

A QUICK GUIDE TO **Drugs & Alcohol**

THIRD EDITION

by the National Drug and Alcohol Research Centre (NDARC)

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Health



NEW SOUTH WALES

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ABOUT DRUGS

Drugs are substances that change a person's physical or mental state.

The vast majority of drugs are used to treat medical conditions, both physical and mental. Some, however, are used outside the medical setting for their effects on the mind. These are referred to as recreational drugs, and many of them are illegal in Australia.

Psychoactive drugs

Drugs that affect a person's mental state, whether prescribed for a medical condition (for example, antidepressants) or taken for recreational purposes (such as alcohol and heroin), are called psychoactive drugs. Psychoactive drugs affect the way a person thinks and feels—which may also affect the way they behave.

The most commonly used legal psychoactive drugs in Australia, apart from drugs taken on prescription, are alcohol and tobacco. The most commonly used illegal psychoactive drug is cannabis (marijuana).

Categories of psychoactive drugs

Psychoactive drugs are divided into three main categories:

- **Depressants** slow down the activity of the central nervous system (the brain and spinal cord), which reduces a person's alertness, and also slows down functions such as breathing and heart rate. Examples of depressants are alcohol, heroin, cannabis, the prescription drug group of benzodiazepines and other prescription tranquilisers.
- **Stimulants** increase the activity of the central nervous system, making the person more alert and aroused. Examples of stimulants are nicotine, caffeine, cocaine, ecstasy and the methamphetamines, speed and ice.
- **Hallucinogens** make a person see, hear, smell or feel things that aren't there. Examples of hallucinogens are LSD, magic mushrooms, ecstasy and cannabis.

Some drugs fall into more than one category. For example, cannabis is both a depressant and hallucinogen, while ecstasy is a stimulant and hallucinogen.

Why do people use psychoactive drugs?

People use drugs for many reasons—for fun or excitement; to relax, feel good, better or different; to counteract negative feelings; because they are bored or curious; because their friends or family do it; or because they have a dependence on the drug. Often people who use drugs associate with other people who use drugs. It is not always clear which comes first—the friends or the drugs.

The reasons for starting to use drugs may be different to the reasons for continuing with drug use. For example, while a person may initially experiment with a drug because of peer pressure, they may continue to use in order to feel ‘normal’ and to stop themselves experiencing withdrawal symptoms.

Drug dependence

Drug dependence may occur when a person continues to use drugs— legal or illegal—even though their drug use causes them significant problems. It is regarded by many as a medical condition not directly under the control of the individual. The term ‘addict’, with its negative implications, is not used any longer. There have been recent changes to the terminology used to describe this pattern of use, with the terms alcohol/drug abuse and alcohol/drug dependence being replaced by a single term ‘alcohol/drug use disorder’. However, as dependence is a commonly understood term, for the purposes of this publication, the term dependence will be used to describe this pattern of use.

This pattern of alcohol or drug use may be diagnosed by the presence of two or more symptoms, including:

- a strong desire to take the drug, spending a significant amount of time obtaining the drug, using it, and/or recovering from its effect
- difficulties in controlling its use – unsuccessful attempts to cut down or stop, or using more of the drug or using it for longer than intended
- persisting in its use despite harmful physical or psychological consequences
- a higher priority given to drug use than to other activities and obligations – social, recreational and work
- the development of a tolerance to the drug (see page 6)
- experiencing symptoms of withdrawal when the drug use is stopped or reduced (see page 6).

Statistics on drug use in Australia

The Australian Institute of Health and Welfare (AIHW) conducts a National Drug Strategy Household Survey every three years. The data collected by the survey provides detailed information on alcohol, tobacco and other drug use within Australia, as well as community attitudes to drug use. The survey covers both legal and illegal drugs.

