FRANK. fostering resources and new knowledge

The monthly newsletter for the youth coalition's alcohol and other drugs project issue 1 may 2004

cannabis feature

inside this jam-packed issue:

Youth Coalition of the ACT's **Alcohol and Other Drugs Project**

The Youth Coalition of the ACT's Alcohol and Other Drugs Project (AODP) aims to build the capacity of the youth sector to better work with young people with AOD issues and to strengthen links with the alcohol and other drugs sector. The focus areas of the AODP are training, information and resources, networking and linkages and organizational.

So what is the AODP doing?

★ **TRAINING: Youth Worker's Survival Kit - A Youth Coalition initiative**
Monthly training
Working with young people from culturally and linguistically diverse backgrounds June 16th contact susan@youthcoalition.net

★ **FREE In-house training**
We are facilitating AOD training for your services' needs. If your service would like training in an area give us a call.

★ **AOD training map – will tell you what AOD training is out there?**
An information resource outlining the AOD training and education opportunities in the ACT.

★ **Information and resources FREE**
Call to check out our new AOD resources for your service! Including brochures, booklets, reports, and more!

★ **Networking and linking**
THE RACK - At last a list of networks in the ACT! Available in PDF or hardcopy

★ **AODP Consultation and research findings**
Building our capacity: young people, youth work and alcohol and other drugs
- ➜ Includes a literature review, a scoping study and a needs assessment
- ➜ 73 individuals were consulted for the report
- ➜ Copies of the report summary with recommendations (20 pg) and the full report including appendices (157 pgs) now available!

What is Harm Minimisation?

by Peta Dale B.B.Sc. (Hons.); Dip. Psychotherapy
(article exerpt)

Origins of Harm Minimisation concept

The growth of concern over the spread of HIV/AIDS in the mid-80s served to lend political acceptability to policy development that was based on a Harm Minimisation approach. In the 90s, the original purpose was broadened to include other health issues and now targets a range of students within various programs. The education community has readily adopted Harm Minimisation, with schools being encouraged to implement the concept as a health promoting strategy. Educators and students may benefit from an awareness of the risks and limitations of the Harm Minimisation approach.

The Term

The term Harm Minimisation is used widely and is associated with drug related strategies. More recently, Governments in Australia have used the term in relation to drug issues and the policy adopted. However, ambiguity surrounding the meaning of the term confuses the attractive aim and value of minimising harm with the actual strategy or policy which has its own limits, basic assumptions and target group. Clarity in defining the nature of the approach enables greater understanding in terms of its appropriateness for any particular individual or group.

The Concept

Harm Minimisation began as a movement by public health specialists attempting to deal with the threat posed by AIDS to illicit drug users. Approaches such as needle exchange programs were developed with this aim in mind. One main premise behind the argument for the strategy is that some drug users cannot be expected to cease their drug use at the present time (Single, 1995) and that drug use is seen to be normal, rational and beneficial to the user. The task is to minimise the risk, or occurrence, of harm in the situation (Wright & Saunders, 1995). This involves manipulating the drug taking environment, the how, when and where of the drug taking rather than the drug use itself.

The continuum of drug use

No use	➤	Exposure	➤	Experimental use	➤
Occasional use	➤	Regular use	➤	Problematic or harmful use	

Adapted from: Department of Health and Ageing www.health.gov.au

harm minimisation continued…

A treatment approach

One way to clarify the term and distinguish between conflicting approaches would be to differentiate between "the minimisation of harm" and "a harm minimisation approach". If we are to be clear about the origins of the approach, the target group, the aims and the limitations, then there is a need to define harm minimisation as fundamentally a treatment approach. Most drug policies or programs, even abstinence-oriented programs, attempt to minimise drug-related harm. When confused with the strategy under the same name, any distinction between strategies becomes lost under the general aim of reducing harm.

In essence, Harm Minimisation is a strategy to ameliorate the adverse consequences of drug use while, in the short-term, drug use continues. Within this definition, abstinence-oriented programs and the use of criminal law to deter drug use would not be considered Harm minimisation measures (Single, 1995).

The initial conceptualisation is a long way from the current usage of the term by the National Drug Strategy. Harm Minimisation is defined as a policy "involving a range of approaches to prevent and reduce drug-related harm, including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence" (ADF, 1998). Here it would seem that there is a multitude of approaches, each with its own target group; be it the whole population as in prevention, at risk groups for early intervention or drug taking groups as in safer drug use.

