

# The Trinity Parents' Alcohol & Drug Resource Book

4th Edition

Trinity Grammar School, Kew



# Contents

Letter from the Headmaster	1
Introduction	2
1. Understanding Adolescents and Alcohol	3
2. Creating Resilient Adolescents	9
3. When Adolescents Need Help: Depression	11
4. After-School Time and Parties	17
5. Alcohol, Drugs, Tobacco and Their Use	21
6. Legal Facts	27
References	29
Acknowledgements	31
Trinity Grammar School's Drug Policy	32

## Written and compiled by

The Trinity Parents' Drug & Alcohol Committee

## Published by

Trinity Grammar School, Kew  
40 Charles St  
KEW 3101  
4th edition, September 2012

## Designed by

Design by Stavros

Copyright © Trinity Grammar School, Kew 2009

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without prior permission in writing from Trinity Grammar School, Kew.

Funding for this project has been provided by the Parents' Association at Trinity Grammar School, Kew.

# From the Headmaster

Dear Parents

The Trinity Parents' Alcohol & Drug Resource Book has been produced by a dedicated group of Trinity parents. It is a book written 'by parents, for parents'. The purpose of the book is to promote drug and alcohol awareness amongst parents, and to provide support with regard to a number of adolescent related issues. Since its' first printing in 2007, it has gained enormous widespread community interest in Victoria, interstate and abroad.

This edition has been updated to reflect best and current knowledge. This is particularly evident in the area of research into adolescent brain development. It also contains references to the new secondary supply laws which have recently been passed in Victoria.

In addition it emphasises material on a number of other aspects:

1. The new 2009 NHMRC guidelines have been included. They have been simplified since 2001, and focus on reducing risks to health from drinking alcohol.
2. Great parenting is about setting clear limits and boundaries on issues that relate to the health and safety of our children.
3. The issues around alcohol are not just about taking a moral stance but a healthy one!
4. Health researchers have identified a surprising predictor for risky behaviour among teenagers and young adults – the energy drink.
5. While many young people will experiment with alcohol and other drugs during adolescence, a pattern of regular use is highly suggestive of other problems which should be investigated by a professional.

We would encourage you to seek support from the Trinity School community through our Form Teachers, Class Teachers, Heads of House, Counsellors and Chaplains. They are always willing to provide assistance, advice and partner you on this journey. A good understanding and a willingness to act will make a difference.

We acknowledge the wonderful work done by our Parent Committee and Deputy Head Simon Le Plastrier, and the enthusiastic support from both Professor John Toumbourou and Dr Michael Carr-Gregg.



*Richard Tudor*      *E Berlangieri*

E R Tudor  
Headmaster

E M Berlangieri  
Chair,  
The Trinity Parents'  
Drug & Alcohol  
Committee

This book has been put together to offer parents of adolescents some useful strategies and helpful information to guide them through the secondary school years in a way that promotes positive adolescent health and well-being. Educating ourselves and working with other parents and the school, is the best thing we can do to keep our teens safe.

While some of the statistics today are alarming, most teens today do not participate in unsafe behaviours. Placing emphasis on negative statistics tends to normalise negative behaviour. The trend now is to focus on positive behaviours. Be aware that the majority of teens do not drink, “Everyone is *not* doing it”.

The information presented in this book is gathered from current research and practice, and written with the generous support of Dr Michael Carr-Gregg and Associate Professor John Toumbourou PhD. Please read this information and use it as a catalyst for communication amongst yourselves and your children.

---

## KEY CONCEPTS

---

**CHAPTER 1:** In adolescence, the brain undergoes pronounced transformation and during this time it is particularly sensitive to alcohol and drug use.

Current research shows that alcohol use at an early age is very harmful and should be avoided until at least the age of 18.

Parents have a direct influence over their adolescent’s attitude and behaviour towards alcohol use. We as parents play a critical role in the drug and alcohol prevention effort. Parents should make their views known and set clear rules about alcohol and drug use.

**CHAPTER 2:** Parenting is about encouraging adolescent resilience through understanding, by instilling values and building trusting relationships with them. Listening openly to how young people feel is the key to building a good relationship and increases their willingness to talk and spend time with their parents. Putting aside time to listen to them is an important contribution to their development and builds a strong and respectful relationship.

