Prime Minister,
Agree that I should indicate to DES you welcome the work they are doing, but urge them to speed up their initiative on local coordination? MLH 5/7

CONFIDENTIAL

PRIME MINISTER

5 July 1985

DRUGS - DES INITIATIVES

Yes MT

This week DES launched their booklet for teachers on Drug Abuse, which we helped to prepare. The booklet, and DES initiatives, are most welcome. - Very good booklet.

However, local co-ordination by advisory staff remains a weak link in this campaign. You will recall that at the discussion on 4 June, you were surprised that the DES initiative to commence local co-ordination of work was to start as late as 1986. Our enquiries suggest that this means Autumn 1986. These advisers could be in place this Autumn, or by next Spring at the latest. DES are not authorised to spend Education Support Grant funds on this item until 1986-7, but there is nothing stopping them urging local education authorites to appoint and carry these staff until then, or at the least, seeing to it that they are all in post by April 1986.

We recommend that you:

1. acknowledge the work done by DES;

2. urge that steps be taken to ensure advisers are in post by April 1986 at the latest.

pp HARTLEY BOOTH

CONFIDENTIAL

ESD2BM09

CC HB

DEPARTMENT OF EDUCATION AND SCIENCE

ELIZABETH HOUSE YORK ROAD LONDON SE1 7PH

TELEPHONE 01-934 9000

FROM THE PARLIAMENTARY UNDER-SECRETARY OF STATE

Mark Addison Esq
Private Secretary
The Prime Minister's Office
10 Downing Street
London SW1

17 July 1985

Dear Mark

Thank you for your letter of 9 July about action in connection with the misuse of drugs.

Although the appointment of advisers is in the hands of local education authorities, we are making it clear that the support grants which we shall be providing assume that advisers will be in post by April 1986. We expect authorities to make their plans on that basis (unless advisers are already in post or alternative action is proposed). We shall emphasise this point when the formal request for bids issues and in any formal discussion which may subsequently take place. We shall monitor progress as applications are received. By October, the closing date for applications, we should be clear about the response of local education authorities: that will give us time to consider further action if it appears then that our expectations are not being realised.

Yours ever

Stan Colley

S R A COLLEY
Private Secretary

Home Affairs : Drugs Pt 2.

file

PM.
CE AB

10 DOWNING STREET

9 July 1985

From the Private Secretary

Thank you for your letter of 4 July.

The Prime Minister was grateful to be updated on the work of your Department in approaching the problem of drug misuse, and she was particularly impressed by the booklet you published recently in conjunction with the Welsh Office.

She has, however, asked that everything possible be done to take forward your initiative on local co-ordination by advisory staff as quickly as possible. She hopes you will be able to ensure that advisers are in post by April 1986 at the latest.

I am copying this letter to Steven Davidson (Home Office), Jane McKessack (Department of Health & Social Security) and Simon Morris (Welsh Office).

(Mark Addison)

Stan Colley, Esq.,
Department of Education and Science

E.R.

62/7

~~T.HO~~

2. ~~HB~~

5/7/85

HARTLEY BOOTH

We spoke about the attached letter from DES, which enclosed their booklet on drug misuse.

I should be grateful for any advice you may wish to offer on the booklet in particular, and the DES strategy in general.

Mark Addison

MARK ADDISON

4 July 1985

10 DOWNING STREET

CF

PL p.c.

MLA 8/7

TTA

Reply covered

in minute 5.7.85

HB.

ES

DEPARTMENT OF EDUCATION AND SCIENCE
ELIZABETH HOUSE YORK ROAD LONDON SE1 7PH
TELEPHONE 01-934 9000

FROM THE PARLIAMENTARY UNDER-SECRETARY OF STATE

Mark Addison Esq
Private Secretary
The Prime Minister's Office
10 Downing Street
London SW1

4 July 1985

Dear Mark,

At Hartley Booth's suggestion I am enclosing with this letter a copy of the booklet "Drug Misuse and the Young" with some explanation as to its place in the context of the Department's overall approach to the problem of drug misuse and the role that the education service can play in combatting it. The booklet was launched by Mr Dunn and Mr Wyn Roberts at a press conference on 2 July and Mr Dunn has given it further publicity, as part of the Government's overall strategy, in a number of radio interviews, principally with Terry Wogan and Jimmy Young. As a result we are expecting fairly extensive press coverage. The booklet, which aims to provide advice and information for teachers, youth workers and others in the education service in contact with young people, is being very widely distributed, both through local education authorities and through other bodies. It is being put out on a scale which will make it available in all schools and colleges; and should make a useful contribution in focusing the attention of education service staff on this problem.

As you will know, all the departments represented on the Ministerial group on the misuse of drugs are promoting a wide range of initiatives which, taken together, represent a coherent and comprehensive response to the problem.

In the case of DES and WOED, in addition to the preparation of the booklet a number of development projects are already being undertaken with departmental funding: these include work to improve our knowledge of the activities of local education authorities with regard to drug misuse and on evaluation of materials prepared locally. A larger project, which is being

funded through the Health Education Council will make possible the preparation and field testing of a wide range of materials for use by teachers in the classroom, for those planning educational provision and for the support of suitable teacher training courses. One of the principle aims of the project, which is a joint venture involving several expert agencies, is to ensure that materials made available have a wide range of support.

Another area of importance is the in-service training of the teachers: here the main responsibility must be for local education authorities to promote the appropriate development of their staff but the Department has identified training relevant to the misuse of drugs as a high priority within its programme of regional courses in particular. The first of these courses are planned to take place later this year and we expect that a larger number will follow in 1986/87.

However, the most significant initiative that is being undertaken by DES and WOED is the decision, which was announced recently, to fund work undertaken by local education authorities through the Education Support Grant programme at a cost of £2m in 1986/87 with, on present plans, a similar sum to follow in the next financial year. The main emphasis in the offer of funding has been on the appointment of advisory staff to coordinate and and stimulate appropriate local activities including in-service training and councilling work in schools and colleges, in close collaboration with other relevant agencies. We have indicated that we will adopt a flexible approach to good proposals put forward by local authorities where these differ from that particular model in the light of what is already happening locally and what is needed. This initiative will be a substancial new response by the departments and by the education service to the problem of drug misuse.

I should emphasise that in all the various areas of action we are stressing the importance cooperation between the education service and other agencies, nationally and locally, particularly those in the Health and Social Service fields just as action by Government departments needs to form part of a comprehensive strategy involving all relevant agencies, so at the local level a proper response cannot consist of agencies or services acting in isolation.

I am copying this letter to Steven Davidson (Home Office), Jane McKessack (DHSS) and Simon Morris (Welsh Office).

Yours

Stan Colley

S R A COLLEY
Private Secretary

DEPARTMENT OF
EDUCATION AND SCIENCE
Elizabeth House York Road London SE1 7PH
Telephone 01-934 9880 (24hrs) Telex 23171

NEWS 154/85

2 JULY 1985

DRUGS

SPECIAL BOOKLET FOR TEACHERS LAUNCHED BY BOB DUNN

Education Minister, Bob Dunn, together with Welsh Office Minister, Wyn Roberts, today launched a booklet* specially produced for teachers and youth workers to help them understand more about drug misuse by young people. Mr Dunn said:

"Our aim is not to create a climate of crisis or alarm, but to provide teachers and others with a useful source of general advice and information in an often confusing and complex area."

He emphasised that for many teachers their main role would be in the field of preventive education, but in some cases they would have to cope with the immediate problem of a young person already taking drugs.

"When a situation of this kind arises, teachers cannot be expected to cope in isolation. It is essential that they know about the local network of advice and support, and work together with these other agencies.

"Working together effectively is a constant theme in the booklet", he pointed out. "Indeed, there is an illustration of how one education authority has developed a procedure so that reaction by schools is consistent. And that, of course, is the way to get the most benefit from co-ordinated resources."

