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Module 6: Drugs and Substance Use

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Module 6

Drugs and Substance Use

“Live neither in the entanglements of outer things, nor in inner feelings of emptiness”.

Sengstan

I Introduction

The consumption and injecting of illicit drugs is increasing around the world, involving perhaps 20 million people in more than 120 countries. Patterns of production, consumption and administration of illicit drugs have changed rapidly in the past and continue to change rapidly. Countries where the most rapid changes are occurring, involving the biggest populations, are in the developing world, especially in south and South-East Asia and Latin America. Many Western countries experienced epidemics of heroin injecting beginning in the late 1960s and continuing through the 1980s and 1990s. Many Asian countries began to experience such epidemics in the late 1980s, and this trend is continuing.

The injecting of heroin is now a problem in over 100 countries world wide, with an estimated 10 million people regularly injecting heroin globally; over 80 of these countries have reported HIV infection among these injecting drug users (IUDs).

II Injecting Drug Use and HIV/AIDS

The three epidemics – of drug use, of injecting drug use, and of HIV infection among injecting drug users– can develop extremely quickly, and often unexpectedly.

The diffusion of HIV among injecting drug users (IDUs) has been most pronounced in drug producing and transport countries in South-East Asia. Epidemics of HIV, that can literally be called explosive, have been documented among IDUs in Thailand, Burma, Malaysia, Vietnam and Northeast India. The prevalence of HIV infection among injecting drug users has often reached 60 to 90 per cent within six months to a year from the appearance of the first case. In many countries, these explosive epidemics among IDUs then form epicentres for wider diffusion of the HIV epidemic to other parts of the community.

Several communities in Asia have had HIV infections among IDUs for some time and are now in the grip of multiple ongoing epidemics:

- Of drug use and its consequences
- Of HIV infection among IDUs
- Of HIV transmitted from IDUs to their sexual partners and their children
- Of subsequent AIDS and of Tuberculosis.

As HIV transmission among IDUs can be extremely rapid, approaches to intervene and obstruct the spread of HIV infection has required exploration by many countries. What has emerged, both within the developed and developing world, is

the approach of “Harm Reduction”. Harm Reduction can be viewed as the prevention of adverse consequences of licit and illicit drug use without necessarily reducing their consumption. A broad range of programs have been implemented to foster harm reduction principles and to prevent HIV infection among IDUs. These include:

- The provision of information programs to inform IDUs of the risks.
- The establishment of drug treatment substitution programs, such as methadone for opiate dependent persons.
- Outreach education using peer educators.
- Sterile needle/syringe exchange, distribution and disposal programmes.
- Over the counter sales of injecting equipment.
- Counselling and testing for HIV among IDUs.
- Increasing access to primary health care.
- Removing the barriers to safer injecting, including laws and police practices.
- Targeting special groups and circumstances.

All of these programs aim to change behaviour and thereby reduce the risks of HIV infection among IDUs.

The injecting of illicit drugs exists in most countries, and in at least 80 countries there are epidemics of HIV infection among IDUs. The majority of these infections result from sharing contaminated needles and syringes, which happens for many reasons. Such epidemics can occur with explosive rapidity, and, having occurred, can form a core group for further sexual and vertical transmission. It is therefore very important to include effective prevention measures against HIV transmission among IDUs in any comprehensive AIDS strategy. IDUs are a hidden and stigmatized group because of their illegal behaviour; often they also engage in other risk behaviour for HIV, such as commercial sex work or paid blood donation, because of the cycle of poverty and the cost of the drugs. The strategies, which have been demonstrated to be effective, in both the developed and the developing world, are those based on the principles of harm reduction. The primary aim of harm reduction for IDUs is to reduce the harm associated with the injecting of drugs, especially the transmission of HIV and other blood borne viruses, without necessarily diminishing the amount of drug use. This is an approach entirely compatible with sensible demand and supply reduction approaches, and sees drug use as a public health rather than a law order issue. As with all effective community responses, it acknowledges the humanity and worth of the IDU, and creates a partnership with the IDU and his or her community to protect their common health.

In the context of injecting drug use and HIV infection, the following points need to be highlighted:

- Illicit drugs are injected in many parts of the world.
- The reuse of contaminated needles and syringes by different persons is common in many settings where injecting drug use takes place.
- HIV is efficiently transmitted by this sharing of injecting equipment.
- The reasons for sharing are various - poverty, lack of availability or access to needle and syringes, cultural factors and ignorance.
- Aspects of enforcement of prohibition of illicit drugs promoted conditions for transmission of HIV among IDUs.
- HIV spreads from IDUs to their sexual partners and children.

The scale of HIV spread among IDUs, their sexual partners and their children depends on a wide variety of factors. These include the following:

- The drugs injected and the frequency of injecting.
- The social organization of drug injecting, especially the existence of “shooting galleries” or professional injectors.
- Knowledge on the part of IDUs of HIV/AIDS, hepatitis viruses and other infections that can be associated with unsterile injecting.
- The availability of sterile injecting equipment or of the means to sterilize equipment.
- The availability and accessibility of drug treatment programs.
- The availability and accessibility of welfare and health programs for IDUs.

An action plan responding to HIV among IDUs should include:

- A situation assessment using both qualitative and quantitative approaches among the at-risk populations. Essential questions include:
 - Why are the IDUs injecting/using drugs?
 - What drugs are being injected?
 - What is the prevalence of HIV/AIDS among IDUs?
 - What is the level of knowledge about HIV/AIDS and its transmission?
 - Where do IDUs go to inject or buy drugs?
 - How much sharing of injecting equipment is there?
 - Why do the IDUs share their equipment?
 - What kind of health care and drug treatments are available? Where?
 - What are the legal and logistical barriers to behaviour change?

Research and education performed in collaboration with the affected community is the most effective. IDUs are as varied as the community they come from; many are not in treatment or prison, so outreach is very important. Peer education is the most effective form of education.

Identification and removal of legal and policing barriers to behaviour change, such as laws related to the sale and purchase of injecting equipment or punitive policing of IDUs, which do not decrease drug use but often increase sharing of needles/syringes.

Development of national and local policies, which achieve a balance between attempts to reduce supply and use of illicit drugs with the reduction of unsafe use – recognition of the role of law and the police in reducing spread of HIV.

The basic elements of an effective response programme for IDUs are:

- Education, especially peer education.
- Promotion of the use of sterile injecting equipment for every injection: increasing availability of equipment, removing barriers to access and use of sterile equipment.
- Increasing drug treatment availability, accessibility and options.
- Increasing access to and appropriateness of primary health care.

Behaviour, which put IDUs at risk of HIV infection, is not random; they result from the social, political and cultural context.

IDUs in prisons, among ethnic minorities, sex workers and women are at an increased risk of HIV infection.

Much of what follows is adapted from the ESCAP HRD Course on Drug Use and its Relationships with Sexual Abuse and Sexual Exploitation of Children and Youth, (ESCAP, 2000).

III Some Critical Concepts

a) What are 'drugs'?

The word “drug” refers to any substance or product that affects the way people feel, think, see, taste, smell, hear, or behave. The World Health Organisation (WHO) defines “a drug” as “any substance, solid, liquid or gas that changes the function or structure of the body in some way”. Often, the term “substance use” is preferred, so that all things that affect the way a person feels, thinks, sees, tastes, smells, hears and behaves are included. Thus, glue is a substance used by many street children and methamphetamines are substances used by many young people who go to discos and bars.

Sometimes we use the phrase “psychoactive substance” for drugs to emphasize the fact that the substance produces a change in mental processes.

A drug can be a medicine, such as morphine, or it can be an industrial product, such as glue. Some drugs are legally available, such as approved medicines and cigarettes, while others are illegal, such as heroin and cocaine. Each country has its own laws regarding drugs and their legality.

The use of drugs may have a little or a large effect on a person's life and health. The extent of the effect depends on the person, the type of substance, the amount used, the method of using it, and the general situation of the person.

b) Why do young people use drugs?

People, including young people, take drugs for their immediate and short-term effects. Usually many young people use drugs because they either add something to their lives or help them to feel that they have solved their problems, however fleeting this feeling might be. Drug use may also be influenced by a number of factors, such as:

The individual: Adolescence is a time of immense physical and emotional change. Young people often feel awkward and self-conscious. They may feel caught between conformity and the urge to be different or the urge to fit in with the peer group. Often, young people do not have the skills necessary to deal with the stress and pressures of life, and drugs may be seen as a way of dealing with them.

Family and friends: Young people may learn about drugs and their uses from their family and friends. Often, children living in families where smoking, drinking alcohol and taking prescription drugs, or any other stimulant, is considered a part of

life end up believing that drugs are normal. They also believe that drugs are helpful in releasing stress or worries. Friends and peers have a great influence on young people and drug use may be considered normal and part of growing up.

Society: Mixed messages from media, peers, parents, school, sport and work often contradict or conflict with young people's experiences of themselves. Often, young people receive messages that encourage and discourage drug use. Young people usually start using drugs as an experiment in social gatherings with friends and for recreational reasons.

Environmental factors: These include laws that control the supply and availability of drugs, advertising and promotion of alcohol and drugs and availability (access).

