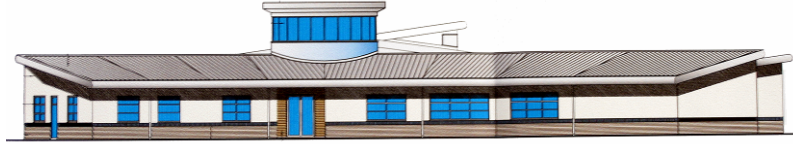


WINDLESTONE SCHOOL



SUBSTANCE MISUSE

POLICY

&

STRATEGY



SUBSTANCE MISUSE - DRUGS, ALCOHOL, SOLVENTS, TOBACCO POLICY & STRATEGY

INTRODUCTION

At Windlestone it is believed that substance misuse, misused prescribed drugs, controlled drugs, alcohol, solvents and tobacco, play a part in the lives of many people and that among young people particularly experimentation with substances has always been a feature of their lives. The school acknowledges that substance misuse has a debilitating effect on society through,

- costs to health,
- associated crime, and
- the destructive impact it has on the lives of individuals, families and communities.

It is the role of the school to help reduce the harm from substance misuse; play a significant role in substance misuse education and prevention; and help those who misuse substances. This policy emphasises the school's approach to substance misuse education and describes a clear view of how substance misuse in school should be handled. In developing this policy and strategy the school has considered its legal responsibility, and the entitlement of its students, staff, governors, parents and CSA to support, training, and information.

This policy and strategy has been informed by:

- Drugs: Guidance for Schools (DfES 2003)
- The National Drug Strategy (Home Office 2002)
- Social Inclusion Pupil Support (DfES 1999)
- Circular 4/95: Prevention and Schools (DfES 1995)
- Protecting Young People (DfES 1998)
- Guidance on Managing Drug Incidents in Schools (Release 1995)
- Guidance on Managing Drug Incident in Schools 1995
- A Substance Misuse Factpack for Spennymoor & Sedgefield Locality Health Alliance 1996
- Hitting the Target Durham County Council 2000
- What's Going On 2004
- Whose Fault is it Anyway?, DCC, 2006

The policy is an integral part of school measures to safeguard and promote the welfare of students.

DEFINITION

A drug is any substance which, when taken, has the effect of altering the way a person behaves, feels sees or thinks. As well as everyday substances such as tea and coffee, drugs include:

- *alcohol and tobacco*
- *over the counter medicines' such as paracetamol for headaches*
- *prescribed drugs, such as antibiotics and tranquillisers*
- *volatile substances such as glues and aerosols*
- *illegal drugs such as ecstasy, cannabis, cocaine, heroin, and amphetamines.*

The school recognises that this policy focuses mainly on illegal drugs.

Procedures for handling alcohol, tobacco, volatile substance use are found in the Appendix. Procedures for handling prescribed medicines and are detailed in a separate policy for supporting students with Special Medical, First Aid, and Emergency Treatment Needs.

RATIONALE

In today's society all young people are exposed to the risks associated with the drug culture. Young people are challenged by the changing and sometimes conflicting values of society, which places demands on them to make informed and responsible choices.

Research cites a variety of adverse social conditions, personal inadequacy, a lack of self esteem, and peer pressure as the main reasons for drug misuse among young people. It is axiomatic that a significant proportion of Windlestone School's students are at particularly risk of developing serious substance misuse problems because of:

- curiosity - some children and young people want to try a new experience irrespective of the dangers, and without anticipation of the consequences,
- their inability to resist peer pressure,
- it is considered fashionable,
- boredom,
- the "buzz" from participating in something dangerous,
- adult or parental disapproval, or indeed modeling,
- the potential to alleviate school or home based problems,
- a desperation to improve self-esteem and confidence, and
- the challenge of doing something illegal.

The school believes if it is to achieve its aim relating to its students -

“ the promotion of appropriate and sustained self change through a variety of learning experiences the school develops which will serve as preparation for further learning, renewed family life, productive use of leisure time, occupational and social competency, and autonomy”,

it has to help all its students gain knowledge of the dangers of substance misuse; ensure that its students most at risk of developing serious substance misuse problems receive appropriate support and advice; and support those who currently misuse substances to overcome their dependency.

PHILOSOPHY

This school believes that the possession and use of substances in school is inappropriate. All the substances covered by this policy other than tobacco are not permitted to be brought to, used, sold, passed on or obtained on school premises. These limits apply to students, school staff, other adults working in and for the school, and visitors.

The school excludes tobacco from these limits for students. A significant proportion of the schools student client group are regular tobacco users on admission. Whilst the school seeks to persuade its students from the use of tobacco it has taken a pragmatic stance. The smoking of tobacco is, however restricted to a particular location at specific times of the day.

Although Windlestone's positive school ethos and comparatively tolerant regime helps students to feel valued; join the school's thriving community, often after extended periods of isolation; and reappraise their often well established negative views of themselves, with subsequent improvement in self concept which may mitigate the pressures to misuse substances, a more proactive school response is considered vital if all students are to achieve their full potential, and avoid the debilitating effect substance misuse has on lifestyles.

Section 351, Education Act 1996 requires every school, including PRUs, to provide a balanced curriculum which:

- promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society; and
- prepares pupils at the school for the opportunities, responsibilities and experiences of adult life.

Drug education is a part of this curriculum. There is a statutory requirement for drug education in the National Curriculum Science Order 2000.

At Key Stage 3 students should be taught that the misuse of alcohol, solvents, tobacco and other drugs affects health; how the growth and reproduction of bacteria and viruses can affect health and how the body's natural defences may be enhanced by immunisation and medicines; and the role of lung structure in gas exchange, including the effect of smoking.

At Key Stage 4 students should be taught the effects of solvents, alcohol, tobacco and other drugs on body functions.

Windlestone provides a comprehensive and planned substance education curriculum for all students within Personal Social and Health Education. The modular course over all five school years aims to provide all students with appropriate knowledge, promote positive attitudes, and the acquisitions of skills which enable them to make informed decisions about substances and their use. Science and other National Curriculum subjects and Religious Education also offer many teaching and learning opportunities.