Mr Dunn drew attention to the new funding for local action through the Education Support Grant.

"We have just made available £2m for education authorities to appoint co-ordinators to stimulate local activities against drug misuse. Details are being sent to LEAs now. I would hope to see these co-ordinators in place as soon as possible next year. There will be a further £2m available for the following year, '87-'88."

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* Drug Misuse and the Young: A Guide for Teachers and Youth Workers. Department of Education and Science and Welsh Office. Free from DES Publications Despatch Centre, Honeypot Lane, Stanmore, Middlesex HA7 1AY.

The booklet covers within its eight information sections:

- factual background to the problem of drug misuse
- what schools and youth workers can do to help
- the warning signs to which they should be alert
- what to do - especially in emergencies
- the main legislation
- an example of how to co-ordinate action
- key facts about illegal drugs - types and effects, and
- a basic list of useful addresses

It warns that although education about illegal drugs at primary level is rare, many children in the 8-12 group are well aware of the issues and ask questions about them.

"Heads and teachers of this age group need to be well informed about drugs and solvents and their misuse so that children's questions can be answered both sensitively and accurately."

It makes clear that in secondary schools "Teaching about illegal drugs should not take place in isolation or as a one-off response to a crisis but should occur in the broad context of health or social education courses."

Development work is in hand on how teacher training should deal with drug misuse in a health education context. The booklet says, "However, it would be unrealistic to expect that, in the short term, there can be fully trained experts in all schools."

It suggests that "Selected members of staff might be nominated as 'consultants' within the school, sharing their knowledge with colleagues and seeking the help of other agencies when appropriate."

It also emphasises the importance of links with outside agencies, such as health visitors, school nurses, health education officers, and, of course, parents.

"Teachers have considerable influence on pupils in their charge by their own personal example, but", it says, "parental influence and support remain of paramount importance."

The booklet pays tribute to youth workers. "By providing alternatives to drug misuse and support for those at risk the youth service generally provides valuable help for many young people. Though", it adds, "provision of specialist agencies and workers is unevenly spread."

The booklet lists some of the warning signs that could indicate misuse of drugs, but stresses that many can occur in adolescence quite normally: it says that "If they are present to a significant extent then there may be good reason for increased vigilance."

"Teachers and youth workers need to be vigilant at all times - even more so when they are in charge of activities that take place away from school, college or youth club premises."

It emphasises that particularly close attention needs to be kept on groups. "Research has shown that first experiments with drugs by young people are almost invariably made with a substance obtained from a friend."

In addition to describing how to deal with emergencies, the booklet also gives advice on first aid measures.

It outlines the law relating to drug misuse, and what actions could be regarded as committing an offence under the Misuse of Drugs Act 1971, such as:

- "Knowingly allowing anyone on your 'premises' to produce or to supply (or give away or sell) illegal drugs to another person, or

- even if they only offer to supply the drug", and

- "Knowingly permitting the smoking of cannabis or opium on the premises for which you are responsible."

It explains when to contact the police; how to liaise with them, and with parents.

The booklet will be given a wide distribution to all the local education authorities in England and Wales for issue to schools, primary and secondary; to youth workers; further educational establishments and to many other education organisations. It is also being offered to independent schools.

NOTES FOR EDITORS

1. Sir Keith Joseph announced earlier this year other initiatives as part of the Government's campaign against drug misuse. DES PN 42/85: 27 March 1985. They included:

- a project by the Health Education Council, with others, to prepare and test curriculum materials for teachers and teacher trainers;
- a project by the National Foundation for Educational Research to aanalyse how local education authorities are trying to combat drug misuse; and
- a project to analyse the effects of curriculum materials prepared by one authority and used locally.

2. Details of the Education Support Grant, under which one of the funded projects will be the appointment by LEAs of local co-ordinators, are given in DES PN 22 June 1985. For specific project details see DES PN 116/85: 22 June 1985.

Education Minister, Bob Dunn, and Terry Wogan have made a radio tape about the booklet. It will be distributed by the Central Office of Information to all the local radio stations, Independent and BBC, in England and Wales. Copies are available by order from COI through DES Press Office.

----oooOooo----

Y Swyddfa Gymreig
Welsh Office
NEWS

NOT FOR PUBLICATION BEFORE
NOON, TUESDAY, JULY 2, 1985

July 1, 1985

DRUG MISUSE: SPECIAL BOOKLET FOR TEACHERS

The Parliamentary Under-Secretary of State for Wales, Mr Wyn Roberts, MP, today launched, with Education Minister, Mr Bob Dunn, a booklet for teachers and youth workers to help them to tackle drug misuse by young people.

Mr Roberts said: "This booklet is the latest contribution to the Government's strategy to tackle the menace of drug misuse. It fills an important gap and should enable teachers and youth workers in Wales to recognise and tackle the problem more effectively.

"It follows the other concerted action we have taken in Wales, including our £200,000 bilingual health education campaign aimed at parents and young people; special funds of some £220,000 in this and subsequent years to develop local efforts to prevent misuse and to treat and rehabilitate misusers; and education support grant to enable each education authority to appoint a co-ordinator to stimulate local activities against the problem.

ADRAN HYSBYSRWYDD INFORMATION DIVISION
CROWN BUILDING, CATHAYS PARK, CARDIFF CF13NQ
Tel: 82564 3/4/5/6/7

"As a member of the inter-departmental Ministerial Group on the Misuse of Drugs I shall continue to be closely involved in the monitoring and development of the Government's strategy. In particular, I will be making sure that we take whatever steps are necessary to meet the special needs of Wales."

NOTE:

A Welsh language version of the booklet will be available shortly.

The Welsh Office will also benefit from a project by the Health Education Council to test curriculum materials for teachers and teacher trainers; a project by the National Foundation for Educational Research to analyse how local education authorities are trying to combat drug misuse; and a project to analyse the effects of curriculum materials prepared by an authority in England and used locally.

DRUG MISUSE AND THE YOUNG

A guide for teachers and youth workers

Department of Education and Science
and Welsh Office

ACKNOWLEDGEMENTS

In preparing this booklet the Departments drew extensively on published material. Particular acknowledgement is made to the Institute for the Study of Drug Dependence and to Liverpool and Wirral LEAs for permitting the Departments to draw freely on their material.

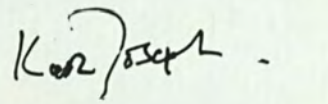
Responsibility for the wording of this booklet rests with the Department of Education and Science and the Welsh Office.

FOREWORD

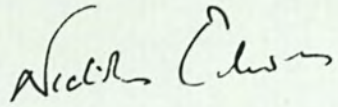
The misuse of drugs of all kinds is a serious problem today. All young people are at risk.

This booklet provides some basic information about the drugs problem and about how the world of education can help to tackle it. The Department of Education and Science and the Welsh Office are making this booklet available to teachers, youth workers and others in the education service.

Teachers and youth workers can apply their skills and experience to help to tackle the misuse of drugs and thus help young people at risk. We commend this booklet to them as a valuable aid.



Keith Joseph
Secretary of State for Education and Science



Nicholas Edwards
Secretary of State for Wales

July 1985

DRUG MISUSE & THE YOUNG

Drug misuse in the UK is growing. The young are increasingly in danger. More and more young people are using drugs, particularly heroin.

Preventing drug misuse by the young is of broad social concern. This is a task for many individuals and organisations in local communities: parents, the churches, the health and social services, and the police. The education service has a key role to play.

