


 Project supported by the PHA


Working With Young People and Substance Use



Day One



  **Housekeeping**


- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments





  **Course Objectives: Day 1**

By the end of today, you will be able to:

- Understand the prevalence of substance use amongst Northern Irish young people
- Describe what a drug is and ways to categorise drugs
- Identify reasons why young people might use substances
- Identify possible impacts of substance use for young people






 **Introduction**

What is the prevalence of substance use in NI youth?

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Prevalence of Substance Use in NI Youth (11-16)

- Smoking (tobacco)
 - 8% have ever smoked; 1% are regular smokers (at least once/week)
 - Boys are more likely to report smoking than girls
- Vaping/e-cigarette usage
 - 21% have ever used EC/vape
 - 6% use EC/vape at least once a week
 - Proportion of young people vaping at least once a week is almost 3x higher in most deprived areas vs. least deprived



Source: Young Persons Behaviour and Attitudes Survey (2022)

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Prevalence of Substance Use in NI Youth (11-16)

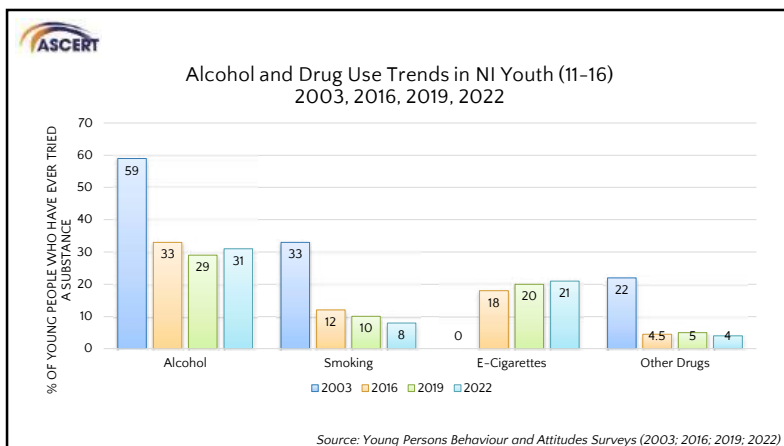
Alcohol

- 31% have ever drunk
- Boys were more likely to have ever taken a drink (33%) than girls (29%)
- 46% of young people that reported drinking alcohol said they have been drunk at least once

Other Drugs

- 4% have ever used drugs
- 3% reported using drugs within the last year
- 2% used drugs within the last month

Source: Young Persons Behaviour and Attitudes Survey (2022)



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2 Identifying and Understanding Drugs

What is a drug and what are the main categories of drugs?


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A **drug** is a chemical which causes a **change** (or **multiple changes**) in the way the human body functions, either physically, mentally, or emotionally.

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Types of Drugs



- Two ways to categorise drugs – both focused on effects
 - 4 main categories: depressants, stimulants, hallucinogens, and opiates
 - The Drugs Wheel
 - More categories/substance effects

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Depressants

<p>Definition</p> <p>Any agent that suppresses, inhibits, or decreases some aspect of the Central Nervous System</p>	<p>Possible Effects</p> <ul style="list-style-type: none"> ○ Decreased heart rate and blood pressure ○ Blurred vision ○ Feeling relaxed ○ Loss of inhibition/ impaired judgement ○ Slurred speech/ loss of coordination ○ Drowsiness and memory loss 	<p>Examples of Substances</p> <ul style="list-style-type: none"> ○ Alcohol ○ Cannabis ○ Solvents ○ Tranquilisers
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Stimulants

<p>Definition</p> <p>Any agent that activates, enhances, or increases neural activity in the Central Nervous System</p>	<p>Possible Effects</p> <ul style="list-style-type: none"> ○ Abnormally rapid heart rate (tachycardia) ○ Elevated blood pressure ○ Sweating and chills ○ Nausea/vomiting ○ Abnormal behaviour including agitation, grandiosity, and impulsivity 	<p>Examples of Substances</p> <ul style="list-style-type: none"> ○ Cocaine ○ Amphetamines ○ Caffeine ○ Nicotine
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Hallucinogens

Definition
A chemical agent that induces alterations in perception, thinking, and feeling