It believes too that alternative strategies to the curriculum approach need to be in place. In addition to the drug education provided within the curriculum, the school offers guidance and support for pupils to explore their own attitudes and values as well as an opportunity to discuss any drug related problems they may have. This is generally achieved through the pastoral system within the school in which all staff have a vital role to play in information sharing; knowledge, attitude and skill acquisition; and advising students of the range of agencies and organisations where help is available.

The school also believes that whilst confidentiality is a desired attribute of staff relationships with students, the issue of substance misuse is too important to offer any guarantee of confidentiality. Where a student discloses to a member of staff that he or she is taking drugs, the staff member should make it clear that he or she can offer no guarantee of confidentiality. However the staff member can advise the student of other sources of confidential information or advice. Students should also be encouraged to talk to their parents.

The school does not believe that substance misuse should normally involve its sanction system. It considers its systems of support to be more appropriate. The school views persistent dealing in substances by students most seriously, however, and considers exclusion warranted in such circumstances.

AIMS

The school's substance misuse policy and strategy aims to;

- enable the school's student group to resist substance misuse,
- educate the student group of the health, social, psychological and moral dangers associated with substance misuse,
- support students with substance misuse problems to overcome them,
- take consistent action when substance misuse by students is discovered or judged to have occurred,
- promote the active liaison with all professionals, agencies and local initiatives with either a statutory or voluntary responsibility in the field,

- promote a climate in which students can discuss with staff their substance misuse experiences knowing they will be proactively supported and not judged, and
- provide parents with appropriate information in respect of the symptoms and signs of substance misuse, the likely physical evidence of substance misuse, and details of national and local helping agencies.

MANAGING DRUG RELATING INCIDENTS

Incidents involving substances may take the form of:

- emergencies/intoxication,
- discovery/observation,
- suspicion/rumour, and
- disclosure.

This policy and strategy describes school responses to these situations. In all instances, however, it is important that all staff acknowledge their potential role in influencing whether or not students experiment with substances, helping them stop if they've already started, and as an absolute minimum ensuring they are well informed.

Staff should:

- talk with students about their feelings on substances
- enable students to consider ways of refusing substances
- listen to students to find out their views and express their own
- show care and value for school students

Staff should not:

- lecture students
- preach
- try to scare

Disclosure

When a student discloses to a member of staff that he has been misusing substances, or is concerned about someone else's substance misuse staff should listen in a non-judgemental manner. Primary concern should be for the student's welfare.

Disclosure usually indicates a desire for help in eliminating the problem, although bravado in disclosure is not uncommon. It is vital that student's understand that confidentiality cannot be promised.

In all cases of disclosure parents/care givers should be informed and a Major Incident Record completed.

It may well be that staff will have to revisit the issue at an opportune time, to enable the student to consider engaging in accessing support.

Suspicion/Rumour

When it is suspected or rumoured that a student is involved in substance misuse those hearing the rumour should find an appropriate moment to raise the issue.

It may be that students will be initially unforthcoming and seek to deny misuse of substances. Discussion should be recorded on a Major Incident Form.

The need to revisit the issue will have to be assessed. If disclosure occurs the aim should be to enable the student to access support to stop misusing substances.

Discovery/Observation

When a student is discovered using, or holding a substance that is not permitted on school premises and which is described in this policy the student should be approached and if possible the substance confiscated. If student co-operation is unforthcoming the Police should be called. Parents/carers should be informed, and the incident recorded on a Major Incident Form.

In all cases of supply the Police will be informed.

Discussion with students should focus on accessing support to stop misusing substances.

Emergency situations/intoxication from substance use

Where a student is ill or behaving differently or oddly, or is drowsy or unconscious as a result of substance misuse or suspected substance misuse do not panic. Make sure the student has got fresh air, is laid in the recovery position, and not left alone.

Staff with first aid qualifications should be called, and the student not left alone. The student should be placed in the recovery position in a quiet area. In situations judged emergencies the student should be hospitalised. The parents and police should be informed. A Major Incident Record should be completed and evidence gathered as to whether and what substance has been taken. Any clues as to what has been misused should be given to ambulance staff.

ENTITLEMENTS

The school and its staff are entitled to:

- support from students, parents/carers, governors and the CSA in implementing this policy,
- have their awareness of the issue of substance misuse raised,
- be aware of the school policy and strategy,

- be trained in the recognition of substance misuse, and their knowledge of substances, and
- a framework of operation which encompasses, procedures, training, monitoring, and record keeping.

School Governors are entitled to:

- guidance from the CSA on policy and strategy,
- be informed about the extent of misuse of substances at the school, and
- support from the CSA, parents, and staff in implementing the policy.

Students are entitled to:

- a safe, secure, non-oppressive working environment free from the pressures of being offered substances for misuse,
- be aware of the policy and strategy and how it relates to them,
- be treated non-judgemental when they disclose substance misuse, and have knowledge that they will be supported in accessing help, and
- know that all staff are knowledgeable in respect of substances and their misuse.

Parents/Carers are entitled to:

- know the policy and strategy on substance misuse,
- be informed about incidents of substance misuse and be involved in accessing support for their child,
- know that their child will be supported in all aspects of substance misuse, and
- gain from the school information about identifying symptoms of substance misuse, and knowledge about particular substances.

The CSA is entitled to:

- know the school's policy and strategy on substance misuse,
- be informed of incidents of substance misuse, and
- offer guidance and advice to the school in respect of substance misuse.

RESPONSIBILITIES

The school and its staff are responsible for:

- reporting incidents of substance misuse to parents/carers, and where appropriate the police and other agencies and professionals,
- reporting incidents of substance misuse to the governing body and CSA,
- developing a policy and strategy on substance misuse which reflects advice from the CSA and other sources,
- implementing, communicating, publishing, monitoring, evaluating and reviewing the school policy and strategy,
- ensuring that the school responds as proactively as possible to gain support for students wishing to access help in respect of substance misuse,
- deploying an appropriate amount of its budget share into acquiring appropriate resources and training for staff,
- providing information about substance and their misuse to parents/carers, and
- doing everything possible to prevent substance misuse in school.

School Governors are responsible for:

- ensuring the school has a policy and strategy in respect of substance misuse which reflects advice from the CSA and other sources,
- monitoring incidents of substance misuse at the school, and
- making appropriate resources available for the policy and strategy to be fully implemented.

