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"The children now love luxury. They have bad manners, contempt for authority; they show disrespect for elders and love chatter in place of exercise. They contradict their parents and tyrannize their teachers."



Socrates (469–399 B.C.)

THE TEENAGE BRAIN



THE TEENAGE BRAIN

Based on the stage of their brain development, teenagers are more likely to:

- act on impulse
- misread or misinterpret social cues and emotions
- get into accidents of all kinds
- get involved in fights
- engage in dangerous or risky behaviour

THE TEENAGE BRAIN

Teenagers are less likely to:

- think before they act
- pause to consider the consequences of their actions
- change their dangerous or inappropriate behaviours

HOW WAS IT FOR YOU?









- Increased awareness about risk taking behaviour drugs and alcohol.
- Information about the law and associated risks of the above.
- Tips for positive conversations with children about risk taking behaviour.
- Where to go for additional information, support and advice.

WHAT IS A DRUG?

A drug is any substance (with the exception of food and water) which, when taken into the body, alters the body's function either physically and/or psychologically. Drugs may be legal (e.g. alcohol, caffeine and tobacco) or illegal (e.g. cannabis, cocaine and heroin).

Psychoactive drugs affect the central nervous system and alter a person's mood, thinking and behaviour. Psychoactive drugs may be divided into seven categories: depressants, stimulants, empathogens, psychedelics, opioids, dissociatives and cannabinoids.

The Drugs Wheel

A new model for substance awareness



13% of year 10 pupils and 4% of year 8 pupils report having used an illegal drug.

The most popular drugs used were:

- Cannabis (10%)
- MDMA/Ecstacy (2%)
- Solvents (2%)
- Hallucinogens (1%)
- Cocaine (1%)
- Nitrous Oxide (1%)
- New psychoactive substances (1%)



- Cannabis
- MDMA
- Cocaine
- Ketamine
- Nitrous Oxide
- Solvents
- New psychoactive substances



- Two in five higher education students use illegal drugs. The most widely used are:
- Cannabis
- MDMA
- Nitrous Oxide
- Cocaine



National Union of Students Survey

28% of year 10 pupils and 9% of year 8 pupils report having been offered cannabis.

13% of year 10 pupils and 3% of year 8 pupils report having been offered other drugs.



Growing Up in North Yorkshire Survey (2018) – Hambleton

CANNABIS *Cannabinoid*



Aka marijuana, weed, pot, dope, grass, green.

Psychoactive effects.

Usually smoked (often with tobacco) but can be eaten.

May trigger psychosis.

- "Stoned" chilled out
- Munchies
- Giggly
- Possible paranoia
- Distorted sense of time

CANNABIS















MDMA / ECSTACY Stimulant

Increase alertness by speeding up activity of central nervous system.

- Sweating
- Dilated pupils
- Restlessness
- Hyperactivity
- Loss of appetite
- Weight loss
- Chest pain, irregular heart beat 999













KETAMINE *Dissociative*

Dissociative drugs distort perceptions of sight and sound and create feelings of detachment - or dissociation - from their environment and from self. Although these effects are mindaltering, they are not technically hallucinations.

Ketamine, was originally developed as a general anaesthetic to be used during surgery and by vets for sedation. Can be powder, tablets or liquid.



- Sudden severe drowsiness or mellowness
- Involuntary muscle movements
- Difficulty thinking clearly
- Slowed breathing
- Does not seem to be "here"
- Unable to move or speak
- Unable to rouse them 999

NITROUS OXIDE (NOS) Dissociative

- Also know as laughing gas or hippy crack
- Colourless gas used as a sedative and anaesthetic
- In whipped cream chargers
- Quick effects that only last a few minutes.
- Relaxed, giggly, dizzy, hallucinations, headaches, nausea
- Can result in lack of oxygen to the brain, possibly unconsciousness; death through suffocation or heart problems
- If found unconscious put in recovery position and call 999







LSD, MAGIC MUSHROOMS

Produce hallucinations.