Possible Effects

- Dilated pupils
- Elevated BP
- Tachycardia
- Tremors
- Overly responsive reflexes (hyperreflexia)
- Psychedelic phase (euphoria or mixed moods, visual illusions, altered perceptions)

Examples of Substances

- LSD
- DMT
- Mescaline
- Magic mushrooms

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Opioids/Opiates

Definition
Agents that interact with the Central Nervous System to relieve pain and produce a sense of wellbeing

Possible Effects

- Pain relief
- Feelings of wellbeing
- Respiratory depression
- Impaired concentration
- Drowsiness
- Impaired judgement

Examples of Substances

- Opium
- Heroin
- Codeine
- Methadone
- Fentanyl
- Dihydrocodeine
- Buprenorphine

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The Drugs Wheel

Created by Mark Adley in response to increase in NPS

Adds three new categories: cannabinoids, empathogens, and dissociatives

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Simulants
"Uppers", increased energy, increased heart rate, euphoria, dilated pupils, paranoia, anxiety

Empathogens
"Loved up", connectiveness, warmth, understanding, sweating, arousal, mood swings, depression

Psychotropics
"Tries", spiritual connection, heightened senses, visual or auditory hallucinations, anxiety, panic, mental health issues

Dissociatives
"Out of body", euphoric, floaty, disconnected, numb, scared, unable to move, "one in a hole"

Cannabinoids
"Stoned", calm, munchies, dilated eyes, floaty, giggly, paranoia, paranoid, dry mouth, anxiety, lazy, mental health issues

Depressants
"Slows", euphoric, confident, relaxed, risk-taking, withdrawal, unconsciousness, coma, vomiting, death

Opioids
"Inevitable", confident, pain-free, safe, euphoric, constricted pupils, addiction, hallucinations, withdrawal, overdose

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The Drugs Wheel

Cannabinoids

- Includes cannabis and synthetic drugs designed to mimic the action of THC (psychoactive chemical in cannabis)
- Example: Spice

Dissociatives

- Drugs that cause a feeling of detachment, as if the mind and body have been separated, with some people feeling incapable of moving
- Includes drugs like ketamine or PCP (phencyclidine), and NPS that mimic those drugs
- Example: Salvia

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The Drugs Wheel

Empathogens

- Substances with a stimulating effect on the brain
- Feelings of arousal, connectedness, belonging
- Includes MDMA and NPS that mimic it
- Example: PMA/PMAA

Psychedelics

- Drugs that cause hallucinations, feelings of relaxation/happiness (or agitation/confusion)
- Includes drugs like LSD, magic mushrooms, and NPS that mimic them
- Example: Bromo- DragonFLY

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How Can Drugs Be Taken?

- Also known as "route of administration"
 - Oral consumption (swallowing)
 - Intranasal consumption (snorting)
 - Inhalation into lungs (smoking/vaping)
 - Intravenously (via hypodermic needle)
 - Absorption (e.g. dermal patches)




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3

Substance Use and the Law

What are some laws that surround substance use?


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Drugs and the Law
What do you know about drugs and the law? Take the quiz to find out.

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Misuse of Drugs Act 1971



- Came fully into effect in 1973
- Aims to prevent the misuse of controlled drugs → complete ban on the **possession, supply, manufacture, import, and export** of controlled drugs
 - Except as allowed by regulations/license from the Secretary of State

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Misuse of Drugs Act 1971: Classes

Class A	Class B	Class C
<ul style="list-style-type: none"> ○ Cocaine and crack cocaine ○ Ecstasy ○ Heroin ○ LSD ○ Crystal meth ○ Magic mushrooms ○ Any Class B drug prepared for injection ○ PMA/PMMA 	<ul style="list-style-type: none"> ○ Amphetamine ○ Barbituates ○ Codeine ○ Ketamine ○ Cannabis ○ Synthetic cathinones (e.g. mephedrone) ○ Synthetic cannabinoids ○ GHB/GBL 	<ul style="list-style-type: none"> ○ Anabolic steroids ○ Minor tranquilisers (e.g. Rohypnol) ○ Khat ○ Piperazines (e.g. BZP) ○ Nitrous Oxide

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NPS Legislation – Psychoactive Substances Act 2016