To assist in preventing and responding to drug misuse, this booklet, having looked at the background and scale of misuse today:

- outlines what schools and the youth service are doing and can do to prevent drug misuse (page 7)
- describes how drug misuse may be recognised, suggests appropriate responses, and gives advice on dealing with emergencies (page 12)
- gives an outline introduction to the law relating to drug misuse (page 16)
- quotes, as an illustration, one education authority's advice in this area (page 18)
- gives a broad, factual account of some drugs and their effects (page 21)
- lists organisations providing educational resources and further information or assistance. (page 26)

The Government has a wide-ranging strategy for dealing with the problem of drug misuse* in which a number of Government Departments are involved. The publication of *Drug Misuse and the Young* is part of that strategy. The Department of Education and Science and the Welsh Office will also be funding the production by the Health Education Council and other bodies of a range of materials for teachers and others in the education service. In addition, they will be making funds available to enable LEAs to appoint staff to promote local activities aimed at combating drug misuse.

*Summarised in *Tackling Drug Misuse*, published by the Home Office in March 1985, see Addresses.

BACKGROUND TO THE PROBLEM

A Worldwide Concern

Illicit drug production is growing rapidly, and the misuse of heroin, cocaine and other drugs has become a serious problem in many countries.

Action is being taken worldwide to curb illicit drug production, trafficking and the spread of drug misuse. International treaties have been agreed, and national laws enacted, to provide a suitable legal framework. There is close international cooperation between enforcement agencies.

In countries where crops are grown for illicit drug manufacture enforcement measures include destruction of these crops. These enforcement measures are complemented by rural development programmes to encourage other ways of making a living and the planting of other crops.

The illicit drug trade is nevertheless so profitable that illicit drug producers and traffickers are not easily deterred.

A Worsening Problem

The extent of illicit drug misuse in the UK is uncertain although there is little doubt that it has increased substantially in recent years.

Some indication of the increase of the problem, but not its total scale, is given by the numbers of addicts notified to the Home Office. Figure 1 shows the dramatic increase in recent years in the numbers notified. A comparable total for 1984 is not yet available but the number of *newly* notified addicts alone was about 5,400, an increase of some 28% on the 1983 figure of about 4,200. Over the same period there has been a marked increase in the quantity of illicit drugs seized (Figure 2).

However, notified addicts represent only a small proportion of the total number of drug misusers. Because the activity is illegal and attracts widespread social disapproval, the overwhelming majority of those using heroin, cocaine, and other drugs are, naturally, often secretive about their habit. Many of them do not seek help. Therefore, the actual numbers involved are many times higher than the official figures suggest.

Figure 1: Drug addicts notified to the Home Office (United Kingdom)

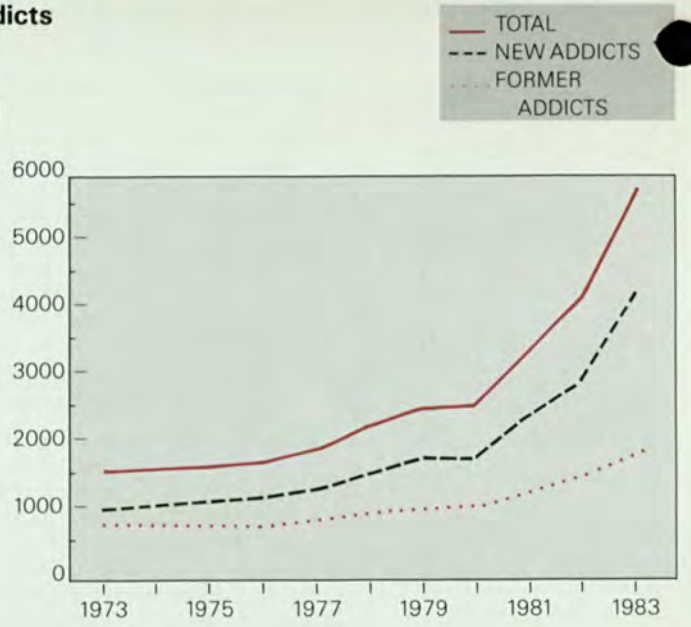
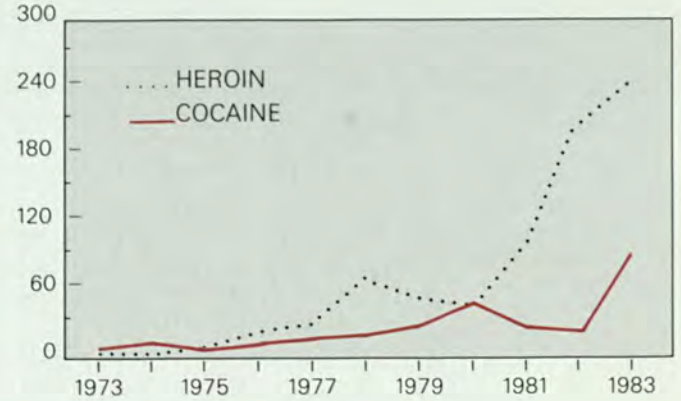


Figure 2: Quantity seized (in kilograms)



Source: *Tackling Drug Misuse, a summary of the government's strategy*— Home Office, March 1985

Official figures indicate the growth of the drug problem. The actual numbers involved in drug misuse are many times higher.

Misuse and the Young

The rise in drug misuse among the young in the UK, now of such concern, began on a more limited scale in the late 1960s. Since then drug fashions have changed and as one drug has declined in popularity others have taken its place. The misuse of drugs, particularly heroin, has increased substantially in the last four or five years. This follows a period of relative stability in the mid 1970s, which itself followed an upsurge in the mid and late 1960s and early 1970s. More young people are becoming involved and putting themselves at risk of serious physical, psychological and social harm. In 1984 about a fifth of new notified addicts were under 21.

Increasing misuse of heroin is cause for particular concern. Its price has decreased in real terms and the fact that its purity is high suggests that supplies are plentiful. A switch from injecting to smoking and sniffing may have contributed to growing misuse. Young people who might have been deterred by the very idea of injecting heroin may be more willing to smoke it, believing, quite wrongly, that this is less likely to lead to dependence. Some may not have even realised that the drug they were smoking was heroin. Moreover there are signs that some young people may progress from smoking heroin to the even more dangerous practice of injecting.

Cocaine has until recently often been seen as a non-damaging 'smart' drug and its use confined to relatively affluent groups in the population. However there are now indications that it is becoming more widely available. It is also clear that the use of cocaine can give rise to serious problems, including psychological dependence and, on ceasing use, severe depression

Personal and Social Cost of Misuse

Damage to the physical and psychological health of those who misuse drugs can be serious and lasting. (Details of the effects of particular drugs are given later in this leaflet.)

But there are other personal effects too. Partly because drug misusers are involved in an illegal activity they will become increasingly cut off from ordinary life. Often they will lose friends and move in a small circle of drug-oriented acquaintances, finding it almost impossible to get or to hold down a job. It may be difficult for them to find a place to live. And often they will turn to, or be encouraged into, crime to finance their habit.

The consequent break up of families and relationships will affect and cause stress to many people other than the misusers, and these people will need help and support.

Heavy and persistent misusers of drugs are unlikely to contribute anything to the wider community—indeed they are likely to take up activities detrimental to the community.

All are at Risk

There is no single cause of drug misuse. It is not even possible to say with any certainty what are the main factors. Many explanations have been offered: personality defects, inadequate home background, peer group pressure, poor relationships, lack of self-esteem, a youthful tendency to experiment and rebel, boredom, unemployment, social disadvantages, the ready legal availability of drugs such as tranquillisers and the growing availability of illicit drugs.

It is unwise to make any assumptions about who might or might not be susceptible to drug misuse and it is particularly important not to omit under-16s from attention. Teachers and others involved with young people's development need to realise that all young people, regardless of age and sex, and irrespective of their family background, are now at risk.

