

Substance use or misuse refers to the use or harmful use of substances.

Substances refers to drugs, alcohol, prescription medication and new psychoactive substances.

Types of Substances

Cannabis (UK's most widely used drug) - Lowers immunity to illness; can cause addiction through changes in brain chemistry; impairs sense of time; enhances senses, slows reaction time, sedating; can cause anxiety, depression and paranoia; in some cases cause or exacerbate psychosis; reduces sperm cell count; if someone has underlying diagnosed or undiagnosed mental health issues, use of cannabis could exacerbate those issues.

Stimulants: Uppers - Act on the central nervous system (CNS); increases level of alertness, pumping heart rate and blood pressure; raise body temperature, make people feel sick, anxious and paranoid; can come in pill or powder form most commonly but can be injected. Can increase confidence and happiness, increases animation and become chattier. Can be known as: *Cocaine, Crack, Amphetamine, Methamphetamine, Methylphenidate, MDMA/Ecstasy.*

Depressants: downers - Act on CNS, but opposite effect from stimulants; things will feel like slowing down; often offering a sedating effect; slows heart rate, pulse; feelings of being comforted; dizziness, and confusion. Can be known as: *Heroin, Alcohol, Barbiturates, Benzodiazepines. Class A – opioids, opiates; smack, H, brown, methadone*

Hallucinogens and Dissociative - Alters what is seen or heard; alters perception and awareness; changes in sense of time; increase heart rate and body temperature; nausea; sleep problems. Can be known as: *LSD; Ketamine, Psilocybin.*

Inhalants/volatile substances - Feeling of being drunk, dizziness, fits of giggles, can't think straight; afterwards may cause headaches, feeling depressed; nosebleeds and loss of smell; increased heart rate; loss of consciousness and can cause instant death by asphyxiation. Can be known as: *Glue, gases and aerosols; huffing, tooting, sniffing, dusting, butane.*

New Psychoactive Substances - Are a range of drugs that have been designed to mimic more traditional substances such as cocaine, ecstasy, cannabis and LSD. They are not safe and in most cases we are not aware of all the chemicals present in them meaning treatment for any overdose would be much harder. Synthetic cannabinoids fall into these substances however it is reported to have much more serious side effects such as heart palpitations and psychotic episodes. Can be known as: *Gogaine/rush/doves – stimulant types, pills and powders. Blueberry kush/spice/afghan black/magic dragon – synthetic cannabinoids, smoked like a joint/bong of cannabis. Sexy v/sextacy – Viagra alternatives. Etizolam/etilaam – depressant types, powders and pills.*

Possible signs and indicators of substance misuse

- Late for school/college/work, grades dropping, truancy
- Changed habits, lack of motivation or goals
- Mood swings, aggression, apathetic
- Conflict with parents/authority figures when there was none before
- Loss of appetite, weight loss, binge eating, eating at odd times
- Unusual irritability or aggression
- A tendency to become confused
- Abnormal fluctuations in concentration and energy
- Impaired job/school/college performance
- Poor time-keeping
- Sudden increase of money available to them (consider running/dealing/county lines)
- Increase in anxiety or paranoia
- increased short-term sickness

- A deterioration in relationships with peers / colleagues / teachers etc.
- Dishonesty and theft (arising from the need to maintain an expensive habit)
- New friends and/or older friends they seem reluctant for parents/carers to meet
- Missing from home, particularly overnight
- Sleeping long periods of time
- Slurred speech and/or behaviour similar to someone when drunk
- New/odd smells.
- Excessive sweating
- Evidence of lies
- Borrowing more money or stealing from family/friends

Why is it important?

Not all people who use substances will go on to become physically or psychologically dependent. However addiction may result for some people if substance use becomes frequent; this is in part due to changes in brain chemistry as substances target the reward centre of the brain; addiction can be summarised by 'the overwhelming compulsion to use something for non-medicinal reasons'. This is also true for cannabis use as it too targets the same region of the brain and therefore can create addiction.

Addiction can also depend on a number of other factors i.e. biology, environment and stages of a person's development; addiction can interfere with the ability to resist urges and maintain self-control therefore trying to stop using substances can be extremely difficult.

Not all people who use substances will acknowledge they have an addiction or dependency, some may deny or refuse to believe it is the case. Be sensitive with people, if they feel they are being 'nagged' they may not listen to you. Instead offer support and encourage them to make changes, even if they are small ones.

