

Section 1



Section 1: The facts about drugs

Problem:

Most people have views and opinions about drugs, in particular the effects they have. But these are sometimes factually wrong—myths that have been passed on but never checked. Both young people and those who work with young people need to know the facts, not the fantasies.

Number	Title	Purpose	What To Do	Use with Young People
1	Facts About Drugs	To improve knowledge of the effects of drugs and the physical risks involved.	Brainstorm and group discussion of Fact Sheets.	✓
2	Facts About Drugs	To improve knowledge about the effects of drugs.	Small group presentations based on Fact Sheets.	✓
3	Facts Game Show	To improve knowledge of the effects of drugs and the physical risks involved.	Game Show based on Fact Sheets.	✓
4	Uppers and Downers	To improve knowledge of the effects of drugs, the physical risks involved and the law.	Board game based on Snakes and Ladders.	✓
5	Face Down	To improve knowledge of the effects of drugs, the physical risks, the law and attitudes to drugs.	Card game using drug name cards.	✓
6	The Law on Drugs	To improve understanding of the law on drugs and the legal processes.	Court scene role play on various drugs charges.	✓

Activity 1:

Facts About Drugs

Purpose

To improve knowledge about the effects of drugs and the physical risks involved.

What To Do

1. Ask the group to call out the official and 'street' names of as many drugs as they know and write these up as two lists side by side. In a 'brainstorm' of views of this kind, don't challenge people or question them until everyone has finished. If you have more than seven people in your group arrange them into smaller groups of three to four people to do the task. Point out that everyone knows some 'official' and some 'street' names of drugs but not everyone knows what each of them do.
2. Now ask the group(s) to discuss the lists, identifying what they think the effects are of each drug. Write up their opinions about the effects beside each drug.
3. Give out the drugs fact sheets (Handouts 1-12), (one or two per pair) and ask each pair to lead a discussion with the whole group comparing the group's earlier opinions and the facts on the sheets.
 - Were they right?
 - What wrong answers were given?
 - What surprised people?
4. A blank fact sheet is provided for you to fill in for other drugs not included here that might be of particular importance in your area.

Facts References: 2,8 and 9

Activity 2:

The effects of drugs

Purpose

To improve people's knowledge about the effects of drugs.

What To Do

1. Explain to the whole group the purpose of the activity which is to increase people's knowledge about the effects of different drugs.
2. Break the group into pairs and give each pair one or two drugs fact sheets (Handouts 1-12). Ask each pair to plan and carry out an imaginative verbal or written presentation to the whole group, showing the effects of the drugs.
3. At the end of the presentations have a discussion, in the whole group, about the effects of different drugs.
 - What effects did people know already?
 - What surprised people?
 - What drugs were not harmful?
 - What drugs create most dependency?
 - What drugs have the worst withdrawal symptoms?

Activity 3:

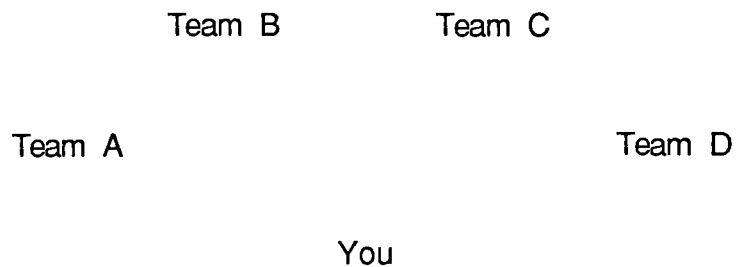
Facts about drugs

Purpose

To improve people's knowledge of the facts about drugs, their effects and the physical risks involved.

What To Do

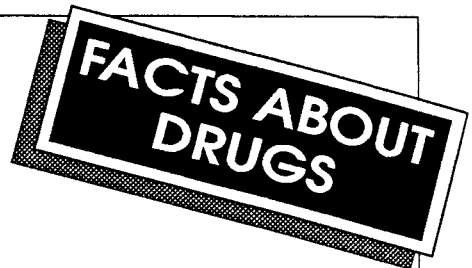
1. Divide the group into four teams. Each team is given a set of Fact Sheets about drugs (Handouts 1-12) and asked to devise 20 questions about drugs based on those facts, writing the questions and their answers on a piece of paper.
2. Place the questions into four containers. Layout the room as shown below:



Run the game show as you think most entertaining.
Ways include:

- Asking each team three questions, one taken from each of the other three teams.
- Having a quick-fire round with the first team to shout the right answer getting the point (remember to eliminate the team whose question it is!)
- Asking one team to ask another team questions.
- Asking a team to draw out three questions, one from each container (not their own) that you then ask.
- Each team nominating one member of their team to answer five questions.
- Asking each member of a team to answer a question without conferring.
- If a team gets a question wrong, passing the question over to another team.

Handout 1



Fact Sheet: An overview of drugs

Drugs can be grouped into the 3 main groups:

Depressants

Drugs which slow down the activity of the mind, such as alcohol, tranquillisers, solvents and heroin.

Stimulants

Drugs which speed up the activity of the mind, such as caffeine, nicotine, amphetamine and cocaine

Hallucinogens

Drugs whose main effects are not straight-forward sedation or stimulation—instead they have profound effects on the way that people perceive, think and feel. They include LSD and Ecstasy.

Some useful definitions of jargon words

Psychological Dependence is a condition in which a drug produces a feeling of satisfaction and a psychic drive that requires periodic or continuous administration of the drug to produce pleasure or to avoid discomfort.

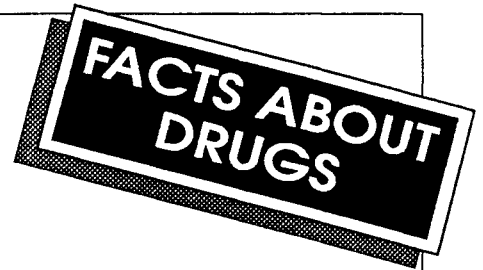
Physical Dependence is an 'adaptive state that manifests itself by intense physical disturbances when the administration of the drug is suspended'. These disturbances or withdrawal symptoms are characteristic for each type of drug.

Tolerance is the necessity to increase the dosage of a drug in order to obtain the initial effect. It develops over days and weeks but once administration of the drug stops it wears off quickly.