C) Some examples of why young people use drugs and the effects these drugs produce:

Reasons for drug use

Hunger
Boredom
Fear
Feelings of shame, depression, and hopelessness
Lack of medicine and medical care
Difficulty falling asleep because of noise or overcrowding
Need to stay awake for job or protection
No recreational facilities
Social isolation

Lack of sexual desire to engage in sex work
Loneliness
Physical pain

Effects of drug use

Lessens hunger pangs
Creates sense of excitement
Generates a feeling of bravery
Helps to forget
Self-medication
Produces drowsiness

Help user to stay awake
Offers entertainment
Provides a sense of connection with other drug users
Can enhance sexual desire
Promotes socializing
Relieves physical pain

Source: ESCAP HRD Course on Drug Use and its Relationships with Sexual Abuse and Sexual Exploitation of Children and Youth, (ESCAP, 2000).

d) What are some of the possible consequences of drug use?

Using a psychoactive substance or drug can have many different consequences. Some of the consequences are insignificant, while others are extremely serious. Substance use has effects on the body, the life of the user and the whole community. It has emotional, economic, social, legal and fatal consequences.

Intoxication is the state of being under the influence of one or more substances. When a person becomes intoxicated, there is a change in the person's alertness, thinking, perceptions, decision-making, emotions or behaviour. They may have trouble thinking, speaking, or working. They may giggle or laugh at strange times, or their mood may switch quickly between highs and lows. Some may be more aggressive. Often, intoxicated people behave in ways they normally would not.

An intoxicated person will behave differently depending on the quantity and type of drug that has been consumed. Moreover, the same amount and type of drug can affect different people in very different ways, dependent on the circumstances of use. For example, the same amount of alcohol can make some people laugh and others cry.

Different substances present different degrees of risk. Very toxic substances include leaded petrol, some solvents and coca paste.

Drug use can be expensive to maintain, cause problems at school or college and at the place of work. Drug use affects the ability of a person to maintain relationships and leads to isolation and feelings of persecution.

Drug use can harm health. Drugs can affect the body so users are more likely to become sick, to injure themselves or someone else, and to have trouble recovering from an emotional or physical problem. Some users are particularly vulnerable to malnutrition, infections, mental disorders, diseases of the internal organs, and respiratory diseases. Use of drugs can lead to deadly infections, such as HIV and Hepatitis B. Injecting drug use is one of the major reasons for the increasing number of HIV infections among youth.

In addition, while they are under the influence of drugs, young people may be more vulnerable to violence and exploitation. They may also be more likely to engage in sexual activities that put them at risk for sexually transmissible infections, including HIV.

Drugs can make the lives of young people difficult in other ways as well. Since many drugs are illegal, drug use may lead to problems with the police and with drug traffickers. Even social and welfare agencies designed specifically for youth may turn away people who use drugs. Often, young people do not know what the short-term or long-term consequences of drug use might be.

Consequences for the community

Everyone, including young people, occasionally have conflicts with family members, loved ones, friends and strangers. Most people also enjoy the excitement of taking a risk from time to time. The use of drugs, however, can sometimes make these normal experiences much more unpleasant or even dangerous. Important responsibilities can be forgotten and disagreements can become emotionally or physically destructive.

Drug users with little income are constantly faced with the problem of finding money to purchase their drugs. Some of them may steal or use violence to get the money. Others might join illegal businesses, such as the sex industry, to earn enough money.

e) What is dependence?

Dependence (or dependency syndrome, often referred to as addiction) occurs when a person becomes dependent on one or many drugs. It is defined by WHO as “a cluster of physiological, behavioural and cognitive phenomena of variable intensity, in

which the use of a psychoactive drug (or drugs) takes on high priority, more than other behaviours that once had value”.

Dependence may be defined as:

- A strong desire or sense of compulsion to take the drug;
- Difficulties in controlling drug-taking behaviour;
- A physiological withdrawal state when drug use has ceased or been reduced;
- Evidence of tolerance, i.e., increased doses required to achieve effects originally produced by lower doses;
- Progressive neglect of alternative pleasure or interests due to substance use, increased amount of time needed to obtain or take the substance or to recover from its effects;
- Persisting with substance use, despite clear evidence of harmful consequences (e.g., liver damage, depression, and impaired cognitive functioning).

f) What is detoxification and withdrawal?

If a person has been using a drug heavily or for a long time, the user might experience a difficult period of transition when he or she stops using or reduces the amount of use. The person may have psychological and/or physical problems until adjustment to the absence of the drug is complete. This transitional process is called detoxification and the adjustment problems are called withdrawal symptoms.

Unless they have been using large amounts of drugs for a long time, young people rarely need medical help to detoxify. More typically, young drug users need to be in a safe place where they can be assessed with their full cooperation. The most dangerous withdrawals are from alcohol and hypnotosedatives, which may trigger convulsions and delirium tremors.

g) Are there any major patterns of drug use among the youth?

Patterns of drug use vary greatly among youth, and may change over time. Some develop a regular pattern of use while others may be quite haphazard and opportunistic. *Just because a young person starts to use one drug does not mean that he or she will automatically progress to using other drugs or to more intensive use.*

While recognizing the variability of drug use by the youth, it can be useful to try to classify their use according to the level of use and risks or problems experienced.

It has been suggested that there are 5 kinds of drug use:

Experimental use: Young people go through a period of development that involves experimentation, exploration, curiosity and identity search. Part of such a quest usually involves some risk taking, which can include experimenting with drugs. They are curious about drugs and want to experience new feelings and sensations. It is important to note that, following some experimentation, most young people stop using drugs.

Functional use: For the majority of young people, drug use is not mindless or pathological, but functional. Drugs have a specific purpose in their lives, such as recreation, providing relief from anxiety or boredom, to keep awake or to get to sleep, to relieve hunger and pain, to feel good and to dream. Such use is often controlled and limited to specific circumstances and situations. Young people may vary the type of drug they use, depending on the situation, to achieve the desired effect. They are sometimes experienced users and know what, when and how to use drugs. If their drug use is not causing serious problems for them, there is little motivation for these functional users to stop using drugs.

Dysfunctional use: Dysfunctional use is drug use that leads to impaired psychological or social functioning. Typically, such use affects personal relationships. As a result of their drug use, some young people may become involved in fights or arguments with others or family members. It may interfere with his or her education or work. S/he may not be able to accomplish important survival tasks, such as finding adequate food and avoiding violence. This behaviour may cause further alienation, including rejection by other members of the peer group or family. Because of these increasing difficulties, there may be some motivation to think about quitting drugs. However, the benefits they perceive in using drugs may make it difficult for them to break the habit.

Harmful use: In harmful use, drugs cause damage to physical or mental health. These harms include traumatic injuries from accidents and violence, overdose and poisoning, suffocation, burns and seizures. Other harms result from the way in which the drug is used. Injecting drugs is particularly dangerous because of the risk of hepatitis, HIV and other infections from contaminated needles and syringes, along with collapsed veins and overdose. Smoking drugs can result in disorders of the respiratory system and burns. Some drugs are particularly toxic and can cause health damage in even small amounts. Such drugs include leaded petrol, benzene and coca paste.

Although health damage is more likely to occur in individuals who use drugs regularly and intensively, it can also occur in experimental and occasional users, usually as a result of intoxication. As most young people have not been using drugs for long enough, it is unusual to see them with such disorders as alcohol-related liver disease or smoking-related lung cancer, which tend to occur late in life.

Dependent use: Drug dependence is the name given to the most intensive type of drug use. Users who are dependent on drugs often have poor control over their intake. They may continue to use drugs despite very serious consequences. In addition, they may spend more and more of their day in activities related with drugs; earning money or trading sex for them, purchasing them, using them, recovering from them, and planning to get more of them.

Dependent users may develop a tolerance for certain drugs, that is, their bodies may adjust to the drugs so that the same amount of the drugs no longer produce the same effect and they require more of the drug to get the effect previously experienced. A dependent user may also experience withdrawal symptoms, if s/he goes too long without the drugs.

The young people who are dependent on drugs will need a lot of support to change their behaviour. Establishing good links with local health agencies that deal with drug users is important. If workers are in isolated areas and there are few health resources in the local community, links will need to be formed with helpful professionals in other locations.

Being dependent on drugs can be like being very dependent on other people, food or exercise. The drug can be like a reliable friend who usually gives what a person wants or needs. Giving up the drug can be like losing a best friend. Grief and loss issues need to be dealt with.

h) What are the names and types of substances commonly used by young people?

There is an enormous number of substances that can be used. The generic name of a drug is standard and used throughout the world. However, most drugs are marketed under various trade names and also have many street names. *Trade names* usually begin with a capital letter. For example, a commonly used drug to reduce anxiety is *diazepam* (generic name) and is sold in some countries as Valium (trade name). Another example is *diacetylmorphine*, which is the generic name for Heroin, and has the street names, "brown sugar" in India, and "smack" in the USA and Australia. It is also common for street names to change regularly.

The three main types of drugs, classified by their effects on the central nervous system are:

- Depressants.
- Hallucinogens.
- Stimulants.