**CHAPTER 3:** Despite parents’ best efforts, there will be times when the problems of your adolescents seem overwhelming to them. If your teen is persistently sad for 2 weeks or longer and it is causing significant distress or impairing their ability to cope or perform, they may be suffering from depression, and professional help should be sought.

**CHAPTER 4:** Hosting and attending safe parties is paramount to keeping adolescents safe. This guide gives parents some tips for safe parties. It is also important to know where your adolescent is, particularly after school, as this is a time when adolescents can be at great risk.

**CHAPTERS 5 & 6:** Be informed about drugs and alcohol, educate yourself about the substances commonly used/abused by adolescents, and be aware of their legal and health implications.

One of the best things we can do is to **learn to say “NO!”** There will be times when your adolescent won’t like what you say or will act as though they don’t like you. Our children need and want our guidance. They need us to be fair and consistent. Being your child’s friend should not be your primary role during this time in their life.

Due to recent advances in brain imaging techniques, there has been an explosion of information in the field of adolescent brain development. New research shows that alcohol affects a teenager’s developing brain differently than an adult’s. Memory, learning, decision-making and impulse control can be seriously damaged. In addition, adolescent drinkers have an increased risk of social problems, and are more likely to have poor judgement, get into trouble, do poorly in school and experience failure in achieving their life goals.

### 2009 Australian NHMRC guidelines

The National Health and Medical Research Council have issued Guidelines to Reduce Health Risks from Drinking Alcohol (*NHMRC, 2009*):

1. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
2. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion.
- 3a. Children under 15 years of age are at the greatest risk of harm from drinking and for this age group, not drinking alcohol is especially important.
- 3b. For young people aged 15-17 years the safest option is to delay the initiation of drinking for as long as possible.
4. For pregnant or breast feeding women, not drinking is the safest option.

---

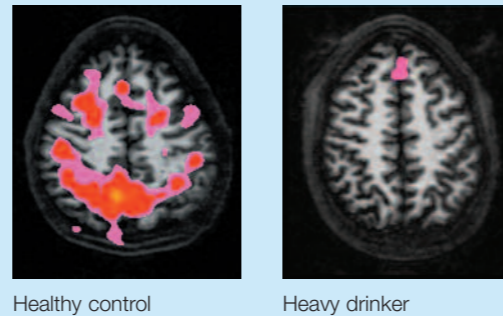
## DRINKING FACTS

---

- Alcohol is the number one drug of choice for young people and kills six times more young people than all illicit drugs combined (*National Research Council & Institute of Medicine, 2004*).
- The average age of a child’s first drink is now 12, and nearly 20% of 12 to 20 year-olds are considered binge drinkers (*AMA: Brain Damage Risks*).
- 86% of adolescents at age 14 years old report that they use alcohol (*White & Hayman, 2006a*).
- Underage drinking increases risks of alcoholism. Youth who use alcohol before the age of 15, are 40% more likely to be alcohol dependent in later life (*Grant & Dawson, 1997*).
- Over 80% of alcohol consumed by 14 to 17 year-olds is drunk at levels that cause acute harm (*Chikritzhs, Pascal, & Jones, 2004*).
- 70 Australians under 25 will be hospitalised due to alcohol-caused assault (*www.reachout.com*) and 4 Australians under 25 die due to alcohol related injuries in an average week (*Pascal, Chikritzhs, & Jones, 2009*).
- Research shows that parents underestimate the extent of teen drinking. 31% of youths who said they had been drunk in the past year were said by their parents to be non-drinkers (*Lake County Prevention Task Forces and Coalition, n.d.*).
- Adolescent drinkers have an increased risk of social problems, depression, suicidal thoughts and violence (*AMA: Brain Damage Risks*).

## fMRI images of two 15-year-old males.

Red areas show functional brain activity during a memory task.



Source: Dr. Susan Tapert, PhD, University of California, San Diego

- Drinking games in which large amounts of alcohol are rapidly consumed can be deadly. Few young people realise that it is possible to drink enough in one session to cause death (Carr-Gregg & Shale, 2002).
- Drinking alcohol with super caffeinated energy drinks is extremely dangerous. Super caffeinated drinks should never be consumed with alcohol or after strenuous exercise (Rose, 2007).