Students are responsible for:

- ensuring that they adhere to school policy and strategy in respect of substance misuse.

Parents/Carers are responsible for:

- ensuring that they support the creation and maintenance of substance misuse free school environment,
- support the school substance misuse policy and strategy,
- acting as good role models,
- encourage attitudes which avoid the misuse of substances by their children, and
- working with the school and other agencies in a supportive role where substance

misuse is proven.

The CSA is responsible for:

- providing support, guidance, advice and information in respect of substance misuse,
- facilitating opportunities for training in respect of substance misuse, and
- monitoring information received from the school in respect of incidents of substance misuse.

REVIEW

This policy will be reviewed annually and in the light of any incident that may occur related to this policy and strategy that necessitates an immediate different response to that described.

P. Jonson, June 1998

Latest revision June 2006

SIGNS AND SYMPTOMS OF DRUG USE

- Marked and uncharacteristic mood swings, aggression and apathetic behaviour.
- Truancy and lateness for school, college, work etc.
- Deterioration in personal hygiene and dress.
- Covering suspicious behaviour by lying, being vague etc.
- Unusual conflict with authority figures.
- Sudden and marked change of habits, loss of purpose in life, lacking motivation or goals.
- Excessive borrowing of money.
- Stealing from family, friends, school, shops work etc.
- Selling of own property with little or nothing to show for it.
- Furtive telephone calls and use of drug slang.
- Many short visits from new or older friends and many short excursions away from home.
- Wearing dark glasses even in dull weather.
- Short-term memory loss and deterioration in performance.
- Loss of concentration and loss of co-ordination.
- Poor appetite and weight loss, or eating binges.
- Suffering a succession of colds and episodes of 'flu' which may persist for an unusually long time.
- Depression, shyness and poor self-image.
- Spending time away from home, usually overnight.
- Excessive sleeping, usually after time away from home.
- Drunken behaviour and slurred speech.

NOTE: Many of the above may simply be normal signs of adolescence or due to some other cause rather than drug use. It will be wise to make further investigations.

PHYSICAL EVIDENCE OF POSSIBLE DRUG USE

- Cigarette lighters, matches and candles (especially if non smoker).
- Knives, metal foil, drinks cans and bottle tops discoloured by heat.
- Funnels, outer covers of match boxes and large straws.
- Clay, wooden, glass or ceramic long stemmed pipes (chillums).
- Home made hubble bubble pipes (bhongs).
- Large cigarette rolling papers, short cardboard tubes (roaches).
- Cigarette rolling paper packets with prices torn from them.
- Razor blades, modelling knives or scalpel blades.
- Cigarette filters, cotton wool.
- Spoons discoloured by heat, often with a bent stem.
- Lemon juice, vinegar, ascorbic and citric acid.
- Tourniquets, syringes, needles, swabs, filters and water or drug ampoules.
- Folded five centimetre squares of paper (wraps or deals).
- Coloured powders, sets of scales.
- Lighter fuel, lighter gas, hair sprays, spray deodorants, solvent glues, spray polishes, correcting fluids and dry cleaning fluids.
- Plastic bags, crisp packets, drink cans and clothing that smell of solvents.
- Use of strongly scented products.
- All pills, tablets, capsules, powders and dried plant material.
- Very small mushrooms, often dried.
- Very small stamp-like paper squares and coloured motifs printed on them (trips or tabs).
- Bottles with the bottom cut off and plastic bag attached to the base (a lung for smoking cannabis).

NOTE: There may be perfectly rational explanations for possession of some of the above. You will need to check out your findings with an expert before making any assumptions or accusations.

EMERGENCY ACTION FOR ALL MEMBERS OF THE SCHOOL COMMUNITY

Drugs affect everyone differently and sometimes people can suffer a bad reaction. If trained staff are not available dial 999. Here's how to help before an ambulance arrives.

If someone becomes drowsy:

- Call an ambulance immediately.
- Place them in the recovery position (see recovery position section).
- Keep them awake and keep them talking but do not shake them.
- Never give them coffee as this can make the drug work faster.

If someone becomes tense, shows fear or panic

- Take them to a quiet place away from noise and crowds.
- Calm them down and tell them everything is okay and their feelings of fear will pass.
- Encourage them to breathe deeply and relax. If their breathing becomes erratic get help immediately.

If someone gets too hot and dehydrates

- Take them to a cooler area, possibly outside, away from crowds and noise.
- Remove any extra clothing.
- Get them to sip water or juice. Do **not** give them too much water as this can be dangerous.

If someone becomes unconscious

- Call for help and an ambulance immediately but do **not** leave them on their own.
- Check for breathing.
- If they are still breathing, make sure their airway is clear and place them in the recovery position (see recovery position section).
- Loosen any tight clothing and jewelry from their neck.
- Try to keep them warm but not too hot.
- Do **not** give them any fluids if they are slipping in and out of consciousness as choking can easily happen.

If someone is overdosing or convulsing

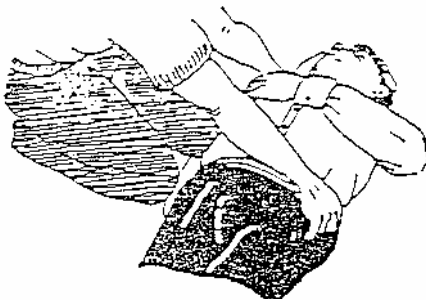
- Call for an ambulance immediately.
- Make sure mouth and airway are clear and no foreign bodies/dentures/vomit are blocking the airway.
- Place in the recovery position with something like a jacket or pillow under the head.
- Do **not** leave the person alone, but clear the surrounding area of dangerous objects.