Depressants slow down, or depress, the central nervous system. They do not necessarily make the user feel depressed. Depressant drugs include:

- Alcohol
- Opiates and opioids including heroin, morphine, codeine, methadone, and pethidine
- Cannabis including marijuana, hashish and hash oil
- Tranquillisers and hypnotics, including Rohypnol, Valium, Serepax, Mogadon, and Euhypnos
- Barbiturates, including Seconal, Tuinal and Amytal
- Solvents and inhalants including petrol, glue, paint thinners and lighter fluid

In moderate doses, depressants can make users feel relaxed. Some depressants cause euphoria and a sense of calm and well-being. They may be used to wind down or to reduce anxiety, stress or inhibition. Because they slow the nervous system down, depressants affect coordination, concentration and judgment.

In larger doses, depressants can cause unconsciousness by reducing breathing and heart rate. Speech may become slurred and movements sluggish or uncoordinated. Other effects of larger doses include nausea, vomiting and, in extreme cases, death. When taken in combination, depressants increase their effects and the danger of overdose.

Hallucinogens distort perceptions of reality. These drugs include:

- LSD (lysergic acid diethyl amide); trips, acid, microdots
- Magic mushrooms (psilocybin): gold tops, mushies
- Mescaline (peyote cactus)
- Ecstasy (MDMA/methylenedioxymethamphetamine)
- Cannabis in stronger concentrations, such as in hashish and resin can act as an hallucinogen in addition to being a central nervous system depressant;
- Ketamine also known as K or Special K.

The main physical effects of hallucinogenic drugs are dilation of pupils, loss of appetite, increased activity, talking or laughing, jaw clenching, sweating and sometimes, stomach cramps and nausea. Drug effects can include a sense of emotional and psychological euphoria and well-being. Visual, auditory and tactile hallucinations may occur, causing users to see or hear things that do not actually exist. The effects of hallucinogens are not easy to predict. The person may behave in ways that appear irrational or bizarre. Psychological effects often depend on the mood of the user and the context of use.

Negative effects of hallucinogens can include panic, paranoia and loss of contact with reality. In extreme cases, this can result in dangerous behaviour like walking into traffic or jumping off a roof. Driving while under the influence of hallucinogens is extremely hazardous. It is common for users to take minor tranquillizers to help them come down from a hallucinogenic drug.

Stimulants are used by millions of people every day. Coffee, tea and cola drinks contain caffeine, which is a mild stimulant. The nicotine in tobacco is also a stimulant, despite many smokers using it to relax. Other stimulant drugs, such as ephedrine, are used in medicines for bronchitis hay fever and asthma. Amphetamines and other ATSs (Amphetamine-type Stimulants, such as, forms of methamphetamine known as “ice”, “shabu”, and “ya ba”) and cocaine are illegal in most countries. The use of ATS is becoming a major problem in most countries and has begun to overshadow heroin use in some (e.g., Thailand).

Stimulants speed up or stimulate the central nervous system and can make the user feel more awake, alert or confident. Stimulants increase heart rate, body temperature and blood pressure. Other physical effects include reduced appetite, dilated pupils, talkativeness, agitation and sleep disturbance.

Higher doses of stimulants can over stimulate the user, causing anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia. Prolonged or sustained use of strong stimulants can also cause these effects. Strong stimulants can mask the effects of depressant drugs, such as alcohol. This can increase the potential for aggression and poses an obvious hazard if the person is driving. . Mental health difficulties (e.g., psychosis) can be associated with problematic ATS use.

Details of some drugs commonly used by young people are given below:

Amphetamines belong to a group of drugs called psycho-stimulants, which speed up the messages going to and from the brain to the body. Most amphetamines are produced in illegal backyard laboratories and sold illegally. These laboratories are unhygienic and harm can result from impurities that remain in the drugs.

Amphetamine drugs are chemically manufactured drugs that are powerful stimulants of the central nervous system.

Amphetamines were first used to treat narcolepsy, a condition in which a person has uncontrollable periods of sleep. Amphetamines later became popular as appetite depressants. They were also popular as a means of staying awake for long periods of time. The use of amphetamines closely parallels that of cocaine in the range of short-term and long-term effects.

Amphetamines can be diluted in juice, snorted or injected into a vein. Due to the unknown strength of street amphetamines, some users have overdosed and died. Amphetamines can increase breathing and heart rate, raise blood pressure and dilate pupils. High doses can cause rapid or irregular heartbeat, tremor, loss of coordination and collapse. With increasing doses, users can often be aggressive and potentially violent. Withdrawal symptoms include fatigue, disturbed sleep, irritability, hunger and severe depression.

The term ATS (Amphetamine-type Stimulant) is now used to group chemically related synthetic substances, such as amphetamines, methamphetamines, Ecstasy (MDMA) and other related substances. The common names for these substances include “speed”, “whiz”, (mostly for amphetamines) “ice”, “crystal”, and “shabu” for methamphetamines and “ya ba” for mixed chemicals often containing methamphetamine.

Cannabis, commonly known as the dried plant form marijuana, can have a slight effect on one person and a much greater effect on another person. The initial effect for a new marijuana smoker can be a strong rush. Some people say they feel nothing. For some people cannabis use is a pleasant experience. For others there are unpleasant side effects. There are negative health effects which result from continued use.

Marijuana comes from the hemp plant, *Cannabis sativa*, which grows throughout most of the world. The cannabis plant is prepared for consumption in various ways. Three common forms of cannabis are marijuana, hashish, and hashish oil. The term marijuana refers to the cannabis plant and to any part or extract of it that produces somatic or psychic changes. Drying the leaves and flowering tops of the plant produces the tobacco-like substance. Hashish and hash oil are prepared from the resin of the cannabis plant.

Some people become psychologically dependent on marijuana and must exert considerable effort or even obtain medical treatment to stop using it. When marijuana is smoked, the effects are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for two or three hours. The most obvious and verified effect of marijuana on humans is a dose-related, temporary increase in heart rate, as high as 160 beats per minute. A reddening of the eyes is also a common physiological reaction to acute marijuana use.

A “high” from cannabis can last for several hours. During this time most users feel relaxed and self-confident, and have altered perceptions of time and space. Some new users and heavy users experience confusion, anxiety and panic.

While marijuana-intoxicated, a user shows many indications of impaired psychological functioning, including effects on memory, thinking, speaking, various kind of problem solving, and concept formation. Most of these effects seem to share in common an impairment of short-term memory the leads to fragmented speech, disjointed thinking and a tendency to lose one's train of thought.

While the drug is active in the body, driving a vehicle or operating machinery puts the user and others at increased risk of accident. Some new users, particularly adolescents and people who use a lot regularly, can experience psychosis. People with schizophrenia or those with a family history of psychosis are at increased risk. Long-term heavy cannabis use is likely to have a negative effect on your health. These effects include:

- Respiratory diseases such as bronchitis and cancers commonly associated with smokers.
- Some loss of memory and mental capacity.
- Potential risk to children when women use cannabis during pregnancy.

Users can become dependent on cannabis and have great difficulty controlling their use of the drug.

Cocaine mainly comes in a white powder called cocaine hydrochloride. Cocaine in this form is usually snorted or injected. Cocaine is often mixed with other substances, such as, mannitol or some other sugar to increase the profitability of a deal.

Effects of cocaine, which can last for minutes or hours, happen very quickly and can include an extreme feeling of well-being, increased heart rate, agitation, sexual stimulation, alertness, energy, unpredictability and aggressive behaviour. The inside of the nose can be severely damaged if you regularly inhale cocaine through the nose. Cocaine or coke is highly dependency creating and, as with other stimulants, reduces hunger, thirst and natural needs for rest, food and water. Death can occur as a result of overdose or an accident.

Ecstasy: the chemical Methylenedioxymethamphetamine (MDMA) is a drug that can cause users to see things that are not seen by other people and produces a feeling of tranquillity, increased confidence and feeling close to people, which is why it's also known as the love drug. Users can also experience jaw clenching, teeth grinding, dry mouth and throat, nausea and loss of appetite, anxiety, paranoia and confusion.

Ecstasy is regarded as a dangerous drug for people with heart or breathing conditions or with depression or psychological disorders. The next day, a severe hangover may leave the user feeling “burnt out”. Symptoms include: loss of appetite, sleep problems, aching and confusion.

Overdose can occur resulting in very high blood pressure, increased heartbeat and body temperature. Many people take ecstasy at dance or rave parties. Ecstasy can raise the body temperature to dangerous levels. Not much is known about the long-term effects of ecstasy, but there is some suggestion that it may damage some types of brain cells. Few people seem to use ecstasy for long periods. Ecstasy is one of a growing number of “designer drugs” and many new variations are already available.

Gamma-hydroxybutyrate (GHB), also known as liquid ecstasy, is a depressant drug, which works by slowing down the activity of the brain and central nervous system.

That is, they slow down the messages going to, and from the brain. GHB commonly exists as a colourless, odourless liquid usually sold in small bottles. It has also been seen in powder and capsule form. It is mostly taken orally. However, it can be injected.

People have reported the following effects after taking GHB: euphoria, drowsiness, nausea, increased confidence, and dizziness. With increased doses, the initial euphoria is replaced by powerful sedative effects, which can include: confusion, agitation, hallucinations, seizures, vomiting/nausea, stiffening of muscles, disorientation, convulsions, unconsciousness / coma, and respiratory collapse. Users can become both physically and psychologically dependent on GHB.

Prolonged use of high doses of GHB may lead to withdrawal symptoms. Some people have experienced agitation/anxiety, insomnia and tremors after stopping regular use of GHB. Withdrawal symptoms are usually experienced for three to twelve days.