For the latest survey results, visit the AIHW website and go to the National Drug Strategy Household Survey page:

<http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources/>



Drugs & young people

Adolescence is a dynamic period of maturation — along with experimentation and risk taking, it may include taking drugs. Young people take drugs for much the same reasons as older people, often with the added element of rebellion. The consequences can be much worse, however, as childhood and adolescence are critical times for brain development, so the brain is more sensitive to the influences of drugs and alcohol. For example, there is evidence that alcohol use in young people can lead to impaired learning and memory which can affect them for the rest of their lives.

Also, young people may not fully understand the consequences of drug use and may make bad choices that can affect them for decades to come.

Tolerance

After using a drug for a while, a person may find that:

- they need to take more of the drug to get an effect that they previously got with less, or
- the drug simply becomes less effective in producing the desired effect.

This is called **tolerance**.

Withdrawal

When a person who has been using a drug stops taking it, or reduces the dose, they may experience a physical and/or psychological reaction as their body gets used to functioning without the drug. This is called **withdrawal**. Because the person has become tolerant to the drug's effects, they have been taking the drug just to feel 'normal'.

When the drug is removed from their body, withdrawal can be very unpleasant, producing symptoms such as tremors, sweating and vomiting, as well as strong craving for the drug. For some drugs and some individuals, medical supervision during withdrawal is necessary.

The strength of the withdrawal varies, depending on:

- the individual person
- the drug they have been using
- how frequently and for how long a person has been using the drug.

Withdrawal symptoms can make it very difficult for a user to stop or reduce their drug use and it is a common reason for people to relapse into drug use.

Detoxification

The process by which the body eliminates a drug and its immediate physical and psychological effects is called **detoxification**.

Detoxification usually leads to some level of withdrawal, and withdrawal management (sometimes involving medical assistance) may be required. Anti-anxiety drugs such as benzodiazepines are sometimes prescribed for a short time during medically-supervised withdrawal.

Treatment

Withdrawal is only the first step towards recovering from a drug use problem. While some people are able to manage cutting down or quitting without help, access to effective treatments is crucial for many people.

A number of options for treating drug and alcohol dependence are available in Australia. Some seek to help the person achieve a drug-free lifestyle, while others recognise abstinence as one option among others. All treatments have the primary aim of minimising the harm and the risks associated with drug use.

Treatment is most effective if it is tailored to suit a person's circumstances, and it usually involves a combination of methods:

- for many drugs—including alcohol and tobacco—**psychological interventions** and good **social support** are important elements of recovery
- for some drugs, there are effective medical interventions (**pharmacotherapies**)
- for some drugs, there has been little or no research on effective treatments, mainly because these drugs are less widely used and have lower impact on society or they have only recently been developed.

Although in most cases a person on treatment lives in their own home during treatment, some residential programs are available. These may be appropriate for people with serious problems who have little social support.

Psychological interventions

Three types of psychological intervention have been found effective for a broad range of drugs:

- **motivational enhancement** is an approach used by the therapist to help the client to increase their motivation to decide for themselves that they really need to change their behaviour. This can help maintain commitment in people who might otherwise leave treatment before it can be effective.

- **cognitive behavioural therapy** seeks to change the thoughts and ideas that lead to and maintain drug dependence, replacing them with more constructive ways of thinking. It can also be used to help a person recognise situations that place them at risk for resuming drug-taking and to reduce the anxiety often associated with stopping drug use.
- **contingency management** typically uses rewards, such as vouchers, to encourage compliance with treatment and reduce drug use (voucher-based reinforcement). The vouchers are exchangeable for goods and services in the community, and clients are rewarded if they meet specific treatment goals such as drug-free urine, on-time attendance at treatment or medication compliance.
- **social and family support services** provide psychological support as well as helping with medical, financial, housing and legal issues, and are important in maintaining recovery in the community.

See page 129 for contact details of drug and alcohol treatment centres and advice lines.

Peer support programs

Peer support programs such as Alcoholics Anonymous and Narcotics Anonymous may be helpful for people who can relate to their particular 12-step philosophical approach. There are also other peer support groups using different approaches, for example, SMART recovery® (self-management and recovery training) and Rational Recovery.

