SAMPLE CHAPTER FROM:

The Drug Conversation

How to talk to your child about drugs

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Introduction

> 'Mind your own business. What I do is up to me. You always go on about drugs being bad, but what do you know? You told me you've never taken any, right? So how do you know what's what? You don't know anything!' – a 15-year-old's response to being asked by his mother if he is taking drugs.

I'm sitting with Harry, a bright, articulate 15-year-old who attends a well-known school in London. Harry's parents are here too, looking anxious and frustrated. This is my second meeting with Harry and he is here because he uses drugs. He mostly uses cannabis but also occasionally ecstasy and, on one occasion, he has taken cocaine. To Harry's dismay, one of his friends told a teacher that they were worried about him. The head teacher called Harry and his parents to a meeting to discuss his progress and reported drug use.

Harry doesn't think his drug use is a problem, claiming that all of his friends smoke a joint (of cannabis) 'now and then' and that he uses less than some. Despite recently falling grades, Harry knows he is bright and wants to go to university to study journalism, something he has wanted to do for as long as he can remember. He seems relaxed, even confident, as he talks to me about how cannabis helps control his anxiety, improves his sleep and makes him feel relaxed and 'part of the crowd'. He can't imagine a life without drugs.

Harry's parents, on the other hand, are horrified. They can hardly bring themselves to believe that Harry is using drugs and blame his friends for introducing him to them. They think he has fallen in with a 'bad lot' and is putting his promising future at risk. At today's meeting, they ask Harry to stop using drugs immediately, threaten to ban him from seeing his friends

and insist that he is drug-tested every week. They become frustrated and angry when he says that they are overreacting and accuses them of being out of touch and ignorant about drugs.

Tensions rise further as it becomes clear that Harry has been stealing money from his mother's purse to spend on cannabis. His parents also discover that at weekends he has repeatedly lied about where he is and whom he is with. The conversation becomes increasingly heated and hostile.

This story has unfolded hundreds of times in my office.

Months later, Harry has changed his mind. He found that his drug use started to affect important parts of his life. His academic performance dropped further and cannabis made him increasingly paranoid. With support, he has stopped using drugs completely, although he has not ruled out trying them again in the future. He has needed to change some of his friends but seems happier for this. The paranoia has improved and he is able to study again.

Harry's parents have also been working hard. They now know much more about drugs and what to look out for if Harry starts using again. They have had to learn to trust him again despite feeling anxious about this, but can see that Harry is making progress.

Unfortunately, not all stories end this well.

Why write this book?

I wrote this book for two reasons. The first is that I am a psychiatrist who specialises in drug problems. Over the years, I have met thousands of patients and helped them on their often complex and sometimes painful journey to recovery. As a psychiatrist, I am interested in both the brain systems underpinning drug misuse and the psychological reasons for these problems. I believe my patients and their families deserve clear and up-to-date information to help them make decisions. This book will give you plenty of information to help you understand how drugs affect the brain, what problems they cause and possible solutions.

The second reason for writing this book is that I am a parent. Like many parents, I worry about how I can best look after and

support my children. Other parents clearly feel this too, and all ask me the same questions.

- How do I talk to my child about drugs?
- What should I look out for?
- Can I stop them from trying drugs?
- What should I do if I think they are using drugs?

Drug use arouses difficult feelings – confusion, anger, helplessness and condemnation. These feelings are understandable, but can sometimes make the situation worse.

In my experience, it is unhelpful to judge someone as 'bad' because they use drugs. It's far better to try to understand their reasons for using drugs. So, in this book I steer clear of moral judgements about drug use. There will always be people who want to experiment with drugs, but some people are damaged by these experiments. What I most want to do is to help people avoid this damage and to help those who have begun to experience harm, and their families, to find a better way to manage their lives.

Why read this book?

Most parents assume that their child will be taught about drugs by the school they attend. Many schools do a good job, but standards can vary. I always suggest that parents take an active role in educating their child about drugs, and don't rely entirely on schools.