The reference point determines and guides attempts to develop goals. When the reference is the drug itself rather than the person, we see the aims to control the drug through; Supply, Demand and Harm. These can be seen in the core strategies of Drug Education - Supply control, Demand reduction and Harm reduction (ADF, 1998). This may have led to the terminology of "war against drugs" as often seen in news reports and the concern that this war may become a war against the drug users themselves. Another reference point may be the individual, the person who has desires, thoughts and behaviour in relation to drugs. From this reference point our aims might be placed in terms of preventing abuse, eliminating use or minimising harm. Perhaps a useful way to categorize treatment approaches is in terms of the target group and the appropriate treatment for that group.

Limitations

A World Health Organisation Expert Committee (WHO, 1993) advises that a concern often expressed about Harm Minimisation strategies is their potential for communicating a message condoning drug use and suggests that these concerns can be alleviated by targeting the message to those already involved in hazardous drug use. Despite this, the Committee continues to advise that the public health sector has always been in favour of reducing immediate drug related harm, even if this involves some risk or can be seen as condoning drug use. This can be seen as understandable as a response in light of the fears of the spread of HIV in the community. However, it seems questionable whether or not the risk of condoning drug use is necessary or warranted in the school situation.

Source: http://www.opendoors.com.au/HarmMinimisation/HarmMinimisation.htm

Tips and tricks to finding AOD information online #1

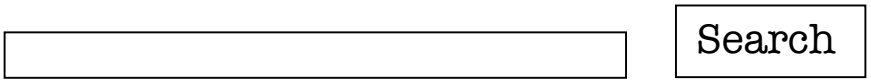
What are Search Engines?

The Internet is a distributed computer network. Its content is contained on the hard drives of millions of computers which share a standard computer language to communicate with each other. The content on the hard drives of these millions of computers can change at any time. There is no central repository which keeps track of every single page of every single computer on the network.

Instead we have Search Engines. These actively *trawl* the internet, reading and categorising web-sites and individual webpages, and indexing them into giant databases. All search engines work by cross-referencing your enquiry with the database of knowledge they have accumulated. Different search engines *trawl* and *index* in different ways and have different collections of the total content available online, so if you can't find what you are looking for with one, try another.

Besides the global search engines, there are also specialty search engines which focus in certain areas such as news groups, shopping, travel, medical, and so forth.

There are also search engines that are attached to individual sites, such as www.youthcoalition.net. These engines are designed to ONLY look within the specific web site. They also have their place.
Most search engines look like this. A simple box.



Source: ABC online

Website review

Australian Drug Foundation www.adf.org.au

The Australian Drug Foundation (ADF) is an independent, non-profit organisation that has worked for over 40 years to prevent and reduce alcohol and other drug problems in the Australian community. The site states that the ADF views the use of drugs non-judgementally and from a health perspective.

ADF's main programs and services include: DrugInfo Clearinghouse information on drugs and drug prevention, library, resources, communications, Good Sports program, research, Somazone (www.somazone.com.au) a site for young people, and the Australian Drug Information Network (ADIN).

The site is easy to navigate and has a basic search facility. The site focuses heavily on Victoria. The site map is clear and helpful. Information about the site author is easy to find and clear.

The site includes: publications, free e-newsletter, links, events, parents info, drugs and driving information, news and events, research, huge amount of resources, free factsheets

Tips and tricks to finding AOD information online #2

Sussing out links – how do we know what web info is reliable?

There are many internet sites that offer information on drugs. So how do you know if the webpage you are accessing is providing good quality information? Of course, there are no definites ˇ but here are a few key elements to look for while you are surfing the internet.

❶ Ensure that the information is provided in a balanced way. Does it talk about the acknowledged benefits of the drug, as perceived by the user? At the same time it needs to discuss the harms associated with its use. Does it provide this information in a non-judgmental manner?

❷ Does the site get regularly updated? Even some of the best sites rarely update their information. The alcohol and other drug field is constantly changing and a good site should be providing the reader with up-to-the-minute information. This is particularly true with ecstasy and other club drugs. There is so much research being conducted in this area and as a result we are constantly discovering new things about their use. A good site will reflect these changes.