## THE ADOLESCENT BRAIN

Alcohol consumption in adolescence can PERMANENTLY damage the wiring of the brain. The area of the brain forming “new” memories is particularly affected. The brain goes through dynamic change during adolescence (ages 12-21), and alcohol can seriously damage long and short-term growth processes.

Frontal lobe development and the refinement of pathways and connections continue until age 16, and a high rate of energy is used as the brain matures until age 20-25. Damage from alcohol at this time can be long-term and irreversible. In addition, short-term or moderate drinking impairs learning and memory far more in youth than adults. Adolescents need only drink half as much to suffer the same negative effects.

### Adverse effects of alcohol on the teen brain:

Source: American Medical Association: Brain Damage Risks

Teen alcohol users are most susceptible to damaging two key brain areas that are undergoing dramatic changes in adolescence:

- The hippocampus (for memory and learning) suffers from the worst alcohol-related brain damage in teens. Those who had been drinking more and for longer have a 10% smaller hippocampus.
- The prefrontal area (behind the forehead) undergoes the most change during adolescence. Researchers found that adolescent drinking could cause severe changes in this area which plays an important role in forming adult personality and behaviour.
- Adolescent drinkers scored worse than non-users on vocabulary, general information, memory retrieval tests and social skills.
- Verbal and non-verbal information recall was most heavily affected, with a 10% performance decrease in alcohol users.
- Alcohol affects the sleep cycle, resulting in impaired learning and memory as well as disrupted release of hormones necessary for growth and maturation.
- The earlier a person is exposed to an addictive substance, the more likely an addiction will develop and the more quickly the addiction will progress.
- The negative effect of alcohol can last up to two weeks longer in an adolescent brain than in an adult brain ([www.parentsempowered.org](http://www.parentsempowered.org)).

**Teens, through their choices and actions, have the power to direct the development of their own brains.**

Dr. Jay Giedd, Chief of Brain Imaging, National Institutes of Health

## SOME ALCOHOL RELATED ISSUES

### Alcopops

Ready to drink (RTDs) or pre-mixed spirits, better known as alcopops are the fastest-growing alcohol products in Australia. They are popular among young people because the taste of alcohol is masked with sweet mixers, fruit juice and milk. In packaging and taste, alcopops resemble soft drinks. They make alcohol palatable to children and enable them to consume a larger amount than do traditional products. RTDs can contain anywhere between 1 to 3 standard drinks. A survey of Victoria's secondary school students found alcopops were the favourite drink of underage girls; 55% of female students aged 12 to 17 drink premix spirits as do 24% of male students (White & Hayman, 2006b).

Super-strength RTDs seem designed for people who want to get drunk as quickly as possible and they pose a risk of intoxication to people who confuse them for products of lesser strength (Australian Drug Foundation, 2008).

### Super-Caffeinated Energy Drinks & Energy Shots

Health researchers have identified a surprising new predictor for risky behaviour among teenagers and young adults; the super-caffeinated energy drink. Regular consumption of energy drinks may be an indicator for parents that their children are more likely to take risks with their health and safety.

In addition to inducing heart palpitations, dizziness, nausea and restlessness, energy drinks can cause elevated blood pressure and acute dehydration. Reports suggest that high consumption of energy drinks is associated with 'toxic jock' behaviour, a constellation of risky and aggressive behaviours including unprotected sex, substance abuse and violence.

Another risk is the popularity of mixing energy drinks with alcohol. Studies show that students who mix energy drinks with alcohol got drunk twice as often as those who consumed alcohol by itself (O'Brien, McCoy, Rhodes, Wagoner & Wolfson, 2008). Mixing stimulants with alcohol keeps drinkers more alert while drinking and enables them to consume higher amounts without subjectively feeling affected (Australian Drug Foundation, 2008). However, motor co-ordination and visual reaction times are just as impaired as when they drink alcohol by itself (O'Brien et al. 2008).

### Schoolies

Each year thousands of adolescents will descend upon Australian beach towns for schoolies week. This is the busiest time of the year for local police, who have to manage assaults, anti-social behaviour and damage to property.

Schoolies also comes with the risk of 'toolies'; older people who head to school-leaver celebrations to prey on high school graduates. Risky sexual behaviour, alcohol and drug misuse, along with predatory toolies, have made this form of celebration an expensive and often dangerous annual ritual. Make sure you are aware of all the arrangements and legal implications of your adolescent's schoolies week and consider alternative end-of-year celebrations with family or friends that does not involve a schoolies destination ([www.schoolies.youthcentral.vic.gov.au](http://www.schoolies.youthcentral.vic.gov.au)).

