Young people, 'ice' and ecstasy: Sorting out fact from fiction
Outline of presentation

- drug classification – is it just stimulants, depressants and hallucinogens?
- illicit drug use amongst Australian adults and school-based young people
- what do we know about different drugs and particular issues should schools and classroom teachers be aware of?
  - methamphetamine or 'ice'
  - ecstasy
- what can schools realistically do in this area?
- what can you do as a classroom teacher? Should you be doing anything in this area?
Classification of drugs

Traditionally we classify drugs into three groups, but it really isn't as simple as that ...

Stimulants
- drugs that 'speed' you up … caffeine, nicotine, methamphetamine, cocaine …

Depressants
- drugs that 'slow' you down … heroin, prescription medication such as Valium, codeine

Hallucinogens
- drugs that 'muck you up' – they alter your perception … LSD, 'magic mushrooms', ketamine, DMT, peyote …

Stimulants

Alcohol – stimulant in small amounts, becomes a depressant as more is consumed

Cannabis – a cannabinoid – both depressant and hallucinogenic properties

Ecstasy – hallucinogen with stimulant properties – classed as an entactogen

Depressants

Hallucinogens

Traditionally we classify drugs into three groups, but it really isn't as simple as that …
Are we using more illicit drugs, particularly stimulants, now than in the past?
Lifetime illicit drug use (%) - 14 years and over


<table>
<thead>
<tr>
<th>Drug</th>
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<tr>
<td>Cocaine</td>
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<td>Heroin</td>
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<td>Ecstasy</td>
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<td>Hallucinogens</td>
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<td>Meth/amphetamine</td>
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<td>Inhalants</td>
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<td>Cannabis</td>
<td>34.8</td>
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Never used illicit drugs (%) - 14 years and over


<table>
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<tr>
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'Recent use' of cannabis and heroin has fallen since peaking in the 1990s. Despite what the media reports, amphetamine levels are far lower than when they peaked in 1998. Ecstasy use is still high but has dropped in recent years but cocaine use continues to rise.
What about young people?
Are we seeing the same trends amongst school-based young people?
Overall, the story is a positive one as far as stimulants are concerned – all of them at lower rates than in the previous survey. Even 'recent use' of ecstasy fell, whereas it has remained fairly steady since 1996.
If they do use drugs, which are they likely to use?

Alcohol, alcohol, alcohol ...
Other substances - legal, illegal and pharmaceutical ....

- tobacco
- cannabis
- ecstasy
- amphetamines – 'speed' and 'ice', as well as medications like Ritalin and dexamphetamine
- LSD and other hallucinogens, synthetic and naturally occurring ('magic mushrooms', DMT, and peyote)
- other dance drugs – GHB and ketamine ('Special K')
- amyl nitrite ('Jungle Juice')
- inhalants – paint, glue, petrol
- a range of pharmaceuticals or medications
- 'emerging psychoactive substances' (EPS)
Meth/amphetamine

Is there really an 'ice epidemic' at the moment? If not, what's all the fuss about?
How do we compare with the rest of the world?

Rate of use of amphetamines – Australia ranks 3rd in the world

In terms of cost, we pay more than almost any other country in the world for meth/amphetamine

Population rates – 15-64 years (UNODC, 2014)
How have things changed?
Lifetime and recent meth/amphetamine use, 1993-2013

What is methamphetamine?


Amphetamines - laevoamphetamine, dextroamphetamine and methamphetamine – each varies in strength as a CNS stimulant

Three forms of methamphetamine – **powder, base and 'ice' (or crystal)**

- different forms – different prices, related to quality
  - speed powder – $250-$260 per gram
  - ice – much higher purity, much more expensive
  - 'point' (0.1 gram) - $50-$150
  - $300-$1600 per gram
Smoking methamphetamine

Why has this route of administration caused so many problems?
Methamphetamine manufacture

How is it made and why is there so much of it around?
Myths and facts around ice

Many statements made around ice, some based on an element of truth, but have been sensationalized ...