Substance use not only impacts the individual physically and emotionally but may impact:

- education, motivation and cognitive functioning and
- the wider family/caring environment and community and could damage relationships.

How do we respond?

Intervention: Helping someone who isn't ready to change their behaviour may be difficult, and the decision for them to get help is ultimately theirs. However, we have a responsibility to discuss their substance use in a non-judgemental way and as a minimum help to reduce the risk to them and potentially others.

We should not minimise the risk of using any substance, this can be done without using 'scare' tactics - evidence shows this does not work. We should give accurate factual information, correct any 'myths' and challenge attitudes about substances being harmless.

If you are worried there are some things you can do to support a person who wants to try and stop using substances; stay calm and open-minded.

- Learn about substances, including alcohol –facts, not myths
- Don't expect them to 'just stop'. Some people can but usually it requires effort and some intervention such as learning new skills to manage the desire to use
- You can suggest they stay away from situations or places which might entice them – like a mate's house/pub (but only if they mention it is an issue for them, if they don't mention it you will sound as if you are suggesting their friends are bad influences – that might not go down too well). Explore with them some other things to do to keep themselves busy i.e. walk, gym, music
- Offer some excuses they can tell people they normally use to avoid situations; i.e. I've got something to do, I'll meet you later, I have an appointment, my mum/dad/aunt is expecting me

- Don't lecture or bribe; Offer support without 'nagging', tell them you are concerned and are willing to help them
- Don't argue with someone who is under the influence
- Suggest they seek support from DASS. It is confidential

Recording: Any substance used should be recorded in the appropriate way in line with your organisations policies; on PCC systems ensuring it is ticked as a marker for the person; a screening tool should be completed for ALL substances used and sent to DASS; encouragement to refer to the confidential DASS service should also be ongoing; if the young person refuses a referral the worker should always be delivering harm reduction and seek support from DASS to deliver this work.

No substance use should be minimised; should for example someone reduce or stop using class A drugs but continue to use cannabis, this should be recorded in the appropriate way, describing what work was carried out with the young person/what advice was given but then continue to address the use of cannabis; e.g. praise them for making changes but continue to discuss their cannabis use and the potential harm that can be caused.

Clear recording is vital. In the worst case scenario, should a person die from using substances, all records are likely to be considered by a coroner and scrutinised for what was done/said and advised.

What to do if you are concerned?

- As much as possible make sure you know what is being taken e.g. is it ecstasy pills or MDMA powder? Herbal incense or cannabis?
- If using ecstasy/MDMA – Drink half to 1 pint of water an hour – NO MORE. Start with low dose. Do no re-dose too quickly. On a come down drink isotonic drinks e.g. sports drink to replace loss of salts and minerals in body. Avoid mixing with other substances.
- Chemicals such as MDMA/Ecstasy/cocaine increase your body temperature so take breaks if dancing etc.
- Only use small amounts of any substance. Do not re-dose too quickly. Wait for substances to take effect before using more.
- Strengths of substances can vary between batches.
- If snorting powders use your own nose or better still your own tube and don't share this with anyone.
- Rinse your nostrils with clean water between snorts to reduce the risk of nasal damage and to remove particles.
- Alcohol – Know what you're drinking, be aware of 'spiking'; alternate between alcohol/soft drink. Drink water to stay hydrated, try to not drink more than 4 units in a day (4 shots of spirits/approx. 2 pints lager-depending on strength)
- Try to avoid mixing substances with others, especially with alcohol as this increases the chance of overdose.
- Have an excuse ready to leave somewhere if you don't want to be there or feel unsafe
- Have someone you can call on standby to come and get you
- Before going out, set up a special code with someone; you can text them this code, they can call you and provide an excuse for you to leave somewhere if you need to – no one else will know.
- Do not share anything including joints – sharing is the perfect way to spread infection

For more information:

Drug and Alcohol Support Service (DASS); confidential; 19years and under; 1:1 interventions; reduction plans and harm reduction: Contact: dass@secure.portsmouthcc.gov.uk or 07951 497898 or 07557 753131

Talk to Frank - online advice and information: <https://www.talktofrank.com/> online support with live chat available 2pm – 6pm 7 days a week