WHAT SCHOOLS & YOUTH WORKERS CAN DO

Teachers and youth workers can play a particular role in preventing drug misuse by making sure, through suitable health education, that all young people know about the dangers of misusing drugs and other substances. They can also help to create a climate of support, confidence and fulfilment in which drug misuse is unlikely to flourish or even to exist.

Primary Schools

Many primary schools teach that pills and medicines should never be taken by children without their parents' knowledge, and then only in the dose prescribed by their doctor. Much of this simple information is given in the broad context of education about healthy living, linked with work on the human body and safety in the home and the environment generally.

Education about illegal drugs at primary level is rare. Nevertheless, many children in the 8 to 12 age band are well aware of the drug issues and ask questions about them. Heads and teachers of this age group need to be well informed about drugs and solvents and their misuse so that children's questions can be answered both sensitively and accurately.

Teachers of children of this age group also need to be informed about the signs and symptoms of misuse of drugs and solvents.*

*DES Safety in Education Bulletin No. 3 distributed to schools and colleges in 1984 included advice on solvent misuse.

Secondary Schools

Consultation with parents may lead to the introduction into the secondary school curriculum of work aimed specifically at preventing drug misuse. But this work needs to be carefully handled to avoid the danger of encouraging experimentation. Teaching about illegal drugs should not take place in isolation or as a one-off response to a crisis but should occur in the broad context of health or social education courses.* This may be as part of a specific course of health or personal and social education or as part of subjects such as biology, religious education or physical education. Provision may usefully include teaching and discussion about widely used drugs such as nicotine, alcohol and caffeine, life-saving drugs such as antibiotics, everyday medicines such as aspirin and the misuse of medicines as well as the illegal use of such drugs as cannabis and heroin.

A variety of teaching approaches need to be employed in teaching about drugs (and other health related topics). This is because individuals vary and the same message can affect each individual differently. A number of models are available. For example a teacher may give an initial exposition supported by a video or literature, followed by a question and answer session linked to written work and perhaps based on a worksheet. Useful contributions may also be made by outside speakers, eg from the health service or police. Small-group discussion sessions or role-playing may also prove valuable in helping pupils to become more aware of, and to cope with, the pressure on them to experiment with drugs.

Even if a school does not include work on drugs and solvents in the curriculum, it is essential for teachers to have up-to-date factual information so that a discussion arising spontaneously on these matters is well informed. Teachers need also to be knowledgeable about the signs and symptoms of drug misuse and the agencies which provide help for misusers and their parents.

Regular contact with youth workers (who will often be aware of the nature and extent of drug misuse in

* An HMI discussion document *Health education from 5 to 16* is currently in preparation for publication in the Curriculum Matters series.

the neighbourhood) may help teachers to keep abreast of what is happening in the locality. In some areas youth workers have been involved in education programmes for school pupils and their parents.

Organisations providing factual and educational material on the prevention of drug misuse are listed in Addresses.

Resources for Health Education

In recent years there has been a growth in resources produced both nationally and locally to support the teaching of health education.

The LEA Advisory Service has, in some areas, played a major role in the development of health education programmes and in the provision of in-service courses. This has been more evident in secondary than primary schools. To support the work already achieved, more in-service training—to provide knowledge and understanding of drugs and how they affect the body and to explain the way in which drugs education should be included in such programmes—may be helpful.

This stage of in-service provision is best organised on a school basis by cooperation between schools and other local agencies. The schools' general adviser together with the adviser for health education, where appropriate, can assist schools in the planning of this type of staff programme.

There are now plans to improve the components of initial teacher training dealing with drug misuse. This will make things better, but it would be unrealistic to expect that, in the short-term, there can be fully trained experts in all schools. However, selected members of staff might be nominated as 'consultants' within the school, sharing their knowledge with colleagues and seeking the help of other agencies when appropriate.

Links with Outside Agencies

Many schools use outside agencies in their health education programmes. Visiting speakers can provide a valuable input to a planned and co-ordinated programme of health education.

Health visitors may be asked to speak about a range of health topics linking aspects of human biology with healthy living, usually to top junior classes. They also make valuable contributions to health education programmes in secondary schools. Some health visitors already collaborate with teachers to

talk about, and show, films on health matters such as the importance of ante-natal care and of vaccination against rubella. Drug education may be similarly taught.

School nurses may also be involved in such programmes and will often be a source of counsel and support for pupils with problems.

Health Education Officers have relevant knowledge and resources with which to offer practical help and advice on the planning of health education provision. Too few schools at present make full use of HEOs to assist in the formulation of school policy and the planning of topics in health education, which may include illegal drugs.

Pupils' Self-Esteem

Besides explicit teaching about drugs, schools do a great deal to help to counteract drug misuse by raising pupils' self-esteem and confidence. They may do this by allowing every pupil regardless of ability to achieve success in some aspect of school work and life and by providing support in moments of uncertainty and self-doubt. This can help to develop the self-confidence needed to overcome the pressure to misuse any drugs. The traditional pastoral role of the teacher in providing counselling and support is of particular relevance in this context.

Liaison with Parents

Teachers have considerable influence on pupils in their charge by their own personal example, but parental influence and support remain of paramount importance. Meetings with parents on a school or group basis may be especially valuable. The exchange of information between teachers and parents can help to create an awareness of the scale of the problem and how it is being and can be combatted.

Work in the Youth Service

Youth service agencies working with groups and individuals offer support, counselling, social education and recreational programmes. They are in a position to provide basic information about the dangers of drug misuse and where to go for help. Active support and protection is given to those young people who do not wish to misuse drugs. By providing alternatives to drug misuse and support for those at risk the youth service generally provides valuable help for many young people; though provision of specialist agencies and workers is unevenly spread.

Youth workers themselves play a valuable role. They do much to encourage and develop the trust and confidence of the young. Their contacts with young people and their particular experience, enable them to make an important contribution to the prevention of drug misuse—especially in areas of high risk. But their role is a difficult one too. In taking care not to over-react to situations in such a way as to lose the confidence of the young, they need also to act in accordance with their legal responsibilities (see Drugs and the Law).

Youth workers may not always have the training and experience to recognise drug misuse. Relatively few individual youth workers and units specialise in drug misuse, but there are workers (both 'detached' and club based), mainly in inner city areas, who work directly with those who misuse drugs. The youth service occasionally supplies specialist workers at major events (eg pop festivals) where drug misuse may occur. Most of the hundred or so youth counselling services also work with drug misusers, sometimes referring them to specialist agencies concerned with drug misuse.

There is a lot to be gained from workers from different local services, statutory and voluntary, getting together to share information and approaches.

National organisations like the National Youth Bureau, the National Association of Youth Clubs and National Association of Young People's Counselling and Advisory Services are able to provide workers with up to date information, publications and training courses, and descriptions of current examples of work with young people at risk. Much of their work adopts a social education approach with a health education component, but, more importantly, they are in direct contact with face-to-face workers up and down the country.

RECOGNISING & RESPONDING TO DRUG MISUSE

Warning Signs

Early detection of drug misuse is a key part of prevention and teachers and youth workers need to be vigilant at all times—even more so when they are in charge of activities that take place away from the school, college or youth club premises. Particularly close attention needs to be kept on groups. Research has shown that **first experiments with drugs by young people are almost invariably made with a substance obtained from a friend.**

The signs listed in Tables 1 and 2 may indicate drug misuse by individuals or groups of young people. Their presence alone is not conclusive proof of drug misuse. Many of the signs occur in adolescence quite normally but if they are present to a significant extent then there may be good reason for increased vigilance. Table 3 gives a list of objects which might also justifiably arouse suspicion.