## Drinking Games

Drinking games in which large amounts of alcohol are rapidly consumed can be deadly. Adolescents can consume larger quantities of alcohol faster than adults before feeling the effect, and adolescents are less sensitive to the sedating effects of alcohol. This allows them to continue drinking for longer and they can easily consume dangerous amounts of alcohol.

Unlike adults, adolescent brains haven't yet developed the internal 'cut-off' switch that makes them go to sleep or pass out from drinking too much alcohol (*Lake County Prevention Task Forces and Coalitions, n.d.*).

## Binge Drinking

Binge drinking can be described as drinking heavily over a short period of time or drinking continuously over a number of days or weeks. Binge drinking is harmful because it results in immediate and severe intoxication. As well as health risks, this can lead people to take risks and put themselves in dangerous situations. (*DrugInfo Clearinghouse, 2009*).

According to the NHMRC, binge drinking refers to drinking, on any single occasion, significantly more than the low-risk levels advised by the NHMRC. These levels currently correspond to 4 or more 'standard' drinks on a single occasion for both men and women (*NHMRC, 2009*).

## Alcohol Intoxication

'Intoxication' is a widely used term, which has no consistent or formally agreed definition. It is usually taken to refer to an elevated blood alcohol concentration such that a person cannot function within their normal range of physical and cognitive abilities. For people over the age of 18, the legal blood alcohol concentration level of 0.05% for driving is sometimes taken as a proxy measure of intoxication. Intoxication is a subjective feeling, the experience of a substantial effect of alcohol on mood, cognition, and psycho-motor function. There are marked variations in the amount of alcohol consumed that will lead to intoxication in different people ([www.alcoholandwork.adf.org.au](http://www.alcoholandwork.adf.org.au)).

## Alcohol Poisoning

Alcohol poisoning is a drug overdose which kills many teens every year and can cause irreversible brain damage in those who survive. It is important to note that the lethal dose of alcohol is just a tiny bit more than the passing out dose ([www.parentsempowered.org](http://www.parentsempowered.org)).

## Addiction

Addiction is the continuing, compulsive use of a substance despite negative consequences to the user. People with severe dependence drink regularly above guideline levels, often find it hard to limit how much they drink, and generally have marked tolerance to the effects of alcohol. Research shows teenage drinking is predictive of problematic alcohol use in later life, and those children who start drinking during the early teen years are not just more likely to become dependent on alcohol, but tend to develop dependence faster and have more serious problems than those who choose to wait (*Chikritzhs et al. 2004*).

## STRATEGIES TO HELP PREVENT ADOLESCENT USE OF ALCOHOL AND DRUGS

All children need help from their parents to guide them through their teenage years. Staying bonded to parents is critical to the process of teenagers emerging from adolescence healthy, safe and alcohol-free. Family conflict and lack of bonding are associated with increased risk of drinking. Mixed messages, and unclear rules and expectations also leave children more vulnerable to underage drinking (*Lake County Prevention Task Forces and Coalitions, n.d.*).

**We need to rethink our whole approach to the prevention of adolescent alcohol abuse. The brain areas that encourage impulsivity and risk-taking develop early in adolescence, however, the areas that improve self-control don't develop until the early to mid 20s. Adolescents can have limited ability to control themselves and so need parental help to stay alcohol free.**

*Laurence Steinberg, PhD., Professor of Psychology, Temple University Philadelphia PA, USA*

Adolescents need to keep busy and engaged emotionally with meaningful activities, such as sports, drama, music or other group involvement or community programs. Adolescents who feel good about themselves are less likely to use alcohol and drugs or get depressed. Adolescents who feel depressed or unable to cope with anger, fear, loss or stress are at higher risk of drinking.

Parents should model appropriate alcohol use. However, it is not hypocritical for parents to require their adolescent to adopt different drinking behaviours from themselves, as alcohol affects the developing adolescent brain differently. Parents should remember also to care for themselves, by sharing worries with a partner, trusted friend or family member. Consulting other parents to see how they handle the issue of alcohol can be useful (*Jenkin & Toumbourou, 2005*).