Heroin is derived from the opium poppy and usually comes in a rock or powdered form that is generally white or pink/beige in colour. The purity of heroin sold on the street can vary enormously from as low as 25-30 per cent to 85-90 per cent depending on fluctuations in the unpredictable illegal drug market.

It is a powerful painkiller that is widely used by doctors to treat pain in cancer and heart attack patients. Used medically, pure heroin is a relatively safe drug. Pure heroin is a white powder. Street names include “skag”, “smack”, “H”, “horse”, “harry”, “junk”, “henry”, and “brown sugar”.

Heroin can be smoked, sniffed or injected. It is rarely swallowed, as this method is relatively ineffective. When heroin is heated over a candle or a match on a piece of tin foil or a spoon, the smoke generated is inhaled, often through a small tube (known as “chasing the dragon”). Injection directly into the veins gives an immediate short-lived pleasurable sensation (known as a “rush”). Heroin is the most commonly injected illegal drug.

Users say heroin, in the beginning, makes them feel warm, loved and safe. Heroin provides an extremely intense rush and a high that usually lasts for 6-10 hours. In its pure form, in controlled clinical conditions heroin is relatively non-toxic to the body, causing little damage to body tissue and other organs. However, regular users are very likely to become dependent upon it. Some long-term effects include constipation, menstrual irregularity and loss of sex drive.

Impure street heroin is usually a mixture of pure heroin and other substances, such as sugar. Sometimes other drugs like speed or sedatives are also mixed in. This is very poisonous. Impure heroin causes collapsed veins, tetanus, abscesses and damage to the heart, lungs, liver and brain. Because the user usually doesn't know the strength of the heroin s/he is using, it is easy to accidentally overdose and die.

Complications associated with heroin use can include tolerance, which means that the user needs more quantity to get the same effect. Using heroin can result in both psychological and physical dependence on the drug. Heroin dependence is extremely expensive and is a major reason for many crimes, as the dependent heroin

user needs more money to support the “habit” and just feel normal. Life can become an endless circle of finding money, obtaining the drug and usage.

Inhalants: Some drugs turn to gas in the air and when the fumes are inhaled can cause the user to feel high. These are inhalants. Many household products are used as inhalants such as glue, aerosol spray cans, lighter fluid, paint thinner, chrome based paint or petrol.

After a high the drug slows down the central nervous system or the messages going to and from the brain to the body. Most effects pass within an hour of use. Using many times may make users pass out, get bad cramps, not know what's going on or even die. The drug in some of these products can cause heart failure particularly if the user is stressed or does heavy exercise. Some users have been known to pass out and suffocate in the plastic bag they inhale from. Like most street drugs, use of inhalants can lead to dependence, although almost all who try inhalants only use them once or twice.

LSD (Lysergic Acid and Diethylamide), the best known of the hallucinogens. As a synthetic drug, it is one of the most potent mind-altering chemicals. LSD is most commonly seen in tablet form or the tablet incorporated into some other dose form, such as, a capsule or occasionally confectionery. LSD appears to cause little or no physical dependence with no withdrawal symptoms having been observed, even after long periods of use. However, users can develop psychological dependence.

Methamphetamine is an ATS. The use of methamphetamine produces similar, but mostly stronger behavioural and physiological effects to cocaine and other stimulants. These effects include euphoria, increased alertness, the perception of improved self-esteem and self-confidence, impaired judgment, and impulsiveness. Acute and chronic use of methamphetamine typically results in nervousness, irritability, restlessness, and insomnia.

The major difference between cocaine and methamphetamine is duration of action. The half-life for cocaine's euphoric effects is less than 45 minutes, for methamphetamine it is three to six hours. Therefore, the period of stimulant-induced euphoria may be much longer in methamphetamine users, and likewise, the period of impaired judgment will be longer. Permanent neurological changes and deficits can result from chronic methamphetamine use.

i) Are there any connections between drugs and sex, sexual exploitation and sexual abuse?

The connections between drugs and sex, sexual exploitation and sexual abuse are well established. Due to this nexus many young people find themselves vulnerable to HIV infection as well. Some examples of this are as follows:

- Some young people may run away from their home or village due to the drug use of family members and/or other adults who may become violent when intoxicated (some of this violence may be in the form of sexual abuse) or neglect their needs.
- Some young people are sold by their parents for money to buy drugs.

- Some young people who use drugs may engage in sex work for money to buy drugs.
- Some young people may get paid in drugs for sex work.
- Some pimps and brothel owners may give drugs to young people to get them to have sex (so they are less likely to refuse or to get them sexually aroused).
- Some pimps and brothel owners may give drugs to young people to keep them working (i.e., get them physically and psychologically dependent so that they stay “on”).
- Some pimps and brothel owners may give drugs to young people to make them semi-conscious when not working so they do not run away or leave.
- Some customers may give young people drugs and then have sex with them (e.g., as payment, to increase pleasure, for certain sexual acts or to decrease the chances that the young persons could identify them later).
- Some young people are drugged so that they can be more easily involved in pornography (e.g., photos or videos) or perform sexual acts.
- Young people may take drugs so that they can cope with sex work or certain sexual acts (so they will perform the acts or to reduce the pain of the acts).
- Some young people may take drugs so that they can cope with the effects of sex work (e.g., shame and guilt).
- Some young people may take drugs to make sex feel better.

J) Are there any symptoms that identify a person who may be using drugs?

Yes, it is possible to get an indication if a person is using drugs through some symptoms. But one has to be careful in any enquiry, and drug use should not be presumed unless confirmed otherwise. The following symptoms are indicative of drug use and may not always be related to drug dependence:

Marked personality change: a placid, soft-spoken person suddenly becomes noisy and abusive. The change may be gradual and only apparent when one thinks about it. Sometimes, this may occur the other way around i.e., an outgoing and talkative person may turn silent and withdrawn.

Mood swings: Mood may swing from high to low and back again, seemingly, without reason. There may also be extreme behaviour precipitated by the most innocuous events or statements.

Change in physical appearance or well-being: A change in weight, sleep patterns and other signs, may be sudden or gradual. Other physical symptoms may include slurred speech, staggering gait, sluggish reactions, pinpoint or dilated pupils, sweating, talkativeness, euphoria, nausea and vomiting.

Change in school or work performance: For students a significant deterioration in performance, especially when the student has been diligent, may be an indicator of difficulties. Equally, a rapid change from poor performance to diligence may be important.

An increase in secretive communication with others: This is often seen as cryptic telephone calls. Remember that some of this may just be typical behaviour of adolescents.

Intuition: Call it “gut feeling” or “guesswork”, but this warning sign is based on the awareness you have of a young person you know well. You may not be able to be specific, or clearly verbalize your hunch, but you will know there is something wrong. You may find yourself telling others of the change observed in a person you know.

An excessive need for or increased supply of money: Buying drugs costs money, and the more drug dependent the person becomes, the greater their need for money to finance their “habit”. Money, however, is not the only transferable commodity for young people. For example, baseball caps, sport shoes and sex are commonly traded for alcohol and other drugs.

k) Can drug dependence be treated?

Yes, drug dependence is treatable. Research into existing drug treatment programmes and clinical practice has yielded a variety of approaches to drug treatment. The U.S. National Institute on Drug Abuse identified the following principles of effective treatment:

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual and not just his/her drug problem.
- An individual's treatment must be assessed from time to time and modified to accommodate his/her changing needs.
- Continuing with the treatment for an adequate period of time is critical for the effectiveness of treatment.
- Dependent/Addicted or drug using individuals with mental disorders should be treated for both the problems in an integrated manner.
- Medical detoxification is only one stage of treatment and by itself does little to change the long-term drug use.
- Drug treatment need not be voluntary to be effective (there are approaches that differ with this view and believe that treatment can only begin when the person is ready).
- Treatment programmes should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counselling to help patients modify or change behaviour that places them or others at risk of infection.
- Recovery from drugs can be a long-term process and frequently requires multiple episodes of treatment.

l) What are ‘life skills’ and how can life skills training help in reducing drug/substance use?

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of every day life (WHO 1994). Based on the positive experience with life skills approaches in substance/drug use prevention, life skills are a promising approach to strengthen protective factors in treatment and aftercare, including relapse prevention.

Life skills applied to drug/substance use prevention are supposed to facilitate the practice and reinforcement of psychosocial skills that contribute to the promotion of personal and social development such self awareness, empathy, communication skills, interpersonal skills, creative thinking, critical thinking, coping with emotions and coping with stress. In drug/substance use prevention, which should also be part of treatment programmes, this means imparting skills in drug/substance resistance/refusal and critical thinking, social competence and communication skills to explain and reinforce personal anti-drug commitments.

Session 6.1

Substance Use – Our Understanding

Expected Outcomes

Participants will know what constitutes substance use.

Participants will know the affects of substance use on their lives.