Parents might worry about talking to their children about this subject and feel they don't have enough information to start a conversation about drugs. These concerns are understandable – the drug market is also very different now from when parents were growing up. There are now more drugs than ever, both illegal and legal. The internet is increasingly used to market and sell drugs.

This book will address all of these issues in a clear, practical way, focusing on what you need to know. Using the latest science, this book will help you feel more informed about drugs, more confident in talking to your child, more able to avoid problems developing and more prepared to tackle problems with drugs if they arise.

How to use this book

This book can be read in different ways. If you don't know much about drugs, then reading the chapters in order will give you the best introduction. However, all the chapters have been written to stand on their own, so you can go straight to the one that you need. So, if you have a particular question, such as 'How can I drug-test my child?' or 'I've just found drugs in their room, what should I do?' then you can skip to the relevant section. At the end of each section, there is a summary of the key points covered.

There are case studies from my clinical practice throughout the book that illustrate different points. All these patients consented to their stories being used, but names and other details have been changed to ensure anonymity.

What are psychoactive drugs, who uses them and why?

What are psychoactive drugs?

A psychoactive drug is a chemical substance that alters the functioning of the brain, causing changes in the way we think, feel and behave. All drugs can be divided into those that have psychoactive effects and those that don't. Most drugs, for example medications like antibiotics, are not psychoactive. Antibiotics treat infections but they don't change our emotions.

Psychoactive drugs can be stimulating, sedating, cause hallucinations or produce an out-of-body state called dissociation. Some psychoactive drugs can cause more than one of these effects.

How much of a problem are psychoactive drugs?

Before we talk more about psychoactive drugs and the problems they can cause, let's look at how commonly they are used. The United Nations Office on Drugs and Crime (2014) estimates that around one person in twenty of the world's population between 15 and 64 years of age has used an illicit psychoactive drug in the past year. That's around 250 million people. Of these people, about one in ten experience problems with their drug use. The same report estimates that, globally, 183 000 people a year die from drug-related causes: about 40 people per million.

The UK government conducts an annual survey estimating drug misuse in England and Wales (Home Office, 2014). It shows that around one in three adults have taken an illicit drug at some point during their lives, and about one in twelve have

used drugs in the past year. As with all surveys, some people will not tell the truth, inflating or reducing the estimates, but a yearly survey does give an indication of changes in patterns of drug use over time. The survey results suggest that the past decade has seen a gradual reduction in the number of people using drugs, and this seems to be true for all age groups.

While heroin use seems to be declining in the general population and in young people in particular, other drugs seem to be gaining popularity: cannabis and the so-called legal highs. Most newer drugs are not accurately recorded in surveys, so their use is likely to be underestimated. Chapter 6 discusses them in more detail.

Young people and drug use

Psychoactive drug use is more common in younger people. Many young people who use psychoactive drugs will do so briefly (perhaps out of curiosity), decide it is not for them and stop. A small proportion of users, however, will begin to use more regularly. In general, the more often a psychoactive drug is used, the greater the likelihood that it will cause problems.

So what does the UK survey tell us about young people? Looking at those between 16 and 24 years of age, more than one in three have used a psychoactive drug at some point in their lives, equivalent to around 2.2 million people. One in five young people used drugs in the past year (Home Office, 2014).

When do young people start using drugs?

The UK government also measures drug use in school-aged children. Around a quarter of 15-year-olds report having taken a drug at some point in their lives, and a fifth reported use in the past year (Health and Social Care Information Centre, 2015). A quarter of children 11–15 years of age had been offered a drug, even if they chose not to take it.

Another estimate of drug use in young people comes from the USA. The Monitoring the Future project (www.monitoringthefuture.org) has recorded drug use in US school-aged children since 1975. Approximately 50000 pupils take part in the annual survey and, like the annual survey of England and Wales, it can track trends over time. The US

survey suggests even higher levels of drug use. More than a third of US 15-year-olds report drug use at some point; over a quarter in the past year.

