

HISTORY

Drugs are by no means a modern problem.

1788

Sir Joseph Banks sent cannabis plants to Australia with the First Fleet to produce products such as rope.

For many years, alcohol and tobacco were the drugs of choice in the colony.



1920s

Cannabis was sold as cigarettes called “Cigares de Joy”.

Federal legislation outlawed cannabis importation in 1926.

An international approach overseen by the League of Nations saw more drugs banned.

1857

Australia's first drug law imposed an import duty on opium, introduced by Chinese immigrants during the gold rush.

1890s

Before 1900, drugs were generally legal and Australia was among the world's biggest consumer of opiates, due largely to medicines containing alcohol or morphine.

Laudanum, a mixture of opium and alcohol, was taken regularly by upper-class matrons and given to children to calm them.



1900s

By 1905, laws prohibited the import and use of smoking-grade opium.

1950s

Until it was banned in 1953, heroin was available on prescription as a painkiller and in cough mixtures. Australia had the world's highest per capita usage rates.

When it was banned in Australia, heroin was not a major social issue.



1960s

A new drug culture emerged as young people used the likes of cannabis, heroin, LSD and other psychoactive drugs recreationally.



1970s

By 1970, all the states had enacted laws making drug supply a separate offence to drug use or possession.

Anti-drug campaigns focused on abstinence and the dangers of drugs.

Illegal drugs such as heroin and cannabis became major social issues.

1980s

Cocaine became popular among some professionals and in the entertainment industry.

In 1985, the federal and state governments adopted a National Drug Strategy focusing on harm minimisation that aimed to minimise drug demand and supply. It does not advocate drug use but accepts that some use will occur and addresses the harm caused.

Needle-exchange programs helped minimise the spread of diseases such as HIV/AIDS.



1990s

The ACT government considered trialling a heroin prescription program, but the federal government refused to allow heroin importation.

High-quality, cheap heroin flooded in from south-east Asia, causing an epidemic.

2000s

After trialling a Kings Cross Medically Supervised Injecting Centre from 2001-2010, NSW Parliament passed legislation in 2010 making it Australia's first permanent facility.

Raves became synonymous with party drugs.

The potent methamphetamine, ice, emerged as a health and social issue.



2021

The increased use of ice is causing addiction and violence among some users.

Teenage use of alcohol and some illicit drugs is down slightly, but remains a social issue.



New South Wales Government State Library. www.druginfo.sl.nsw.gov.au/drugs/legal/legal_history.html

// 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: www.directline.org.au

GET THE EFFECTS

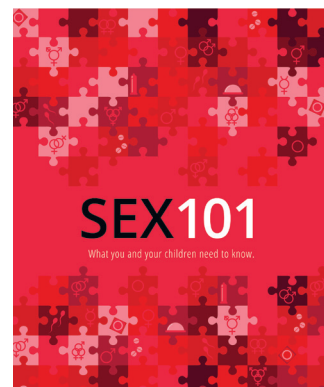
The Alcohol and Drug Foundation's *Get the effects by txt!* SMS service allows parents to text the name of a drug to 0439 TELL ME (0439 835 563), then receive an SMS about the effects of the drug and links to more information and help. The reply lists a number of the drug's effects and links to find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

There is no safe level of drug use as 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 Alcohol and Drug Foundation

LET'S HAVE A CONVERSATION SERIES

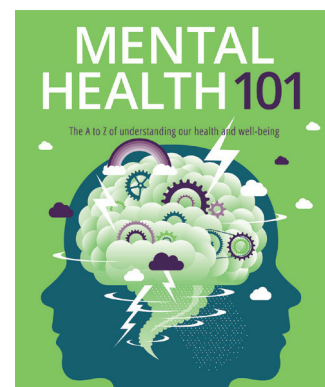
36-page digital guides for teachers, parents and carers of teenagers