- 26 May 2016
- Covers all substances capable of a psychoactive effect
- Legitimate substances excluded
 - Food, alcohol, tobacco, nicotine, caffeine, medical products

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NPS Legislation – Psychoactive Substances Act 2016

- Criminalises possession with intent to supply, supply/offer to supply, production, and import/export
- Main aim of the PSA is intended to act against shops and websites selling NPS/"legal highs"
 - Sellers need to ensure that substances being sold aren't "likely" to be consumed for psychoactive effects
- Possession isn't a crime (except in custodial institutions)
 - Government didn't want the PSA to lead to the mass criminalisation of young people

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4 Adolescent Substance Use and Its Possible Impacts

Why might young people use substances, and how might substance use impact them and those around them?


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Why might a young person use substances?
Think of some reasons why young people might use drugs or alcohol.

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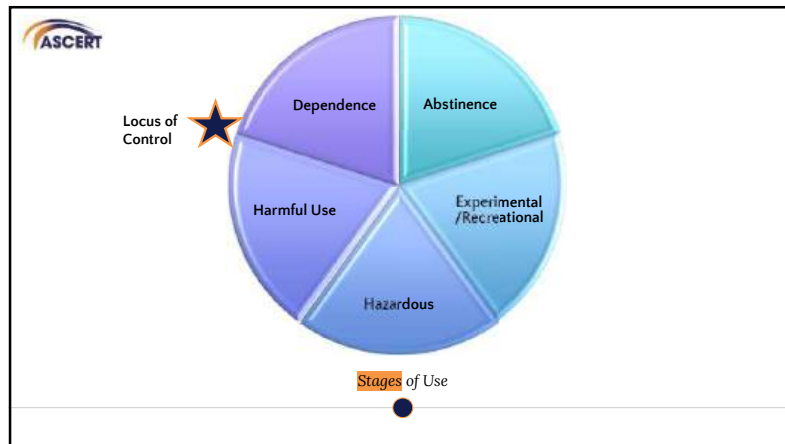
Relieving tension/anxiety/form of escapism



Boredom
Dependency
Availability

Rituals
Rebellion
Self-medication

Social norms and/or peer pressure



Possible Impacts of Substance Use on Young People

<p>Emotional Health</p> <ul style="list-style-type: none"> Depression Paranoia Aggression Anxiety Psychosis May trigger a mental health issue they didn't have previously 	<p>Physical Health</p> <ul style="list-style-type: none"> Heart failure/stroke Liver or kidney damage <ul style="list-style-type: none"> Cancer Weight loss or gain <ul style="list-style-type: none"> Seizures Brain damage Lung disease 	<p>Academics</p> <ul style="list-style-type: none"> Decreased concentration/memory → school work is harder Poor sleep → fatigue and inability to go to class May affect overall success in exams May affect future prospects of further education
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Possible Impacts of Substance Use on Young People


<p>Social Life</p> <ul style="list-style-type: none"> Loss of friends who don't want to engage in substance use <ul style="list-style-type: none"> Change in peer group Impact on relationship with family members Increased use often leads to loss of interest in other hobbies Impacts on emotions → arguments and fights with family and friends 	<p>Finances</p> <ul style="list-style-type: none"> Debt Spending money on substances Money struggles can lead to decisions that will affect person in other ways (e.g. theft → criminal record) Ability to get certain jobs can be affected by drug convictions Financial impact on society (e.g. cost to A&E for drug related admissions)
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Effects on the Brain

- Central Nervous System**
 - When a person thinks of something he wants his body to do, the CNS (brain and spinal cord) send a signal to that part of the body
 - Alcohol/drugs can slow or speed up the CNS
- Cerebral cortex**
 - Substances can affect the cerebral cortex as it works with information from a person's senses

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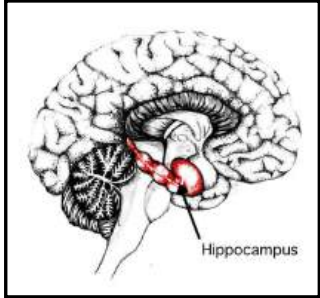
Effects the Brain: Frontal Lobes