Handout 2

Fact Sheet: Alcohol



Main Method Of Use:

- Drinking

Effects:

- Starts to have an effect within 5-10 minutes and can last up to several hours depending on dose.
- Small amounts (2 pints of beer)—feel less inhibited and more relaxed.
- Larger amounts (4 pints of beer)—unco-ordinated physically and slur words; staggering, double vision, loss of balance.
- A few more drinks impair performance at anything that requires co-ordination or concentration: driving skill is severely affected.
- May lead to coma and death.

Likelihood Of Dependence:

- Low-medium chance of physical and psychological dependence.

Specific Physical Risks:

- Blackouts
- Accidents whilst drunk
- Damage to heart, liver and brain in long-term use.

Withdrawal Symptoms:

- Convulsions (fits)
- The shakes or 'delirium tremens'—being delirious and hallucinating (dis-orientated to time, place and person) with vivid, chaotic and bizarre hallucinations, tremor, restlessness with paranoid ideas.

Signs Of Use:

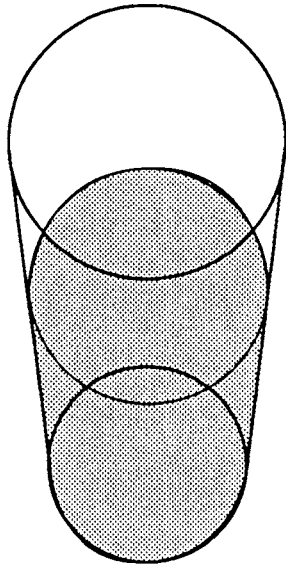
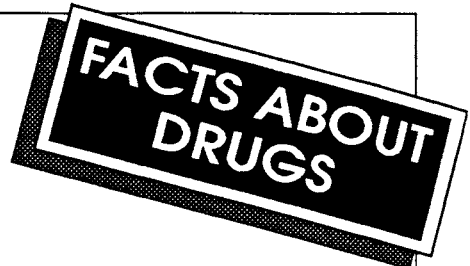
- Bottles/cans in open use, broken glass, spillage.
- Slurred speech, clumsiness, breath smells, hangovers generally.



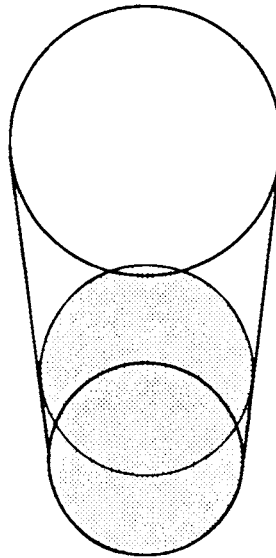
Handout 2 (continued)

What is a unit of alcohol?

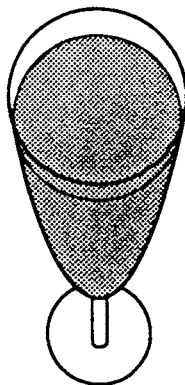
Each unit contains 10 ml or 8.0 g of absolute alcohol



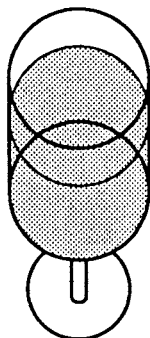
1/2 pint of beer
or
cider



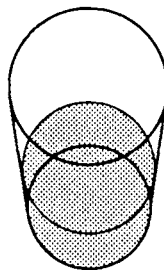
1/4 pint of strong
lager



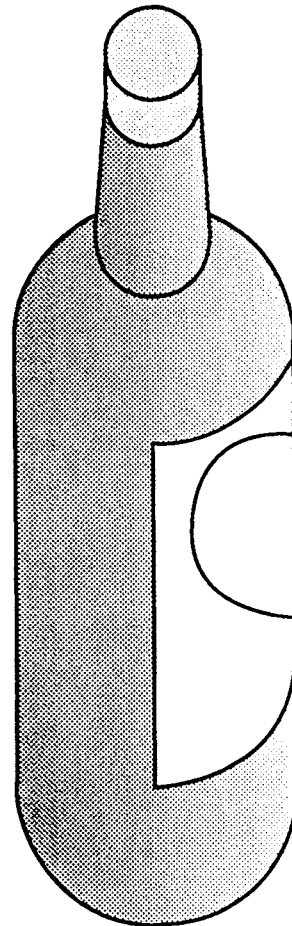
1 glass of table
wine



1 glass of sherry
or fortified wine



1 single whisky



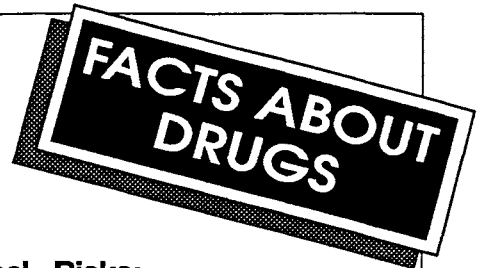
1 bottle of spirits
(brandy, whisky,
gin etc) contains
30 units

Source: Redrawn from Royal College of Psychiatrists. Alcohol: our favourite drug.
London: Tavistock, 1986.



Handout 3

Fact sheet—Tobacco



Main Method Of Use:

- Smoking cigarettes, cigars or pipe.

Effects:

Tobacco smoke consists of droplets of tar, nicotine, carbon monoxide and other gases. Nicotine is the drug in tobacco which causes dependence and that affects the heart, blood vessels, digestive tract, kidneys and the central nervous system. First-time users often feel sick and dizzy.

Many people who smoke regularly say they find it relaxing and yet stimulating at the same time, and experience great satisfaction on inhaling. The effect of nicotine lasts for only 30 minutes to an hour.

Likelihood Of Dependence:

People who begin to smoke tend to increase their consumption until they smoke regularly.

High risk of dependence both physical and psychological.