❸ Avoid sites that discuss the effects of drugs in definite terms. Different drugs affect different people in different ways ˇ a good site will discuss effects using terms such as 'probable' or 'possible' effects.

❹ Always be critical of the information you access. Always check the references provided and if you are in doubt try to go to the original source of the information. This is where the internet really comes in useful. The vast majority of academic institutions that carry out research into alcohol and other drugs have their own webpage and it is now far easier to check facts with the original source than ever before.

Some of the best web sites that may provide you with the information you are looking for as follows:

★ http://www.erowid.org/index.shtml
★ http://www.dancesafe.org/
★ http://leda.lycaeum.org/quickindex.shtml

Remember: All drug use entails an element of risk - there is no way of knowing what effect a drug may have on someone, no matter how many times you have may have used it!

Source: 'Doing Drugs' with Paul Dillon

DRUG SLANG DICTIONARY
THE LETTER:A

A1	Amphetamine
ABBOTS	Barbiturates
ACAPULCO GOLD	Cannabis
ACE	Cannabis cigarette
ACID	LSD
ACID CAP	LSD
ACID HEAD	Regular user of LSD
ADAM	MDMA (Ecstasy)
AFGHAN	Cannabis
AFGHAN BLACK	Cannabis
AFRICAN BUSH	Herbal Cannabis
ALIAMBA	PCP
AMP	Ampoule
AMPHETS	Amphetamine
ANGEL DRINK	Marijuana alkaloid wine
ANGEL DUST	PCP
ANGELS	Alkyl nitrites
Source:	**www.drugarm.com**

Cannabis support services in the ACT

Effective Weed Control

Run by: Alcohol and Drug Program, ACT Health
Cost: free
Length: five week program
Starts: May 25th to June 22nd - then another program will start
Overview:
- to inform regarding the effects of cannabis
- to look at changing ones use of cannabis that could be reducing or abstaining – it is up to the individual
- to look at change and the ways to do that
- relapse prevention

Day: Tuesday
Time: 6 – 8pm
Age: 18 and over
Venue: Junction Youth Health Service
Phone: 02 6247 5567 (Junction) 02 6207 9977 (ACT Health)
Visit: Cnr Marcus Clarke and Rudd Sts, Canberra 2601

Cannabis support group

Run by: Directions ACT
Overview: A support group for young Cannabis users call for more information
Age: For under 18 years
Phone: 02 6248 7677
Visit: Lvl 1, 35 East Row, Canberra City

Relapse prevention

Run by: Alcohol and Drug Program, ACT Health
Cost: free
Length: five week program
Starts: May 25th to June 22nd - then another program will start
Overview:
- maintenance of whatever the level you've chosen to take yourself to and how you can do that – looking at high risks areas and triggers looking at cravings

Day: Tuesday
Time: 6 – 8pm
Age: 18 and over
Venue: Junction Youth Health Service
Phone: 02 6247 5567 (Junction) 02 6207 9977 (ACT Health)
Visit: Cnr Marcus Clarke and Rudd Sts, Canberra 2601

THE STORY OF MISS X

Miss X is a young person 25 years old – this is her story of using cannabis

I started smoking pot recreationally. I'd have a cone or a joint with my boyfriend at the time and his friends and it was great! We'd get ridiculously stoned and have a lot of fun laughing, watching videos, coming up with theories, getting paranoid. I loved it.

Pot became my drug of choice and I gradually started smoking more frequently, then I started seeing a guy who was a big pot smoker, and because I couldn't even roll my own joints at this stage, he would roll me a whole lot to take around with me and use as I pleased. This was really liberating and I started smoking everyday. Every now and then I would have a cone instead of a joint, then I moved out of home and before I knew it I was smoking bongs daily and had been for about a year. I was smoking about 8 cones a day, which compared to some people wasn't all that much (I was now living with this guy and only smoked about a third of what he did). But it was brekkie bongs and all of that.

I remember it suddenly dawning on me that I was totally hooked on smoking pot, and that I didn't used to be. Something had changed and I realised that I didn't like my new lifestyle, although I still really depended on pot and still enjoyed it to some degree. The experience of being stoned was a lot different than when I only took it occasionally. It wasn't a blasting stoned feeling, but relaxed me and would make me a bit paranoid and introverted. I think the pot made me feel good and would relieve tension and anxiety but I hated the habit, it had become a compulsion and I felt hazy most of the time.