Both the UK and US figures suggest that many young people have experimented with drugs by their mid-teens. This is important when we think about the best time to start talking to our children about psychoactive drugs.

Which drugs are young people using?

The popularity of different drugs changes over time and with user age. Fig. 1.1 shows the patterns of drug use by UK schoolchildren. The use of volatile substances such as glue peaks at around 13 or 14 years old before declining. Cannabis use, however, takes off at that age, with a fivefold increase between 13 and 15 years of age.

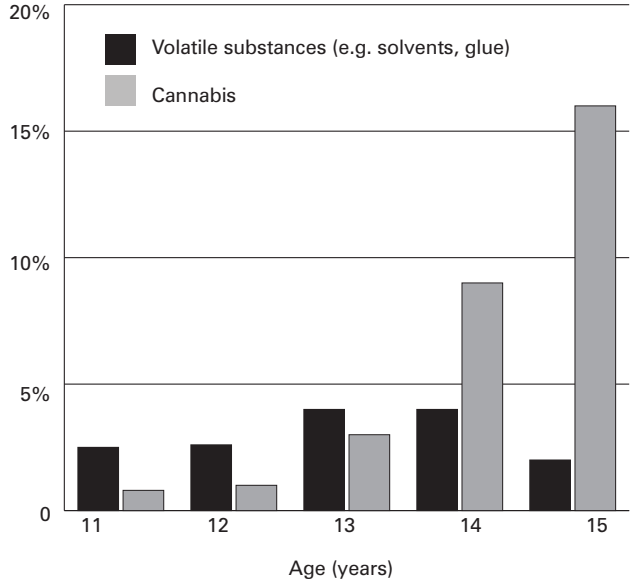

Fig. 1.1 Percentage of children 11–16 years of age who have taken volatile substances and cannabis in the past year, by age. Adapted from Health and Social Care Information Centre (2015).

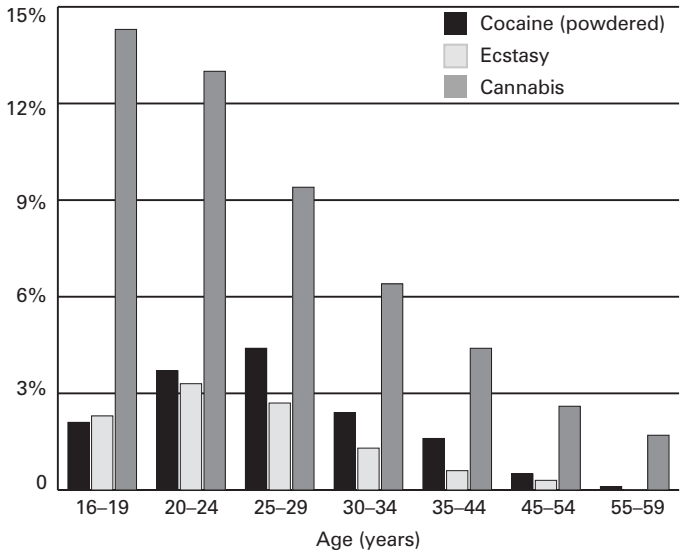

Fig. 1.2 Percentage of people 16–59 years of age who have used cocaine, ecstasy or cannabis in the past year, by age. Source: Home Office (2014).

From 16 years of age onwards, cannabis remains the most common drug across all age groups but peaks in the late teens (Fig. 1.2). Ecstasy (3,4-methylenedioxymethamphetamine, or MDMA) use peaks in the early 20s and powder cocaine use is most common in the late 20s.

Drug preference is influenced by many factors, including availability, cost and perceived acceptability. Some drugs are associated with particular social or ethnic groups. For example, the electronic dance music scene is associated with the stimulant drug ecstasy (Winstock *et al*, 2001).

What do young people think about drugs?