Specific Physical Risks:

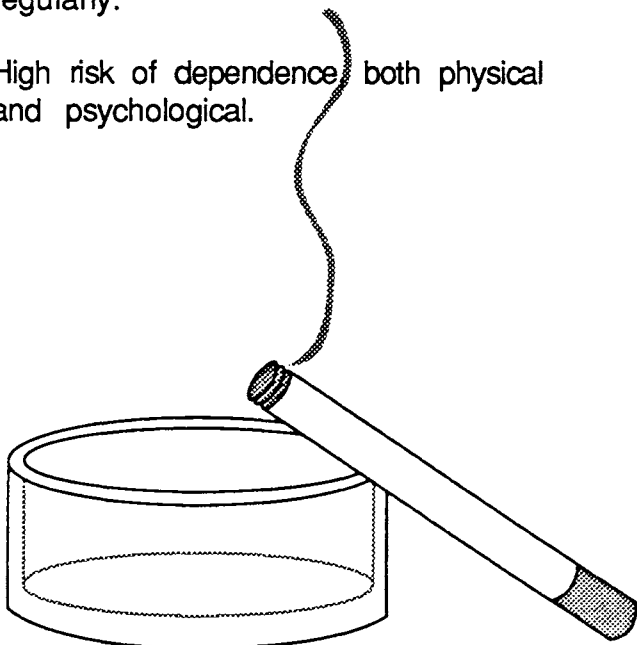
The more you smoke, the more you are likely to suffer from heart disease, blood clots, heart attacks, lung infections, strokes, impotence and sterility, bronchitis, bad circulation, lung cancer, cancer of the mouth and throat, and peptic ulcers. Women who smoke during pregnancy tend to have smaller babies and run a greater risk of losing the baby around the time of birth.

Withdrawal Symptoms:

If people stop, they may feel restless, irritable and depressed, craving for another cigarette, and suffer from insomnia.

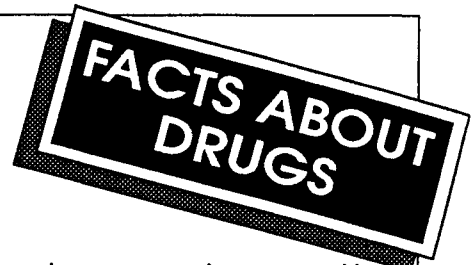
Signs Of Use:

Cigarettes, pipes, smoke!
People with chronic coughs (bronchitis), yellow nicotine stain on fingers.



Handout 4

Fact Sheet—Cocaine



Main method of use:

A powder that is sniffed or snorted up the nose.

May be dissolved and injected intravenously.

May be smoked in the form of 'crack'.

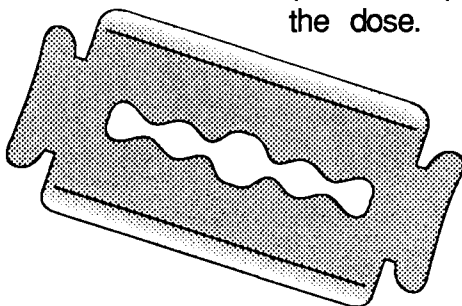
Effects:

Physiologically aroused and alertness, accompanied by euphoria, decrease in hunger, indifference to pain and fatigue and feelings of great physical strength and mental capacity.

Effect is short-lived and may have to be repeated every 20 minutes to maintain the effect. A 'run' of quickly repeated doses can lead to bizarre, erratic and violent behaviour, characterised by agitation and anxiety and perhaps hallucination. Chronic frequent use can lead to unpleasant symptoms such as nausea, insomnia, weight loss and a similar state of mind to paranoid psychosis.

Likelihood of dependence:

Medium when sniffed or injected. High when smoked. May develop strong psychological dependence or grandiose feelings of physical and mental well being and often tempted to step up the dose.



No physical dependence or tolerance with repeated use.

Specific physical risks:

Acute paranoid psychosis.

Infection if injected via dirty syringe.

Can cause death from respiratory or heart failure.

Repeated sniffing damages the membranes lining the nose and may also damage the structure separating the nostrils. Rapid and dramatic increase in blood pressure may result in strokes and seizures, coma.

Withdrawal symptoms:

- Withdrawal syndrome has been demonstrated in regular users with depression and lethargy. Some tolerance may occur. In some individuals a reverse tolerance may occur where they are more sensitive to smaller doses with repeated use.
- Symptoms are only mild

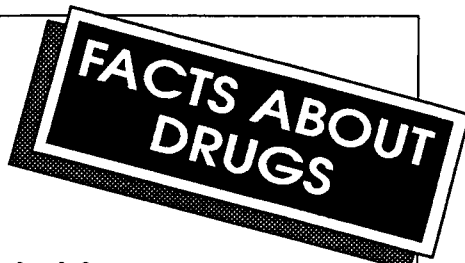
Signs of use:

Users may carry mirror and razor blade to cut the powder finely. Alert when using, may be quiet, depressed later. Pupillary dilatation, agitation.



Handout 5

Fact Sheet—Heroin



Main method of use:

- Dissolved in water and injected under skin ('joy popping') or into a vein ('mainlining').
- Sniffed.
- Smoked.
(Intravenous injection maximises the effects).

Effects:

A large proportion of people report the initial heroin experience as drowsiness, warmth, well-being and contentment. Euphoria is associated with heroin as it induces relaxed detachment from the impact of pain and anxiety and from desires for food, sex, etc. There is a sense of being 'wrapped up in cotton wool'. First use (especially injection) is often accompanied by nausea and vomiting.

Likelihood of dependence:

Psychological dependence—moderate/ marked. Physical dependence—marked. Tolerance develops so someone in search of euphoria must increase the dose.

Specific physical risks:

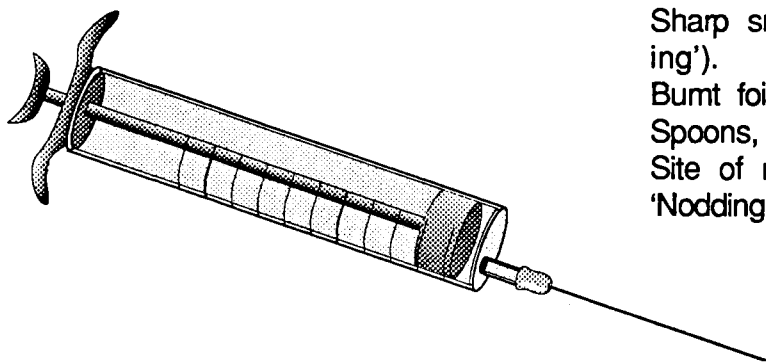
Repeated heroine sniffing may cause nasal damage. Reduced appetite and apathy contribute to disease caused by poor nutrition and self-neglect. Death from overdose as a result of respiratory depression (stops breathing). Overdoses often happen when users take their usual dose after a break during which their tolerance has faded. Physical damage associated with repeated, often unhygienic injecting and with the injection of adulterants, is common amongst those dependent on the drug. This may cause AIDS, liver, heart and lung disorders.