Pharmacotherapy

Pharmacological treatments usually involve replacing the drug, under supervision, with a less harmful alternative; for example, heroin may be replaced by methadone. This allows the person to regain some control over their life, and may ultimately lead to a drug-free lifestyle.

Pharmacological treatments are not available for all drugs and may not work for everyone.

Polydrug use

Polydrug use means:

- using two or more drugs in combination (eg tobacco and alcohol)
- using one drug to counteract the effects (or the after effects) of another
- using different drugs at different times over a short period of days or weeks.

Polydrug use is very common among people who use drugs.

The dangers of polydrug use

Using a single psychoactive drug can be dangerous; using more than one significantly increases the risks. In particular, if two drugs of the same type, such as the depressants heroin and alcohol, are used together, there are greatly increased risks of accidents, overdose and death.

Other common dangerous drug combinations include ecstasy and alcohol, heroin and sedatives, and amphetamines and sedatives.

Because alcohol is the most widely abused psychoactive drug, it is also the most commonly involved in risky polydrug use.

Drug use and safety

Many psychoactive drugs, including alcohol, have effects on the brain and behaviour that make operating machinery, and particularly driving a vehicle, more dangerous. This can have far-reaching implications, not only for safety in the workplace, but for the potential to cause harm to others.

Many people underestimate the risks involved in driving after drinking or using illegal or prescription drugs. The 2013 Australian National Drug Strategy Household Survey¹ reported that 12% of those who had consumed alcohol in the past year, and 16% of those who had used an illegal drug in the last year, had driven while under the influence of the drug. See also Chapter 18, Drug laws in NSW, page 103.

Drugs and pregnancy

Most drugs taken during pregnancy cross the placenta and reach the unborn child. Tobacco, alcohol, and a number of illicit drugs can be harmful to the developing child, resulting in adverse outcomes such as premature birth and low birth weight. See the relevant chapter on the health risks of specific drug use during pregnancy.

If a mother uses drugs while breastfeeding, it is possible that the drug will be present in her milk and may have adverse effects on the baby.

Check with your doctor if you are taking or planning to take any drug during pregnancy or breastfeeding, including prescribed and over-the-counter medications.

Drugs and mental health

Some drugs, such as cannabis, LSD, ecstasy, ice and speed, can directly produce effects that resemble symptoms of mental illness, such as hallucinations or paranoia. These effects usually disappear once the drug is out of the person's system.

However, many people who seek treatment for drug or alcohol problems also have mental health problems that are not directly due to their current drug use. These people tend to be more unwell and are more difficult to treat than people with a single disorder.

It has been suggested that mental illness can cause drug problems (when a person takes drugs in the hope of escaping their symptoms), and that heavy drug use over time causes mental health problems. Most of the evidence, however, seems to indicate that the same factors can lead to both types of problems; that is, biological, social and/or environmental factors predispose a person to have both a mental health and a substance abuse problem.

Both drug and alcohol and mental health services have become much more aware of this situation, and best practice in both areas is now to treat both disorders if this is appropriate. If you are choosing a drug and alcohol treatment program for a friend or relative, it is important to ask whether they will help with any mental health problems.

If the client is a polydrug user, it is also important that the agency can treat each type of drug.

Prevalence of mental health problems associated with drug use

The Australian Institute of Health and Welfare (AIHW) conducts a National Drug Strategy Household Survey every three years. The data collected by the survey provides detailed information on alcohol, tobacco and other drug use within Australia, as well as community attitudes to drug use. The survey covers both legal and illegal drugs.

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Previous surveys have found that many people who used illegal drugs in the month preceding the survey said they were suffering 'high or very high psychological distress'. The rate was approximately double the rate of those who did not use illegal drugs in that month. The rate is particularly high among heroin users, with approximately two-thirds expressing high or very high psychological distress.

People who reported smoking tobacco daily were twice as likely to have high or very high levels of psychological distress and to have been diagnosed or treated for a mental health condition as those who had never smoked.

The association between alcohol use and high or very high psychological distress and diagnosis or treatment of a mental health condition was less marked than for illicit drug use and daily smoking.