Every now and then I'd think "right, I wont have any pot today…" but the mere suggestion of pot would get it into my head. I would crave it, get all angsty, I'd have sweaty palms and become restless. Then I'd give in, have it and usually feel guilty. I think it was harder for me too because my partner wasn't interested in giving up so him smoking around me was like putting a big plate of chips in front of someone on the 40-hour famine. I was at school at the time and working 2 jobs, most of the time I was smoking before school and work, then when I got home as well. To begin to change my habits I decided not to have a cone first thing in the morning, but instead leave it for when I got back from school or back from work. This worked for me and the cones at the end of my day were like a reward. I started smoking about 4 cones a day instead of 8 and gradually I went down to only 1 or 2, and because I had decided not to smoke pot before school or work the busier my days were the easier it was to reduce how much I had.

On my days off I'd let myself smoke whenever I wanted to. I still liked it but more and more often I would get really paranoid when I was stoned, I would think that I was having a heart attack or get worried about cancer or something crazy. My experiences on pot became less enjoyable and I hated feeling like that, so this was a good incentive to stop altogether.

I remember just making the decision firmly and I think at this stage I was feeling a lot stronger about it and had proved to myself that I really didn't need it as much as I thought. So I stopped smoking daily. It had taken me another year to get to this stage.

I didn't cut it out entirely though, I'd share a joint with friends if that's what was going on. And I still do, I enjoy it. I go through phases of smoking more frequently than at other times, but it's in my control now.

CANNABIS: a profile

Cannabis is the most widely used illegal drug in Australia and comes from the *Cannabis sativa* plant. The active chemical in cannabis is THC (Delta-9 tetrahydrocannabinol). THC is absorbed into the bloodstream through the walls of the lungs (if cannabis is smoked), or through the walls of the stomach and intestines (if eaten). The THC is then carried to the brain.

When people are affected by cannabis ('stoned', 'bent', high') this may include feelings of euphoria, decreased concentration, feeling relaxed, feelings of confidence, wanting to eat more (gettin 'the munchies'), wanting to talk and laugh more than usual, lack of balance and coordination and anxiety or paranoia. Cannabis can increase awareness and the perception of colour, sound and other sensations. It can affect vision and perception of time and space. Cannabis can also affect memory and the ability to think logically. People can lose track of what they are saying or thinking. When affected by cannabis, some people may think as though they've had profound ideas or insights.

Cannabis is a depressant drug, which affects the central nervous system by slowing down the messages going to and from the brain to the body. Cannabis can also have mild hallucinogenic effects.

There are three main forms of cannabis: marijuana, hashish and hash oil.
Marijuana is the most common and least powerful form of cannabis. It is the dried leaves and flowers of the plant. The flowers or 'heads' are the most potent part of the plant, and so the potency of marijuana will depend upon the amount of leaf and heads it contains. Marijuana is most commonly smoked in hand-rolled cigarettes (joints) or in a pipe (a bong).

Currently, there is no evidence that occasional use of small quantities of cannabis causes any permanent health damage. However long term use can cause respiratory illness and can affect brain functioning and hormones. Use of cannabis has also been linked to psychosis.

Some people do develop a dependency on cannabis and this can be physical, psychological or both. However, In Australia cannabis is mostly used occassionally.

It is widely believed that using cannabis leads people on to using other illegal drugs. There is no evidence to support this. Most users of cannabis do not use other illegal drugs.

Cannabis is not only used recreationally, it has been used medicinally for centuries.

Source: www.druginfo.adf.org.au/article.asp?id=Cannabis&ContainerID=drug

TIPS WHEN SMOKING CANNABIS: Be careful what you use when you smoke anything by always using filters when rolling tobacco or other drugs and if you are using a bong, try to use a ceramic or glass bong as they are a little cleaner and safer than home made bongs. Plastic bottles and garden hoses can let off harmful fumes so try to avoid them.