- Ice is cheap
- Ice makes people age and rots their teeth
- One try of ice and you're addicted
- It's almost impossible to get off ice once you're addicted
- Ice gives you 'superhuman strength'

10 Years of Meth Use

Ice disguised as lollies
Primary pupils offered ‘chocolate’ drugs

No. Go. Tell’ when offered sweets

By BRUCE MCGUINNESS, Education Reporter

This drug, ice, is being offered to school children disguised as lollipops and is being warned. A code word is used to Revenue Public School妖
drug in the school drinking water, which has been reported. A school is reported to have been iced and is being warned.

A spokesperson for the Department of Education and Training said it was a concern. They said they had received a number of complaints about the use of ice in the school. They said they would look into the matter.

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Meth/amphetamine psychosis

The main reason this drug gets so much attention ...
Methamphetamine psychosis

Use too much, too quickly - can cause 'speed psychosis'

- caused by toxic levels of drug – relates to purity of the drug and route of administration
- people with a pre-existing psychotic disorder risk triggering problems

Symptoms can be mild through to extreme

- feeling overly suspicious of other people
- having strange beliefs that are not plausible
- hearing or seeing things that aren't there

Extremely difficult to deal with and manage – also unpredictable and dangerous. Cause frontline workers huge problems and attract great attention
Methamphetamine – in brief

Ice is a major issue – but needs to be given a context

- ED workers, paramedics and police greatly affected
- users often difficult to deal with and potentially violent
- also closely linked to crime – due to price

Greater issue amongst particular populations

- lower socio-economic, range of other social problems – areas with poverty, high levels of youth unemployment
- also in remote or regional areas where drug markets can be more easily manipulated

High profitability drug and 'easy' to make – lots around but prices remain high. Also regarded as a 'gutter drug' – barriers to use for many
Ecstasy

What is in ecstasy and why do some people die? New trends in manufacturing could be contributing to recent deaths
How do we compare with the rest of the world?

Population refers to those aged 15-64 years (UNODC, 2014)

Ecstasy prices have dropped dramatically since the 1990s but we still pay more for the drug than many other countries

We continue to be the world's largest consumers of ecstasy

UNODC, 2014
How have things changed?
Lifetime and recent ecstasy use (%), 1991-2013


Lifetime use of ecstasy continues to rise and according to the UNODC, Australians continues to be the largest consumers of ecstasy. Recent use, however, has been declining since 2007, possibly due to perceived poor quality of the drug.
Ever and recent use of ecstasy, people aged 14 years or older, by age, 2013


Recent use of ecstasy is most likely to occur in the 20-29 year-old age group, with prevalence rates of use in the past year for teenagers and those aged 30-39 being very similar. Less than 5% of those aged 40 years or older reported ever using ecstasy, up slightly from 2010 (4.1%)
Ever and recent ecstasy use, 12-17 years and 18-19 years, by sex, 2013

Although reporting on small sample sizes, this data illustrates how the use of ecstasy increases once young people turn 18. Some of the reasons for this could include leaving the ‘protection’ of school, being able to legally attend nightclubs, bars and dance events, mixing with different cultural groups and having a different income stream.
What is ecstasy?

Ecstasy - street term for a substance known as MDMA

- pills, tablets and powder form, now also in crystal form
- different forms – different prices
  - pills – average price $25 ($20-$40), capsules - $30
  - powder – $250 per gram (up to $400)
  - crystal (often sold in capsules) - $250 per gram (up to $450), $30 a capsule (up to $50)

'Quality' is variable - can contain a range of substances, some far more dangerous than others - PMA is an extremely dangerous adulterant

- different forms – different perceived quality (e.g., capsules better than pills)
MDMA crystal: Changing the scene completely

Due to new manufacturing process much higher purity and greater risks. Could this be contributing to the growing number of ecstasy-related deaths?
Ecstasy – in brief

Ecstasy continues to be popular

- **poor quality but now improving** - new manufacturing process (average purity of MDMA in UK now 80%)
- users prefer capsules and powder – perceived quality
- crystal - a relatively new form – very high purity

**Regarded as 'low-risk' and cheap** (particularly when compared to alcohol)

- still not major issue amongst school-based young people
- use increases dramatically once they leave school

Community debate after recent spate of deaths

- pill-testing put forward as harm reduction strategy
- still unsure of cause of deaths – if MDMA overdose, pill-testing may not prevent
What about the future?