TABLE 1 Warning Signs in Individuals	Excessive spending or borrowing of money. Stealing money and goods. Reports from parents that more time is being spent away from home. Changes in the attendance pattern and decline in willingness to participate in school or youth club group activities. Decline in performance in school work or youth club activities. Unusual outbreaks of temper. Disregard for physical appearance. Lack of appetite. Heavy use of aftershave or perfume to disguise the smell of drugs. Wearing sunglasses at inappropriate times (to hide dilated or constricted pupils).

TABLE 2 Warning Signs in Groups	Absence on days of particular significance (eg payout day for young people in receipt of benefits). Maintaining distance from other pupils, students or youth club members, away from supervision points (eg groups who frequently gather near the gate of a school playground or sports field). Being the subject of rumours about drugtaking. Talking to strangers on or near the premises. Stealing which appears to be the work of several individuals rather than one person (eg perhaps to shoplift solvents). Use of drugtakers' slang. Exchanging money or other objects in unusual circumstances. Teenagers associating briefly with one person who is much older and not normally part of the peer group.

TABLE 3 Objects that may indicate Drug Misuse	Foil containers or cup shapes made from silver foil, perhaps discoloured by heat. Metal tins. Heat-discoloured spoons. Small bottles. Pill boxes. Twists of paper. Straws. Sugar lumps. Syringes and needles. Cigarette lighters. Spent matches. Plastic bags or butane gas containers (solvent abuse). Cardboard or other tubes (heroin). Stamps or similar small items. Shredded cigarettes or home-rolled cigarettes (cannabis). Aromatic smell (cannabis). Paper (approximately 2 inches square) folded to form an envelope (heroin).

(Tables 1,2 and 3: Adapted from Liverpool Education Authority materials.)

Responding to Drug Misuse

All those concerned need to know what to do in an emergency (see Coping with Emergencies) and to be aware of their legal responsibilities (see Drugs and the Law). Great care is needed in responding to individual cases of suspected drug misuse. It is most important to involve, as appropriate, colleagues and superiors, professional advisers and local statutory and voluntary services.

In any area first points of help and advice will include:

Education Welfare Service—the Education Welfare Officer responsible for the individual school.

Community Child Health Service—through the school medical officer or school nurse.

Health Education Officers.

Social Services Department—through local district officers.

General Practitioners.

Local district drug advisory committee or comparable organisation.

Police Community Liaison Officers

In some areas voluntary groups made up of people specially interested in, and knowledgeable about, drug problems have been formed. The names and addresses may be obtainable from a local library or Citizens Advice Bureaux. General and specific advice may also be sought from TACADE or other organisations, see Addresses.

Schools have a duty to parents in making them aware of possible problems— without being unnecessarily alarmist or provocative. Schools need to make their own decisions on the most appropriate measures to take in the light of their particular circumstances but, in areas where drug problems are particularly severe, voluntary parents' groups can play a part. When problems do come to light, then working with the consent and cooperation of parents is essential. Involvement of the young person's GP, with the parents' and young person's consent, may sometimes be necessary.

It is worth bearing in mind that experimental drug misuse may arise from curiosity or peer group pressure and associated problems may not necessarily be present. Careful counselling and information may be necessary, again with the consent of parents.

It is important that responses within areas are consistent. Local advice needs to be sought before the need to react arises. Some areas may not yet have issued procedures. The advice reproduced on page 18 illustrates one approach.

Coping with Emergencies

Acute intoxication or unconsciousness can be the result of a first experiment with drugs. A teacher or youth worker confronted with such a case should, of course, regard it as a medical emergency (see first aid measures, below). The ambulance service, and in schools the school medical officer or nurse and the headteacher, should be contacted; and parents should be informed. Any tablets or substances found should be retained for inspection at the hospital. If the casualty has been sick a sample of vomit should also be collected for hospital analysis.

Where a young person has become seriously ill as a result of drug misuse and has been taken to hospital the adults concerned should tell the hospital everything they know; withholding information out of fear of subsequent legal action could lessen the casualty's chances of recovery.

First aid measures for collapse/unconsciousness need to be applied immediately. It is vital to check whether the casualty is still breathing; if not, then the casualty's airway should be cleared and mouth-to-mouth resuscitation applied. Where there is no heartbeat, immediate external chest compression/cardiac massage must be applied. Tight clothing around the chest and neck must be loosened and the patient placed on his side in the recovery position. Detailed advice is available and courses are organised by the St John Ambulance Association (see Addresses) and local courses are also run by the British Red Cross Society.

DRUGS & THE LAW AN OUTLINE INTRODUCTION

Legislation

Teachers, youth workers and others concerned with young people's development need to be aware of aspects of the law relating to drug misuse.

The Misuse of Drugs Act 1971 governs the manufacture and supply of controlled drugs for legitimate medical use. It also creates offences in respect of unlawful manufacture, supply and possession. A drug controlled under the Act is placed in one of three classes, to determine the maximum penalties which can be imposed for offences involving that drug: class A drugs, such as heroin, have the highest penalties and class C the lowest.

Maximum sentences are severe. First offenders, convicted of the possession of a small quantity of drugs may only be fined—but they would still have a criminal record. Regular offenders might well be imprisoned. Those selling drugs and drug smugglers are almost without exception given sentences of imprisonment—the maximum penalty for trafficking offences will be life if legislation currently before Parliament is enacted. In England and Wales 10 to 16 year olds are usually dealt with by a Juvenile Court, which has powers to fine parents or to make the offender attend an institution designed to keep young people 'in detention' but out of prison.

The Act also creates offences which can be committed by those responsible for schools and youth clubs. Knowingly allowing anyone on your 'premises' to produce or to supply (give away or sell) illegal drugs to another person is an offence. It is an offence even if they only offer to supply the drug. Knowingly permitting the smoking of cannabis or opium on the premises for which you are responsible is also an offence.

If you find what you think is an illegal drug you should inform the police and hand it, without delay, to someone authorised to possess illegal drugs, usually a police officer or, if that is not possible, destroy it. The Act allows you to take possession of an illegal drug in order to prevent someone else committing an offence, provided that you either hand it to the police or destroy it.

Liaison with Parents

If there is evidence that anyone in a school or youth club is involved in drug taking, the possibility that their source of supplies may be someone in the neighbourhood, adult or juvenile, cannot be ignored. When heads or youth workers are certain that drugs are being misused by pupils or club members they have a duty to inform the police.

The general question of police liaison with the education service was the subject of a report of an enquiry carried out by HM Inspectors in July 1982. This arose from concern about the high level of involvement of young people in crime and focused attention on the part played by schools in developing in pupils an understanding of, and respect for, the law and the need for its enforcement. The report* describes some of the ways in which the police co-operate with schools to help them in this complex task and outlines the organisational problems involved in this liaison.

* Police Liaison with the Education Service—a report of an enquiry carried out by Her Majesty's Inspectors of Schools in July 1982. DES.

ONE LEA'S PROCEDURE

The advice in this illustration is directed at school teachers but it contains much that is equally applicable to colleges and the youth service. It covers both drug and solvent misuse. All teachers, lecturers, youth workers and others involved should find out the arrangements for their own area.

The Education Department of the Metropolitan Borough of Wirral encourages its schools to observe the following procedure if confronted with cases of drug or solvent abuse. Certain other local education authorities have adopted broadly similar approaches. Youth workers, as well as teachers, may find this set of guidelines helpful.

1. The purpose of this procedure is to ensure that cases of confirmed repeated drug abuse on the part of pupils:

Are treated with some consistency across the Authority's schools.
Are handled in a manner consistent with the view that such pupils are seriously at risk.
Have the benefit of the co-ordinated resources of the school and the Authority.

2. Headteachers are able to seek advice either on approaches to the handling of the problem generally or on specific cases from:

Senior Education Officers (as determined by the Director of Education)
Education Welfare Officers
Social Workers (SPS)
Youth officers/leaders
Merseyside Drugs Council (Chairman/Councillors)
Solvent Misuse Committee and Counsellor
School nursing sister
School doctor.

