

## Use or Abuse?

There are many different drugs that can change the way people feel and behave. These are called psychoactive drugs to distinguish them from substances that are mainly physical in their effects. Some of these drugs are legal (such as alcohol) while others are illegal (such as heroin). There are different levels of use of such drugs, including:

**Substance Use** - the use of a drug. This is usually applied to the intentional and recreational use of a psychoactive drug, rather than the use of a drug under medical supervision. This would include young people experimenting with cigarettes, alcohol or other drugs.

**Substance Misuse** - the use of a drug in a way for which it was not intended or a way that may be harmful. This includes the use of over-the-counter or prescription drugs in a deliberate attempt to induce other effects, or the use of drugs like alcohol to a level which could be harmful to a person's health.

**Substance Dependence** - psychological or physical dependence on a drug, to avoid unpleasant feelings or symptoms. People who are dependent may show increased tolerance for a drug, increase in the amount or frequency of use, addiction to the drug and social problems such as withdrawal from school, work or the community.

**Substance Abuse** - the continued, intentional use of a drug even though it causes significant disruption to a person's life or places them in hazardous situations. Examples include being unable to attend work / school or meet other obligations, driving or operating machinery under the influence of a drug, being involved in violent or illegal activities, getting into trouble with the police and legal systems, significant financial problems, repeated problems with relationships and social situations, *etc.*

**Substance Use Disorder** - a broad term that may encompass dependence or abuse.

## Types of Drugs

Psychoactive drugs influence our emotions and behaviour through the effects they have on the brain and central nervous system. There are three main types of psychoactive drugs: depressants, stimulants and hallucinogens.

**Depressants** slow down or 'depress' the functions of the central nervous system. They don't necessarily make a person feel depressed, in fact they tend to reduce inhibitions and create temporary positive feelings. Depressants affect concentration and co-ordination and may reduce a person's ability to respond to unexpected situations. The most well known depressants are alcohol, marijuana, opiates (such as heroin), benzodiazepines and some inhalants.

**Stimulants** also act on the central nervous system, by speeding up messages travelling to and from the brain. Common symptoms include increased heart rate, higher blood pressure and an increase in body temperature. Stimulants include drugs such as nicotine, amphetamines (speed), cocaine and ecstasy.

**Hallucinogens** affect perception, causing people to hear or see things that are not really there. The effects of hallucinogens vary greatly and it is impossible to predict how they may affect an

individual person. For this reason, some people have positive experiences when using hallucinogens while others have negative experiences. Some well-known hallucinogens include LSD and magic mushrooms. Both cannabis and ecstasy also have some hallucinogenic qualities.

The availability, quality and price of legal drugs and medicines can be partially controlled by laws and regulations. For example, tobacco and alcohol cannot legally be sold to a person under the age of 18; certain drugs such as benzodiazepines can only be obtained by prescription. However these systems are not completely effective in eliminating problems such as underage substance use and the misuse of prescribed and over-the-counter medications.

It is beyond the scope of this fact sheet to provide extensive information on the full range of drugs. If you would like to find out more about a specific substance, there are a number of web sites you can visit. Helpful Australian sites include:

Australian Drug Foundation Drug Info Clearinghouse <http://www.druginfo.adf.org.au>

National Drug and Alcohol Research Centre <http://ndarc.med.unsw.edu.au/ndarc.nsf>

### **Substance Use among Secondary Students**

Information about substance use among secondary school students has been collected through the Australian Government's National Drug Strategy and is available at:

<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/home>

The following gives an overview of results from surveys in 2002, run across all states and territories and in a mixture of Government, Catholic and Independent schools. These results indicate the average rates of substance use; rates may be higher in some secondary school settings, such as in disadvantaged or remote communities.

*Alcohol* – By fourteen, around 90% of students had tried alcohol. This includes those who may have tried it at home with parental permission and supervision. The proportion who consumed alcohol in the week prior to the survey increased with age: from 19% for 12-year-olds up to 50% for 17-year-olds. 30 to 40% of drinkers consumed alcohol at levels considered harmful, according to NHMRC guidelines.

*Tobacco* – The proportion of students who had smoked in the week prior to the survey ranged from 6% among 12-year-olds to 25% among 17-year-olds. 24% of these students bought their last cigarette themselves, despite the legal purchasing age being 18 in all states and territories. The proportion of students smoking – among both males and females – had dropped since the previous survey in 1999.

*Cannabis* – Cannabis was the most commonly used illicit drug, with 25% of students aged between 12 and 17 having tried it. The proportion of those who had ever tried cannabis increased with age, from 9% of 12-year-olds to 42% of 17-year-olds. 7% of students had used cannabis in the week prior to the survey. The proportion of students using cannabis had dropped since the previous survey in 1999.

*Inhalants* – Recent use of inhalants decreased with age, from 9% of 12-year-olds to only 2% of 17-year-olds. The proportion of 12 to 15-year-olds who tried inhalants had dropped since the previous survey in 1999, but rates in older students were similar.