**Research shows parental disapproval of underage drinking or other drug use is the key reason children choose not to drink, smoke or use other drugs.**

*Van der Vorst, Engels, & Dekovi, 2006*

## How parents can help teens remain alcohol free:

*Adapted from Lake County Prevention Task Forces and Coalitions.*

The most effective parenting techniques are among the most simple, including:

### 1. Explain the risks

Learn and explain the risks of underage drinking. Emphasise that drinking alcohol is not a 'rite of passage' but a dangerous drug for a developing brain.

### 2. Talk early and often

Surveys indicate some youths binge drink in the sixth grade, and a few may start even earlier. Encourage your child to delay the age he or she begins using alcohol.

### 3. Set clear rules

Set clear rules about no underage alcohol use. Be specific: "Absolutely no underage drinking in our family." Be fair and consistent when setting rules about alcohol and drug use. Harm minimisation strategies should be discussed with teens that are already using alcohol, and parents should set rules that encourage less frequent use (*Jenkin & Toumbourou, 2005*).

## Chapter 2

### CREATING RESILIENT ADOLESCENTS

#### 4. Set clear consequences

Reasonable consequences need to be set for unacceptable behaviour, and carried out consistently. Harsh and/or inconsistent discipline and high conflict in families is also associated with high rates of alcohol use (*Jenkin & Toumbourou, 2005*).

#### 4. Know your teenager's friends

Get to know your teenager's friends and their families.

#### 5. Be aware of your adolescents activities

Know where your teens are, whom they are with and what they are doing.

#### 6. Be involved

Develop close bonding experiences and have daily positive interactions with your adolescent. Having regular family meals together is good way to stay in touch.

#### 7. Develop good communication

Communicating with your adolescent is vital. Talk with your teen about goals, conflicts, friends, and other issues or concerns they may have. It is important to keep communications open, as well as to ask open ended questions. This will give more opportunity for discussion and for your adolescent to think about issues. Let your child do most of the talking and show you are listening by making eye contact.

### IF YOUR ADOLESCENT IS UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

Source: *Georgetown Preparatory School (2004)*

#### At the time:

- Do stay calm. Don't shout or use physical force.
- Do try to find out what your child has taken, how much and in what circumstances.
- Do contact a doctor, go to a hospital or call an ambulance if your child is incoherent and/or seriously ill, or if you are at all concerned.
- Do tell your child you will talk about it the next day.
- Do not excuse their behaviour and activities.

#### The next day:

- Do talk to your child as soon as possible. However, if you are too angry or upset, leave it until you and your child are calm.
- Do have your child assume responsibility for their actions.
- Do enforce consequences e.g., loss of privileges.
- Do give yourself time to think about what to say.

The **WINK** model for conflict resolution can be used here as a communication tool (*Jenkin & Toumbourou, 2005*).

**W**ait, allow think time before reacting  
**I**message, express how YOU are feeling  
**N**egotiate, listen and discuss the situation  
**K**eep calm

Family bonding is the bedrock of the relationship between parents and their adolescent children. Bonding can be strengthened through parent-child communication, parent supportiveness of their adolescent and parental involvement.

### COMMUNICATING WITH YOUR ADOLESCENT

- **Make time for your son or daughter daily.** Find an activity you enjoy doing together. Put aside your chores, pay attention and listen to your children. Don't do all the talking.
- **Tolerate differences.** Encourage your teenager to talk freely about their lives, problems, school and work. Talk about topics where all people do not have the same opinions.
- **Remove the stigma of failure from your home.** Young people need to understand that the only failure is in not trying. Mistakes are not failures. Mistakes simply provide adolescents with new information that can help them succeed. We all need the freedom to be imperfect.
- **Learn to say "NO!" to your child.** There will be times when your adolescent won't like what you say and will act as though he or she doesn't like you. Being your child's friend should not be your primary role during this time in their lives (*Georgetown Preparatory School, 2004*).
- **Let your adolescent know you are willing to just listen** to their ideas without making judgements. Listening in a respectful way is often called active listening, and it is a way of responding that allows others to openly express their ideas and feelings without interruption. Such active listening builds relationships, as it lets your son or daughter know you care for them and respect them.
- **Try not to be defensive** when your adolescent makes generalisations or critical remarks. Don't take them personally. They are opportunities for discussion.
- **Give adolescents lots of positive feedback.** Encourage them for whom they are, not just for their accomplishments. When parents are quick to encourage rather than to criticise, young people feel good about themselves and develop the self-confidence to trust their own judgement.
- **Encourage adolescents to take responsibility for their own problems.** Involve them in calm discussions about the consequences of their possible actions and behaviour before they are needed and be consistent in carrying out those consequences should the need arise.
- **Friendships are important in adolescence.** Criticising friends can lead to arguments and encourage adolescents to defend any unacceptable behaviour of their friends. Sometimes parents worry about their children's peer group, but it is much more productive to debate the value systems of their friends than to criticise the friends themselves. Get to know their friends, often the best way is to feed them.
- **Doing everything for your adolescent is not useful.** This may prevent your child from learning to take responsibility for him or her self. Teach your child to organise his or her time and be aware of the needs of others (*Jenkin & Toumbourou, 2005*).