Withdrawal symptoms:

Like 'flu—aches, tremors, sweating and chills, sneezing and yawning, muscular spasms. These will fade but feelings of weakness and loss of well-being last for several months. Withdrawal only mild, rarely requires medication.

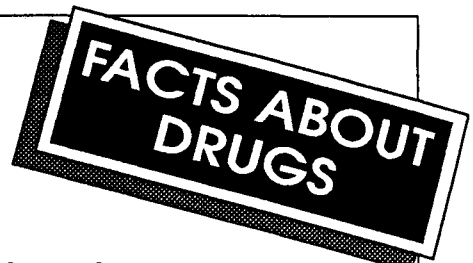
Signs Of Use:

Sharp smell when heated (called 'chasing').
Burnt foil and matches left behind.
Spoons, syringes used by injectors.
Site of needle injection.
'Nodding off' and constricted pupils.



Handout 6

Fact Sheet—Caffeine



Main method of use:

Drinking in coffee, tea and soft drinks (eg: some cola drinks), chocolate.

Effects:

- Allays drowsiness and fatigue and postpones the onset of sleep.
- Performance of simple or well learnt motor skills is improved.
- Perform physically exhausting work longer.
- More rapid and clearer flow of thought.
- Higher stomach acidity.
- Increases excretion of urine.

Excessive use (eg. 15 cups of instant coffee in one go) can cause increased sensitivity, insomnia, sensory disturbance, muscle tremor, high heart-rate, gastro-intestinal irritation.



Likelihood of dependence:

Dependence is mainly psychological and can develop to the extent that people find it hard to stop drinking coffee.

Specific physical risks:

People drinking seven or more strong cups of coffee a day may feel anxious and irritable and experience muscle tremor and headache.

Can also cause chronic insomnia
Over 8 cups a day could lead to increased risk of peptic ulcers, heart disease and of developing cancer in the kidney or bladder
High blood pressure.

Withdrawal symptoms:

Withdrawal symptoms are feeling less alert and relaxed, more drowsy and irritable and possible headaches.

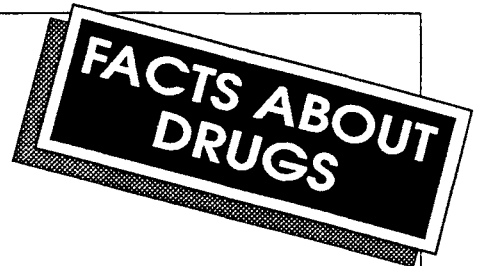
Signs of use:

- Jars of coffee
- Tea bags
- Empty cups
- Empty cola bottles.



Handout 7

Fact Sheet—Amphetamines



Main method of use:

- Tablets that are swallowed.
- Powder dissolved in water and injected.
- Sniffed.
- Smoked.

Effects:

- Arouse and activate the user.
- Faster breathing and heart-rate.
- Feeling more alert, energetic, confident and cheerful, and less bored and tired.
- Some people may experience feelings of anxiety, irritability and restlessness.
- High doses can produce delirium, panic, hallucinations and feelings of persecution.
- They do not improve intelligence.

Likelihood of dependence:

- Medium chance of physical dependence.
- High risk of psychological dependence because of its effects.
- Marked tolerance present.

Specific physical risks:

- High doses can cause a temporary psychosis with paranoid feelings, active hallucinations and irrational behaviour.

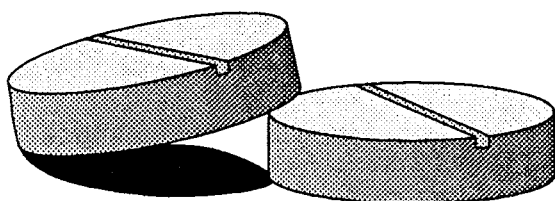
Withdrawal symptoms:

- Period of prolonged sleep with extreme lethargy. This is followed upon waking by ravenous hunger and irritability. Then there is a period of apathy and depression.

Signs of use:

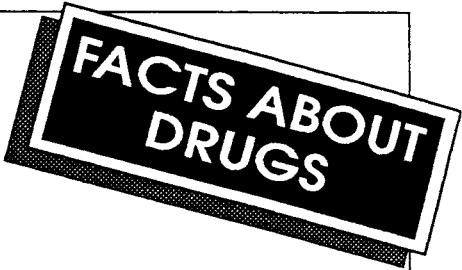
- Highly active when using; quiet and depressed afterwards.
- Dilated pupils.

Overdosage with amphetamine is uncommon but when it occurs it can present with severe convulsions (fits), strokes and heart failure.



Handout 8

Fact Sheet—Volatile Solvents (Inhalants)



Main method of use:

- Sniffing glue from bags.
- Sniffing solvents from containers.
- Aerosols sprayed in mouth.

Effects:

- An initial intoxicating 'rush' followed by alcohol-like sedating effect.
- Initial effects also include nausea, sneezing, coughing, nosebleeds.
- Dizziness.

Likelihood of dependence:

- Medium chance of dependence (psychological).
- Little if any physical dependence. Tolerance likely to develop.

Specific physical risks:

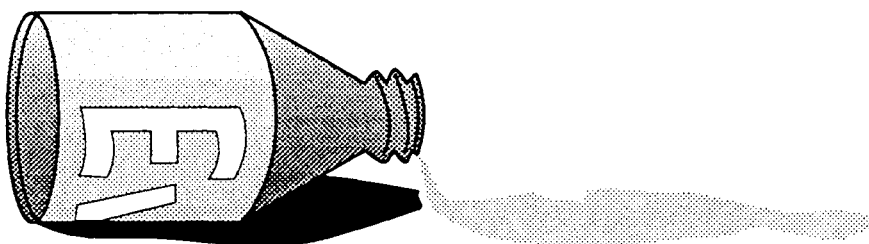
- High concentration of inhalants can cause death due to heart failure or suffocation.
- Accidents e.g. head injury.
- Repeated sniffing causes weight loss, fatigue followed by permanent damage to the nervous system.
- Brain damage, seizure, coma.

Withdrawal symptoms:

- Minimum withdrawal symptoms.

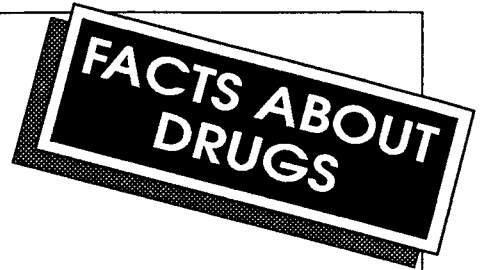
Signs of use:

- Bags, rags or containers held to mouth.
- People acting 'drunk' but more suddenly for a shorter time.
- Examples of inhalants include model aeroplane glue, nail polish remover, cleaning fluids, gasoline and petrol, paints and hair spray.
- Bad breath.