- The brain's frontal lobes are important for planning, forming ideas, making decisions, and using self-control
- Substances affect the frontal lobes → a person might find it hard to control emotions and urges
 - May act without thinking or may even become violent
- Drinking alcohol over a long period of time can damage the frontal lobes forever

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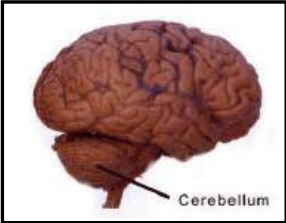
Effects the Brain: Hippocampus



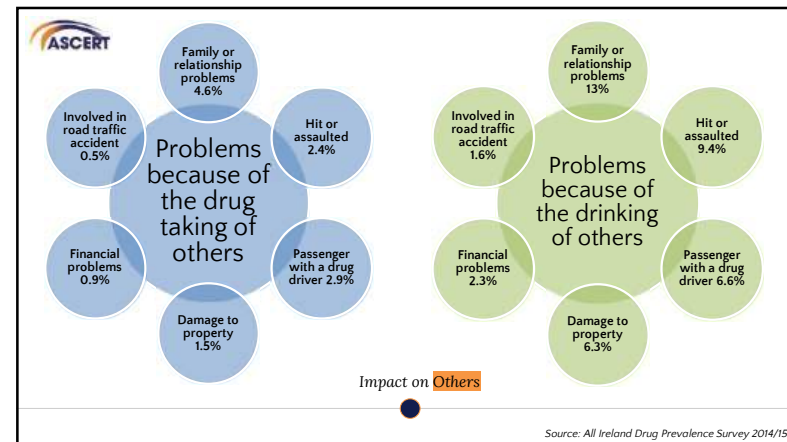
- Where memories are made in the brain
- If damaged by alcohol/drug use → possible difficulty with learning and holding on to knowledge


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Effects the Brain: Cerebellum




- Important for coordination, thoughts, and awareness
 - Possible difficulty with these skills when substances enter the cerebellum




 **Next Time...**

We will discuss:


- The role of adolescent brain development in risk-taking behaviour (including substance use)
- Risks and protective factors
- Ideas for providing substance use prevention education to young people



 **Thanks!**


Any questions?



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 **Next Time...**

We will discuss:


- The role of adolescent brain development in risk-taking behaviour (including substance misuse)
- Risk and protective factors
- Ideas for providing substance misuse prevention education to young people
- Signposting



Working With Young People and Substance Use

Day Two




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Course Objectives: Day 2

By the end of today, you will be able to:

- Describe the role of adolescent brain development in risk-taking behaviour (including substance use)
- Identify risk and protective factors for substance use in young people
- Understand strategies for providing substance use prevention education to young people
- Identify sources of support




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1 Adolescent Brain Development

Why is substance use particularly concerning with youth?

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Adolescent Brain Development



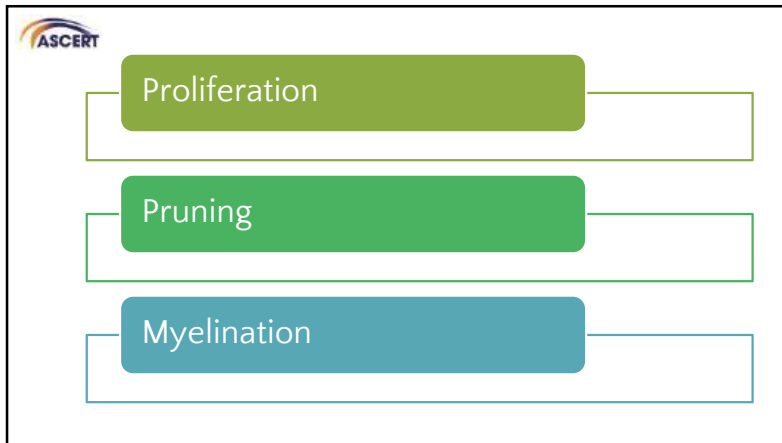
- By the age of 6, the brain is about 95% of its maximum size
- Females' brains are fully grown (in size) at 11.5 years
- Males' brains are fully grown (in size) at 14.5 years
 - Larger on average than females' brains

Source: Cledd et al., 1999

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Adolescent Brain Development