Most adolescents disapprove of using psychoactive drugs. Asked the question 'Is it OK to try taking cannabis to see what it is like?', less than one in twenty UK children under 13 years of age agreed. But by 15 years of age, one in five answered yes. At this age, trying cannabis was still less acceptable than trying tobacco (half of all 15-year-olds agree) or alcohol

(three-quarters of 15-year-olds agree) (Health and Social Care Information Centre, 2014).

The Monitoring the Future project also asks school-aged US children about attitudes. Rather than asking if drug use is acceptable, they ask if the children disapprove of different drugs. By 15–16 years of age, only half of the US children surveyed disapproved of cannabis. Disapproval of other drugs remained high (Miech *et al*, 2015).

Although we can't directly compare the UK and US results – because they ask different questions – the overall findings are strikingly similar. Most children in their early to mid-teens disapprove of drugs, but drugs become more acceptable as they get older. Why do their attitudes change? In general, attitudes change because of new information and the opinions of those around you. As adolescents mature and explore their expanding worlds, what they are told about drugs, and by whom, is likely to be very influential. Having the right information is important at any age, but for adolescents having the right information is essential.

What about the law?

Many psychoactive drugs, such as heroin or cocaine, are illegal because of their harmful effects on the user. The legal status of a particular drug differs from country to country, but in general, drugs that cause more harm have stricter controls. In the UK, illegal drugs are divided into three broad categories: Class A, Class B and Class C. These classes carry different penalties for producing, selling or possessing (Table 1.1).

Key messages

- Drug use is common. It is estimated that a third of people in the UK have tried a psychoactive drug.
- Young people use more drugs than any other age group, many by their mid-teens.
- Cannabis is the most commonly used psychoactive drug (excluding alcohol).

Table 1.1 UK drug classes and maximum penalties for possession and supply/production

Class	Drug	Maximum penalty for possession	Maximum penalty for supply and production
A	Crack cocaine, cocaine, ecstasy, heroin, lysergic acid diethylamide (LSD), magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine, or both	Up to life in prison, an unlimited fine, or both
B	Amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin®), synthetic cannabinoids, synthetic cathinones (e.g. mephedrone, methoxetamine)	Up to 5 years in prison, an unlimited fine, or both	Up to life in prison, an unlimited fine, or both
C	Anabolic sterioids, benzodiazepines (diazepam), gamma-hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP), khat	Up to 2 years in prison, an unlimited fine, or both (except anabolic steroids – it's not an offence to possess them for personal use)	Up to 14 years in prison, an unlimited fine, or both
Temporary class[a]		None, but police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine, or both

a. The government can ban new drugs for 1 year under a temporary banning order while they decide how the drugs should be classified. Source: www.gov.uk/penalties-drug-possession-dealing.

What about alcohol?

This book looks at psychoactive drugs, but not alcohol. This does not mean that alcohol is not a psychoactive drug – it is. In fact, it is the most commonly consumed psychoactive drug in many countries. Alcohol accounts for around 6% of all deaths globally. Although it can be used without harm to the individual, it also creates significant and widespread damage. According to the World Health Organization (2014), around 16% of the world's population engages in heavy episodic drinking, with wealthy countries generally consuming more alcohol per person. However, many parents will be far more knowledgeable about alcohol than psychoactive drugs and it is this knowledge gap that this book is designed to fill in. Having said this, many of the approaches described in this book can also be used with problem drinking.

Why do people use drugs?

People take drugs to change the way they feel, even if only for a short time. Psychoactive drugs are a powerful and reliable way to change a person's psychological state. They can be stimulating (making the user feel energised), sedating (leading to feelings of calm and relaxation), hallucinogenic (causing vivid perceptual changes) or dissociative (resulting in 'out-of-body' or 'near-death' experiences). Most drugs work quickly, are relatively cheap and widely available. Some of my patients tell me that if they wanted to, they could buy drugs within 20 minutes of leaving my office. So, if you want to use a psychoactive drug, it's easy to find it.