3. It is assumed that Heads will be able to call upon the services of those amongst their staff with counselling skills in dealing with cases of confirmed repeated drug or solvent misuse.

4. In cases where the suspicion of drug or solvent misuse is confirmed, and supported by evidence, the pupil's parents must be involved and advised of the need for the school and the Education Department to offer appropriate help and guidance. It should be emphasised that all records will be treated as highly confidential.

5. When cases of confirmed repeated drug or solvent misuse become known to the school the education welfare officer should always be informed or involved.

6. In all such cases the matter should be discussed with the pupil's parents at the earliest opportunity with a view to persuading the parent to take responsibility for seeking the assistance of a specialised counsellor.

7. Whatever the outcome of these discussions the education welfare officer should inform the Senior Administrative Officer (SAO) Schools of the details of the case.

8. The SAO/Schools will then liaise with the Youth Service, the Schools Psychological Service and the Social Services Department regarding any knowledge of the case in order that the services concerned can make a co-ordinated response to the needs of the pupil.

9. The SAO/Schools will maintain an appropriate confidential record within the Education Department and make arrangements for the review of cases on a three-monthly basis, and for the deletion of such records of an appropriate time.

10. The SAO/Schools will be responsible for making arrangements for school-based case conferences which it is decided to call in respect of specific cases.

11. Information on such cases shall be available to the officers and agencies specified in Part A of this procedure.

12. Information concerning individual pupils and individual schools shall not be made available to other than the officers and agencies specified in Part A of this procedure.

13. The need for this procedure shall be reviewed on an annual basis.

Any drugs found in the possession of pupils should be passed by the school to a member of the Police Drug Squad or another Police Officer at the first available time.

Information relating to the supply of drugs which comes to the attention of the school should be passed to the Police Drugs Squad.

SOME BASIC FACTS ABOUT DRUGS

The lists which follow give some basic facts about drugs and those most commonly misused by young people at the present time.

Terms relevant to drug misuse in general

DEPRESSANTS are drugs that slow down the nervous system.

DRUG DEPENDENCE is usually regarded as having two components, psychological and physical, but current neurophysiological research suggests they are not necessarily two distinct entities.

PSYCHOLOGICAL DEPENDENCE is a strong emotional desire or need to continue to take a drug to experience its desired effect. Psychological dependence may develop as a result of habitual use of a wide range of drugs, not only those in the opioid, amphetamines and barbiturate groups. With persistent and regular use tolerance may develop. This means that an increased amount of the drug is required to achieve the same effect.

PHYSICAL DEPENDENCE occurs when the body's adaptation to persistent use of a drug results in unpleasant physical symptoms when the drug is withdrawn or relatively reduced. Barbiturates and opioids, which include opium, heroin, methadone and morphine, can produce physical dependence.

HALLUCINOGENS alter sensory perceptions so that things are seen, heard or experienced differently or abnormally.

NOTIFIED ADDICTS Doctors are required to notify the Home Office of addicts whom they are treating. Some addicts may be prescribed controlled drugs in the treatment of their addiction but notification does not, of itself, confer an automatic right to receive a prescription.

STIMULANTS are drugs that excite the nervous system.

TREATMENT will vary. Early experimental or recreational use may best be dealt with by simple advice and counselling, including the adolescent and his parents. In some cases, where physical dependence or other health problems have arisen, medical intervention may be necessary. Physical harm may arise, not only from the drug itself, but more usually from the manner of use. Injecting carries the additional hazards of infection, which may give rise to abscesses, septicaemia or liver infection.

WITHDRAWAL SYMPTOMS may occur when regular drug misuse is relatively or absolutely reduced. With heroin and the other opioids the symptoms resemble a severe 'flu-like condition with sweating, nausea, diarrhoea and muscle cramps. Withdrawal from barbiturates can precipitate a more severe and dangerous condition, similar to delirium tremens found with alcohol withdrawal, including sweating, confusion, hallucinations and sometimes epileptiform fits.

THE DRUGS AND THEIR EFFECTS

(We are grateful to the Institute for the Study of Drug Dependence on whose data the following material is based.)

AMPHETAMINES are stimulants. They were in wide therapeutic use between the 1930s to 1960s for the treatment of depression and to reduce appetite in the treatment of obesity. Misuse began among young people in the 1960s. Increasing awareness of the drug's addictive quality led to a marked decrease in their prescription and a voluntary restriction of their distribution by pharmacists in the 1970s. Illicit manufacture of amphetamine powder is now the most common source of these drugs.

Usual Appearance: Tablets, capsules, ampoules and powder.

How Taken: By mouth, sniffed or by injection.

Effects: Breathing and heartrate speed up, pupils dilate and appetite lessens. Initially the user feels more energetic, confident and cheerful; later the predominant feelings become anxiety, irritability and restlessness. High doses may induce hallucinations, delirium, panic and paranoia. Effects of a single dose usually last 3–4 hours. It can take a couple of days for the body to recover completely. Psychological dependence may develop. There are no typical physical withdrawal symptoms but stopping heavy, regular use may cause severe, even suicidal depression.

BARBITURATES (depressants) were originally introduced into therapeutic practice as hypnosedatives. They include Nembutal, Tuinal and Seconal. Misuse was a major problem in the late 1960s and 1970s. With changes in therapeutic practice they are now less easily available from medical or pharmaceutical sources. Nevertheless they are still available on the black market and pose major risks both in the development of dependence and by overdose.

How Taken: By mouth and if taken with alcohol their effects are more severe. By injection which is extremely hazardous with a high risk of overdose.

Effects: Initially may produce a sense of relaxation and reduction of tension. This may continue to a confused 'drunken' state which may progress to unconsciousness. Effects last 3–12 hours depending on the amount used. Psychological and physical dependence may develop. Withdrawal symptoms include irritability, restlessness, trembling, confusion, delirium, hallucinations, sometimes fits. The withdrawal syndrome following barbiturate use is potentially the most severe and dangerous.

BENZODIAZEPINES are the most widely used of the so-called minor tranquillisers and are taken on prescription by a large number of people. The most common include Librium, Valium and Ativan. These drugs have come to replace barbiturates for most medical purposes because they are relatively safer. Misuse is nevertheless hazardous, especially if the drug is taken with alcohol.

Usual Appearance: Pills. Capsules (various colours).

How Taken: By mouth. Injected—very rarely.

Effects: Benzodiazepines reduce anxiety,

generally without inducing the marked drowsiness and clumsiness associated with barbiturates. However, prolonged use may cause, or exacerbate, anxiety instead of curing or reducing it. These drugs impair driving and similar skills. Effects of a dose usually last 3–6 hours. Psychological dependence is quite common among long-term users; physical dependence and tolerance may also develop. Prolonged withdrawal symptoms may follow the cessation of heavy use over a long period; these are not as severe as those associated with barbiturates; nevertheless they can be distressing, with nausea, insomnia, high anxiety, and (if the prolonged dosage has been very heavy) convulsions and intense mental confusion.

CANNABIS is derived from the plant *Cannabis sativa*. It is imported into the UK from North Africa, the Middle East and Asia; it is also home grown to a small extent. The ingredients which give users the sensation of intoxication they seek occur in the resin at the tops of the plant. Cannabis use is often a shared experience.

Usual appearance: Dried herb. Sticky lumps (the cannabis plant resin).

How Taken: Smoked (usually in a rolled cigarette which is often passed round a group). Eaten. Inhaled (after vaporisation over heat).