Exploring Substance Use

<i>Objective</i>	To develop a common understanding on drug/substance use.
<i>Materials</i>	Flip charts, markers, tape.
<i>Time</i>	30 to 40 minutes.
<i>Process</i>	<p>Invite the participants to sit in a circle. Explain that the use of drugs/substance among youth is an emerging concern.</p> <p>Ask the participants to divide into 2 groups.</p> <p>Ask the 2 group members to pick up a chart each and some markers.</p> <p>Ask both groups to discuss within their group and come up with a definition of the term “drug”. This definition should be based on their common understanding and knowledge.</p> <p>Allow 15 minutes to do this exercise.</p> <p>Invite both groups to display their respective definitions and ask them to present.</p> <p>You could use the following questions to facilitate a discussion after the groups have made their presentation:</p> <ul style="list-style-type: none"> ▪ <i>Have you heard the term “drug use”?</i> ▪ <i>When did you first hear the term, and from whom did you hear it?</i> ▪ <i>If you think someone you know is abusing drugs, what would you do?</i> ▪ <i>Why do we prefer the term “substance dependence” to “addiction”?</i>

Note for the Facilitator

The definition for the term is given in the question answer section at the beginning of this section. You can present that definition after the two groups have made their presentation. After facilitating the group discussion you can make a short presentation on the status of drug/substance use among the youth in your country/region or locality. Emphasize that drug/substance use is also linked to another emerging health concern among the young people – namely HIV/AIDS. Point to the fact that HIV/AIDS is a real threat for young people who inject drugs, as HIV/AIDS is transmitted through contaminated needles. HIV/AIDS is also transmitted through unprotected sex and from infected mother to child.

Session 6.2

Beliefs and the Reality of Drugs

Expected Outcomes

Peer educator will know the level of knowledge and beliefs that the participants have on the subject of drugs.

Participants will learn to distinguish between myths and facts regarding drugs.

Participants will know some basic facts about drugs.

Myths And Facts About Drugs

<i>Objective</i>	<p>To provide correct information about drugs.</p> <p>To enable the participants to analyze the information they already have about drugs.</p>
<i>Materials</i>	"Myth and fact statements" and information/answer key for myth and fact statements, flipchart paper, markers, cloth bag or a small box.
<i>Time</i>	30 to 40 minutes.
<i>Process</i>	<p>Invite the participants to sit in a circle.</p> <p>Explain that they will be learning some facts about drugs through a game. Create the mood by asking some questions for example: Do you know of anyone who uses drugs? Why do young people experiment with drugs? Have you ever thought of experimenting with drugs?</p> <p>Now ask the participants to divide into two teams and sit facing each other on the floor or chairs.</p> <p>Place the bag or box with the myth and fact statements in the middle of the two teams.</p> <p>Explain that each team will draw a statement from the bag alternatively.</p> <p>The team that draws and answers correctly will get 10 points. If the team draws and fails to give the correct answer, they will get 0 points. If the team draws and passes, then the other team will get 20 bonus points on a correct answer. If both teams fail to give the correct answer, you will provide the answer.</p> <p>Put a flip chart up to keep scores. Ask for a volunteer to help you if required.</p> <p>Allow the teams to discuss their answer for 1 minute or so.</p> <p>After each round encourage discussion by asking the teams to give reasons for their answers.</p>

You may want to use the following questions for discussion after the game:

- *Did you learn anything new from this game? What?*
- *Were you surprised or distressed by anything that you learnt? What and why?*
- *Why do you think there are so many myths related with drug use?*
- *Why is drug use among young people becoming a major cause for concern?*
- *What do you see as the links between substance use and sexual behaviour, especially HIV/AIDS and STIs?*
- *Can you think of ways that you can spread awareness about drug use? What can you do?*
- *If you have a friend who is using drugs how will you help him/her?*

Note for the Facilitator

This is a useful exercise to build awareness and allows participants to explore their beliefs and knowledge about the subject. Encourage discussion, but at the same time, look for signs of discomfort among the participants. . Note the preference for the term “dependence” instead of “addiction”, and avoid words like “addict” and “alcoholic”. There latter terms can be discriminatory and marginalizing. It is now not acceptable to call people with disabilities “cripples” – they are “a person with a disability”. Likewise, for substance use, they are a “person dependent on heroin or methamphetamine”. Make sure that you reinforce the negative impacts of substance/drug use and clarify any misunderstandings that participants may have about the subject. You may follow up this exercise with a small groups exercise on the impact of drug use. You may have to prepare the myth and facts statements based on the reality of the locality, country or region.

Fact and myth statements that may be used for this exercise are as follows

Fact and myth statements	Answer key for the facilitator
You cannot become dependent on alcohol; it is not a drug.	Myth: alcohol is a drug like any other drug; you can become physically and psychologically dependent on alcohol.
It is okay to use drugs for recreation.	Myth: drug use for any reason can lead to problems and possibly dependence.
Driving after using cannabis/marijuana is much safer than driving after drinking alcohol.	Myth: Like alcohol, cannabis/marijuana affects motor coordination, slows reflexes and affects perception (the way we see and interpret events around us). Any of these changes increase the likelihood of an accident while driving.
A person can become dependent on cigarette smoking.	Fact: most people who smoke become dependent on nicotine.
Many drug users say that smoking marijuana was their first step towards their use of other drugs.	Fact: Usually people who become dependent on drugs start with a drug that is cheap and readily available and one they feel that they can control, like cannabis/marijuana or amphetamines.
People who become drug dependent have no will power.	Myth: drug dependence is not only mental but physical as well.
A cup of strong coffee and cold	Myth: Only time will cause a person to become

shower are enough to make a drunken person sober.	sober. It takes one hour for the liver to process one-half ounce of pure alcohol.
Drugs help a person to deal with his/her problems.	Myth: Drugs help people forget about their problems or reduce the pain caused by problems. The problems do not go away, and they often get worse.
Steroids should be used only after prescription.	Fact: Steroids can have very serious health consequences, such as liver disease, heart disease, sexual dysfunction and mood swings leading to aggressive or depressive behaviour. Sharing needles for steroid use can transmit HIV, the virus that causes AIDS.
One cannot become dependent on drugs prescribed by a doctor, such as painkillers and sleeping pills.	Myth: often people taking such prescription drugs become dependent on them.
Coffee and tea also contain stimulants/drugs.	Fact: Coffee, tea and many soft drinks contain caffeine, which is a stimulant. Caffeine can cause headaches which are a common sign of withdrawal.
More young people use alcohol than any other substance.	Fact: In many countries, alcohol is the most frequently used substance among teenagers. Approximately 50 per cent of males and 20 per cent of females begin drinking before 20 years of age in these countries. Alcohol can also be expensive, and so, many street children use glue or other inhalants more than they would use alcohol. Where use of alcohol is against the main religious or cultural beliefs of the country, there is much less use of it and tobacco may be the most used substance by young people.
Alcohol dependence is a disease.	Fact: Alcohol dependence is sometimes seen as a disease just as diabetes or epilepsy are diseases. It can respond to treatment, which might include eliminating all alcohol consumption.
If you use drugs without injecting, you will not contract HIV. It is rare for a teenager to be alcohol dependent.	Myth: Drinking alcohol or using other drugs can inhibit your ability to use condoms correctly or they may make us forget to use condoms at all. Myth: In some countries, approximately 30 per cent of young males and 20 per cent of young females use alcohol more than three times a week. They may or may not be dependent on alcohol, but they certainly are at “risk” of dependence and many other health and social problems, by drinking at that level.
Inhalants are basically harmless even though people make a big deal about them.	Myth: Using inhalants such as thinners, glue, or cleaning fluids, can cause permanent damage to organs like the liver, brain or nerves. They are also extremely flammable and can cause serious injury if matches are lit nearby.

Anyone using oral contraceptive (birth control pill) has to be careful about prescription medicines.	Fact: Girls and women who are using oral contraceptives to prevent pregnancy need to tell their doctor if s/he prescribes antibiotics. Some medications make oral contraceptives ineffective and pregnancy could result.
Cigarette smoking can be harmful for the pregnant woman but not for the child in her womb.	Myth: smoking is equally harmful for the child in the womb.
Alcohol is a sexual stimulant.	Myth: Alcohol can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such as lack of erection, loss of sexual feeling or inability to have an orgasm. In addition, alcohol or drugs may cause a person to do something sexually that he or she would not do when sober.
Cannabis/Marijuana is used legally to treat severe pain (in cancer and other chronic illnesses).	True: In most countries cannabis/ marijuana is against the law. However, in some countries cannabis preparations are being trialled for wasting conditions (where a person in final stages of cancer or HIV-related illness become very thin from not eating or being unable to eat) and glaucoma.
Heroin use can cause dependence, but not cannabis/ marijuana.	Myth: Experts believe that long-term use of cannabis/marijuana is potentially dangerous and may lead to a decrease in motivation, memory loss, and damage to coordination, impaired judgment, damage to the reproductive system and throat, lung irritation and mental health problems.
Experimenting with drugs is a part of growing up.	Myth: drugs are a matter of choice and have nothing to do with the growing up process.
Drug dependence can lead to homelessness and loss of life.	Fact: Many drug users loose their social and economic status and can loose their life to overdose and other complications.
Taking amphetamines or methamphetamines only once can cause problems.	Myth: Any drug use can cause difficulties for new and regular users. Much of what is sold as amphetamine or methamphetamine (e.g., <i>ya ba</i>) is a combination of many chemicals, mostly mixed in illegal laboratories. Users may never really be sure of what they are buying or taking. The mix can be toxic.
Drugs like alcohol, cannabis/marijuana and ecstasy shouldn't be a problem for young people	Myth: Drugs can interrupt normal growth and development for youth, be associated with problems in relationships and result in unintended pregnancies of STD/HIV because their use can lead to risk taking.
HIV infection among young injecting drug users is on the rise.	Fact: research shows that HIV infection rates are high and increasing among young IDUs.