Handout 9

Fact Sheet—Tranquillisers



Main method of use:

- Capsules and tablets swallowed.
- Injected intramuscularly or intravenously.

Effects:

- At normal doses, there is sedation with impairment of memory, anxiety is reduced and sleep facilitated.
- With higher doses there is increasing impairment of consciousness, thought and speech are slowed down and muscle co-ordination impaired, resulting in slurred speech, clumsy movements and unsteady gait.
- At even higher doses some types (especially barbiturates) can cause coma and death.

Likelihood of dependence:

- Medium chance of dependence (psychological and physical).
- Increasing tolerance so people

increase the dose and increase the risk of dependence.

Specific physical risks:

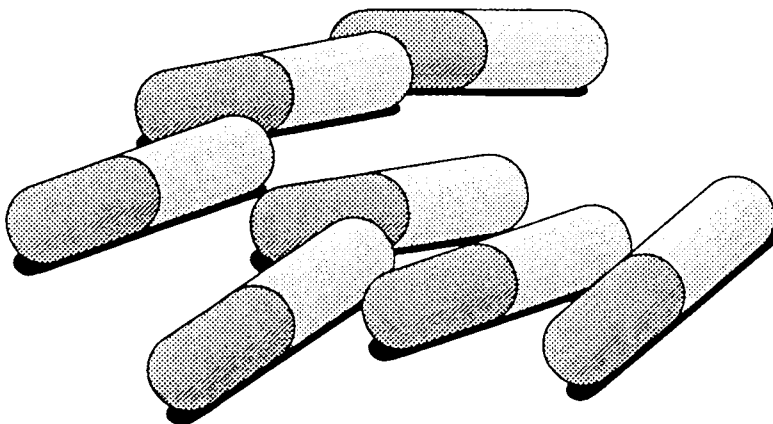
- Poor co-ordination, accidents (head injury, motor vehicle accidents).
- Death following an overdose with barbiturates.
- Anxiety disorders e.g. agoraphobia—fear of open spaces.

Withdrawal symptoms:

- Unable to cope 'without a pill', insomnia, anxiety, nausea, vomiting, tremors.
- Abrupt stopping of these drugs may cause severe fits, disorientation, hallucinations, coma and even death.

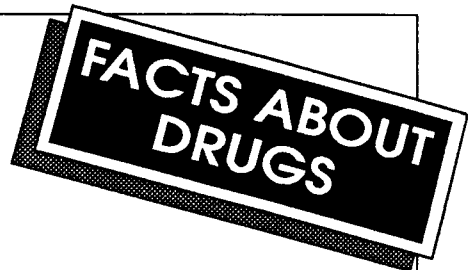
Signs of use:

- Drowsiness.
- Lack of emotions and loss of interest.
- Slurred speech.



Handout 10

Fact Sheet—Hallucinogens (e.g. LSD)



Main method of use:

- Swallowed as tablets or capsules.
- Absorbed on paper, gelatine sheets or sugar cubes and swallowed or absorbed through the skin.
- Eaten (e.g. magic mushrooms).

Effects:

- Visual effects such as intensified colours, distorted shapes and sizes and movement of stationary objects.
- Distortions in hearing and sense of time and place occur.
- Heightened self awareness and mystical or ecstatic experiences.
- Feelings of disassociation from the body are common.
- Can have 'good' and 'bad' trips, often dependent on the person's mood.

Likelihood of dependence:

- No physical dependence.

Specific physical risks:

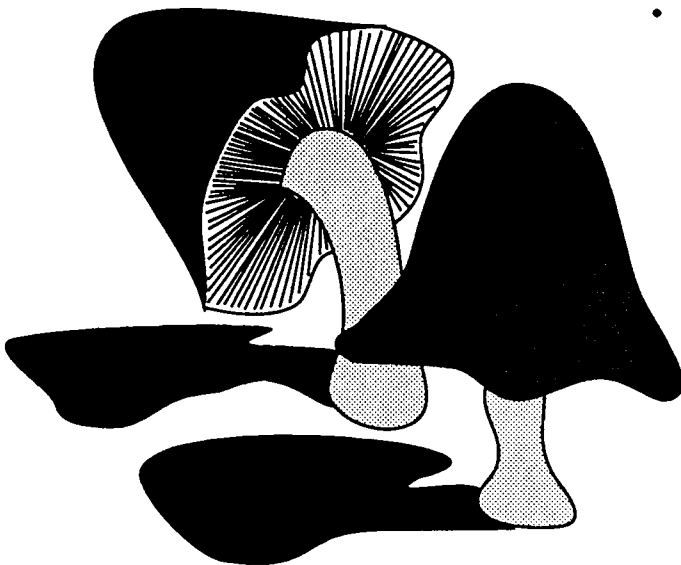
- Psychological problems inducing anxiety and in some cases serious adverse reactions.
- Feelings of disorientation and distress can occur.
- Accidents like self-mutilation are secondary to hallucinations and 'flash back'.

Withdrawal symptoms

- Mild
- 'flash backs' may occur sometime after stopping use.

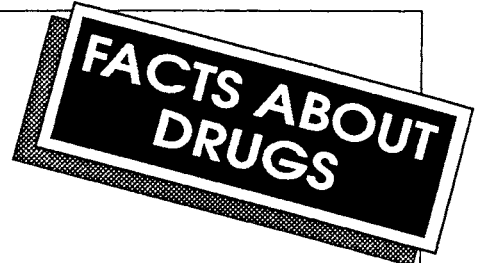
Signs of use:

- Bizarre behaviour, appears retarded—may be hallucinating.



Handout 11

Fact Sheet—Cannabis (Marijuana)



Main method of use:

- Smoked
- Cooked in foods and ingested.

Effects:

- In low doses its effects are similar to those of alcohol.
- In higher doses the drug is an hallucinogen.