Source: www.makingcontact.net.au

YOUTH SERVICE PROFILE: **Woden Youth Centre**

Address	Callam Street, Woden
Phone	6282 3037
Type of service	Youth Centre
Programs	• Drop-in service Monday to Thursday from 2 - 5:30pm Fridays from 1-7pm and band nights from 4-10pm Outreach services at Canberra college, Melrose high and Alfred Deakin and Quamby • Young mums support group • Currently: program on depression in girls • Emergency relief/food assistance
Referal process	Self-initiated drop in
Support for young people with AOD issues	There is no qualified AOD worker available, so if a young person requires help with an AOD issue the youth centre provides a referral service. They also offer case management.
Can a young person access the service under the influence of AOD?	If a young person is under the influence of AOD they can access the a youth worker if they are in crisis and the workers feel that if the person is not seen they could be putting themselves at risk. Can't access drop-in but will be able to see a youth worker.
Contact person	No key contact person, all youth workers can assist
Age group	12-25
Support	case management, youth work, referral service and young mums support group

Miss X's tips to cutdown on pot

Mr X is a young person aged 25years

Set little goals■ Have a coffee first thing instead of a cone ■ Wait until you've done something you need to do before having your first smoke. e.g do the dishes, put a load of washing on, go to the shops ■ This should gradually help make smoking less of■ a priority a distraction, like hsanging with a friend, reading, kicking a footy, doing yoga or making a really nice dinner ■ If all your mates smoke too and they're offering cones try cutting down the amount you'd usually have with them, either refuse some or conveniently leave the room when cones are going around. Go to the loo or get a drink or something. It doesn't need to be obvi■us If someone else you know also wants to cut down, try doing it tog■ther Don't think about it t■o muc■e Keep yourself busy; having nothing to do can be a kille■ If there's any situation where you don't smoke try to increase that activity (e.g. around a particular friend or at work or when with your family) this doesn't have to be permanent, but might help in the initial stages ■ Try to break your usual ritual a bit, maybe get someone else to mull-up or pack you■ coneUse a pipe or smoke joints ins■ead Try buying less at a time. It may seem more expensive this way but often the more you have the more you'll smoke. Having less at a time might reduce your intake ■

The Alcohol and Other Drugs Project has copies of *Trimming the Grass* for your service or online check out *Getting out of it: How to cut down or quit cannabis* by Helen Mentha Eastern Drug and Alcohol Service (www.edas.org.au/pdf/cannabis.pd)

Marijuana (CANNABIS) and the LAW in the ACT

Although using or dealing with cannabis is also always illegal, the offences in relation to it are different to other drugs. These offences include:

Use
The use of cannabis is an offence involving a maximum penalty of a $100 fine, so long as the amount of cannabis held is less than 25 grams.

Cultivation
The offence of growing 5 plants of cannabis, or less, has a maximum penalty of a $100 fine and invokes a Simple Cannabis Offence Notice. Growing more than 5 plants, or less but with a purpose of supply, attracts a maximum penalty of a $5000 fine, 2 years imprisonment, or both. You may be charged with the most serious penalty if you grow more than 1000 plants for a purpose of supply, and that is life imprisonment.

Supply
The maximum penalty for supplying cannabis is either imprisonment for 10 years, or a $20,000 fine.

Possession
If you possess less than 25 grams of cannabis, there is a maximum $100 fine, while for more than 25 grams, a maximum $5,000 fine, 2 years imprisonment or both may apply.

Administration to others
Putting cannabis into another person's mouth (unless you are a doctor) incurs a maximum penalty of $5,000 or 2 years imprisonment or both.

Want more info? Contact First Stop Legal and Referral Service for Young People. Ph 6262 7077. Visit AusAid Building, Mort Street (opposite City Bus Interchange) 62 Northbourne Ave. – across from Greater Union.

Remember: This is not legal advice!

Source: First Stop Legal and Referral Service for Young People

TRAINING: YOUTH WORKERS' SURVIVAL KIT

The Youth Coalition of the ACT, JPET Multicultural Youth Service and the Centre for Multicultural Youth Issues are pleased to present in partnership an important training opportunity:

Engaging with Young People from Culturally and Linguistically Diverse Backgrounds
An interactive training day presented by the Centre for Multicultural Youth Issues (Melbourne)

When: Wednesday 16th June 2004 (full day)
Where: Youth Coalition of the ACT building
46 Clianthus Street O'Connor
Cost: $15 (lunch provided)

FRANK.