Effects: The short-term effects depend largely on the expectations, motivations, and mood of the user, the amount used, and the situation. Researchers report variable effects from use; it is thought probable however, that a person who frequently inhales cannabis smoke over a number of years could develop one or more of the disorders associated with tobacco smoking, such as bronchitis and lung cancer. The most common effects noted by the user are a feeling of relaxation, difficulty in speaking or writing coherently, distorted judgement, changes in visual perception (sound and colour are appreciated more), and sleepiness (later stages). The use of cannabis impairs ability to drive or perform other skilled tasks where precision and alertness are essential. Cannabis begins to affect the user very quickly and the effects may be felt for 1–5 hours depending on the dose. Cannabis may produce psychological dependence (where, for instance, the user comes to rely on it as a social 'lubricant').

COCAINE is a stimulant. It is produced from certain varieties of the coca plant which grow mainly in South America. People have chewed the leaves of the coca plant for centuries in South and Central America, but the effects of this practice are mild compared to those of misusing the derivative cocaine.

Appearance: Crystalline white powder.

How Taken: Sniffed (term often used is 'snorted'). Can be smoked or injected but rare in the UK.

Effects: Cocaine has broadly similar effects on the body to those of amphetamines. It generates a strong feeling of euphoria and alertness. The effects are short lived: an addict may repeat the dose after short intervals to maintain the feeling of euphoria sought from the habit. Chronic use may give rise to irritability, overactivity and paranoid beliefs associated with sensory hallucinations. Psychological dependence tends to develop quickly and withdrawal from habitual use can be unpleasant with insomnia, excitability, restlessness and sometimes severe depression. Prolonged sniffing may damage the nasal septum.

DIPIPANONE (DICONAL) A depressant. Similar in effect to heroin.

HEROIN (a depressant) is one of a number of drugs called opioids which are derived from the opium poppy. Opium is the dried 'milk' of the poppy and contains morphine (from which heroin can be readily produced) and codeine. The opioids have medical uses as painkillers and cough suppressants, and in treating diarrhoea and other conditions. Pharmaceutical heroin is mainly used for the relief of painful terminal conditions. Some is available on the black market as a result of burglaries from chemists' shops etc. Illicit heroin from the Middle East, South East Asia and the Indian Sub-Continent is widely available on the black market. Misuse of illicit heroin is particularly risky because the conditions of manufacture are not known; nor is the user generally aware of the extent to which the heroin has been mixed with other substances. Illicit manufacturers and traders 'dilute' heroin with a variety of other white powders, among them glucose powder, caffeine, flour and talcum powder.

How Taken: Sniffed. Inhaled. Injected.

Effects: Heroin, like the other opioids, makes the user feel detached from reality and relaxed. Sniffing has a slower, less intense effect than injecting. The eyes may become red and bloodshot, pupils constricted. First experiments, especially in injecting heroin, sometimes cause nausea and vomiting; these unpleasant reactions quickly disappear with repeated doses. Tolerance develops very quickly, so that habitual users have to take larger doses to obtain the same sensation. Physical dependence also develops rapidly, but this is not as significant as the strong psychological dependence which occurs. The addict who attempts to reduce intake, or stop the habit, experiences withdrawal symptoms that have been likened to an extreme bout of influenza, with fever, shivering, running nose and eyes, stomach pain, muscle cramps, nausea and vomiting.

The higher the daily intake reached by the habitual user, the more severe the withdrawal symptoms. Unsterile injecting practice may give rise to the development of hepatitis, septicaemia or gangrene. Unconsciousness and sometimes death may follow overdose. With prolonged chronic use the addict may lose interest in food, personal hygiene and social relationships. These factors may give rise to additional social, financial and health problems.

LSD (LYSERGIC ACID DIETHYLAMIDE) is a synthetic hallucinogen. In the 1950s and 1960s it was used in psychotherapy. Non-medical use began in the early 1960s in the USA and in the mid-60s in the UK.

Usual appearance. Variable; the white powder may be made up into small pills, tablets or pellets of different colours. Sometimes LSD is offered as a colourless, tasteless, odourless liquid impregnated on small paper squares.

How Taken: By mouth (usually with other substances). Sometimes absorbed on paper, gelatin sheets or sugar lumps.

Effects: A 'trip' begins about half to one hour after taking the drug, peaks after 2–6 hours and fades out after about 12 hours, depending on the dose. Short-term effects depend very much on the user's mood, his expectations, the setting and the company, as well as on the size of the dose. They often include a more intense

perception of colour and visual and/or auditory distortions. True hallucinations are rare. Emotional reactions may include heightened self-awareness and mystical or ecstatic experiences. Physical effects are generally insignificant. The symptoms of a bad 'trip' may include depression, dizziness, disorientation and sometimes, panic. These are more likely if the user was feeling anxious, depressed or uncomfortable in the surroundings before taking the dose. Reassurance from a friend is usually all that is necessary to help the drugtaker over these unpleasant reactions.

Deaths due to suicide or hallucinations during an LSD 'trip', although much publicised, are rare, and death from an overdose is unknown. A number of the deaths which have occurred have been the result of acting rashly, or performing a task requiring concentration while under the influence of the drug. It is never safe to ride a motorcycle or drive a car during or while recovering from an LSD 'trip'. There is no clear evidence of physical damage to the body arising from repeated use of LSD: the main hazards of long-term use are psychological rather than physical. Serious anxiety or brief 'psychotic reactions' may occur. Prolonged serious adverse psychological reactions are rare: they are thought to be most likely when the drugtaker had psychological problems before starting misuse. LSD does not appear to induce physical dependence. For several days after taking LSD further doses are less effective; this discourages frequent use. Flashbacks of the experience may occur months later.

MANDRAX is a hypnotic drug similar in effect to barbiturates and is no longer legally available in the UK. Nevertheless, illicit supplies are still available occasionally on the black market. The symptoms of misuse are similar to those of barbiturates and there is a high risk of dependence developing.

MUSHROOMS—several species of mushrooms that grow wild in the UK can have hallucinogenic effects. The most common species *Psilocybe semilanceata* is nicknamed Liberty Cap or Magic Mushroom which fruits between September and November and which contains the hallucinogenic chemicals psilocybin and psilocin.

Another species is *Amanita muscaria* (Fly Agaric) which fruits in early Autumn. The chances of misuse by young people are rather fewer as it is difficult to distinguish from other poisonous mushrooms; serious illness or death may occur if the naive user mistakenly eats a poisonous species.

Psilocin and psilocybin are controlled under Class A of the Misuse of Drugs Act 1971; their possession, production or supply, or allowing premises to be used for their production or supply, are offences under the Act, unless in accordance with a special Home Office licence.

Possession of the fungi in their natural state is not an offence. However, if the fungi are boiled or crushed to make a 'preparation or other product' containing psilocin or psilocybin then an offence is committed. How much has to be done to the mushrooms to cross the border of illegality is uncertain but merely crushing them is considered sufficient by the courts.

How Taken: Eaten (fresh or cooked). Drunk (after brewing into a tea; hallucinogenic mushrooms can be preserved by drying).

Effects: The effects of consuming psilocybin containing mushrooms are similar to those of a mild LSD experience, and the comments under LSD about the variability of the experience and its susceptibility to the user's mood, environment and intentions all apply. Unlike LSD the effects include euphoria and hilarity, and prominent signs of physiological arousal, such as increased heart-rate, blood-pressure and pupil size. The effects also come on quicker (generally after about half an hour, peaking in about 3 hours), and last for a shorter time (4-9 hours—longer with high doses). At low doses (2-4 mushrooms) euphoria and detachment predominate; at higher doses (20—30 Liberty Caps, less on an empty stomach) visual distortions progress to vivid hallucinations of colour and movement. There are often feelings of nausea and mild stomach pains, but the mind remains clear and coherent.