THE RECOVERY POSITION



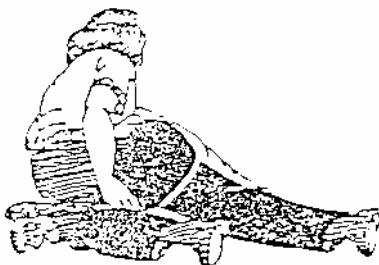
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- Turn the face towards you
- Tilt the head backwards and move the jaw forward to ensure that the air-way remains open



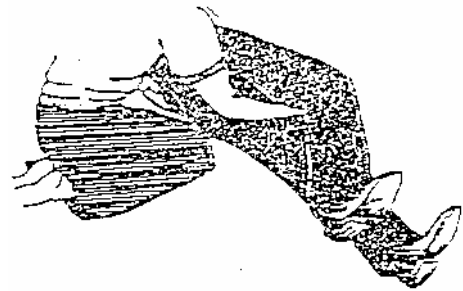
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- Support the head and grip the clothing at the hip
- Roll the casualty towards you until he/she rests against your knees



5

- Bend the uppermost leg and bring well forward to support the body



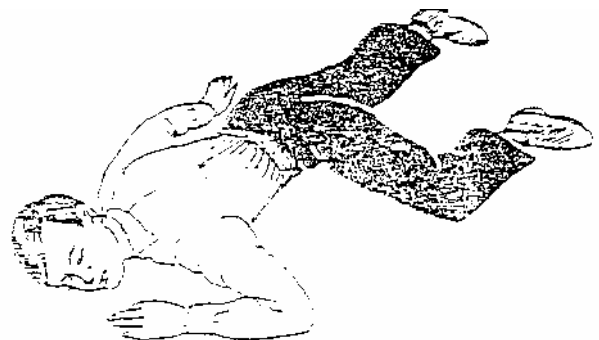
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- Place the arm nearest to you by the casualty's side, then slide the hand, palm upwards, under the buttock.
- Bend the other arm and lay it across the chest
- Lift the far leg and bringing it towards you cross it over the leg nearest you



4

- Check that the air-way remains open
- Keeping the uppermost arm bent, move it out from the body to act as a support



6

- Free the other arm to let it lie alongside the body

PSHE AREAS OF STUDY FOR DRUGS EDUCATION PROGRAMMES

KEY STAGE 3

KNOWLEDGE & UNDERSTANDING	SKILLS	ATTITUDES
<ul style="list-style-type: none"> · School rules relating to medicines, alcohol, solvents, cigarettes and illegal drugs · Information about drugs, their effects and health risks · Scientific terminology, eg. abuse, addiction, withdrawal, overdose · Categories of drugs · The law relating to drugs · The misuse of drugs in sport · The effects of different levels of intake of alcohol · Advice and support, helplines, and organisations 	<ul style="list-style-type: none"> · Identifying health risks · Communicating with peers, parents and professionals · Decision making and consequences · Requesting advice and support · Giving and securing help, eg. first aid · Safety procedures when using medicines · Identifying and understanding pressures and influences · Personal strengths and weaknesses · Handling social relationships 	<ul style="list-style-type: none"> · Attitudes and beliefs amongst different groups of society · Impact of the media and advertising · Attitudes towards drugs and laws relating to drugs · Responsibility for your own actions · Responsibility for your own and other's safety. · Recognition of yourself as a role model · Alternatives ways to spend your leisure time

KEY STAGE 4

KNOWLEDGE AND UNDERSTANDING	SKILLS	ATTITUDES
<ul style="list-style-type: none"> · School rules relating to medicines, alcohol, solvents, cigarettes and illegal drugs · Information about drugs including their legal status, effects and appearance · Personal, social, financial, biological and psychological effect of drug misuse · Patterns of drug misuse and the impact on the community and wider society · Dangers associated with particular drugs, mixing drugs, environment and mood · Drug policy in this country · Legal responsibilities and rights · The services provided by local and national advice and support agencies 	<ul style="list-style-type: none"> · Personal self-appraisal · Handling personal and social relationships · Identifying and understanding pressures and influences · Identifying and assessing risks, including emotional and lifestyle consequences · Communicating with peers, parents and professionals · Making choices and knowing the consequences · Decision making and assertiveness · Managing conflict and aggressive behaviour · Requesting advice and support · Giving First Aid 	<ul style="list-style-type: none"> · Social and cultural influences on young people · Making choices and knowing the consequences · Attitudes towards drugs, drug users and misusers, drug pushers, and laws in relation to drugs, including licensing laws · The role of the media in influencing attitudes towards drug use · Individual's responsibilities for their own actions · Alternative social and leisure pursuits

CROSS CURRICULUM APPROACHES FOR DRUGS EDUCATION PROGRAMMES

Although substance misuse education is a key aspect of PSHE throughout years 7-11, many subjects offer opportunities to cover the issue.

Science can provide opportunities for pupils to learn:

- how the abuse of alcohol, solvents and other drugs affects health
- the body's natural defences may be enhanced by immunisation and medicines
- how smoking affects lung structure and gas exchange
- about the effects of solvents, alcohol, tobacco and other drugs on body functions

The subject also provides opportunities to teach pupils to assess evidence and draw conclusions. The fact that drug education is specifically mentioned in the science order does not mean that science teachers alone should provide drug education. Other National Curriculum subjects, and religious education, offer opportunities to cover the topic. e.g.:

English can provide opportunities for students to:

- explore relevant issues through literature;
- develop communication skills, for example in formulating, clarifying and expressing ideas and arguments;
- develop inter-personal skills through drama or role play;
- make considered use of a range of reference materials.

Religious education can provide opportunities for students to:

- develop their understanding of moral issues;
- develop the skills to express their own views clearly;
- consider the individual, social and moral consequences of actions.

Design and technology can provide opportunities for students to:

- develop awareness of safety, hazards and risks (for example through the safe handling of volatile materials, including solvents and glues);
- use information sources to assess the risk of unfamiliar materials;
- take responsibility for the consequences of their actions for themselves and others.

Geography can provide opportunities for students to:

- develop an understanding of the social, economic and environmental effects of drug production;
- consider the impact of drug-related activities (including crime) on localities.

Physical education can provide opportunities for students to:

- develop positive attitudes towards health;
- develop safety awareness.

CONTROLLED DRUGS & THE LAW

Class A, B and C drugs

The different kinds of illegal drugs are divided into three different categories, or classes. These classes (A, B and C) carry different levels of penalty for possession and dealing.

What's new

The legal status of fresh magic mushrooms has been changed. Now fresh mushrooms, as well as prepared ones, are class A drugs and are illegal.