Likelihood of dependence:

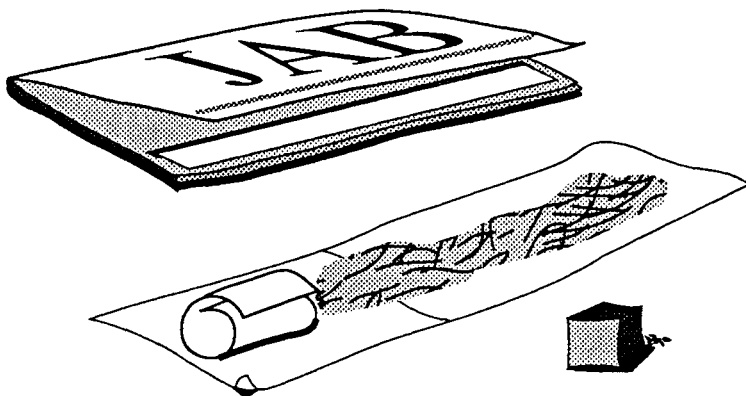
- Mild immediate psychological dependence.
- Little if any physical dependence.
- Tolerance is present when high doses are taken.

Specific physical risks:

- Chronic abuse leads to greater risks of lung infection, lung and throat cancer.
- Poor social judgement, poor concentration, poor attention span, poor short-term memory, paranoid ideas and depression.
- Cannabis psychosis can occur.
- Can cause abnormal foetal development.

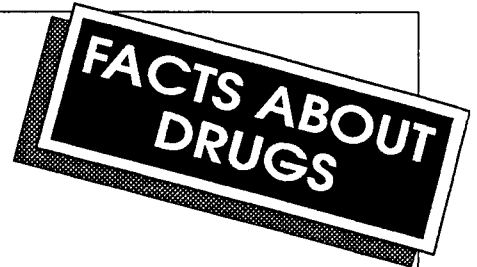
Signs of use:

- Reddening of eyes.
- Tobacco like material, which is rolled into filtered cigarettes—joints.
- Cannabis sativa plant.



Handout 12

Fact Sheet



Main method of use:

Specific physical risks:

Effects:

Withdrawal symptoms:

Likelihood of dependence:

Signs of use:



Activity 4:

Uppers And Downers

Purpose

To improve knowledge about the use of drugs, their effects, the physical risks and the law.

What To Do

1. In small groups play the snakes and ladders game 'Uppers and Downers'. The board, the instructions and a number of questions to go with the game are in Handout 13. Players will need counters and a dice.
2. You should add your own questions and answers to those on page 31 relevant to the issues of greatest concern to the group you're with and to include legal facts appropriate to your country. Some examples of legal questions are given below as a case study. Many other questions can be devised using information in the pack or other sources. And, of course, you should introduce any local language variations to suit your country.

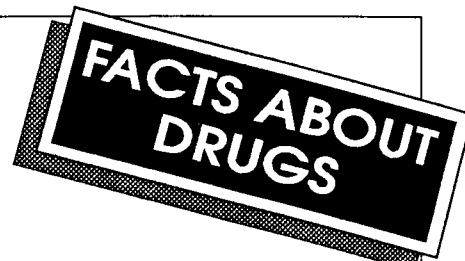
Question	Case Study Answer	Answer in your country
Which of these kinds of drink can someone of 16 years legally drink with a meal in a restaurant—wine, lager or rum and coke?	Lager. A 16-year-old could also drink cider with a meal without breaking the law.	
Can people who push drugs be given the death penalty if caught?	No. But they may get long prison sentences and heavy fines.	
Is it an offence to sniff glue?	No. Sniffing glue or any other solvent is not illegal. But it is illegal for shopkeepers to sell solvents to young people to sniff.	
At what age can a young person go into the bar of a pub if they are not intending to drink alcohol?	14 years old—but landlords can refuse to serve anyone if they want to.	
If someone tries to sell you an illegal drug, are you legally obliged to tell the police?	No, you do not have to tell. But you may still decide to tell someone about it.	
If you knew that a friend was smoking heroin, are you legally obliged to tell the police about it?	No, although to help your friend you might decide to talk to someone about it.	

Question	Case Study Answer	Answer in your country
<p>If you go to your doctor with a drug problem, he has to tell the police if you are using illegal drugs—true or false?</p>	<p>False. The doctor should not tell the police. But he or she may contact your family.</p>	
<p>Is it illegal for people under 16 to buy cigarettes?</p>	<p>No, although it is illegal for shopkeepers to sell cigarettes to young people under 16 years of age.</p>	
<p>Which of these things is it illegal to do— (a) advertise cigarettes on TV? (b) advertise cigarettes in magazines for young people? (c) advertise cigarettes at the cinema?</p>	<p>Only (a) is illegal. There are only voluntary agreements to restrict (b) and (c).</p>	
<p>Which is the most common stimulant drug (speeds you up)—cocaine or amphetamines?</p>	<p>Amphetamines are more common. Cocaine is more expensive and quite rare.</p>	
<p>When did tobacco first come to this country? (a) It's always been here. (b) 15th century? (c) 18th century? or (d) 19th century?</p>	<p>(b) An explorer brought it back in the 15th century.</p>	
<p>One in five women take tranquillisers at some time during the year, but how many men take them? Is it (a) one in five? (b) one in ten? or (c) one in fifty?</p>	<p>(b) In any year, one in ten of adult males use tranquillisers.</p>	

This game is taken from 'High Profile', material for youth workers, published by the ISDD.

Handout 13

The Uppers & Downers Game



Equipment

To play Uppers and Downers you will need:

- The Uppers and Downers playing board with snakes and ladders printed on it.
- The Uppers and Downers Question and Answer Cards, cut up and put into a pile, face down.
- Counters—one for each player.
- A dice.

How To Play:

The person who gets to the finishing square first is the winner. If you can play Snakes and Ladders—then you can play Uppers and Downers. You need about three players, not more than five because too many players makes the game too slow.

To start, each player throws the dice—the person with the highest number begins. Taking turns, each player puts their counter on the **Start** square. Throw the dice and move your counter the number of squares shown on the dice.

Snakes And Ladders

Has anybody landed on a square containing the bottom of a ladder, or the head of a snake? If so, then another player takes an Uppers and Downers **Question and Answer** card and reads out the question aloud. The player who is on the head of a snake or the bottom of a ladder tries to answer the question.

Right Answer?

If the player answers the question correctly, then they are rewarded: if they are at the bottom of a ladder, then they can go up it! If they are on a snake's head, then they do not have to go down it, but they do have to stay where they are until their next go.

Wrong Answer?