Unlikely to see dramatic changes in government response to illicit drugs

- Federal Government's response to Ice Taskforce's report did acknowledge policing alone will not 'fix the problem'
- allocation of money for prevention and treatment
- **but there will be continued focus on tough policing**, particularly drug detection dogs
- more money allocated to roadside (or mobile) drug testing
- lots of talk about pill-testing – conservative governments unlikely to support

Use will continue but our culture of 'bingeing' (whether it be alcohol or other drugs) will also see some get into trouble
So what is the school's role?

Increasing pressure to do more in less time
That said – can your school say that these statements reflect your practices in this area?

- drug education is not only provided in health classes
- alcohol and drug-related issues are also discussed in pastoral care or well-being programs
- external presenters are only used to support existing school programs
- professional development for those teachers who are interested is encouraged and supported
- hot topics that affect young people are covered
  - by specialist health teachers when appropriate
  - parent education on these topics is provided, evaluated and reviewed where appropriate
As someone who works with young people, what can you do?

Be informed as possible about the drugs and their potential harms
- do not rely on the media or users themselves for your information
- challenge incorrect beliefs when appropriate

Ensure they know legal consequences of using illicit drugs
- possession and supply
- drug detection dogs
- roadside (or mobile) drug testing if they drive

Be aware of support networks and know when to 'hand over' to others
Most importantly, be a good teacher and connect ....

Make them feel important and valued and you are building their resilience

- not a subject area or something you can evaluate, you either do it or you don't – **if you don't you shouldn't be teaching!**
- **it's not about trying to be their best friend!**
- show an interest in what they are doing or what they've done – it doesn't need to be about their personal life
- spend a few minutes extra with them working on an assignment
- anything that in that moment makes them feel they are special!

**Such a simple thing – true pastoral care - but it can make a real difference in a teen's life ...**
For further information or you are interested in more of what I have to say ...

For a PDF copy of this presentation or a list of references and supporting information, please go to my website - www.darta.net.au

Please feel free to contact me by email - p.dillon@darta.net.au or follow me on Facebook or Twitter (Drug and Alcohol Research and Training Australia) or go to my blogs – 'Doing Drugs with Paul Dillon' or 'The Real Deal on Drugs'

DOING DRUGS WITH PAUL DILLON

The 'Schoolies' Week' phenomenon

It's that time of year that many parents dread - the lead-up to 'Schoolies' Week' or 'Leavers' Week' as it is known in WA. Last week Foreign Affairs Minister Bob Carr issued a warning to Schoolies travelling overseas that if they break the law consular staff can't 'rescue them if they are arrested'. It was a great move by the Australian Government in my opinion but do not be too quick to think that it will have any great effect on those young people who choose to go overseas for Schoolies celebrations.

You only need to take a look at a story that ran on Channel Ten’s 'The Project' in response to the DVA's warning to realise what we are up against. If you go to the following link the story on Schoolies travelling overseas begins at 2min 20secs. The interview with the two young women who are planning to travel to Bali is quite disturbing. When asked why they chose to go overseas they make it clear that it is to avoid the laws around alcohol as they will be under age and that the purpose of the trip is to get drunk. I know that it is extremely difficult to stop young people from attending Schoolies 'Week' events but any parent who believes that it is safer for their child to travel overseas to party rather than make the pilgrimage to the Gold Coast, Byron, Rockstar or Water Harbour truly have their heads in the sand.

Of course you have to let your child experience life and they are going to make mistakes. Some parents have said to me that their child is planning to take a 'gap year' and that they see the overseas Schoolies Week as a controlled introduction to that experience. Are they nuts? The attraction for many young people to travel overseas for Schoolies is that they are not subject to laws.