Penalties for possession and dealing

	Possession:	Dealing:
Class A		
Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection)	Up to seven years in prison or an unlimited fine. Or both	Up to life in prison or an unlimited fine. Or both
Class B		
Amphetamines, Methylphenidate (Ritalin), Pholcodine	Up to five years in prison or an unlimited fine. Or both	Up to 14 years in prison or an unlimited fine. Or both
Class C		
Cannabis, tranquilisers, come painkillers, Gamma hydroxybutyrate (GHB), Ketamine	Up to two years in prison or an unlimited fine. Or both	Up to 14 years in prison or an unlimited fine. Or both

Class A, B and C drugs are termed as controlled substances under the Misuse of Drugs Act 1971, with Class A being those considered most harmful.

The misuse of drugs act states that it is an offence to:

1. Possess a controlled substance unlawfully
2. Possess a controlled substance with intent to supply it
3. Supply or offering to supply a controlled drug (even where no charge is made for the drug)
4. Allow premises you occupy or manage to be used for the purpose of drug taking

Drug trafficking attracts serious punishment, including life imprisonment for Class A offences. To enforce this law the police have special powers to stop, detain and search people under the 'reasonable suspicion' that they are in possession of a controlled drug.

OTHER DRUGS & THE LAW**Alcohol**

- Illegal for an adult to buy alcohol for consumption by a person under 18.
- Illegal to sell alcohol to a person under 18.
- Illegal for a person under 18 to consume or be supplied with alcohol in bars or work there.
- Illegal for a person under 18 to buy alcohol from off-licences.
- Children 14 and over may be allowed in a bar or licensed premises during permitted hours.
- Young people between 16-18 may be supplied with and consume beer, cider or Perry with a meal in a dining area.
- Children 5 and over can be given, and consume, alcohol for consumption away from licensed premises.
- Simple drunkenness in a public place is an offence.

Tobacco

- Legal to buy, possess, use at any age.
- Illegal to sell to persons under 16.
- Illegal to sell outside of original packaging.

Solvents and Other Volatile Substances

- Illegal to provide the materials for solvent misuse to under 18's if the supplier knows, or has reasonable cause to believe, the materials are to be used for the purposes of causing intoxication.
- Legal to buy, possess or use.

Alkyl Nitrates (Poppers)

- Legal to buy, possess or use.

Magic Mushrooms

- Legal to possess or use in their natural state.
- Illegal (a Class A drug) when prepared in any way.

Tranquillisers

- Legal to possess without a prescription apart from Temazepam and Rohypnol.
- Illegal to supply or sell to others.

Anabolic Steroids

A number of steroids are Class C drugs, this will mean, as with tranquillisers, they are only legally available on prescription for medical use.

GLOSSARY OF DRUG TERMS

Addiction	Implies that a drug dependency has developed that has serious detrimental effects on the user.
Analgesic	Pain killer.
Benzodiazepines	Minor tranquillisers such as Temazepam or Valium.
Dependence	A compulsion to take a drug to feel good or to avoid feeling bad. Associated with drug taking to avoid withdrawal (physical dependence).
Depressant	A drug such as alcohol or solvents, which suppresses neural activity.
Detoxification	The process by which a user withdraws from the effects of a drug, this can be self or agency-driven.
Flashbacks	Hallucinations which occur a long time after a drug (usually LSD or Magic Mushrooms) has ceased to be used.
Hallucinogenic	A drug which changes perception of sensory information, this can be visual, auditory or emotional.
Harm Reduction	Services available to people aimed at reducing the risks of using drugs.
Opiates	Drugs derived from the opium poppy (mainly Morphine, Codeine and Heroin).
Opioids	Synthetics such as Methadone and Pethidine.
Over the Counter (OTC)	Drugs available without prescription.
Overdose	The use of drugs in such quantities that immediate adverse physical or mental effects occur. Can be deliberate or accidental; lethal or non-lethal.
Paraphernalia	The equipment used in drug taking.
Pharmaceutical Drugs	Drugs available from chemists on prescription or over the counter.
Polydrug Use	Using more than one drug with the intention of enhancing or countering the effects of another. Polydrug use may occur, however, because the users regular choice of drug is unavailable or too expensive at the time.
Problematic Drug Use	Drug use which causes harm either physical, psychological or social to the user or others.
Recreational Drug Use	The use of drugs for pleasure or leisure.
Stimulant	Those drugs such as amphetamine which act on the central nervous system to increase neural activity.
Tolerance	A term to describe the process by which the body gets used to repeated doses of a drug. The user may respond by increasing the dose to get and maintain an effect.
Treatment	Any action intended to influence or ameliorate drug taking behaviour.
Volatile Substances	Refers to all solvents and inhalants.
Withdrawal	The body's reaction to the sudden absence of a drug to which it has adapted.

SLANG TERMS FOR DRUGS

In addition to the professional terms there are a number of slang names for different drugs in common usage. The following list is not exhaustive and the words do change across localities and across time for example, tabs, peev and tack will mean little to anyone south of Middlesbrough or north of Northumberland.

The best way to keep informed is to ask the groups with whom you are working. Apart from geographical and temporal differences, it is important to remember the speaker's shared context and experience affects language e.g. dope, gear, shit or stuff means cannabis to a cannabis user, heroin to a heroin user. Such generic terms are the most common.

SLANG TERMS

Alcohol	Peev, booze, hooch.
Amphetamines	Speed, Whizz, Phet.
Amyl Nitrate	Poppers.
Cannabis	Tac and Blow are the most common but there are many names to describe Cannabis Resin and Herbal Cannabis. Some names refer to how it looks i.e. squidgy black, to the weight it is measured in i.e. a tenth (a sixteenth of an ounce) or to the way it is used i.e. a spliff is a cannabis cigarette; a lung, cloud, bong, bucket or dirty bag is a home-made device made from a plastic bottle.
Cocaine	Coke, Snow.
Crack	Rocks (Freebase Cocaine).
Ecstasy	E, Dove, Mitsubishi, Cowie, disco biscuit/burger, etc.
Heroin	White, Brown, Smack, Scag. Injecting Heroin is sometimes referred to as pinning or digging.
Ketamine	Ket, special K, K.
LSD	Acid, Trips.
Liberty Cap	Magic Mushrooms, Mushies.
Tranquillisers	Usually referred to by a derivative of their trade name, e.g. roofies for Rohypnol; temmies or mazzies for Temazepam (including valium, Librium and mogadon (minor tranquillisers). Beware, however, because some young people refer to all prescription pills as wobs or wobbly eggs. This is because Temazepam used to come in egg-shaped capsules.