If the player answers wrongly, then they have to pay a penalty: if they are on a snake's head, then they must go down it! If they are at the bottom of a ladder, then they are not allowed to climb up it. They have to stay where they are.

Five Special Squares

Have any players landed on the five special squares on the board?

Cafe—Any player who lands on this square can invite another player to join them for coffee. If another player is invited to the Cafe square, then they must move to there from wherever they are on the board.

No Smoking Area—Any player who is a smoker must miss a turn if they land on this square. Any disagreements about whether or not someone is a smoker should be settled by a vote among the players.

Busted!—Anyone who lands on this square has been caught by the police in possession of illegal drugs. Return to the Start square.

Out For The Count!—anyone who lands here has stupidly sniffed glue the same evening as drinking alcohol. Because both drugs slow the body down, the person has become unconscious. They need help, and must be put into hospital.

Hospital—Anyone who arrives here from the 'Out for the Count' square must miss two turns. But when their third turn comes up, they throw the dice and double the score shown on the dice.

Finishing Uppers And Downers

An exact number must be thrown on the dice to finish on the finishing square.

If you do not get this exact number, then you wait where you are. (If you are 'waiting' on a snake's head square, then you only have to be asked one question, the first time you land there.) If you run out of cards before you finish, then you can either shuffle the cards and put them back, or the players can make up their own questions.



Question And Answer Cards

Cut up these Question and Answer cards to play the Uppers and Downers game.

<p>Question: You only get dependent on heroin—want to take it again and again, and find it difficult to stop—if you inject it. True or false?</p>	<p>Question: Women's bodies are more vulnerable to the effects of alcohol than men's—true or false?</p>
<p>Question: People who drink a lot of coffee and then stop suddenly can get headaches—true or false?</p>	<p>Question: Drinking a lot of strong black coffee helps to sober up someone who is intoxicated—true or false?</p>
<p>Question: Which method of taking drugs carries a risk of AIDS?</p>	<p>Question: What do more people die from each year—using heroin or smoking cigarettes?</p>
<p>Question: Which contains more alcohol—a pint of ordinary beer or a single whisky?</p>	<p>Question: You are more likely to get lung cancer if you smoke cigarettes. But can you name one other health risk of smoking?</p>
<p>Question: What does the term 'chasing the dragon' mean?</p>	<p>Question: The last third of a cigarette produces more tar than the first two-thirds combined—true or false?</p>
<p>Question: When Coca-Cola was first invented it contained cocaine—true or false?</p>	<p>Question: Drinking alcohol warms you up—true or false?</p>
<p>Question: What do we mean by 'passive smoking'?</p>	<p>Question: Which two of these are stimulants—things that pep you up—coffee, alcohol, cigarettes?</p>

Answer: True, because women's bodies are generally smaller, and have a lower proportion of water in them. This means that the alcohol is not diluted so much in women's bodies, and so has more effect on them.

Answer: False. The caffeine in coffee (and tea) speeds up the circulation of alcohol and drugs around the body, increasing the intoxicating effect.

Answer: Cigarettes kill more people. For every one person who dies from causes relating to the use of illegal drugs, hundreds die from tobacco-linked causes, says the British Medical Association.

Answer: Smoking increases the risk of heart disease, strokes, bronchitis (bad chest), heart attack, and cancers of the mouth, throat and bladder.

Answer: True.

Answer: False. In fact you cool down because the blood vessels in your skin expand and you lose body heat.

Answer: Coffee and cigarettes. Alcohol is a sedative—something which slows you down.

Answer: False. You can get a habit of using heroin however you take it. But injection is the most dangerous way of using heroin, partly because sharing an injection syringe can pass on diseases like AIDS.

Answer: True—it's the body's reaction to suddenly not getting its regular dose of caffeine, the drug contained in coffee.

Answer: Injecting—when people share injection syringes.

Answer: A pint of ordinary beer—roughly twice as much alcohol as a single whisky.

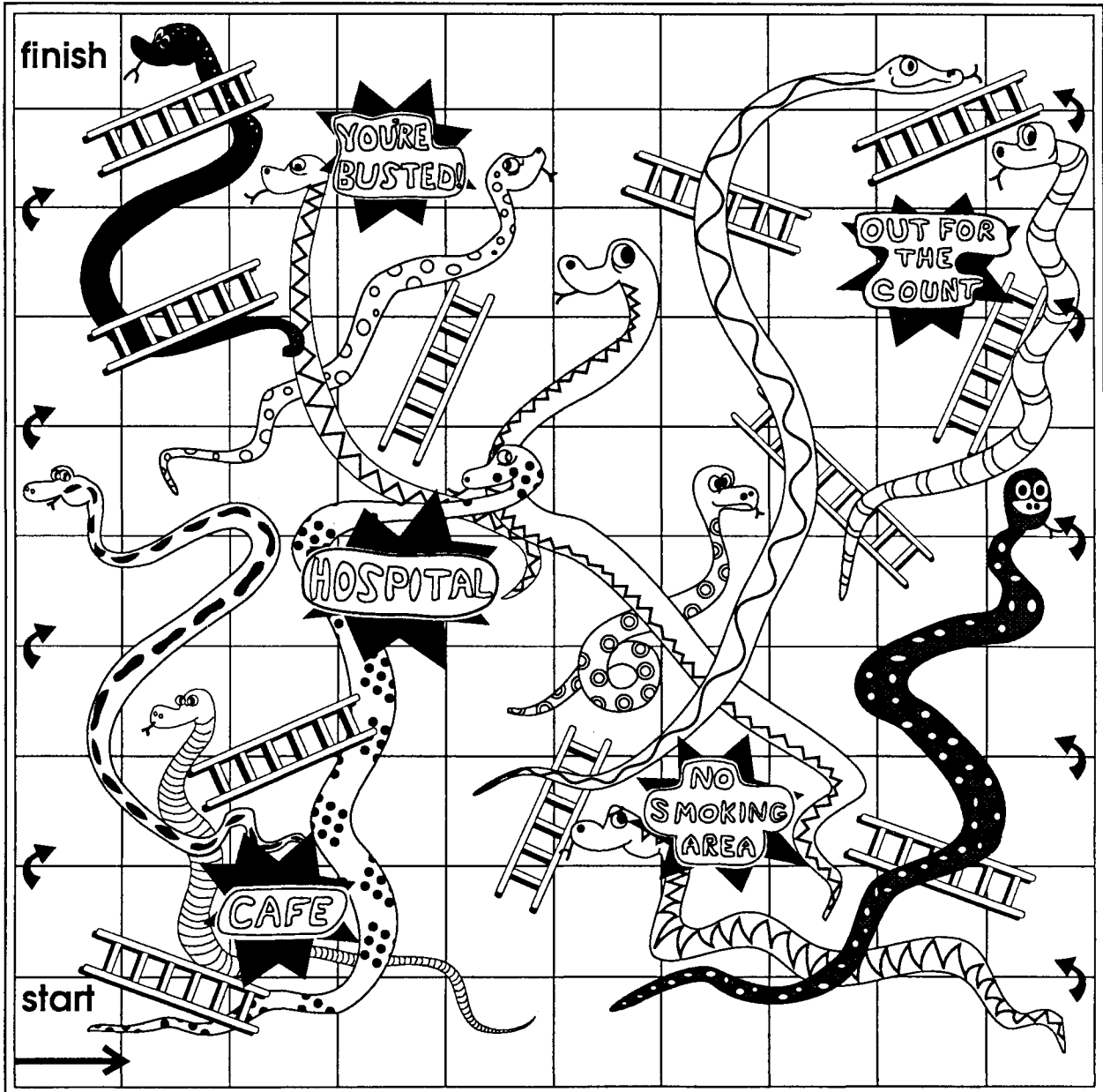
Answer: Inhaling the fumes or smoke of heroin which has been heated.