## CREATING RESILIENT FAMILIES

A contemporary family may be a single parent or a blended family, or involve grandparents, aunts, siblings, friends and other children. All families have their unique strengths, and, no matter what type of family you are a part of, it is possible for parents to offer the essential things needed by adolescents (*Jenkin & Toumbourou, 2005*).

Adolescents benefit from a positive relationship with at least one adult who has developed a healthy lifestyle and positive values.

- **Create opportunities for family members to express love** and care for each other. Family members can show affection by giving each other hugs and kisses. Or, they may show the love, care and interest in other ways such as helping each other or asking questions regarding the well-being of a family member.
- **Practice good communication.** Talk to each other and be open with your own thoughts and feelings.
- **Respect others and be responsible.** As adolescents get older, they can take on additional responsibilities. It is important that adolescents help at home. When your child reaches the appropriate age, encourage him or her to take on a part-time job.
- **Do things together** so each person has a sense of belonging to the family. An important family activity is sitting down to dinner together at least once a week.
- **Connect to others.** To friends, and to people at school or in the neighbourhood and community. Encourage your adolescent to volunteer his or her time, skills or talents like coaching a junior sports team, reading to younger siblings or mowing the lawn for a neighbour.
- **Learn to cope and bounce back.** Strong families pull together in difficult times. They have a positive attitude. Encourage the quality of optimism as this is part of resilience. It is the knowledge of how to believe in yourself in spite of difficulties and that there will be a satisfactory solution in the end.

## Chapter 3

### WHEN ADOLESCENTS NEED HELP: DEPRESSION

Drug and alcohol use in adolescence is often associated with depression. Some adolescents self-medicate to treat their depression, while others end up with a serious mental illness due to drug and alcohol abuse.

Depression is most common in mid-adolescence. It has become so common that 1 in 5 young people will experience a diagnosable depressive disorder by age 18 (*www.youthbeyondblue.com*).

Young people who have a depressive illness are three times more likely to use alcohol regularly or binge drink. They are also three times more likely to smoke marijuana on a weekly basis (*Carr-Gregg & Shale, 2002*).

Sometimes the signs can be ignored or dismissed as 'normal teenage behaviour' (*www.blackdoginstitute.org.au*). Often the symptoms go unrecognised and therefore young people don't get the help that is needed. Most sufferers of depression report delays of 5 to 15 years before they receive treatment (*www.youthbeyondblue.com*).

As it can be difficult to distinguish between this so-called 'normal teenage behaviour' and depression, we hope the following information will help you make that distinction.

**Depression is not a fleeting sadness, but a pervasive and relentless sense of despair.**

*Professor Scott Henderson, past director of NHMRC Centre for Mental Health Research*

## WHAT IS DEPRESSION?

Feeling sad, irritable or anxious most of the time is not a 'normal' part of adolescence. Everybody feels sad or down sometimes and this may be an appropriate response to a particular situation. These feelings should only last a very short time, usually hours or days, and will not interfere with day-to-day activities in a major way (*Carr-Gregg & Shale, 2002*).

Depression is more than a short-term sadness; it is a serious health problem. When the sad or down mood along with other symptoms lasts for 2 weeks or more, the condition may be depression (*www.youthbeyondblue.com*).