SUBSTANCE: CANNABIS

WHAT DOES IT LOOK LIKE?

- *dried leaves,*
- *solid brown lump of resin.*

WHAT ARE ITS STREET NAMES?

- Tac, weed, pot, grass, ganja, hash, herb, skunk, draw and gangster.

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *smoked in pipe or mixed with tobacco in joint, reefer or spliff,*
- *eaten, or made into a drink*
- *resin used in buckets made from plastic bottles, or lungs made from plastic bottles and polythene.*

HOW IS IT OBTAINED OR BOUGHT?

- *dealers.*

WHAT DOES IT COST?

- *commonly £10 a deal.*

WHAT ARE ITS EFFECTS & RISKS?

- *quick effect - relaxes, cheers and makes talkative often with heightened appreciation of sound and colour.*
- *can also cause sudden hunger.*
- *has a high tar factor - so inhaling can cause bronchitis and lung cancer.*
- *potential dependency.*

WHAT IS ITS LEGAL STATUS?

- *class C drug.*

SUBSTANCE: AMPHETAMINES

WHAT DOES IT LOOK LIKE?

- *white or greyish white powder/tablet.*

WHAT ARE ITS STREET NAMES?

- *speed, Uppers, Whizz, Billy or Sulphates.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *usually sniffed or in tablet form swallowed, also injected.*

HOW IS IT OBTAINED OR BOUGHT?

- *dealers.*

WHAT DOES IT COST?

- *£5*

WHAT ARE ITS EFFECTS & RISKS?

- *extra energy short term - followed by downer next day.*
- *mood swings, temper tantrums, irritability and restlessness.*
- *persistent or heavy use can cause insomnia, paranoia and confusion. Users become run down through lack of sleep.*

WHAT IS ITS LEGAL STATUS?

- *Class B drug.*
- *in injected form class A.*

SUBSTANCE: LSD

WHAT DOES IT LOOK LIKE?

- *a small paper square/circle the size of a finger nail.*
- *also pills, tablets or capsules.*

WHAT ARE ITS STREET NAMES?

- *acid, Trips, Tab, Blotters or Dots.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *swallowed - the effect called a trip takes 30 mins to occur and may last hours.*

HOW IS IT OBTAINED OR BOUGHT?

- *dealers.*

WHAT DOES IT COST?

- *£5*

WHAT ARE ITS EFFECTS & RISKS?

- *Makes users hallucinate - see things that are not there and have 'flash backs'*
- *sense of time, place, sound, and colour can be mixed up.*
- *accidents likely to happen during trips.*
- *danger increased riding a bike, driving a car etc.*

WHAT IS ITS LEGAL STATUS?

- *Class A*

SUBSTANCE: POPPERS (ALKYL NITRATE)

WHAT DOES IT LOOK LIKE?

- *gold liquid in brown bottles.*

WHAT ARE ITS STREET NAMES?

- *liquid Gold, Hi-Tech or Rave.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *sniffed directly or from a rag soaked in it.*

HOW IS IT OBTAINED OR BOUGHT?

- *from sex shops, market stall and some clothes, record and souvenir shops.*

WHAT DOES IT COST?

- *£5*

WHAT ARE ITS EFFECTS & RISKS?

- *heightens sexual arousal.*
- *effects immediate but brief.*
- *blood pressure reduced, heart beat quickens.*
- *possible headaches and sickness.*

WHAT IS ITS LEGAL STATUS?

- *poppers are medicinal products, controlled by the Medicine Act.*
- *sale other than by doctors and pharmacists is illegal.*

SUBSTANCE: TRANQUILLISERS

WHAT DOES IT LOOK LIKE?

- *pills or lozenges.*

WHAT ARE ITS STREET NAMES?

- *Valium, Librium, Activan, Temazepam or Jellies or Wobbly Eggs.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *swallowed or injected.*

HOW IS IT OBTAINED OR BOUGHT?

- *stolen from pharmacy's or legitimate users.*
- *dealers.*

WHAT DOES IT COST?

- *£5 - 10 a pill*

WHAT ARE ITS EFFECTS & RISKS?

- *relieves anxiety, but in large doses can cause drowsiness and therefore particular problems with driving and operating machines.*
- *tolerance develops quickly.*
- *dependency and in large quantities death, especially dangerous when used with alcohol.*

WHAT IS ITS LEGAL STATUS?

- *class C drug.*
- *illegal to supply them or sell them.*

SUBSTANCE: CRACK

WHAT DOES IT LOOK LIKE?

- *small crystals the size of raisins.*

WHAT ARE ITS STREET NAMES?

- *rock, wash or stone.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *smoked.*

HOW IS IT OBTAINED OR BOUGHT?

- *a form of cocaine treated with chemicals.*
- *bought from dealers.*

WHAT DOES IT COST?

- *£10*

WHAT ARE ITS EFFECTS & RISKS?

- *initial euphoria replaced by unpredictability restlessness, nausea, insomnia and weight loss.*
- *can cause various breathing problems and pains in chest.*

WHAT IS ITS LEGAL STATUS?

- *class A drug - illegal to possess, sell or give away.*

SUBSTANCE: MAGIC MUSHROOMS (PSILOCYBE OR LIBERTY CAP MUSHROOM)

WHAT DOES IT LOOK LIKE?

- *a small toadstool.*

WHAT ARE ITS STREET NAMES?

- *magic mushroom.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *eaten raw, cooked, brewed into a tea or preserved by drying.*

HOW IS IT OBTAINED OR BOUGHT?

- *picked or bought from dealers.*

WHAT DOES IT COST?

- *£5*

WHAT ARE ITS EFFECTS & RISKS?

- *happiness and detachment for 2-3 hours and maybe 9 hours.*
- *followed by anxiety and panic.*
- *sickness, vomiting and stomach pains common.*
- *biggest danger picking the wrong ones.*

WHAT IS ITS LEGAL STATUS?