CANNABIS

one side of the story…

- ★ Much like a cigarette, the effects are immediate and last from about an hour to a few hours. Smoking more will make the effects last longer obviously.
- ★ Smoking a spliff makes most people happy, relaxed and at peace with the world but the effects vary from person to person. Some people have one puff and feel sick. Others get the giggles until the muscles in their face hurt.
- ★ Cannabis is quite an introspective drug. Once stoned, users can find hidden depths in daytime television/ the most unlikely song lyrics.
- ★ It's a mild hallucinogen. Colours and sounds appear brighter and sharper.
- ★ It affects co-ordination. So it can make people a bit unsteady on their feet. Doing complicated things like operating machinery is not a good idea.
- ★ Some people use it to relieve muscle pain associated with illnesses like MS (Multiple Sclerosis).
- ★ Someone who's been smoking a lot will have bloodshot eyes, a dry mouth and may well have their head in the fridge. Hunger pangs are known as 'getting the munchies'.

Souce: www.trashed.co.uk

the flip side…

- ★ Even hardcore smokers can get anxious, panicky and suspicious.
- ★ Cannabis screws with short-term memory.
- ★ Eating or drinking the drug delays the effects and can make them stronger and longer lasting.
- ★ Unlikely. There is a minimal risk of physical dependence. Psychological dependency occurs in about 10% of users.
- ★ Users are more likely to get addicted to nicotine if they roll theirspliffs with tobacco. There are physical withdrawal symptoms if you've only been using for a short while and there should be no problem stopping (unless you get addicted to the tobacco).
- ★ Most of the risks associated with cannabis are linked to regular, heavy use.
- ★ Smoking cannabis may be more harmful than smoking tobacco. Cannabis has a higher concentration of chemical 'nasties' that cause cancer.
- ★ Smoking anything can give you heart problems, bronchitis and cancer.
- ★ Smoking it with tobacco can get you hooked on tobacco.
- ★ Cannabis can make asthma worse. And it's not a good idea with heart disease, high blood pressure or at risk from strokes.
- ★ Regular, heavy use makes it harder to learn and concentrate. Being stoned all the time isn't going to win anyone 'Employee Of The Month'.
- ★ Frequent use of cannabis can cut a man's sperm count and suppress ovulation in women.
- ★ Some people begin to feel tired all the time and can't seem to get motivated.
- ★ Some research has made a link between cannabis and mental illnesses like schizophrenia. If you've got a history of mental illness in the family you should think very carefully about getting stoned.
- ★ Cannabis can cause a range of mental health problems from short lived and more common problems such as anxiety and paranoid feelings, to less common difficulties with actual psychotic states that may require medical treatment. These problems may fade away over several days after stopping using cannabis but occasionally may require a stay in hospital.
- ★ Smoking cannabis when pregnant may harm the baby. Babies tend to be lower in birth weight and to have developmental problems.

AOD SERVICE PROFILE: **Ted Noffs Foundation**

Address	350 Antil Street, Watson
Phone	6123 2400
Type of service	drug and alcohol treatment service for young people
Programs	• Adolescent Drug Withdrawal Unit (ADWU) • Adolescent rehabilitation program – 'Program for Adolescent Life Management' (PALM) • 'Learn to Live/Live to Learn' education program • After care outreach service • Family/carer support group
Opening hours	Open 24 hours however admission is between the hours of 9 – 5pm Monday to Friday.
AOD approach	harm minimisation
Referal process	self-referral or a worker / health professional can refer; however the coordinator will need to speak with the young person directly for assessment. This takes about 20 minutes. For PALM the young person will be assessed for suitability (based on the DSM 4) swhilst in the ADWU.
Support for young people with AOD issues	Yes
Can a young person access the service under the influence of AOD?	A young person can access the service while under the influence of any AOD
Contact person	Kelly Lowes
Age group	generally 14 – 18, but have accepted 13 y.o's if situation has been appropriate
Support	24 hour staffing so support is always there if needed. Case management. Family/carer support group.