Session 6.3

Smoking and Health Concerns

Expected Outcomes

Participants will know the health affects of smoking.

Participants will start thinking about the harm of smoking and eventually quit smoking.

I Am Choking!

Objective The participants will analyze ways in which smoking, or the use of tobacco, interferes with health, general well-being and achieving personal goals.

Materials Straws covered with wrappers, small narrow straws, white paper.

Time 45 minutes.

Process Invite the participants to sit in a circle. Explain that they will be doing an interesting exercise to experience some of the effects of smoking. Participants who are asthmatic or prone to breathlessness should not take part in the exercise.

Ask the participants to take a deep breath and exhale. Ask them to repeat this three times.

Give a straw (wrapped in its cover) to each participant. After the participants have their straws, ask them to remove the wrapping. Ask them to pinch their nostrils closed so that they cannot inhale or exhale through their nose.

Ask each participant to place a straw in his/her mouth. Each participant is to keep his/her nostrils pinched closed while inhaling and exhaling through the straw. Explain that, if they have any difficulty exists with breathing they can stop the activity at any time. Participants are to breathe through the straw for one minute.

Request the participants to describe what it was like to breathe through the straw. Most likely, they will explain that it was difficult. In order to inhale the same amount of air that they normally inhale each minute, they needed to inhale more often. This raised the heart beat rate and became tiring. Explain that this is what happens when a person smokes cigarettes.

Provide each participant with a smaller narrower straw. Repeat the strategy. Ask the participants to pinch their nostrils closed so that they cannot inhale or exhale through their nose. Ask each participant to place the small narrower straw in his/her mouth. Each participant is to keep his/her nostrils pinched closed while inhaling and exhaling

though a straw. Explain that if any difficulty exists with breathing, they can stop the activity at any time. Participants are to breathe through the narrow straw for one minute.

Explain that the long-term effects of smoking cigarettes are very serious. They have just experienced what it is like to have chronic obstructive lung disease, which is characterized by progressive limitation of the flow of air into and out of the lungs. Emphysema and chronic bronchitis are two examples of chronic obstructive lung diseases.

Pass out a small sheet of white paper to each participant and have him or her think of five reasons why it is harmful to use tobacco products. Have them roll their papers in the shape of a cigarette. Collect the paper cigarettes. Distribute them to the participants, giving each participant a paper cigarette other than his/her own. Have the participants take turns reading what is written on their cigarettes. Explain that we never know what problems may occur from our actions but, if we know that problems are likely to occur, we should use prevention tactics to keep them from happening.

Further explain that cigarette smoking has also been linked to lung cancer, laryngeal cancer, coronary heart disease, atherosclerotic peripheral vascular disease, oral cancer, esophageal cancer intrauterine growth retardation, low birth weight babies, leukaemia, unsuccessful pregnancies, increased infant mortality, peptic ulcer cancer of the bladder, cancer of the pancreas, cancer of the kidney, and cancer of the stomach. Smokeless tobacco use increases the frequency of localized gum recession and oral cancer.

After the exercise, use the following questions to facilitate a group discussion:

- *Is it easy for you to take deep breaths?*
- *How did you feel after taking deep breaths?*
- *What was it like to breathe through the large straw? Was it easier or more difficult than deep breathing?*
- *What was it like to breathe through the small straw? Was it easier or more difficult than breathing through the large straw?*
- *How did you feel after breathing through the small straw?*
- *What are some things that may prevent you from taking deep breaths? (Pollution, sickness, etc.)*
- *Do you know someone who cannot breathe easily? Why can't they breathe easily?*
- *If you cannot breathe easily, what are some of the activities that you may not be able to do? How do you think you would feel if you could no longer do these activities?*

Note for the Facilitator

Often young people have the impression that the harmful consequences from smoking cigarettes are experienced only after many years of smoking. Explain that smoking cigarettes can interfere with short-term goals. For example, the effects of

cigarette smoking decrease performance in athletic activities. Have the participants brainstorm other activities that may be affected by smoking. You may want to use the following exercise in addition to the above, to demonstrate the effects of smoking on the lungs.

Additional exercise to reinforce the ill affects of smoking

Place cotton balls inside a clear plastic bag. Insert a straw through the top of the bag. Attach the top of the bag to the straw with a rubber band. The straw will represent the air passage to the lungs. The bag represents a lung. The cotton balls represent the alveoli or air sacs in the lungs.

Light a cigarette and without inhaling blow the smoke through the straw into the bag. Allow the smoke to exit from the bag. Continue to puff smoke into the bag several more times. Have the participants observe what is happening. They will notice that the cotton balls in the bag are turning brown.

Emphysema is a type of chronic obstructive lung disease in which the limitation of airflow results from changes in the smallest air passages and the walls of the alveoli, the tiny air sacs of the lungs. These tiny air sacs are destroyed from smoking cigarettes. Then, it becomes difficult for the lungs to bring oxygen and remove carbon dioxide. As a result, the heart must work harder to get oxygen to the cells.

Chronic bronchitis is a type of chronic obstructive lung disease in which the bronchial tubes in the lungs have become inflamed. The walls of the bronchial tubes become thickened, and there is increased production of mucus. This narrows the air passages.

Explain that the brown colour is tar, which is a substance in tobacco. When a person smokes, tar covers the alveoli in the lungs. The exchange of air from the alveoli to the bloodstream becomes difficult. This is one reason that people who smoke cigarettes have difficult breathing. By observing the cotton balls, it will be obvious that tar was collecting on them. Explain that there is also a relationship between tar and the development of cancer.

As an additional follow up activity, have the participants look at the national health statistics for lung disease and see how many may be related to cigarette smoking? Have the participants think about the cost to the government and society for caring for these persons. Also look at the costs for conducting no smoking campaigns. Which is cheaper?

Effects of smoking on the body can include

- Loss of appetite
- Bronchitis, pneumonia, worsened asthma
- Coughing, wheezing
- Emphysema
- Lung cancer
- Heart disease and strokes
- Physical and psychological dependence
- Decreased physical fitness

Effects of smoking on non-smokers can include:

- Increased respiratory illnesses (bronchitis, pneumonia) in infants and babies up to 18 months of age.
- Increased chance for middle ear problems in children
- Increased coughing and wheezing, worsened asthma in children
- Low birth weights and lower survival rates in newborn babies due to smoking during pregnancy.

Session 6.4

Effects of Alcohol on a Person's Abilities

Expected Outcomes

Participants will know the effect alcohol can have on their physical and mental health.

I Feel Woozy!

<i>Objective</i>	To demonstrate how alcohol can affect a person's ability to function.
<i>Materials</i>	Pencils, paper.
<i>Time</i>	30 minutes.
<i>Process</i>	Ask the participants to sit in a circle. Explain that they will be doing a short exercise to understand the effect of alcohol and other substance use.

Ask the participants to take one marker and one sheet of paper.

Ask them to write their names on the sheet of paper.

Then, ask them to once again write their names using the other hand (one not normally used by the participants). Thus, a person who usually writes with his/her left hand will write with his/her right hand and vice versa.

After the participants have the opportunity to do this activity, have them analyze what occurred. Have them compare their writing samples with each other.

Explain that what the participants experienced was an experiment in which their hand muscles did not work as they usually do. By writing with the opposite hand, they could not function as they normally would. If alcohol were inside a person's body, that person would not be able to use his/her body muscles the way they usually work in a smooth and coordinated manner. That is, it would be similar to writing their name with their left hand, if they normally wrote with their right hand and vice versa.

You may want to link this experiment with wider issue of substance use.

The following questions may be used for discussion:

- *With which hand did it take you longer to write your name?*
- *Are the letters of your name as clear as the letters you write with the hand you normally use?*
- *What are some of the activities you would not be able to do if you were drunk or under the influence of drugs?*
- *Imagine one activity that you like doing and would not be able to do if you were drunk or under the influence of drugs.*

- *What would the consequences for your family and dear ones be, if you become drunk or begin taking drugs?*

Note for the Facilitator

This is a very subtle exercise and may not be dramatic enough to make the point about alcohol and drug use. Do not worry, the effects of drug use and alcohol use are also subtle, and it takes a long time for the effect to become pronounced. Use the exercise to your advantage to make these points.

The following exercise also aims to demonstrate the effect of alcohol on a person's ability to function. As a peer educator, you can use both of the exercises to demonstrate the effect of alcohol on a person's ability to function.

Look Where You Are Going!