 Behaviour change experiencing hallucinations – any/all of the senses

Hallucinogens

- Does not seem to "be there..."
- Seems/is scared or afraid
- If the signs persist (can last 6-15 hours and a further 6hrs after that) consult a GP

SOLVENTS Depressant

- Gas, glue, aerosols, poppers
- Household items are used e.g. paint thinners, aerosols, glue
- Quick effects that only last a few minutes.
- Similar to being drunk with loss of coordination and disorientation
- Some momentary memory loss
- Gases in aerosols and lighter fluid squirted directly into mouth carry increased risk of death
- If found unconscious put in recovery position and call 999











Soundcloud

ALCOHOL Depressant

- Oldest known drug in the world?
- Widely available
- Socially acceptable and legal
- Relatively cheap



- Most popular drug to misuse in the UK.
- Causes the most deaths each year (after tobacco).
- Costs the NHS and emergency services approximately £3.5 billion per year).

REASONS YOUNG PEOPLE TAKE DRUGS

- To have fun
- Relax, forget problems or as a form of escapism
- > To gain confidence and socialise
- Out of curiosity
- To lessen inhibitions
- To remove personal responsibility and decisions
- > To celebrate or commiserate
- To relieve boredom and stress
- Self-medication to cope with problems

Friends, parents, older brothers and sisters and the media also have influence over a young person's decision to use drugs

RISK AND PROTECTIVE FACTORS - FAMILY

RISK

- Parents using drugs
- Lack of adult supervision
- Poor attachment/ relationship with parents

PROTECTIVE

- Family provides structure, limits, rules, monitoring, and predictability
- Supportive relationships with family members
- Clear expectations for behaviour and values

RISK AND PROTECTIVE FACTORS – SCHOOL & COMMUNITY

RISK

- Not attending school
- Low commitment to school
- No plans for college/work
- Associating with drug-using peers
- Aggression toward peers
- Message that alcohol use is OK
- Accessibility/ availability

PROTECTIVE

- Presence of mentors and support for development of skills and interests
- Opportunities for engagement within school and community
- Positive norms
- Clear expectations for behaviour
- Physical and psychological safety

DRUGS AND THE LAW

The Misuse of Drugs Act 1971

- This act is intended to prevent the non-medical use of certain drugs. For this reason it controls not just medicinal drugs but also drugs with no current medical use. Drugs subject to this Act are known as 'controlled' drugs.
- The law defines a series of offences including: possession, unlawful supply, intent to supply, import or export and unlawful production.
- The police have the power to stop, detain and search people on 'reasonable suspicion' that they are in possession of a controlled drug.



The Misuse of Drugs Act (MDA) divides drugs into three classes as follows:

• Class A:

These include: crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)

• Class B:

These include: cannabis, amphetamine ,barbiturates, codeine, ketamine, synthetic cannabinoids such as Spice.

Class C:

These include: anabolic steroids, minor tranquillisers or benzodiazepines, GBL and GHB, khat and BZP.



Offences under the Misuse of Drugs Act can include:

- Possession of a controlled drug.
- Possession with intent to supply another person.
- Production, cultivation or manufacture of controlled drugs.
- Supplying another person with a controlled drug.
 Offering to supply another person with a controlled drug.
- Import or export of controlled drugs.
- Allowing premises you occupy or manage to be used for the consumption of certain controlled drugs.
- Certain controlled drugs such as amphetamines, barbiturates, methadone, minor tranquillisers can be obtained through a legitimate doctor's prescription. In such cases their possession is not illegal.



Maximum penalties for drugs

Class	Possession	Dealing
Α	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
B	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
C	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.



Drug and Alcohol Referral (DAR) Pathway NY Police and Compass REACH

Young person arrested or interviewed as a voluntary attendee (VA)



DAR – if complied with is not on your criminal record Is only offered once



Consequences

- A criminal record
- An unlimited fine
- Up to life sentence in prison
- Damaged career prospects (disclosable on DBS checks)
- Ban on some foreign travel
- Permanent or temporary exclusion from school/college
- Loss of respect from family and friends
- Health implications


Drug Driving

 It is an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs'. The drugs can include illegal drugs, prescribed medicines or solvents.