*Other drugs* – Use of other drugs was uncommon but tended to increase with age. Of all the students, 7% had tried amphetamines at some time. 5% had tried ecstasy and 4% had tried hallucinogens. 3% had tried cocaine and 3% had tried opiates such as heroin or morphine. Use of these substances did not appear to have changed significantly since the previous survey and regular use remained uncommon.

### **Does drug use cause mental health problems?**

Substance use and mental health problems or disorders often occur together. However, from a research point of view, it is difficult to uncover whether a drug causes a particular condition, or whether there is simply an association – this means that they might occur together because they are both related to some other factor.

For example, difficult social circumstances might independently increase the risk of both substance use and mental health problems. People with psychological or social problems, or with a mental illness (whether diagnosed or not), sometimes use drugs or alcohol as a way of coping with their negative feelings or situation. These and other factors make the relationship complex and difficult to research.

Some researchers believe there is evidence for a causal relationship between certain drugs and illnesses, while others believe it is more accurate to say simply that there is an association. In many areas this relationship is still being researched. There is evidence for the following associations, among others:

- Amphetamine use has been associated with higher rates of depression, anxiety, aggressive outbursts, paranoia, hallucinations and panic attacks.
- Symptoms of depression and anxiety have been associated with higher use of alcohol and other drugs.
- Prolonged use of cocaine has been associated with anxiety and insomnia.
- Frequent cannabis (marijuana) use in adolescence has been associated with higher rates of depression and anxiety in early adulthood and with psychosis (see below).

The key fact for young people and those who work with them is that mental health problems and substance use often occur together and make each problem worse. People with a family history of mental health problems, for example, should avoid heavy or frequent drug use. The risk factors and warning signs for substance use and mental health problems are similar (see below), so teachers should refer a young person to a school counsellor or youth health service if they suspect there is a need for assessment or support.

### **Cannabis and psychosis**

The association between cannabis and psychosis has been the focus of considerable media attention and research. However, opinion is divided as to whether there is a causal relationship or simply a high level of co-occurrence.

Psychosis is a group of symptoms that can occur in certain forms of mental illness, such as schizophrenia, or as a result of certain physiological states. It includes hallucinations, delusional thoughts and losing touch with reality.

Cannabis use is associated in some people with symptoms of psychosis, often as a result of using a large amount of cannabis in a short time. This is sometimes called 'cannabis psychosis' or 'drug-induced psychosis' and responds well to treatment, which includes stopping drug use.

In some people, the use of cannabis is associated with the onset of long-term, recurrent psychotic illnesses – such as schizophrenia or similar disorders. The use of cannabis can also trigger further episodes of illness in someone who already has a history of these disorders.

However research is unclear on whether cannabis actually causes psychotic illnesses. Despite significant increases in cannabis use in Australia and some other countries over the last thirty years, the incidence of schizophrenia and related conditions has changed little and is similar world-wide. This suggests that while cannabis use and psychosis often occur together, it is not a straightforward causal relationship.

The dominant theory is that cannabis use doesn't cause psychotic illness, but may bring on symptoms in someone who was already vulnerable to developing them, or may cause people to develop symptoms at a younger age. This would suggest that for many people, the use of cannabis poses little risk of psychosis, although it does increase the risk of physical health problems (such as respiratory illness, cancer, reduced fertility and disturbed sleep patterns). However some researchers still support a causal theory for psychosis and this remains an active area of research.

The important message for young people and those who work with them is that certain individuals are vulnerable to developing psychosis when they use cannabis – this can be a temporary drug-induced psychosis or a long term mental illness. While it is difficult to predict who is vulnerable, anyone who has a family or personal history of mental illness should avoid heavy or frequent use of cannabis and other drugs.

### **Risk Factors and Warning Signs**

Risk factors tend to increase the probability that a person will experience a problem, while protective factors reduce the likelihood. Warning signs are indicators that someone may already have developed a problem. In general, the risk factors, protective factors and warning signs for substance use are similar to those that may be seen in a range of mental health problems or disorders.

Risk factors may include:

- having previously experienced problems with substance use or mental illness
- a history of behaviour management problems, aggression, poor self-control
- associating with peers who use drugs or alcohol or show antisocial behaviour
- family history of substance misuse or mental illness
- family problems such as conflict, poverty, abuse or poor parenting
- social and economic disadvantage in the community.

Protective factors include those that promote resilience more generally:

- good family relationships that create a sense of belonging
- a supportive school environment that creates a sense of belonging
- a caring relationship with at least one parent or significant adult
- connections with friends who value and promote positive behaviour
- having someone outside the family who believes in them eg, coach or teacher
- having opportunities to contribute and participate eg, in school or community.