<i>Objective</i>	To demonstrate how alcohol can affect a person's ability to function.
<i>Materials</i>	Old pairs of sunglasses, Vaseline, two balls made of a sheet of crumpled paper.
<i>Time</i>	20 minutes.
<i>Process</i>	<p>Invite the participants to sit in a circle. Explain that they will be doing a short exercise to understand the effect of alcohol on their ability to see and coordinate.</p> <p>Ask the participants to call out some effects of alcohol consumption. Record these responses on a flip chart.</p> <p>Ask for 3 volunteers to stand in the centre of the circle. Give two of the volunteers sunglasses with a layer of Vaseline on the lenses. Ask them to wear the sunglasses. Ask the third volunteer to stand 1 meter or so away (s/he should be visible but not clearly) from the 2 volunteers wearing sunglasses. Give him/her the 2 paper balls.</p> <p>Ask the volunteer with the ball to throw the balls to the two volunteers with sunglasses. The volunteer to whom the ball is thrown must try and catch the ball. Repeat the throw and catch process a few times.</p> <p>Invite more participants to try out the experiment. Then, return to the circle for discussion.</p> <p>You may want to use the following questions for the discussion:</p> <ul style="list-style-type: none"> ▪ <i>How did you feel wearing the sunglasses with Vaseline?</i> ▪ <i>Were you able to see the ball thrown at you? How easy or difficult was it? Why?</i> ▪ <i>Do you think alcohol has a similar effect on your ability to see and coordinate? Why/ Why not?</i> ▪ <i>Have you ever thought about the effects of alcohol use on your ability to drive?</i>

- *Do you know of any other stimulant that may produce similar effects?*
- *Have you ever had a bad experience due to being drunk? Would you like to share it with the group?*

Revert to the flip chart with participants' responses on effects of alcohol consumption and summarize the discussion. Point out that alcohol use results in uncoordinated movements, blurred vision and mental lethargy. These effects are somewhat similar to those experienced by the participants when they tried to catch a ball wearing glasses smeared with Vaseline.

Note for the Facilitator

This is a simple exercise for demonstrating some of the effects of alcohol use. It produces laughter and a feeling of ease among the participants and relaxes them for a discussion on use of stimulants. You could use this exercise to lead into a detailed discussion on effects of drug use. You could also collect some facts and figures on alcohol related accidents and crimes, and share them with the participants.

Session 6.5

Why Do Young People Use Drugs?

Expected Outcomes

Participants will understand the reasons for drug/substance use among their peers.
Participants will explore how these reasons can be reduced or removed, so as to prevent drug/substance use among their peers.

	<p>Scoring And Ranking The Reasons</p>
<i>Objective</i>	<p>To list, score and rank the reasons young people may have for abusing drugs. To discuss means through which these reasons can be reduced or removed.</p>
<i>Materials</i>	<p>Flash cards, markers, small stones/pebbles/seeds.</p>
<i>Time</i>	<p>1 hour.</p>
<i>Process</i>	<p>Ask the participants to sit in a circle. Explain that they will do an exercise in order to understand the reasons for drug/substance use among young people.</p> <p>Ask each participant to take one flash card and marker.</p> <p>Invite the participants to write one reason (according to their understanding and knowledge) why some young people use drugs?</p> <p>Allow 5 minutes for this activity.</p> <p>Invite the participants to place their cards on the floor in a vertical line.</p> <p>Ask them to group similar cards.</p> <p>Now, for the purpose of scoring the reasons, invite the participants to gather some small stones (flowers, seeds or leaves) to use as markers.</p> <p>Count the number of cards in the vertical line. For example, if there are 12 cards in the line then the fixed score from which scores can be assigned will be 12.</p> <p>Start at the top of the line, and ask the participants to arrive at a consensus on how many points they would give that particular reason for drug use. Remember that the scoring represents preference. Therefore, the most preferred reason for drug use would receive a high score and the least preferred</p>

reason a low score. The scores are based on the preference of the participants and the criteria they use for determining the preference will also be their own. For example, the participants may agree to give the reason a score of 10 out of 12. Ask the participants to place 10 markers in front of the card. Then proceed to the next card and repeat the process.

Each time the score will be given out of a total of 12 or whatever the total number of cards in the line is.

The scores can only be assigned by consensus.

The highest score that can be given will be 12 or the total of the cards in the line and the lowest will be '0'.

After the participants finish scoring all of the cards, invite them to sit in a circle around the cards.

Ask them to give reasons for the scores assigned for each card.

Next, ask the participants to rank the cards on the basis of whether the reason for drug/substance use stated on the card could be reduced or removed (so that young people could be prevented from using drugs). This means that the card that has the most possibility of being reduced or removed will be ranked first and the one next to it second, and so on. Rank all of the cards.

As the participants to rank the cards, encourage them to discuss the reasons for their actions. Remind the participants that ranking should also be based on consensus.

Close the exercise with a summary of the outputs. Ask the participants to display the outputs on the wall. These may be used for future reference during the sessions on drug and substance use.

Note for the Facilitator

Listing, scoring and ranking are participatory tools that encourage discussion and clarity on a given subject of concern. Scoring determines preference, and ranking determines priority. These tools enable the participants to analyze their own knowledge and understanding of the subject, increasing their participation and stake in the process and result. There are no right or wrong answers in this process, but if the facilitator has something to add or share, then s/he should suggest it. The group may or may not accept the suggestion.

If the peer educator feels the group is really involved in the exercise, the process can be extended. You could choose the three most preferred (or all if the group prefers) reasons for drug/substance use and work on the solutions for those reasons. A similar process of listing, scoring and ranking of solutions can be undertaken. You could also undertake only listing and scoring or only listing and ranking. The choice

of the tools will depend on the objective of the exercise, the time available and the enthusiasm of the group.

Helpline for the peer educator

Some reasons why young people use drugs are as follows:

- Pressure from commercials/advertisements (alcohol/tobacco)
- Influence of role models (film stars or singers who smoke or drink alcohol)
- Curiosity (a typical trait of youth)
- To relax (alcohol, other drugs)
- Have fun (most drugs)
- To avoid physical pain or psychological problems (heroin, opium)
- To stimulate, to make one energetic (caffeine, cocaine, amphetamines, methamphetamines)
- To reinforce physical power (steroids)
- Stay awake (amphetamines)
- Possible effects of using drugs are as follows:
 - Dependence on the drug
 - Loss of job or interruptions in education
 - Debt burden, due to mounting cost of drug use
 - Problems with law enforcement agencies for procuring illegal substances and stealing
 - Loss of social status and friends and family
 - Loss of good health
 - Depression, loneliness and suicidal tendencies
 - Indiscriminate sexual activity; i.e., sex for money
 - Make sex better (cocaine and Ecstasy)
 - High risk of HIV infection
 - Memory loss or loss of decision making capacity
 - Heightened emotions and mood swings
 - Enhanced enjoyment of music and dancing (ecstasy and methamphetamine)
 - Feelings of shame and guilt

The World Health Organisation (WHO) analyzed research on risk and protective factors from more than 50 countries and concluded the following for Asia (WHO, 2001):

Risk factors for adolescent drug/substance use	Protective factors for adolescent drug/substance use
<ul style="list-style-type: none"> ▪ Conflict in the family ▪ Friends who use drugs/substance 	<ul style="list-style-type: none"> ▪ A positive relationship with parents (family) ▪ Parents provide structure and boundaries (family) ▪ A positive school environment (community) ▪ Having spiritual beliefs (individual)

Risk and Protective Factors Exist on Several Levels

At an individual level, life experiences play a more significant role in substance/drug use than genetic traits. Important factors are the level of support and care from a parent or other adult at an early age and the quality of a child's school experience. In addition, personal and social competence, such as, feeling in control and feelings about the future are important factors. Also, personal beliefs play an important role. At the peer level, the selection of peers and nature of peer support is crucial.

Factors arising from the family level include a history of substance use or lack of effectiveness of family management including communication and discipline, structure of coping strategies, the level of attachment parents and children, nature of rules and parental expectations, and the strength of extended family network. Adolescents who have a positive relationship with their parents and whose parents provide structure and boundaries are less likely to use drugs/substance. However, adolescents in families where there is conflict are more likely to use substance/drugs.

At societal and community levels, factors include the prevailing social norms and attitudes toward s substance/drug use. Social competency skills, communication and resistance skills also play an important role.

At the school level, adolescents who have a positive relationship with teachers, who attend school regularly and who do well in school, are less likely to use substance/drugs.

(Source: Global Youth Network, 2002; NIDA 1997; WHO, 2001)

Session 6.6

Consequences of Drug/Substance Use

Expected Outcomes

Participants will understand the various ways in which drug/substance use can affect a person's life.

Participants will know that there is a link between drug/substance use and HIV infection.

Story Of Woo

Objectives The participants will become aware of the consequences of drug use.
The participants will become aware of the risk of HIV infection related to drug use.

Materials Flipchart paper, markers.

Time 30 minutes.

Process Ask the participants to divide into 4 groups.

Explain that each group will work on the same case study but will answer different questions. All of the groups will make a presentation on their work and the discussion that occurred within the group. They should use flip charts and markers to make the presentation.

Hand out the case studies and allow 20 minutes to do the exercise.

Invite all of the groups to display their outputs and present their work one by one.

Encourage the groups to question each other and discuss. Facilitate the discussion by asking relevant and open-ended questions. Base your questions on the answers given by the 4 groups based on the case study.

The following case study can be used for this exercise. The peer educator can also prepare another case study for use, if so desired.

Case of Woo

Woo is a 17-year old Chinese Buddhist girl who was born in Lushai. She is the youngest in her family, and her parents are alive and live in Lushai. Her father was a rebel but has changed his ways. Her mother is a nurse.