PARENT GUIDES

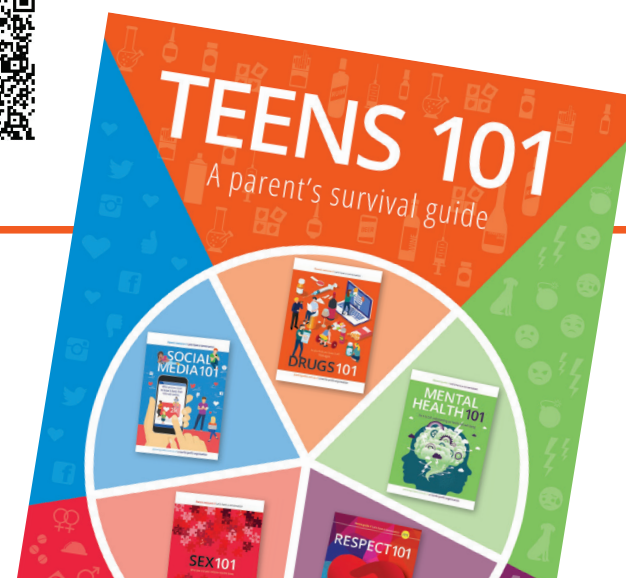
Each guide draws upon the latest research and expert advice. They are a practical resource to help teachers, parents and carers to start important conversations with their children. No holds are barred, and no topic is shirked.

Buy online // parentguides.com.au
Contact Eileen Berry // 0407 542 655



TEENS 101

The new 180-page printed resource is ideal for leadership teams at primary and secondary schools.



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

ALCOHOL AND DRUG FOUNDATION

The Alcohol and 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
Drug facts // druginfo.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

LES TWENTYMAN FOUNDATION

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.
lftfoundation.com.au

// MORE ALCOHOL AND DRUG RESOURCES

Ambulance, fire and police. 000

Anglicare drug and alcohol support services.
anglicarevic.org.au/our-services/alcohol-and-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

Alcoholics Anonymous.
9429 1833
aavictoria.org.au

beyondblue.
1300 22 4636
beyondblue.org.au

Cannabis Information and Helpline.
1800 30 40 50

Family Drug Help. Advice and support for families affected by drugs.
1300 660 068

sharc.org.au/program/family-drug-help

The First Step Program.
9537 3177
firststep.org.au

Headspace.
Advice and help for 12 to 15-year-olds with mental health issues.
headspace.org.au
How alcohol affects your body.
betterhealth.vic.gov.au/health/healthyliving/How-alcohol-affects-your-body

LiverWELL incorporating Hepatitis Victoria helps people affected by or at risk of viral hepatitis and liver disease.
1800 703 003
www.liverwell.org.au

Kids Help Line.
1800 551 800

Lifeline.
13 11 14

Narcotics Anonymous.
9525 2833

Odyssey House.

odyssey.org.au

Parentline.
13 22 89

Parenting Strategies: preventing adolescent alcohol misuse.
parentingstrategies.net

Raymond Hader Clinic.
rayhaderclinic.com.au

SANE Australia mental health helpline.
1800 187 263

Smoking Quitline.
13 78 48

The Other Talk.
theothertalk.org.au

Turning Point drug and alcohol treatment, research and education.
www.turningpoint.org.au

Turning Point offers online counselling at www.counsellingonline.org.au

Youth Support and Advocacy Service.
24 hour free YoDAA (Youth Drug and Alcohol Advice) line:
1800 458 685

WHAT PEOPLE SAY ...

“The magazine-style format is fresh and different and, frankly, much more engaging than a lot of the educational information commonly encountered in the health sector ... it was a very non-confrontational, un-alarming and pleasant way of communicating really important information. Seeing sexual health through your ‘lens’ i.e . the journalistic/media lens, is very different to how most of us in the health sector communicate.”

**Dr Alana Hulme Chambers // Research Fellow, Department of Rural Health //
Centre for Excellence in Rural Sexual Health, Faculty of Medicine, Dentistry & Health Sciences,
The University of Melbourne**

“The best resource I have ever read on the subjects of children’s exposure and involvement with drugs, sex and internet evils. Every GP should read these informative booklets: every parent should have this information at their fingertips. I have urged my daughters to read them. (My two oldest grandchildren are both 11).”

Dr Ann Kelmann

“The Social Media 101 parent guide is a valuable resource for our parents. We now live in a society that is rich with information where we can find everything we need to know online. However, parents often face the dilemma of filtering through information and having to work hard to find reliable sources. Social Media 101 is a well-balanced, easy-to-read, carefully collected guide that has provided information and support to many of our families.”

Pitsa Binnion // Principal, McKinnon Secondary College

“Having the need-to-know information condensed into a handy book – with information sourced from credible authorities – is invaluable.”

Parent feedback