

community drug education project

Just say **KNOW!**

lambeth southwark & lewisham

issue 1 february 2000

Mother's Little Helper

Doctors are coming under increasing pressure from parents to prescribe Ritalin for their children. Controversy rages in the USA where, some reports claim, up to 1 in 10 children are now taking this drug. CDEP's Rupert Bailie has done some fact-finding.



"This is mad, psychotic stuff. Its speed, and they are giving it to children. Don't you remember what happened in the seventies". This was the reaction of a colleague of mine from the drug field to the news that, in 1997, a UK licence was granted for the use of Ritalin in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children. Ritalin certainly had been a feature of the drug scene in the past but had been re-scheduled and problems related to its use had gradually died out. So, should we be concerned at its re-emergence as Prozac for Kids?

ADHD is a diagnosis we have imported from the USA, applicable to children who suffer a fairly definite range of symptoms including inability to concentrate or play alone, fidgeting, constant interruptions of others and inability to follow instructions. Theories vary widely as to causes, but a recent book Ritalin Nation by Richard De Grandpre makes an argument that our high-speed rapid-fire culture, and in

particular some children's television, may be a factor. As is common now, there are differing schools of thought as to whether causes may be more related to external factors, such as TV, or to brain chemistry or genes.

There is pretty clear agreement about how this drug should be used, and most people emphasize caution. A specialist should make the decision, with the family, to start treatment. A child taking this drug needs to have his or her growth monitored, and may need regular blood tests. Treatment should be part of a package of "psychological, educational and social measures aimed at stabilizing children" (Novartis Pharmaceuticals). There should be breaks in treatment, perhaps during school holidays, as a precaution against addiction and to enable assessment of how the child is coping without the drug.

There is agreement about another important matter. Ritalin works. Extremely unmanageable children become manageable and compliant. This can lead to pressure from parents for doctors to break sensible treatment guidelines, to overprescribe and to avoid psychological or social parts of care. There are some indications that a 'grey' market may be emerging, with parents and young people passing this drug around.

A central problem is that Ritalin is only licenced for use in children, but there is no guidance on when a child stops being a

Introducing **CDEP**

Dawn Hart, Project Manager for The Community Drug Education Project, explains how the project was set up and what our aim is.

In April 1996 Lewisham Council held a Citizens' Jury. This is a means of public consultation in which a representative group of local people are given in-depth information on a topic and then asked to make recommendations for action. The topic for Lewisham's Jury was drugs and community safety. Sixteen local people spent four days together and as well as being given a lot of information about drugs and drug use, they interviewed a range of expert witnesses. These included educationalists, ex and current drug users, the police, youth workers and a consultant psychiatrist. The jury made a range of recommendations to the Council.

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child. In pre-teens, Ritalin acts as a sedative, slowing the body down. After adolescence it is a stimulant, like speed. And it is among older children that potential problems become more serious. The fact that it delays or prevents hunger can lead to anorexia. It can keep you awake, enable you to drink more alcohol without getting drunk, and has other effects which teenagers may find appealing. Recreational use of drugs which come from doctors is, and always has been, a hidden part of our drug scene, and an area where the practice of drug companies has at times been questionable. In this climate, being an informed patient and an informed parent is the best way to avoid the harm medicines can cause.

CDEP has a resource file on ritalin and is happy to answer enquiries. Visit us or e-mail rupert@drugsinfo.org.uk

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On Education they felt

- The wider community and in particular parents, need educating about drugs
- The Council should set up an 'elite' drug education squad
- The 'Just Say No' message doesn't work - the message should point out that drugs are illegal but should concentrate on minimising the harm caused by them and maximising the information available

On Treatment and Crime they felt:

- Diamorphine (pure heroin) should be more widely used in the treatment of heroin users and methadone should be more limited
- There should be more treatment for users of drugs other than heroin, in particular a response to crack-cocaine

- Problematic drugs users should receive a sympathetic rather than victimising response from the police and courts

In response to the education recommendations, the Council set up the Community Drug Education Project in September 1997.