If we accept that using a psychoactive drug is a reliable, if potentially high-risk, way to change the way you feel, then the question becomes why do people want to feel different in the first place? Psychoactive drugs affect the brain by either giving a person new feelings or taking away existing feelings. In essence, people take drugs to feel good, or to stop feeling bad.

Drugs to give new feelings or to numb existing feelings

Here are two very different scenarios.

John's story

John is 16 years old. He is going out clubbing with friends from school to celebrate the end of his summer exams. He has been looking forward to it all week and knows that the party will begin on Friday evening and continue all night. He is going to a new club and is really excited about the DJs and venue. John and his friends plan to take drugs, in this case the stimulant drug ecstasy. A few days ago they bought enough pills for all of them from a friend of a friend.

On Friday, John meets his friends at a bar and they have a few drinks before heading to the club. John is feeling in the mood to celebrate but also feels physically tired from late nights spent studying. They reach the club around 11 pm and once inside they all take their first dose of ecstasy.

Within about half an hour, the drug takes effect. John is now excited, full of energy and very sociable. He's aware that he is talking too much and can't keep still. He can't stop himself from grinning – a well-known side-effect of ecstasy. The music and lasers become more intense as the ecstasy takes effect. As he dances, John experiences an intense, overpowering euphoria. He describes feeling 'higher than heaven'.

Around 2 am, John begins to flag as his energy levels drop. It is time for another dose. John is an experienced ecstasy user and has judged from the effects of the first pill that this ecstasy is probably stronger than he is used to. He also knows that the more he takes, the greater the 'crash' will be over the next few days, so decides to take half a tablet and 'play it safe'.

The second dose works quickly and soon John is back dancing with his friends and really enjoying himself. Towards the end of the night, about 5.30 am, the second dose begins to wear off. John doesn't want to use any more ecstasy as he has plans to meet a friend on Sunday and doesn't want to spend his weekend recovering from the drug's effects. Instead he moves to the club's chill-out room to cool down. His friends agree that the night has been a spectacular success and that the DJs were brilliant.

John and his friends leave the club about 7 am on Saturday morning feeling physically tired but still mentally very alert from the ecstasy. They know they won't be able to sleep yet, so they all go and have breakfast before heading home. John arrives at his friend's house around 10 am, still feeling 'wired'. He smokes half a joint of cannabis to calm himself and eventually falls asleep around 11 am.

Over the next few days, John feels flat and exhausted. His concentration is poor and he is more irritable than usual. He is well aware that these are the effects of his ecstasy use, as he has experienced them many times before. The feelings peak on Monday afternoon when, for a few hours, John feels sad and upset, but he knows these feelings will pass and believes it is a price worth paying for his night out with friends.

By Thursday, he is feeling back to normal. John makes a mental note to not use ecstasy for the next couple of weeks to give his brain 'a rest' but later that day a friend messages him, inviting him to a new club the following evening. It sounds like it will be an amazing evening, and John starts to think it might be too good to miss.

John, an experienced ecstasy user, takes the drug to give him feelings that he would otherwise struggle to achieve or maintain. He carefully plans his use of ecstasy to give him the maximum benefit while minimising the negative effects. He also uses the sedative effects of cannabis to calm himself down and help him sleep.

His story is typical of many recreational drug users, who think carefully about the dose they want to use and often combine more than one drug to achieve the best effect. Mixing a stimulant and sedative drug is particularly common – ecstasy and cannabis or cocaine and alcohol are good examples. Whether John has as much control over his drug use as he thinks is unclear.

Jake's story

Jake has worked in the customer service department of a large company since leaving school a year ago. He is a studious, precise and shy person who describes himself as 'always a bit nervous around people'. Jake likes his job and is good at it. He was recently promoted and now manages a team of 14 people. Since his promotion, Jake has felt much more pressure due to the increased responsibility of managing his team but also from his new boss to hit company performance targets. He has found the work increasingly challenging and returns home from work most days feeling stressed, worried that he is not up to the job and that he will end up being demoted or sacked.