- *raw totally legal.*
- *once processed a class A drug.*

SUBSTANCE: HEROIN

WHAT DOES IT LOOK LIKE?

- *white or brown powder.*

WHAT ARE ITS STREET NAMES?

- *smack, junk, H, skag , brown or horse.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *injected, sniffed or smoked.*

HOW IS IT OBTAINED OR BOUGHT?

- *dealers.*

WHAT DOES IT COST?

- *initially very cheap (£5-£10), price escalates once user is addicted*

WHAT ARE ITS EFFECTS & RISKS?

- *produces feeling of warmth and drowsy happiness/contentment.*
- *first time users of this feel nausea and vomit.*
- *tolerance and physical dependence quick to develop.*
- *psychological and physical addiction.*
- *overdosing - coma and possible death.*

WHAT IS ITS LEGAL STATUS?

- *class A drug.*

SUBSTANCE: BARBITURATES

WHAT DOES IT LOOK LIKE?

- *tablets but also available as ampoules, suppositories, capsules or syrup.*

WHAT ARE ITS STREET NAMES?

- *barbs, downers, blues, reds or sekkies.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *swallowed or injected.*
- *risks are greatly enhanced if injected.*

HOW IS IT OBTAINED OR BOUGHT?

- *commonly prescribed by doctors as sleeping pills, there is a subsequent black market.*

WHAT DOES IT COST?

- *£5-10 a pill*

WHAT ARE ITS EFFECTS & RISKS?

- *in small doses a relaxant, in large doses produces drunken effect - slurred speech, clumsiness, and unconsciousness.*

WHAT IS ITS LEGAL STATUS?

- *class B drugs only available on prescription, but rarely so because of risk of overdose.*

SUBSTANCE: ECSTASY

WHAT DOES IT LOOK LIKE?

- *white, pink, brown or yellow tablets.*

WHAT ARE ITS STREET NAMES?

- *diamonds, dennis the menace, disco burgers, fantasy, dores, E, adam, eve, pink skids, uniteds or disco biscuits.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *swallowed.*

HOW IS IT OBTAINED OR BOUGHT?

- *dealers - often at raves and dances.*

WHAT DOES IT COST?

- *£2 - 3*

WHAT ARE ITS EFFECTS & RISKS?

- *stimulant.*
- *rush followed by a feeling of calm and well being.*
- *causes dehydration, and rise in body temperature.*
- *some users feel sick and experience stiffening of arms, legs and jaw.*
- *high regular dosage can cause anxiety, panic attacks, paranoia and insomnia.*

WHAT IS ITS LEGAL STATUS?

- *Class A drug*

SUBSTANCE: COCAINE

WHAT DOES IT LOOK LIKE?

- *white powder.*

WHAT ARE ITS STREET NAMES?

- *coke, charlie or snow.*

METHOD OF USE & ASSOCIATED PARAPHERNALIA:

- *sniffed up nose through tube or injected or smoked.*

HOW IS IT OBTAINED OR BOUGHT?

- *dealers.*

WHAT DOES IT COST?

- *£10-£20*

WHAT ARE ITS EFFECTS & RISKS?

- *creates feeling of well being, decreased hunger.*
- *indifference to pain and tiredness and increases confidence.*
- *dependency, need to increase dosage.*
- *euphoria is replaced by restlessness, nausea, insomnia and weight loss.*
- *repeated sniffing damages nostril membranes.*

WHAT IS ITS LEGAL STATUS?

- *class A drug.*

NATIONAL ORGANISATIONS THAT CAN HELP

NATIONAL DRUGS HELPLINE/FRANK www.talktofrank.com **Tel. 0800 77 66 00**
Offers free and confidential advice about drugs all day, every day and can refer you to local drug services.

ADFAM **Tel. 0171 928 8900**
(10.00 am – 5.00 pm Monday – Friday) **Fax. 0171 928 8923**
Confidential service if friends or a family member are having a drug problem.

RELEASE www.release.org.uk **Tel. 020 7729 9904**
(24 Hour Confidential Emergency Hotline) **Fax. 020 7729 2599**
Legal advice and support for those arrested or excluded from school for drug use.

DRINKLINE **Tel. 0800 917 8282**
Gives free confidential information and advice and can put you in touch with your local alcohol advice centre for one to one help.

DRUGSCOPE www.drugscope.org.uk **Tel. 020 7928 1211**
Offers general information about drugs and policy.

ALCOHOL CONCERN www.alcoholconcern.org.uk **Tel. 020 7928 7377**
Offers general information about alcohol. Call to find your nearest alcohol advisory service.

FAMILIES ANONYMOUS www.famanon.org.uk **Tel: 0845 1200 660**
Fax: 020 7498 1990
For relatives and friends concerned about the use of drugs or related behavioural problems.

PARENTS AGAINST DRUG ABUSE (PADA) www.btinternet.com/~padahelp/ **Tel: 0345 023 867**
Helpline for the parents and families of drug misusers.

RE-SOLV www.re-solv.org.uk **Tel: 0808 800 2345**
(9.00 am – 5.00 pm Monday – Friday)
Free national helpline to provide information and support regarding solvent or volatile substance misuse.

LOCAL HELP, ADVICE AND INFORMATION

(Durham and Chester-le-Street)

DRUG ARREST REFERRAL SCHEME

Tel: 191 383 94 20

Offers advice, information and support about drugs and alcohol use to people who have been arrested for whatever reason.

DISC – OUT THERE PROJECT

Tel: 0191 384 2785

Fax: 0191 386 9192

This is a peer led drug education project and works by young people talking to other young people about drugs.

NORTH EAST COUNCIL ON ADDICTION (NECA)

Tel: 0191 383 0331

Free and confidential service for drug and alcohol users and their families.

DRUGS IN SPORT CLINIC AND USER SUPPORT (DISCUS)

Tel: 0191 333 6381

Chester-le-Street Health Centre – Thursday 5.00 pm – 7.00 pm

Offers information and support for performance enhancing drug users. This includes health checks, ECG monitoring, harm minimisation, individually tailored dietary programmes and referral to appropriate treatment agencies.

LIBERTY FROM ADDICTION www.communigate.co.uk

Tel: 07931 150 212

(24 hour information service)

Practical advice and support for parents who are experiencing drug dependency problems with their children.