Infrequently (especially after repeated or unusually high doses, if the user is inexperienced, or if he is unhappy to start with) bad 'trips' characterised by deep fear and anxiety can occur, and may develop into a psychotic episode. As with LSD these can usually be dealt with by friendly reassurance and generally leave no persistent effects, though there have been reports of longer-lasting disturbances, such as recurrent anxiety attacks and 'flashbacks' to the original experience. Tolerance rapidly develops and the next day might take twice as many Liberty Caps in order to repeat the experience. Full sensitivity is not restored until after about a week so there is a natural discouragement to frequent use as is the case with LSD.

METHADONE (Physeptone)	similar effects to Heroin
MORPHINE	similar effects to Heroin
NEMBUTAL	see Barbiturates
SECONAL	see Barbiturates
TUINAL	see Barbiturates
VALIUM	see Benzodiazepines.

ADDRESSES

The following are some of the organisations which provide factual and educational material on the prevention of drug misuse or can provide advice and help or direct enquiries to local groups. The list is by no means exhaustive. Advice and guidelines are available from staff and professional associations and there are many voluntary organisations offering help.

Adfer Unit
West 1 Ward
Whitchurch Hospital
Cardiff CF4 7XB

The Adfer Unit treat people with drugs, alcohol and solvent problems, and help in rehabilitation. It has produced many publications.

Department of Education and Science
Publications Despatch Centre
Honeypot Lane
Stanmore Middlesex HA7 1AZ

Further copies of *Drug Misuse and the Young* and of other DES publications are available from this address.

Department of Health and Social Security
Dept DM
DHSS Leaflet Unit
PO Box 21
Stanmore
Middlesex HA7 1AY

DHSS has produced three brief publications which are available from the above address:

Drug misuse: A basic briefing
Drugs: What parents can do
What every parent should know about drugs

Families Anonymous
88 Caledonian Road
London N1 9DN

Families Anonymous has a number of local groups for the relatives and friends of those with drug problems.

Health Education Council (HEC)
Education and Training Division
78 New Oxford Street
London WC1A 1AH

The HEC's activities are directed mainly towards general health and social education. It has supported several projects on development of curriculum and materials for health and social education in schools and many of these projects touch on legal and illegal drugs. Resource lists on drug, alcohol and smoking education are available free from HEC's library. HEC supports Health Education Officers in the field and also supports the training work of TACADE and other agencies.

Health Education Council 12–19 Project
Health Education Unit
Department of Education
Southampton University
Southampton SO9 5NH

The project includes the Schools Council/Health Education Council 13–18 project. It is concerned with curriculum development, co-ordination and in-service work in the broad field of health/personal/social education.

Publications include

Developing Health Education—A Co-ordinator's Guide (Forbes Publications Ltd)
Health Education 13–18 (Forbes Publications Ltd)
Alcohol, Drugs and Smoking—an annotated resource list available free from the Project, HEC or local health education sources.

The project is presently developing additional materials and strategies for the 16 plus age group intended for educational and youth work settings.

HMSO
49 High Holborn
London WC1V 6HB

A number of official publications are available from HMSO bookshops or through booksellers. The following have been quoted from or provided sources for this booklet:

Prevention. Report of the Advisory Council on the Misuse of Drugs. 1984.

Treatment and rehabilitation. Report of the ACMD. 1982.

Home Office
E5 Division
(Drugs Branch)
Queen Anne's Gate
London SW1H 9AT

Tackling Drug Misuse: a summary of the government's strategy was published by the Home Office in March 1985.

Institute for the Study of Drug Dependence (ISDD)
1–4 Hatton Place
Hatton Garden
London EC1N 8ND

ISDD maintains a comprehensive reference library on non-medical use of drugs, and produces information leaflets, health and social education materials and materials for training of professionals. Information on specific topics can be obtained through ISDD's library and information service.

Publications include *Facts and Feelings about Drugs but Decisions about Situations* (a drug education course for use in secondary schools); *Health Careers* (a project-based course of health and social education in which drug, alcohol and solvent misuse are related to work, culture and leisure); and a multi-disciplinary in-service training pack for local courses.

Lifeline Project
Joddrell Street
Manchester M3 3HE

Lifeline provides an advice and counselling service. It was an induction programme (two weeks of intensive counselling to enable drug misusers—usually on bail—to assess rehabilitative options). Lifeline also produces printed and audio-visual training material on drugs and solvent misuse and possible responses in practice. It also runs the Regional Drug Training Unit based at Prestwich Hospital.

Narcotics Anonymous
Drug Abuse
PO Box 246
London SW10

Narcotics Anonymous is a self-help organisation for misusers. It has a number of local groups.

National Association of Boys Clubs
24 Highbury Grove
London N5 2EA

National Association of Young People's Counselling and Advisory Services
17–23 Albany Street
Leicester LE1 6CD
Tel: 0533 554775

NAYPCAS aims to promote and develop youth counselling and advisory work. It issues a newsletter and quarterly bulletins for members; and provides training in counselling.

National Association of Youth Clubs
Keswick House
30 Peacock Lane
Leicester LE1 5NY

National Council for Voluntary Youth Services
26 Albion Street
Leicester LE1 6GD

National Intermediate Treatment Federation (NITF)
c/o Save The Children Fund
Goldhawk House
49 Goldhawk Road
London W12 8QP

National Youth Bureau
Albion Street
Leicester LE1 6GD

NYB stimulates innovation in youth work and social education, publishes *Youth and Society*, supports regional

and local training initiatives for youth workers and publishes material such as the youth workers pack *Enfranchisement* which includes information on the legal aspects of alcohol and drugs.

St John Ambulance Association
Edwina Mountbatten House
63 York Street
London W1H 1PS

Their publication *'Emergency Aid in Schools'* (Price £1.95) includes a comprehensive chapter on 'Poisons, Drug and Alcohol Abuse, Glue Sniffing, Foreign Bodies'. It is available from St John Ambulance Supplies Department, Priory House, St John's Lane, London EC1M 4DA.

SCODA Standing Conference on Drug Abuse
1-4 Hatton Place
Hatton Garden
London EC1N 8ND

SCODA has a full list of services throughout the country. SCODA publications include a six-weekly newsletter (£10), guides to specialist non-statutory services and a series of fieldwork surveys on drug misuse problems and responses to them in different parts of the country.

South Wales Association for the Prevention of Drug Addiction
111 Cowbridge Road East
Canton
Cardiff CF1 9AG

SWAPA provide a 24 hour call-in service for people with drug problems. Available to give advice and monitor progress.

Teachers Advisory Council on Alcohol and Drug Education (TACADE)
2 Mount Street
Manchester M2 SN9

TACADE provides education and training materials primarily related to the formal education system. Last year 2,800 teachers and 350 youth workers attended 128 in-service courses conducted by TACADE. Publications include a basic information leaflet *Drugs Basic Facts* (10p), basic teaching material *Drugs Teacher Pack* (£3.60), and a fuller education course in the misuse of drugs and other substances *Free to Choose* (£19.95). A termly school publication *Monitor* is issued. A list of materials is available.

Welsh Office
Information Division
Cathays Park
Cardiff CF1 3NQ

Publications issued by DHSS on drugs and also this booklet are available in English and Welsh from the Welsh Office.

Young Men's Christian Association
National Council of YMCAs
640 Forest Road
London E17 3DZ

YMCA has 200 local centres throughout the country. An investigation into drug and solvent misuse has led to a developing programme and new resources, including a video.

Youth Forum on Alcohol and Substance Abuse
West 1 Ward
Whitchurch Hospital
Cardiff CF4 7XB

The Forum is a working party of teachers, youth workers, health educators, doctors and students. Its aim is to consult young people about community problems relating to drugs and alcohol in order to increase awareness of the problems, to receive opinion and advice and to provide conditions for decisions to be made on prevention of abuse. It arranges international youth conferences on alcohol and drug abuse.

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