Two years on, we have now delivered a whole range of drug education initiatives including:

- A team of trained specialists to deliver drugs education in the community
- A drop-in information centre at the Albany, Deptford
- Staffed displays at a range of public events including Lewisham Peoples' Day, the Southwark Show and Lambeth Country Show

- Theatre in Education and a community arts project with young people excluded from school
- Policy developments within existing organisations
- Project web-site

In March 1999 the Project received extra funding from the Health Action Zone. This has allowed us to increase our work in Lewisham as well as to expand into Lambeth and Southwark. We are currently in the process of refurbishing premises in Kennington from which we will open a public drug information library. We are also making contact with parents and communities in the two new boroughs to find out how we can best meet their drug education needs.

e-mail dawn@drugsinfo.org.uk

Are you a parent/carer?

Do you want to know more about drugs?

Why not come and visit the Community Drug Education Project? Our Resource Centre is based in Room 7 at The Albany, Douglas Way, Deptford SE8 4AG. We are open 1.00 - 4.30pm on Wednesdays and Thursdays. There are books, games, and videos available for you to borrow, free drugs information leaflets or just a chat to one of our drugs advisors.

Soon we will be running a series of short sessions looking at different aspects of drug use. You don't have to know someone who uses drugs to come along, you just need an interest to find out more Tea and coffee are provided and a relaxed atmosphere is guaranteed.

Here are some examples of the sessions:

What do Drugs Look Like:

A short video which introduces us to some of the most commonly used drugs.



Drug Testing

With better and cheaper tests constantly becoming available, drug testing has become an issue for national debate. The Home Office is proposing testing by the police of anyone they arrest, and possible loss of bail for those who test positive. More employers are thinking about compulsory testing, and we already have random drug tests in prisons. Usually tests are done on urine and to be sure of an accurate result there must be a witness to the sample being given and a clear 'chain of custody' for the sample on its way to the testing lab.

The following is a rough guide to how long after taking different drugs your urine may test positive. These figures are not an indication of how long the effects of a drug may last.

Cannabis - casual use	2 - 7 days
Cannabis - heavy use	30 days or more
Amphetamines (including Speed and Ecstasy)	2 - 4 days
LSD	2 - 3 days
Heroin	1 - 2 days
Methadone	2 days
Cocaine (including Crack)	12 hours - 3 days
Alcohol	12 - 24 hours

We invite your comments on drug testing. E-mail rupert@drugsinfo.org.uk

Parents: Concerns and Worries

What to look for . . . is there such a thing as signs and symptoms?

Dispelling the Myths

Explore some commonly held beliefs about drugs and drug users.

Let's Talk!

Want to talk to your child about drugs, but not sure how . . .

Resources

A closer look at what drugs resources are available i.e. leaflets, booklets, videos.

For more information contact the team on 0181 691 0550

e-mail: rupert@drugsinfo.org.uk

Volunteering

for



CDEP

Eddie Toomey talks about the experience of volunteering with the Community Drug Education Project.

I became a volunteer for the Project in November 1998. Since then I have participated in a variety of activities and events including drugs training sessions, setting up and staffing the information tent and stall and supporting the staffing to the Project's resource centre at the Albany in Deptford.



I have lived in South London for all of my life and I feel a very clear sense of community here. This is why, for me, perhaps the most rewarding and enjoyable aspect of my time spent working for CDEP is the people I meet through the project. Though I have no professional background in drug education, through the course of my life I have acquired a fairly comprehensive

knowledge base around drugs and drug use. I have found the opportunity to discuss current drug issues with a wide range of people, both residents and professionals who work in the community, very stimulating and useful.

Over the past year my attitudes have broadened and my knowledge of drug use and related issues for

the community has increased considerably. I can only see this as a positive thing. I believe that education and open discussion is the best course available to us as a community to realistically address what most people would agree is an endemic problem which concerns all of us.

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Complete the quiz below and send it to arrive by 31st March 2000 to :
Debbie McGruddy, Quizmistress, CDEP, The Mornington Centre , Stanley Street, London, SE8 4BL

Nicotine is more addictive than heroin
True / False

Alcohol is a stimulant
True / False

More people die each year from taking Paracetamol than from taking Ecstasy
True / False

In which year was the Misuse Of Drug Act introduced ?
(a) 1971
(b) 1972
(c) 1973

'Chasing The Dragon' is slang for
(a) Smoking Crack
(b) Smoking Cannabis
(c) Smoking Heroin

The maximum penalty for possession of cannabis is a fine plus
(a) 5 years imprisonment
(b) 2 years imprisonment
(c) 7 years imprisonment

Ketamine is used medically
(a) as an anaesthetic
(b) to treat infections
(c) for birth control

The most common way to take khat (quat) is
(a) smoke
(b) chew
(c) swallow

3,4-methylenedioxy-methamphetamine is the chemical name for

What percentage of 16 year olds report having used cannabis ?.....