- Significant brain growth and development occurs during adolescence and continues into the twenties
- Some studies show this growth/development extends to age 30
- The adolescent's brain is in a constant state of development
- Some areas of the brain mature faster than others
 - Areas associated with reward, motivation, and impulsivity mature earlier



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Adolescent Brain Development: **Summary**

- Your prefrontal cortex, which thinks about things logically, weighs the pros and cons, and restrains you matures later
- This means teenagers may be more prone to riskier and impulsive behaviours, and less likely to consider consequences compared to adults

The slide features a stylized illustration of a human head in profile, facing right. The brain is depicted with various regions highlighted and labeled. 'EMOTIONS' is written in large, colorful letters across the top of the brain. Below it, 'PREFRONTAL CORTEX' is labeled in a smaller font. The illustration is colorful and artistic, with various brain structures and pathways shown.

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3 Adolescent Risk-Taking Behaviour

What might adolescent risk-taking behaviour look like, and what are risk and protective factors?

The slide has a clean, white background. In the top left corner is the ASCERT logo. On the left side, there is a blue circle containing the number '3'. To the right of this circle is the title 'Adolescent Risk-Taking Behaviour' in a bold, black font. Below the title is a line of text in a smaller font, which is highlighted in orange: 'What might adolescent risk-taking behaviour look like, and what are risk and protective factors?'.

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Risk-Taking Behaviour

The slide features the ASCERT logo in the top left corner. Below it is the title 'Risk-Taking Behaviour' in a bold, black font. The word 'Risk-Taking' is highlighted in orange. In the center of the slide, the word 'RISK' is spelled out using four blue, 3D rectangular blocks. Each block has a white letter on its top face. The blocks are arranged in a slightly staggered line, and they cast soft shadows on the white surface below them.

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Adolescent Risk-Taking Behaviour

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Adolescent Risk-Taking Behaviour: Research

- J. David Hawkins, Richard F. Catalano, and Janet Y. Miller
- Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance prevention.*
- Psychological Bulletin 1992. Vol. 112, No.1, pg 64-105

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Adolescent Risk-Taking Behaviour: Research

- Hawkins's domains that risk and protective factors occur in
 - Individual
 - Family
 - School
 - Community

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Source: Hawkins et al., 1992

Risk and Protective Factors for Youth Substance Use: Individual

<p>Risk Factors</p> <ul style="list-style-type: none"> Rebellious Alienated/isolated Early anti-social behaviour Positive attitude to drug use Poor self-esteem/expectations for success Friends who use 	<p>Protective Factors</p> <ul style="list-style-type: none"> Strong bond/attachment to at least one parent Strong bond with friends Conventionality (follow the rules) Child's temperament Good repertoire of helpful coping mechanisms
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ASCERT Source: Hawkins et al., 1992

Risk and Protective Factors for Youth Substance Use: Family

Risk Factors	Protective Factors
<ul style="list-style-type: none"> ○ Family history of drug use ○ Poor family management of problems <ul style="list-style-type: none"> ○ Parental drug use ○ Positive attitude to drug use by parents ○ Unstable home environments 	<ul style="list-style-type: none"> ○ Strong bond/attachment to at least one parent <ul style="list-style-type: none"> ○ Marital harmony ○ Supportive family ○ Good management of problems ○ Consistent discipline

ASCERT Source: Hawkins et al., 1992

Risk and Protective Factors for Youth Substance Use: School

Risk Factors	Protective Factors
<ul style="list-style-type: none"> ○ Academic difficulties ○ Low attendance ○ Anti-social behaviour ○ Friends/peers who use substances ○ Unrealistically high expectations 	<ul style="list-style-type: none"> ○ Academic success ○ Good attendance ○ Follow the rules/social norms <ul style="list-style-type: none"> ○ Bonds with friends ○ Friends/peers who don't use <ul style="list-style-type: none"> ○ Positive school climate

ASCERT Source: Hawkins et al., 1992

Risk and Protective Factors for Youth Substance Use: Community

Risk Factors	Protective Factors
<ul style="list-style-type: none"> ○ Economic/social deprivation ○ Community norms for drug use <ul style="list-style-type: none"> ○ Drugs easily available ○ Low attachment or few links in the community ○ Community violence/disruption 	<ul style="list-style-type: none"> ○ Involvement in church/other groups ○ Anti-drug attitude in community (values/norms) <ul style="list-style-type: none"> ○ Difficult to access drugs ○ Area promotes sense of belonging ○ External support system

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Risk and Protective Factors

In your groups, identify the risk and protective factors for your young person in your case studies.