Commonwealth Government AOD websites:

Alcohol, Drug & Tobacco Information	www.health.gov.au/pubhlth/strateg/drugs/index.htm
Australian Federal Police	www.afp.gov.au/page.asp?ref=/Crime/Drugs/
Australian Institute of Criminology	www.aic.gov.au/research/drugs/index.html
Australian Sports Drug Agency	www.ausport.gov.au/asda/
National Alcohol Campaign	nationalalcoholcampaign.health.gov.au/
National Drug Campaign	www.drugs.health.gov.au/index.htm
National Drug Strategy	www.nationaldrugstrategy.gov.au/
National Illict Drugs Strategy - Tough on Drugs	www.nationaldrugstrategy.gov.au/
National School Drug Education Strategy	www.dest.gov.au/archive/schools/Publications/1999/strategy.htm
National Tobacco Campaign	www.quitnow.info.au/index2.html
National Tobacco Strategy	www.health.gov.au/pubhlth/strateg/drugs/tobacco/index.htm

Cannabis and psychotic illness

How does Cannabis affect the brain?
Cannabis contains a chemical known as THC for short. THC is a psychoactive substance. This means it travels through the bloodstream to the brain, disrupting its usual functioning and causing certain intoxicating effects. Some of these effects can be pleasant; some are unpleasant. Most of these effects are short-term; some can be long-term.

What are the effects of Cannabis?
Common effects include a feeling of relaxation and well-being; loss of inhibition; increased talkativeness; confused perception of space and time; sedation, and reduced ability to concentrate and remember. Other effects (more common with heavy use) include paranoia, confusion and increased anxiety. With heavy use there may also be hallucinations.

How long do the effects last?
The effects begin within minutes and can last up to several hours. For people with a psychotic illness, or who have a predisposition to such an illness, the effects can be more serious and long-term. Psychotic illnesses are characterised by symptoms such as delusions, hallucinations and thought disorder. When people experience psychotic symptoms, they are unable to distinguish what is real – there is a loss of contact with reality.

Does Cannabis cause psychotic illnesses like schizophrenia?
Use of Cannabis can cause a condition called Drug-induced psychosis. This usually passes after a few days. However, if someone has a predisposition to a psychotic illness such as schizophrenia, these drugs may precipitate the first episode in what maybe an ongoing condition. There is increasing evidence that regular cannabis use precedes and causes higher rates of psychotic illness.

How does Cannabis affect someone who has a psychotic illness?
Cannabis generally make psychotic symptoms worse and lower the chances of recovery from a psychotic episode. People with a psychotic illness like schizophrenia who use such drugs experience more hallucinations, delusions and other symptoms; they have a higher rate of hospitalisation for psychosis, and treatment is generally less effective and recovery more difficult.

So should people with a psychotic illness avoid drugs like Cannabis?
Yes. The consequences can be so serious for the person's health that it is best to avoid drugs such as Cannabis completely. It can be helpful to look at other, healthier ways of relaxing and socialising as an alternative.

Source: www.sane.org

MARIJUANNA SLANG
Bhang, black, blast, blow, blunts. Bob Hope, bush, dope, draw, ganja, grass, hash, hashish, hemp, herb, marijuana, pot, puff, Northern Lights, resin, sensi, sensemilla, shit, skunk, smoke, soap, spliff, wacky backy, weed, zero. Some names are based on where it comes from... Afghan, homegrown, Moroccan

Source www.trashed.co.uk

The history of drugs in Australia

Whether it's tobacco, caffeine or the green weed - Australians love their drugs, according to Inara Walden, curator of "Drugs: a social history", a new exhibition opening in Sydney's Justice and Police Museum.

"Australians are very enthusiastic drug takers compared to the rest of the world," said Inara.
Once upon a time ready rolled joints and cocaine were freely available from the chemist. "They were used by people as medicines and they were quite effective medicines in their own way," Inara said.
Prior to 1953 heroin was regularly prescribed for pain relief and when it was banned the public marched in the streets to protest. Opium was at one used to assist children suffering teething pain.

As curator for the exhibition, Inara said one of the things she has learnt is drugs themselves are not bad - it's the way people abuse them which is generally the problem. Perhaps one of the most famous users of cannabis was Queen Victoria, who used the drug to help ease her menstrual pain.

Inara said it's interesting to compare legal and illegal drugs. "We're not suggesting the illegal drugs should become legal but you look at the legal recreational drugs and they're actually much more costly and damaging to us as a society, than the illegal drugs are."

Last year in Australia smoking killed over 20,000 people and heroin less than 500. "I guess it's all due to do with how socially acceptable a drug is and how much it's a part of our culture that defines where it stands in our law," she said.