HARM MINIMISATION SERVICES

Tel: 07747 865 604

Harm minimisation and mobile needle exchange service. Open access to services for injecting drug users to provide support, advice and clean injecting equipment.

END HOUSE – Claypath, Durham City

Tel: 0191 383 1414

Offers advice support and counselling for young people on all matters concerning them, **not just drugs**.

SMOKING CESSATION

Tel: 0191 301 1300

Offers advice and support and information for those wishing to stop smoking.

LOCAL HELP, ADVICE AND INFORMATION

(Derwentside)

DRUG ARREST REFERRAL SCHEME

Tel: 191 383 94 20

Offers advice, information and support about drugs and alcohol use to people who have been arrested for whatever reason.

DISC – OUT THERE PROJECT

Tel: 0191 384 2785

Fax: 0191 386 9192

This is a peer led drug education project and works by young people talking to other young people about drugs.

DRUGS IN SPORT CLINIC AND USER SUPPORT (DISCUS)

Tel: 0191 333 3550

Tel: 07747865604

Chester-le-Street Health Centre – Thursdays 5.00 pm – 7.00 pm

Offers information and support for performance enhancing drug users. This includes health checks, ECG monitoring, harm minimisation, individually tailored dietary programmes and referral to appropriate treatment agencies.

HARM MINIMISATION SERVICES

Tel: 07747 865 604

Harm minimisation and needle exchange service. Open access to services for injecting drug users to provide support, advice and clean injecting equipment.

FRASIER HOUSE

Tel: 01207 581 922

Derwentside NECA/Health and Social Services – Palmerston Street, Consett

Advice, support and treatment for people with dependencies on drugs, alcohol and gambling. NECA also provide support for families of people with dependencies.

SMOKING CESSATION

Tel: 0191 301 1300

Offers advice and support and information for those wishing to stop smoking.

LOCAL HELP, ADVICE AND INFORMATION

(Easington)

DRUG ARREST REFERRAL SCHEME

Tel: 191 383 94 20

Offers advice, information and support about drugs and alcohol use to people who have been arrested for whatever reason.

DISC – OUT THERE PROJECT

Tel: 0191 384 2785

Fax: 0191 386 9192

This is a peer led drug education project and works by young people talking to other young people about drugs.

DRUGS IN SPORT CLINIC AND USER SUPPORT (DISCUS)

Tel: 0191 333 6381

Chester-le-Street Health Centre – Thursday 5.00 pm – 7.00 pm

Offers information and support for performance enhancing drug users. This includes health checks, ECG monitoring, harm minimisation, individually tailored dietary programmes and referral to appropriate treatment agencies.

EASINGTON SUBSTANCE MISUSE INITIATIVE (ESMI)

Floor 3, Lee House, Yoden Way, Peterlee SR8 1BB

1st Floor, 5-6 Adelaide Row, Seaham SR7 7EF

Tel: 0191 587 2194

Tel: 0191 581 6833

Counselling, advice, support and treatment for drug users and their families. Provides information and advice regarding harm minimisation and needle exchange services in the area.

SMOKING CESSATION

Tel: 0191 586 6681

Offers advice and support and information for those wishing to stop smoking.

LOCAL HELP, ADVICE AND INFORMATION

(Wear Valley and Teesdale)

DRUG ARREST REFERRAL SCHEME

Tel: 191 383 94 20

Offers advice, information and support about drugs and alcohol use to people who have been arrested for whatever reason.

DISC – OUT THERE PROJECT

Tel: 0191 384 2785

Fax: 0191 386 9192

This is a peer led drug education project and works by young people talking to other young people about drugs.

DRUGS IN SPORT CLINIC AND USER SUPPORT (DISCUS)

Tel: 0191 333 6381

Chester-le-Street Health Centre – Thursdays 5.00 pm – 7.00 pm

Offers information and support for performance enhancing drug users. This includes health checks, ECG monitoring, harm minimisation, individually tailored dietary programmes and referral to appropriate treatment agencies.

HARM MINIMISATION SERVICES

Tel: 07876 597 109

Harm minimisation and needle exchange service. Open access to services for injecting drug users to provide support, advice and clean injecting equipment.

24 HOUR NEEDLE EXCHANGE (7 days a weeks)

A & E Department, Bishop Auckland General Hospital
(Harm Minimisation Service – Tuesdays 9.00 am – 12 noon)

CASTLE BRIDGES

Tel: 01388 609 221

42 The Market Place, Bishop Auckland DL14 7PB
Support and advice for young people who use drugs and alcohol.

SMOKING CESSATION

Tel: 01388 458 835

Offers advice and support and information for those wishing to stop smoking.

LOCAL HELP, ADVICE AND INFORMATION

(Sedgefield)

DRUG ARREST REFERRAL SCHEME

Tel: 191 383 94 20

Offers advice, information and support about drugs and alcohol use to people who have been arrested for whatever reason.

DISC – OUT THERE PROJECT

Tel: 0191 384 2785

Fax: 0191 386 9192

This is a peer led drug education project and works by young people talking to other young people about drugs.

DRUGS IN SPORT CLINIC AND USER SUPPORT (DISCUS)

Tel: 0191 333 6381

Chester-le-Street Health Centre – Thursdays 5.00 pm – 7.00 pm

Offers information and support for performance enhancing drug users. This includes health checks, ECG monitoring, harm minimisation, individually tailored dietary programmes and referral to appropriate treatment agencies.

HARM MINIMISATION SERVICES

Tel: 07876 597 109

Harm minimisation and needle exchange service. Open access to services for injecting drug users to provide support, advice and clean injecting equipment.

ORBIT 20

Tel: 01388 817 330

20 High Street, Spennymoor, Durham DL16 1QG

Works with young people aged 16-25 whose lives are being affected by drugs, they can help with housing, benefits, employment, training, health, family and personal safety.

COMMUNITY ADDICTIONS TEAM

Tel: 01325 300 427

Dalton Way Health Centre, Newton Aycliffe

Monday – Friday 9.00 am – 5.00 pm

Offers individual counselling, information and support for families and carers and needle exchange facilities.

SMOKING CESSATION

Tel: 01429 880 888

Offers advice and support and information for those wishing to stop smoking.