Answer: True—although it doesn't any more. Now it contains caffeine, the coffee drug, which is also in some other fizzy drinks.

Answer: 'Passive smoking' means breathing in the smoke from other people's cigarettes.

FACTS ABOUT DRUGS

THE UPPERS & DOWNERS GAME



Full-sized colour versions of the Uppers and Downers game are available as part of a pack of newspaper-style materials and posters available in lots of twenty for £48 including postage by seairail from: Publications Unit, Institute for the Study of Drug Dependence, 1 Hatton Place, London EC1 8ND, UK.



Activity 5:

Face Down

Purpose

To test participants' ability to relate their knowledge about drugs to different types of drugs.

What To Do

1. Cut out all of the cards in Handout 14. Please add your own cards with the names given to local drugs and change the names on the cards if they have better known names.
2. On a table or the floor, place all of the cards face down so that they cannot be seen.
3. Divide the group into pairs or threes. You will need a maximum of four teams playing. If there are more than 12 people, make copies of the cards and have two games going at once.
4. Inform the group that you are going to give them a number of categories and you want them to identify drugs which fall within each category. They are to do this by turning the drug cards over, one at a time. If the drug on the card fits the category, this is written in a list under that heading.

Example:

Category—Three drugs which are illegal.

Participants turn over three cards. If they agree, as a team, that all of those are illegal, they write the names of these drugs on a list under the heading 'illegal drugs'. The cards are then turned face down again, and the next group takes its turn. Some drugs will appear on more than one list.

5. The more the game progresses, the more people know which drugs are on which card, and the more they use their knowledge about the drugs to get the categories.
6. There are no winners and losers. Each group should complete each of the categories. However, there will always be some competition to complete the categories first.

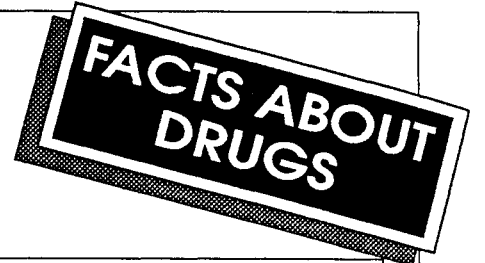
Examples of Categories:

1. Three drugs which are illegal
2. Two drugs which are chemically made
3. Three illegal drugs which come from a form of plant life
4. Two drugs which are commonly injected by use of a syringe
5. Four drugs which would be commonly found in any household
6. Three depressants
7. Three stimulants
8. Three Hallucinogens
9. Three drugs with a high likelihood of psychological dependence

There are a number of variations of this game. Each team could have different categories. Teams could keep their answers secret or they could share them with the other team. And so on. It is basically an interesting way to test knowledge.

Handout 14

Drug Name Cards



BEER	BARBITURATES
WHISKY	ECSTASY
MARIJUANA	GLUE
HEROIN	SOLVENTS
COCAINE	COLA DRINKS
CRACK	TRANQUILLISERS
LSD	OPIATES
MAGIC MUSHROOMS	COFFEE
CIGARETTES	TEA
CAFFEINE	SEDATIVES
AMPHETAMINES	

Activity 6:

The law on drugs

Purpose

To improve people's understanding of the law on drugs and the legal processes.

What to do

This activity is a role play of a court scene whereby participants re-enact trials of people who have committed drugs related offences.

1. Firstly, explain the purpose of the activity, and what will happen in general terms, to the group. Stress that it is role play but that people should be as true-to-life as possible.
2. Secondly, divide the whole group into five groups:
 - Young people who have committed the offence.
 - Parents.
 - Police and prosecution.
 - Defence lawyers.
 - Jury.

You can choose to be the magistrate or judge yourself so as to keep control of the role play or ask one or more of the participants to play this role.

3. Thirdly, you or the group as a whole should decide what type of drug related crime to work on. Choose one that is of most use or relevance to the participants. Examples might be:
 - Found in possession and under the influence of amphetamines.
 - Drunken driving, responsible for knocking down and injuring a pedestrian.
 - Drinking while under age.

Having decided what the crime is and having sketched in some of the background that is true-to-life (e.g. age of the person involved, circumstances at the time, etc.) each of the group should separately decide what evidence or case they will put in a simulated court trial. This may need some research. The jury should be thinking about what evidence or issues they want to hear about.

4. Now do the role play and have a court trial. Make it more true-to-life by arranging the furniture to look like the real thing. It might go something like:

The magistrate opens the proceedings.

The prosecution would then outline the case.

The young people would then be cross-examined by the prosecution.

The parents would give a character reference.

The jury would discuss the case and give their verdict.

The magistrate would announce the sentence or punishment.

5. After the role play each person should be asked to come out of their 'role' by saying who they are and what they do, in real life. Then have a brief discussion on what took place and clarify any legal questions or legal points that might have been wrong.
6. Then, if there is time, rotate the groups and repeat the role play—this gives a chance to explore a different area of law.

Reference 12

This activity is based on an original by TACADE in 'Locating Drug Education', p. 41. Available from: 1 Hulme Place, The Crescent, Salford M5 4QA, UK.