The exhibition will be on show in New South Wales for the next twelve months with the hope eventually it will travel interstate. Exhibition ends October 2004.

Adapted from: www.abc.net.au/hobart/stories/s977096.htm

Check out these AOD websites:

Somazone www.somazone.com.au ● Reachout! www.reachout .com.au ● Drug info clearing house www.druginfo.adf.org.au ● **Making Contact www.makingcontact.net.au** ● Directions www.directionsact.com ● Doing Drugs with Paul Dillon www2b.abc.net.au/triplej/morning/drugs ● 'What's your poison?' www.abc.net.au ●

The medicinal use of CANNABIS has recently been tabled in 2004 in the ACT Legislative Assembly here is an excerpt:

Drugs of Dependence Amendment Bill 2004 - Exposure draft

MS TUCKER: I seek leave of the Assembly to present an exposure draft of a bill.

MS TUCKER: I present the following paper: Drugs of Dependence Amendment Bill 2004-Exposure Draft.

I seek leave to make a statement.

Leave granted.

MS TUCKER: I have tabled an exposure draft for a bill to legalise the medically condoned use of cannabis. Members will be aware of the New South Wales government's stated intention to do so. They will also be aware of various campaigns on this issue around Australia, including campaigns by several branches of the Country Women's Association. Members also would be aware that there are many jurisdictions across the world where the medicinal use of cannabis is permitted, and of others where there is continuing pressure for legislation to allow the medicinal use of cannabis. I have taken the route of an exposure draft as it will give us all in this place, in government and in the community, a model of a workable scheme from which to start our discussions.

The Drugs of Dependence Amendment Bill would amend the Drugs of Dependence Act 1989 by inserting a new part which provides for permits to be issued on medical advice for people to treat themselves with cannabis. The bill also provides for the patient or the care giver to grow up to two plants for the personal use of the patient.

This bill is modelled on a bill introduced, but not debated, by the Greens in the Western Australian parliament in the last term, and is similar to legislation in Canada and several parts of the United States. The legislation departs from schemes such as the one in the Netherlands, which is dependent upon government supply of cannabis, and the scheme mooted by New South Wales, which appears to rely on the medical supply of a cannabis spray which is being developed in the United States.

Other than giving permission for the growing of a limited amount of cannabis, this bill is mute on the issue of supply. It simply takes away the opprobrium and illegality of the possession and use of a small amount of cannabis for those people who, it can be reasonably argued, would benefit medically from some use of cannabis. I point out that this bill does not legalise the recreational use of cannabis.

Members would be aware that I am a co-spokesperson of the Australian Parliamentary Group for Drug Law Reform, whose members range from Bob Katter MP; Senator Garry Humphries and the Northern Territory Leader of the Opposition, Terry Hills MLA, at one end of the nominal spectrum to Senator Allison, Giz Watson MLC from Western Australia, and co-spokesman Duncan Kerr MP at the other end. The group also includes seven members of this Assembly.

★★★

If you would like to read the remainder of Ms. Tucker's statement visit:
http://www.hansard.act.gov.au/hansard/2004/week01/212.htm

drug action week : june 21st – 26th
www.drugactionweek.org.au

The Alcohol and Other Drugs Council of Australia (ADCA) hosts DRUG ACTION WEEK each year. It is the premier event to raise awareness about alcohol and other drug issues in Australia.

Services have come on board full throttle for DRUG ACTION WEEK. Heaps of activities are scheduled. For a full program of events email: carrie@youthcoalition.net

To kick off the week off check out…

SHOWCASING AOD PEER EDUCATION
Presented by a young people who supported other young people in an AOD peer education project

Thursday June 17th
Youth Coalition Forum
46 Clianthus St O'Connor
9.30am – 12pm

What is FRANK.? FRANK. is the monthly newsletter from the Youth Coalition of the ACT's Alcohol and Other Drug Project. Each month **FRANK.** will feature a drug, this month is cannabis. **FRANK.** is for those who work with young people and is a resource that can be used with young people**. Feed FRANK…** Feedback into **FRANK.** If there is something you would like to know, input, include your experiences, write an article… just let us know. **Opportunities for young people to write for FRANK.** Do you know a young person who would like to write an article for **FRANK.** and get paid for it? If so Email: carrie@youthcoalition.net