Woo worked in a department store in Mandarin and lived with her aunt. While living with her aunt Woo made new friends and started enjoying the nightlife offered by the city. She would often go to bars with her friends after work hours. One night, one of her friends offered her some amphetamine tablets. Her friend told her that they would make her energetic and lively and that she would be able to enjoy

her time out. Woo was tempted to try the tablets but resisted the first time. Eventually, she began using the tablets.

Gradually, she discovered that the tablets were no longer enough and she needed to take something more powerful. She was finding it difficult to continue with her job, and the cost of the habit was increasing day by day. Her family wrote to her, but she did not respond. They thought she was sick and unable to write back.

Meanwhile, Woo met an elderly lady at one of the bars who offered to help Woo earn more money. Woo was desperate, and she agreed to have sex for the money it would bring her. Often, she would have sex without using a condom.

Her friends were becoming worried about her but she had stopped responding to their concern. Her aunt was very worried and asked her to talk to someone. She once discovered syringes and drugs in her room, and she was worried that Woo had become dependent on drugs and could possibly be infected with HIV/AIDS.

Woo continues to live with her aunt, but she no longer works at the department store. She is out of the house most of the day and night and finds it increasingly difficult to cope with her life. She is confused and feels helpless. She wants help but is too scared to ask for it. She is aware of the stigma attached with the kind of life she is leading. She frequently remembers her mother telling her about HIV/AIDS and asking her to be careful. Should she go for a test and counselling? She is unable to make a decision.

Questions for group 1

Why did Woo begin taking drugs?

Can you think of other reasons that might lead a person to take drugs? List as many as you can?

Questions for group 2

What impact has drug use had on Woo's life?

Can you think of other impacts that might occur? List as many as you can.

Questions for group 3

What are the chances that Woo has been infected with HIV? What should she do?

Make a list of things she should do to find out about her HIV status.

Questions for group 4

Why are Woo's friends and aunt worried about her?

What can they do to help?

Note for the Facilitator

Depending on the participants and the socio-cultural setting you could make your own case study. Prepare your notes on different types of drugs, reasons why young people may use drugs and possible treatment opportunities for drug dependence. You can use the material given at the beginning of the module in the form of question answers. You can also use the outputs from session 6.4 for this session.

Session 6.7

Ways of Dealing with Risk Situations

Expected Outcomes

Participants will know how to deal with situations where they might be offered drugs.

Participants will be able to handle situations that pressure them to use drugs.

Resolving An Issue

<i>Objective</i>	To formulate and practice strategies (ways and methods) for dealing with situations involving risk.
<i>Materials</i>	Scenarios for role-plays (given at the end of the exercise).
<i>Time</i>	1 hour.
<i>Process</i>	<p>Ask the participants to divide into groups of 4 to 5. Explain that you will be giving each group a situation, and the group should prepare a role-play showing multiple strategies (ways and methods) of dealing with the situation.</p> <p>Ask each group to list different strategies to deal with their situation and produce a 2 to 3 minute role-play to demonstrate different ways of resolving each situation.</p> <p>After about 20 minutes, ask each group to present their scenario to the entire group.</p> <p>After each role-play, encourage discussion on the types of strategies depicted. Whether there may be other strategies of dealing with the situation? Whether anyone in the group has used that type of strategy in their life?</p> <p>You may want to use the following questions to generate debate and discussion:</p> <ul style="list-style-type: none"> ▪ <i>What kinds of strategies were used in the different situations? Can you think of any others?</i> ▪ <i>Which situation was the most realistic?</i> ▪ <i>Which strategy is the most useful? Why?</i> ▪ <i>Which strategy is the least useful? Why?</i> ▪ <i>How would you resolve a similar situation in your life?</i> ▪ <i>Would you be able to use these strategies in your life situations? Why /Why not?</i>

Note for the Facilitator

Be ready to help out with strategies and suggestions for the role-plays. Think about strategies that are assertive, aggressive and manipulative, and about threats and persuasion.

The following scenarios can be used for this exercise. The peer educator can also make new scenarios based on his/her awareness and socio-cultural realities of young people in his/her area/country region.

Scenario 1

A friend invites you to a disco where it is rumoured that (meth)amphetamines and other drugs are widely available. What might be happen if (a) you accept the invitation, or (b) you refuse the invitation?

Scenario 2

You meet an old friend whom you haven't seen for some time. She/he lights a marijuana cigarette (a "joint") and offers it to you?

Scenario 3

You go out with some friends and someone offers you a tablet. They insist that it will make you feel great, that everybody is taking them and that, surely, you do not want to be left out. What should you do? What would you say?

Scenario 4

You are with your friends. Someone offers you some alcohol and some capsules, which someone suggests will take away the effects of the alcohol. How would you respond?

Scenario 5

One of your friends is becoming increasingly involved with another group. You have heard that this group regularly uses solvents and amphetamines. What do you do?

Scenario 6

A friend has been spending a lot of time (and money) at the local video game arcade (store).

She/he asks to borrow some money from you. What would you do?

Session 6.8

Learning To Make Sensible Choices

Expected Outcomes

Participants will know how and when to use negotiation and refusal skills.

Participants will apply negotiation and refusal skills to protect themselves from negatives influences and situations.

No Thank You

Objective The participants will learn and practice negotiation and refusal skills. The participants will be able to analyze the method and appropriate time to protect themselves from the influence of others.

Materials Flipchart paper, markers, plain paper, pencils.

Time 1 hour.

Process Invite the participants to sit in a circle. Explain that they will be doing an exercise to learn negotiation and refusal skills.

Ask the participants to help write the following messages on flipchart paper and post them around the room.

<i>Just one more for the road.</i>	<i>Real men drink to the bottom!</i>
<i>What are you afraid of? Only sissies, goody-goodies and nerds don't drink.</i>	<i>Drinking is better than worrying about something.</i>
<i>No alcohol, no fun.</i>	<i>All your friends smoke. Why don't you?</i>
<i>Just have one for my sake.</i>	<i>Just try this pill and you will be on top of the world.</i>
<i>Discos and drugs go together.</i>	<i>Don't be a goody-goody.</i>
<i>There is no harm in smoking marijuana, once in a while.</i>	<i>If you don't take this tablet, I will think that you don't love me.</i>
<i>Would I give you something harmful? I am your best friend.</i>	<i>You are my friend only if you prove it by smoking this joint.</i>

Arrange small groups of 4-5 persons each. Each group must select one of the messages above.

Allow the groups 15 minutes to prepare a role-play on the message they choose.

The role-plays should focus on responses to the messages they choose. The group should be able to display multiple ways of handling the situation.

When the groups are ready, invite them to present their role-plays to the other groups.

After each group has presented its role-play, the observers must state the message that the role-play is in reference to and the method the group used to solve the problem. Do they think the method was appropriate? What would they suggest?

You may want to use the following questions for discussion and summarization:

- *How did you feel about the role-plays? Why?*
- *If you faced similar situations would you be able to refuse? Why/Why not?*
- *Why is it so difficult to refuse friends?*
- *How can you counter peer pressure and make your own choices?*
- *What do you think are the consequences of drinking alcohol or using drugs?*
- *Do you think that the problem solving methods that your friends presented are appropriate for you? Why? Do you have any other methods?*
- *If there is no way that you can refuse your friends, what can you do to help yourself?*
- *What skills did you build or strengthen from this activity?*

Note for the Facilitator

The facilitator should be prepared to suggest alternative methods of solving the problems in the role-plays and “counter statements”. The various issues that come up should be recorded to be later used in large group discussion. For example, the issue of different attitudes towards drinking that may come from culture or tradition, social status, religion, or gender. You may want to use the following information to make a presentation on the impact of alcohol and drug/substance use.

You can also have each of the participants write a counter statement to the statements that have been pasted around the room. They should evaluate whether their statements are appropriate or not and think of the consequences of their words.

Invite the participants to choose a partner and practice the counter statements. They should give feed back to each other on their work. If you use the exercise in this manner, you will allow space for practice, and the participants will learn to make sensible choices in pressure situations.

Possible results of alcohol and other drug use on a person's well being, (especially if it is regular and extensive). Substance use can:

Mental and Emotional Health Decrease learning and performance, in school or on the job. Intensify moods and feelings. Interfere with decision-making. Intensify stress. Be linked to most violent crimes. Be linked to suicides and most suicide attempts.	Safety and Injury Prevention Cause dizziness and disorientation. Increase the risk of accidents, drowning or falling. Lead to coma and even death when alcohol and other drugs are combined. Cause forgetfulness. Be linked to HIV infection.
Relationships Interfere with effective communication. Intensify arguments. Increase likelihood of violence. Depress the brain and respirator centre.	Diseases and Disorders Cause cirrhosis of liver. Cause heart disease. Increase risk of cancer when combined with cigarette smoking. Increase risk of kidney failure. Increase risk of general communicable diseases due to depressed immune system.
Physical Health Destroy brain cells. Decrease athletic performance. Interfere with coordination. Lower/increase body temperature. Dull the body senses. Increase heart beat rate and resting blood pressure. Interfere with appetite. Interfere with vitamin absorption.	Economics Be linked to many missed days of school, college and work. Be costly to procure and continue use. Increase the health care cost. Be costly to the community, as treatment and detoxification centres have to be run and law enforcement efforts have to be strengthened.