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4 Tips for Substance Use Prevention Programmes for Youth

How can you provide substance use prevention education to the young people you work with?

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Provision of Substance Use Prevention Education: **DIY**

- Things to avoid when carrying out prevention work with young people
 - Pretending you know everything or making up answers without knowing if they're true or not
 - Avoiding the reality of the situation/"just say no"
 - Awareness raising *by itself*
 - Scare tactics



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Provision of Substance Use Prevention Education: **DIY**

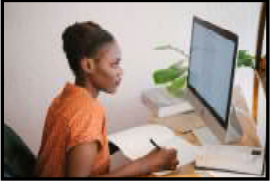



- What's wrong with scare tactics?
 - Examples: graphic pictures without contextual information, bringing someone in to tell scary stories about their own substance use or someone else's (e.g. a bereaved family member)
 - Evidence shows it doesn't work!
 - "I know people who use drugs and that didn't happen to them"
 - Brain development → don't process this type of information the same way as adults
 - Risk of re-traumatisation

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Provision of Substance Use Prevention Education: **DIY**

- Reputable sources for substance-related information
 - drugwise.org.uk
 - talktofrank.com
 - drinkaware.co.uk
 - release.org.uk
 - drugsandalcoholni.info (local services)

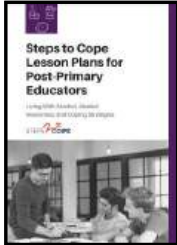



 **Provision of Substance Use Prevention Education: **DIY****


- Skills building *must* be included if you want your programme to be successful
 - How would young people be able to act on your information otherwise?
- Examples of relevant skills
 - Communication
 - Assertiveness and refusal skills
 - Media literacy (e.g. alcohol advertising)
 - Decision making/risk assessment
 - Emotional regulation

 **Provision of Substance Use Prevention Education: **DIY****


- Examples of evidence-based programmes and other pre-established resources
 - Talk About Trust: Year 7 – 12+ (talkabouttrust.org)
 - Project ALERT: 12 – 14 year olds (projectalert.com)
 - Keepin' It REAL: 11 – 15 year olds (real-prevention.com)
 - Steps to Cope Lesson Plans for Post-Primary Educators (<https://stepstocope.co.uk/practitioners-area/>)



 **Provision of Substance Use Prevention Education by Involving Outside Organisations: **Targeted Lifeskills****



- Group-based programme for young people aged 11 – 21 focused on life skills and harm reduction → decrease substance use and related harms
- ASCERT and Start360
 - Northern, Western, Southern
- Lisburn YMCA
 - Belfast, South Eastern


 **Provision of Substance Use Prevention Education by Involving Outside Organisations: **Youth Engagement Service (YES)****

- Formerly known as One Stop Shop; multi-focus health hub (including training) for young people aged 11-25
- Extern
 - Belfast, South Eastern (in Bangor YMCA)
- Magnet Centre (Newry) & FutureProof (Banbridge)
- Find Centre (Enniskillen) & Longtower (L/Derry)
- Start360 (Ballymena) & Carrickfergus YMCA

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Provision of Substance Use Prevention Education by Involving Outside Organisations: DACT Connections Service

- Information, advice, signposting, and awareness raising
- ASCERT
 - South Eastern and Western
- Start360
 - Northern and Southern
- Extern
 - Belfast



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Provision of Substance Use Prevention Education by Involving Outside Organisations: Other



- ASCERT Training Services (all areas)
- Extern REACH-Out (BHSCT)
- Falls Community Council Community Drugs Programme (BHSCT)
- HURT Drug and Alcohol Lifeskills Programme (WHSCT)

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5 Signposting
Who's available to help?

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NIDACTS

Northern Ireland Drug and Alcohol Coordination Teams

drugsandalcoholni.info




 **Family Support NI**


 **Family Support NI**

familysupportni.gov.uk

A directory of various support services (e.g. mental health, finances) and registered childcare services in NI





 **Thanks!**

Any questions?

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