**D
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Winners will be notified by post

Name.....
Address..... Postcode.....

The following information is not necessary for your entry to the quiz, but it would be helpful if you would answer the following questions

Circle the answer which applies to you

How did you get this newsletter: delivered to my home / from a friend / doctors/health centre / library / chemists/ other (please state).....

Male / Female Age Under 17 / 17 - 20 / 21 - 30 / 31 - 50 / 50 + Are you a parent or carer of children? Yes/No

Please tick this box if you do not want to be added to CDEP's mailing list

£50

Boots vouchers are on offer for the first three correct entries out of a hat

HEROIN FACTS

Names: Smack, Brown, Junk, Gear, H, Diamorphine (pharmaceutical heroin)

Similar Drugs: Opium, Coediene, Methadone, Morphine, Pethidine

Appearance: Brown or occasionally white powder. Diamorphine comes as linctus, tablets or 'dry' ampoules

Used By: Injection ('fixing'), Smoking ('chasing the dragon') or Sniffing. Linctus and pills are Swallowed.

Effects: Pain relief, slows heart rate and breathing. Vomiting. Being high on smack is a feeling of warmth and freedom from emotional and physical pain, like being wrapped up in cotton wool. Regular users become tolerant to the effects and need to take more.

Pregnancy: The baby can become dependent in the womb and may need treatment at birth. Low birth weight is common. Advice is needed on individual cases but breastfeeding remains possible.

Overdose: More frequent with injecting than smoking. Can result in unconsciousness, coma and death. An antidote to overdose is available. Very dangerous if combined with sedatives like sleeping pills or alcohol.

Addiction: Very clear physical addiction and psychological craving but it does take time to become addicted.

The Law : Controlled Drug and Class A under the misuse of drugs act. Up to 7 years' in prison and unlimited fine for possession, and up to life in prison for supply. The maximum penalties are very rare.

RITALIN FACTS

Names: Ritalin, Methylphenidate Hydrochloride

Similar Drugs: Amphetamines (Speed), Dexidrine

Appearance: Round, flat white pill, 7mm in diameter. One face flat with the letters 'CG', the other face scored with the letters 'AB'. Supplied in blister packs.

Used By: Swallowing. Some users crush pills and inject them.

Effects: A sedative in children but a stimulant in adults. Appetite reduction, nervousness and insomnia. Drowsiness. In high doses or for long periods there is a risk of psychosis, depression and a range of other problems including slowed growth.

Pregnancy: Very little information is available. Should not be used when pregnant or breastfeeding.

Overdose: Causes sweating, shaking and fits which can lead to coma, heart failure and death.

Addiction: Manufacturers caution use in children who have any history of substance use. Opinions vary on the addictiveness of this drug.

The Law : Controlled Drug and Prescription Only Medicine. Legal to possess but penalties exist for supply.

USEFUL TELEPHONE NUMBERS

National Drugs Helpline

Helpline for anyone concerned about drug misuse. Provides information about drugs and referrals to local services

Tel: 0800 77 66 00 (open 24hrs)

Parentline

Offers a helpline for parents and carers of children

Tel: 01702 559900 (open Mon - Fri 9am - 9pm, Sat 12 midday - 6.00am)

Release

Gives advice on drugs and legal problems

Tel: 0171 603 8654 (open 24hrs)

Youth Access

Produces a directory of services which offer counselling, information, advice and other sources of help to young people

Tel: 0181 772 9900 (open office hours)



Just Say Know
is published by the
Community Drug Education Project,
Lewisham Directorate For Education & Culture

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Disclaimer

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Contributions

Have you got something to say about drugs? Do you have an experience you would like to share with our readers? Are you concerned about how drugs affect the community? We would welcome your views and contributions, so please contact us!