Jake has never really been interested in drugs, with the exception of cannabis, which he has used on and off since he was 14 years old. He now buys small amounts from a friend

and smokes it on his own in his flat a few times a week as a 'bit of a treat'. It helps him relax, particularly after stressful days at work.

Over the past 6 months, Jake has noticed that his cannabis use has gradually increased and that he is now smoking every evening. In fact, over the past few weeks, the first thing he does when he gets home from work is smoke a joint, later followed by two more joints before he goes to sleep. He now finds that without cannabis, he struggles to sleep and feels 'edgy'. Jake is worried about the cannabis use and blames work and his overbearing boss.

A few weeks ago, during a particularly difficult day at work when 5 of his 14 staff called in sick, Jake had a panic attack. He felt emotionally overwhelmed, distressed and paralysed by fear. Hyperventilating, and with his heart beating so fast he thought he was having a heart attack, Jake left the office and went outside for some air. All he could think about was that his boss was expecting him to report on the company performance targets that afternoon, targets Jake already knew had not been achieved.

Instead of going back to the office, he went home and rang a work colleague to explain that he was not feeling well. Once home, feeling very shaky and with his heart still racing, Jake rolled himself a large joint of cannabis, which he quickly smoked. Within a few minutes he felt himself calming down. He smoked a second then a third joint, by which time he was feeling much better. His anxiety had completely gone and was replaced by a powerful feeling of calm and well-being. Jake rolled a final joint before falling asleep.

The next day, even the prospect of going to work felt overwhelming to Jake, but he knew that his boss would be waiting for his presentation and would be angry if he did not show up. To calm himself, Jake smoked a 'small' joint of cannabis, just enough to reduce his anxiety until behind his desk. He rolled a second joint and put it in his wallet. Jake knew this was a risky thing to do, but couldn't think of any other way to cope.

A few weeks later, I met Jake at the clinic. He was in a terrible state, having been fired from work and overwhelmed with anxiety. He asked if I could help him. Although Jake felt cannabis was the main problem, it soon became clear that his anxiety was the main issue to tackle.

Jake uses cannabis to control his anxiety. He has probably always been more anxious than others and the sedating effects of cannabis, when used in moderation, have worked well for him over the years. But as his stress levels increased, so did

his cannabis use. The recent panic attack made him fearful of losing control at work.

Unfortunately for Jake, the more frequently cannabis is smoked, the greater the risk of tolerance. Tolerance develops when the brain becomes used to a drug through repeated consumption. The brain's receptors adjust to repeated drug use by making themselves less sensitive to the drug. Therefore, the user needs to take more of the drug to achieve the same effect. Jake's tolerance to cannabis means that he has been smoking more, as well as more often. He is at risk of becoming dependent on cannabis unless he finds other ways to manage his anxiety. In the long run, psychological techniques – teaching him skills to control his anxiety – will be much more helpful than psychoactive drugs.

Some people use drugs to take away very difficult, distressing feelings that they struggle with every day. The despair of depression, traumatic memories or the emotional pain of a recent bereavement, for example, are feelings that can lead people to the psychologically soothing effects of psychoactive drugs. In the short term, psychoactive drugs can make difficult feelings less intense or disappear altogether, but of course the drugs won't address the underlying problems, only mask them.

Drugs to numb physical problems

Psychoactive drugs change our psychological experiences, but they can change our physical experiences too. A number of powerful psychoactive drugs also reduce pain. Opioids such as codeine or benzodiazepines such as diazepam are medications with powerful psychoactive effects. When prescribed and carefully monitored for pain management, these drugs can be extremely helpful, but serious harm – including dependence – can result from their misuse.

Drugs for other reasons

Drug use is an attempt to experience new feelings or take away unwanted ones. For some users, this extends beyond the direct feeling caused by the drug. Drugs can make people feel good in other ways, offering an escape from responsibility, a personal reward or satisfaction in breaking the rules.