- Depression causes significant distress and impairs a person's ability to cope or perform.
- It causes persistent changes to a person's thoughts, mood, behaviour and physical health. It also affects his or her enjoyment of life.
- It is not a character flaw or a sign of weakness.
- It is a medical illness just like diabetes or asthma.
- It can be diagnosed and responds successfully to treatment, with the adolescent making a full recovery (*www.youthbeyondblue.com*).

---

## WHAT CAUSES DEPRESSION?

---

There is no singular cause of depression. It is usually a combination of things:

- Sometimes family history can be a major factor, suggesting a genetic link.
- A lot of depressed adolescents also have problems with alcohol or other drugs. Sometimes the depression comes first, other times the depression is caused by the effects of alcohol or drugs.
- Depression can be caused by a medical illness such as low thyroid activity or diabetes, or it can be caused by the side-effects of medication.
- It can be due to chemical imbalance, and/or environmental factors.
- It can be due to stress at home or school.
- It can just come out of the blue with no known cause (*Beyondblue, 2005; www.blackdoginstitute.org.au*).

Many factors can cause stress in a young person's life, which may lead to depression. These factors include:

- Moving house
- Changing schools
- Coping with school demands and homework
- Moving from primary school to secondary school
- Being bullied
- Problems with friends
- Problems with girlfriend/boyfriend
- Isolation or loneliness
- Negative self-image
- Changes in their bodies
- Issues surrounding sexuality
- They themselves have a serious illness or disability
- Conflict or issues within the family
- Separation and or divorce of parents
- Death of a loved one

(Office of Youth Affairs, Northern Territory Government, 2004)

---

## WHEN SHOULD YOU WORRY?

---

Depression in an adolescent may be indicated by uncharacteristic behaviour such as withdrawing socially, dropping in performance at school, using drugs or alcohol, or engaging in risky behaviour (*www.blackdoginstitute.org.au*). According to Professor Ian Hickie, the clinical advisor to Beyondblue, "The signs and symptoms of depression are a combination of what people can see, plus what the person is feeling internally." (*Beyondblue, 2005*).

**If your adolescent experiences five or more of the symptoms below for two weeks or more, or if the symptoms are severe enough to interfere with their daily routine, seek professional help as outlined in this chapter.**

- They are persistently sad and downhearted, tearful, sullen or out of sorts.
- There is a loss of interest or pleasure in activities that have previously been enjoyed.
- When a painful or stressful event is over and they don't bounce back, even though they want to pick themselves up, but can't.
- There is persistent irritability especially when it is fierce and uncharacteristic; one of the clearest signs of teenage depression.
- There are angry outbursts, such as shouting, snapping and door slamming over trivial things.
- They appear to lose interest in life and become apathetic and everything seems to be too much trouble.
- They withdraw from family and friends.
- They spend a lot more time alone in their room or on their computer.
- They become forgetful, lose concentration and are easily distracted.
- A decline in academic performance at school is a dead giveaway.
- They use drugs and alcohol for the first time or they use them recklessly.
- They have anxiety, as depression and anxiety commonly occur together and may overlap.
- They lose confidence in themselves or have poor self-esteem.
- They complain of feeling physically unwell, with unexplained aches and pains (e.g., headaches, chest pains or stomach aches), and they do not want to go to school.
- They exhibit marked tiredness and lack of energy.
- They either refuse to eat or eat a lot, and either lose or gain weight quickly.
- They experience sleep disturbances. They have trouble falling asleep, staying asleep, getting up, or they complain of restless, unsatisfying sleep.

Not every student who is depressed will have all of these symptoms, however, adolescents who are more severely depressed will have more symptoms than those who are mildly depressed.

---

## WHAT SHOULD YOU DO?

---

- **Look** for and recognise the signs and symptoms of depression.
- **Listen** to your adolescent. Encourage them to talk about their problems, feelings and thoughts, no matter how scary they are.
- **Talk** about what's going on.
- **Seek Help** together (*www.youthbeyondblue.com*).

If you are concerned that your child may be depressed, why not ask him or her to complete the 'Depression Checklist' at [www.youthbeyondblue.com](http://www.youthbeyondblue.com).

**THE MOST IMPORTANT THING IS TO DO SOMETHING**



## WHAT ABOUT SUICIDE?

According to Dr Michael Carr-Gregg, adolescent psychologist, with more severe forms of depression, teenagers can have unrelenting gloomy thoughts, feelings of anguish, loss and hopelessness. There is a mounting sense of frustration or fear and their very existence becomes painful. The idea of escape through suicide can become deeply appealing. Depression should be taken very seriously.