 It is now also an offence to drive with any of 17 controlled drugs above a specified level in your blood. This includes illegal and medical drugs. The limits set for each drug is different, and for illegal drugs the limits set are extremely low



Consequences

The penalties for drug driving are the same as for drink driving. If you are convicted you could face:

- A minimum 12-month driving ban
- A criminal record
- An unlimited fine
- Up to 6 months in prison
- An endorsement on your driving license for 11 years





DRUGS: OTHER RISKS

- Vulnerability when under the influence.
- Risky behaviour when under the influence.
- No quality control on illegal drugs.
- Where is the money coming from?
- Who is supplying them?
- Criminal exploitation / County Lines.





CRIMINAL EXPLOITATION

The following film is based on real events.

DRUGS: WARNING SIGNS

- Loss of interest in sports or favourite activities and changes with established friendship groups
- Lack of interest in appearance or personal hygiene, lack of motivation
- Moody and uncommunicative
- 'New' friends or strangers coming to your house
- Secrecy and unexplained need for extra money stealing, selling possessions
- Having unexplained 'gifts' or money
- Drugs paraphernalia
- Distinctive smell (cannabis)
- Change in appetite ('munchies')
- Impaired co-ordination, concentration, and memory
- Slowed speech, constant cough, chronic sore throat
- Red or bloodshot eyes
- Delayed decision making and distortions in time estimation, taking time off school

WHAT SHOULD A PARENT/CARER LOOK FOR?



CAUTION:

Many teenagers experience behavioural changes for reasons that have nothing to do with substance misuse, so do be careful not to jump to conclusions.

Be curious, not accusatory.

1. DON'T PANIC

If you find out that your child has tried drugs, your first reaction may be anger or panic. Wait until you're calm before discussing it with them, and show them love and concern rather than anger.



2. DO YOUR HOMEWORK

Make sure you know enough about drugs to talk to your child in an informed way.

3. PICK A GOOD TIME

Don't try to talk to your child about drugs before they rush off to school, for example.



Or, if they're using drugs, don't confront them when they're high.

- It may help to do it when the subject comes up during TV programmes or in the news. Mealtimes can also be a good time for chatting.
- It's often easier to have a conversation side-by-side, such as when you're driving in the car, washing up together or preparing food.

4. LET THEM KNOW YOUR VALUES

It's important for your children to know where you stand on drug taking. Be clear about your opinions on drugs and let them know your boundaries. For example, you may say that you don't want any drugs in the house.

5. AVOID SCARE TACTICS

Teenage children often know more about drugs than you do, so there's no point in saying, "Smoking cannabis will kill you". Pointing out that cannabis can cause mental health problems, especially if you start smoking it in your teens, may be more of a deterrent.



6. KNOW YOUR CHILD'S FRIENDS

Get to know your child's friends. Invite them to the house and take an interest in what's going on in their lives.

If you have good reason to think your child's friends are involved in drugs, you may need to support your child to find new friends.

7. LET THEM KNOW YOU'LL ALWAYS BE THERE FOR THEM

If your child knows you're there for them whatever, they're more likely to be honest with you. They won't just tell you what they think you want to hear.



8. LISTEN AS WELL AS TALK

Don't preach or make assumptions about what your child does. Let them tell you about their experiences, and try to listen without judging.



9. DON'T GIVE UP

Don't be put off talking if they argue, get embarrassed or storm off. Parents' opinions matter to their children. Go back to the subject when they're calmer.

10. LET THEM BE RESPONSIBLE FOR THEIR ACTIONS

You're trying to help your child make good choices in life about drugs. But only they can say no to drugs.

Make sure they know you support them, but it's up to them to make positive decisions.

11. BE REALISTIC

Some teenagers will experiment with drugs, but only a small number will develop a drug problem.

If your child knows you are there for them whatever, they are more likely to be honest with you. They won't just tell you what they think you want to hear .





INFORMATION & SUPPORT

- <u>www.adfam.org.uk</u> parent section
- <u>www.drugsand.me</u> parent section
- <u>www.talktofrank.com</u> get clued up!
- <u>www.re-solv.org</u> advice and info on solvent abuse
- <u>www.compass-uk.org</u> help for your young person

• Al Anon - Confidential helpline on 020 7403 088