The effects of drug or alcohol use vary greatly from person to person. It is difficult to know if a young person is using drugs, unless you see them doing so or they tell you themselves. Changes in behaviour or mood may indicate drug use, but can also occur when a young person is troubled about something else. In general, possible signs of substance use are similar to signs indicating that a student may need support for a personal or mental health problem:

- mood swings
- explosive outbursts
- lethargy and tiredness
- poor concentration, lack of interest
- declining school or work performance
- changes in eating or sleeping patterns
- reduced interaction with family or friends
- associating with friends who have a negative influence
- stealing, behaviour problems, getting into trouble with police.

If a young person shows a number of these signs, they may be in need of personal or professional support. Approach them to ask if they need support and if possible refer them to a school counsellor, youth worker or youth health agency. Keep in mind that the problem may not be related to drugs or alcohol, or that substance use may not be the primary problem. Young people may use drugs and alcohol to mask or deal with difficult feelings such as isolation, depression, social awkwardness or anxiety.

### **School Based Approaches**

Most schools will have a defined drug and alcohol policy, based on the requirements of their relevant Education Department, Catholic Education Office, Church, School Board, or other authority. When starting your work at a new school, familiarise yourself with its drug and alcohol policy and procedures. At a national level, the Australian Government Department of Education, Science and Training has developed a number of frameworks and principles to guide school policy and practice. These can be found on-line at the school drug education page:

[http://www.dest.gov.au/sectors/school\\_education/policy\\_initiatives\\_reviews/key\\_issues/drug\\_education/](http://www.dest.gov.au/sectors/school_education/policy_initiatives_reviews/key_issues/drug_education/)

Knowledge alone – such as the delivery of facts and figures in the curriculum – is relatively ineffective in influencing substance use in the long term. However it can be effective when combined with other approaches to prevention, both within and beyond the school. Schools are urged to consider a whole school approach to drugs and alcohol – this includes creating a supportive environment that builds resilience, educating students about the issues, and having strategies in place to deal with incidents of substance use. Partnerships with health and

community agencies and families are also important. These provide opportunities to organise guest speakers, conduct information nights and arrange referral for students in need of support.

Creating a safe and supportive school environment can help to build resilience, which may help to delay or prevent the onset of mental health problems and substance use. Specific strategies for promoting resilience in the classroom and the school are presented in more detail in the fact sheet Promoting Resilience, available on the Education section of the Response Ability web site ([www.responseability.org](http://www.responseability.org)).

Broadly speaking, resilience can be promoted through three key approaches:

- Helping young people to create positive relationships with staff and peers and to feel personally connected or attached to their school.
- Communicating high expectations for students – including clear and consistently enforced expectations of behaviour, as well as support for students' goals and acknowledgement of their achievements.
- Providing opportunities for genuine participation in the classroom, school and community, giving young people a voice in decision making.

Adopting a whole school approach may require a school to review its structures and timetable, approaches to teaching, staff professional development and school policy. Policies need to be comprehensive, should clearly state expectations and consequences, and must be consistently enforced. Those relating to Drugs and Alcohol, Bullying and Behaviour Management will be particularly relevant.

Some schools adopt specific programs or teaching resources that are designed to build resilience and connection, such as MindMatters, RAP-A, Aussie Optimism, Friends, or Heart Masters. These are known as universal programs because they aim to support skill development in all students, rather than selecting those students who may have particular needs.

A further strategy is for schools to provide more specific support for those students who experience difficulties with behaviour, performance, mental health issues or substance use. There are several school-based programs designed to help groups of students at risk, or individuals could be referred to a school counsellor, a youth worker or a youth health agency.

### **Drug and Alcohol Education in the Curriculum**

As emphasised in the previous section, education in the curriculum needs to be complemented by a whole school approach. Here are some issues to consider when delivering education about drugs and alcohol in the classroom:

- The curriculum should develop throughout secondary education, focussing on different issues and teaching styles each year to avoid duplication and to capitalise on students' growth and development.
- The curriculum should be interesting and engaging, involving diverse learning strategies such as discussion, role plays, games, peer education and guest speakers.

- The curriculum should provide accurate and age-appropriate information about both legal and illicit drugs.
- The curriculum should provide well-researched accurate information that is consistent with current theories and practice in health and education.
- Students should be encouraged not to disclose personal stories in class, but told who to talk to if they have concerns for themselves or a friend.
- The classroom climate should be safe and supportive, through negotiating rules about confidentiality and respect for the views of others.
- Students should be encouraged to understand harm minimisation approaches, such as how to avoid or manage risky situations, as well.

To access research and teaching resources about drugs and alcohol, visit the REDI (Resilience Education and Drug Information) web site at [www.redi.gov.au](http://www.redi.gov.au). REDI is an initiative of the Australian Government Department of Education, Science and Training. The REDI program has also produced curriculum resources for use in secondary schools and professional development materials for school staff.

You will also find useful resources at:

Australian Drug Foundation Drug Info Clearinghouse <http://www.druginfo.adf.org.au>

National Drug and Alcohol Research Centre <http://ndarc.med.unsw.edu.au/ndarc.nsf>

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