Drugs for social gain: peer groups and fitting in

Drugs can also make people feel good through social gain. In particular, for those who find it difficult to fit in with others, using drugs can give access to certain sub-cultures. Sub-cultures can offer a sense of belonging and identity that the user struggles to find elsewhere.

We've all heard the phrase 'falling in with a bad crowd'. Very often parents describe how their teenager was doing well until they met a new group of friends, who the parents felt were a bad influence. They believed, often correctly, that the new friend or friends introduced their child to drugs and that this was the root of the problem.

Most of us like to fit in. We are social animals and like to feel part of a group or community. Belonging feels good.

Using drugs is sometimes seen as a way to increase credibility with peers. Acts of recklessness can increase status within a peer group and be seen as mature or brave. If drug-taking is praised or admired by others, this makes the user feel good about themselves. With this social gain, it is likely that drug use will continue. For some, the social gains from drug use can be more important than the drug use itself (Oetting & Beauvais, 1987).

Hannah's story

Hannah is 15 years old and in trouble. She has been sent to see me by her exasperated parents because she has just been suspended from school for truancy and smoking cannabis. Hannah is preparing for her GCSE examinations, which are in a few months' time – or at least she should be preparing. In truth, she has not even started her exam revision and seems to accept that she will fail everything.

As Hannah and I begin to talk, she tells me that she feels like a 'freak' at school because her interests and musical tastes are different from those of her classmates. Hannah believes she has never really fitted in and has only recently found people like her.

These new friends come from outside her school and are slightly older than her. Most of them have already left school and are looking for work. They share Hannah's passion for electronic dance music and the culture surrounding it, and spend time listening to and making music. Hannah will often leave school after lunch to spend time with them, something she finds exciting.

I ask Hannah about drugs and she explains that she doesn't really like them, but has smoked quite a lot of cannabis with her new friends 'because that's what they do'. The cannabis makes her anxious and gives her a headache but she never refuses, as 'that would be really uncool'. Hannah's classmates know about her drug use and now avoid her even more than usual.

When I ask what she thinks will happen next, Hannah becomes very distressed and starts crying. She explains that she feels trapped, disliked at school but out of her depth with her new friends. She is worried about the cannabis and has felt quite paranoid the past few times she smoked the drug, believing that the police somehow knew what she was doing. She doesn't feel able to refuse cannabis from her new friends, as she is desperate not to be rejected by yet another group of people. Hannah is also frightened because some of the new group use 'stronger' drugs. Although she has not been offered these other drugs yet, she knows it is only a matter of time.

It becomes clear that Hannah is very unhappy both at school and at home. She is intensely lonely and very sensitive to rejection by others. Importantly, Hannah knows that her life is 'going wrong' but doesn't know what to do about it.

This was the first of many meetings I had with Hannah, meetings that also came to involve her parents, the school, a family therapist and a social worker. Hannah dropped down a school year and, at the time of writing, is still in treatment, not using drugs and making steady progress.

Some groups are particularly vulnerable to drug misuse. Children with existing emotional difficulties or problems with learning or social interaction can, without appropriate help, find environments such as school extremely challenging. This can lead them to seek out peers who also feel disenfranchised and left on the social margins. Conditions such as autism spectrum disorder and attention-deficit hyperactivity disorder (ADHD) are increasingly recognised, and children with these problems need proper assessment and support.

For those experiencing emotional distress, psychoactive drugs can seem particularly appealing. Intoxication can provide a brief refuge from difficult thoughts and feelings and so it is perhaps no surprise that children who have experienced neglect or abuse are at greater risk of drug misuse. Unfortunately, there is not enough space here to explore the social and cultural challenges of disadvantaged children or how best to meet their needs. It is an important area worthy of its own book.

Key messages

- People use psychoactive drugs to change the way they feel.
- Psychoactive drug use can result in new feelings that would otherwise be hard to experience, or take away unwanted feelings.
- Sometimes psychoactive drugs are used for social gain, bringing a sense of belonging and identity.