Below are some of the signs that may suggest your teen is at significant risk of suicide:

- They make statements about suicide, death, dying
- They are curious, fascinated or pre-occupied with death
- They talk about feeling worthless, inadequate, hopeless or guilty
- They experience deepening depression
- They exhibit abrupt personality change or drop out of usual routine
- They become more withdrawn and socially isolated
- They give away possessions of value
- They neglect personal hygiene
- They engage in self-destructive, risky or self-harming behavior

**Depression is the leading cause of suicide (beyondblue). If you suspect a person has thoughts of self-harm, stay with them at all times and seek immediate help. All threats of suicide should be taken seriously.**

**If suicide appears imminent then call:**

**EMERGENCY 000**

**SUICIDE HELP LINE 1300 651 251**

## WHERE TO GET PROFESSIONAL HELP

Depressed adolescents need professional help. A diagnosis of depression must always be made by a professional. The earlier it is recognised and treated, the better the outcome. Getting help early can improve their well-being as well as helping to prevent problems reoccurring when they become adults ([www.youthbeyondblue.com](http://www.youthbeyondblue.com)).

Your local family doctor (GP) is the backbone of adolescent mental health care, and should be your first point of call. You can also seek help from:

- A school-based counsellor, psychologist, chaplain or nurse.
- A local counsellor, psychologist or psychiatrist.
- A minister of religion.
- Youth community services (via community health centre or local council).

## SUPPORTING YOUR ADOLESCENT

- It is critical to assist your adolescent to get professional help, and accompany him or her to appointments.
- Go along with them and make sure they get good advice.
- Help them put into action whatever recommendations are made.
- If you are not happy with your health professional, please find one both you and your adolescent feel comfortable with and have confidence in.
- It is also useful to involve the School to assist you with managing a depressive situation. Often families keep the fact that their child is suffering with depression from the School. This can be counterproductive.

Sometimes your adolescent may not want to seek help. In this case, it's best to explain you are concerned, and perhaps provide your child with as much information as you can on depression ([www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)).

**Depression saps energy, motivation and self-esteem and therefore can get in the way of a person's ability or wish to help themselves.**

*U.S. Department of Health and Human Services, Alcohol, Drug Abuse & Mental Health Administration, 2001*

## TIPS TO HELP PROMOTE EMOTIONAL WELLBEING IN STUDENTS

*Source: U.S. Department of Health and Human Services, Alcohol, Drug Abuse & Mental Health Administration, 2001*

- Communication is the foundation of the relationship between students and parents (see Chapter 2).
- Be fair and consistent. Families that encourage realistic demands promote good mental health.
- The WINK model of conflict resolution (see Chapter 1) should be taught to all students to lessen stress associated with conflict. Adolescents learn that conflict can have a positive outcome.
- Encourage young people to feel confident about taking responsibility to manage their health and wellbeing. This includes help to establish good habits for sleep, diet, exercise, stress management, social contribution and avoiding substance misuse.
- Keep their life balanced with adequate rest daily. Aim for at least seven to eight hours sleep a night. Adolescents who are sleep deprived are more prone to feelings of sadness and hopelessness. In short, they feel awful (*Fuller, 2003*).
- Encourage them to take time for some simple, natural pleasures, daily. Fun social activities, sports and taking a little time for themselves can keep a busy life balanced and are healing to the mind.
- Encourage them to be active and to get sunlight daily. Both sunlight and exercise release endorphins, which are the body's natural 'feel good' chemicals.
- Persuade your child to stay away from alcohol and drugs. They can cause real havoc in a student's life.
- Encourage outside interests. Adolescents who learn to have fun and cope with stress in a healthy way through sports, drama or other group involvement or community programs, will be less likely to turn to alcohol and drugs or get depressed. Contributing to family and society brings fulfilment and purpose and increases wellbeing.

## FURTHER INFORMATION & RESOURCES

### Phone numbers:

#### Lifeline

13 11 14 A 24-hour telephone counselling service

#### Kids Helpline

1800 55 1800 A 24-hour anonymous counselling service for children

#### Parentline

13 22 89 A counseling, information and referral service for parents and carers of children up to 18 years old. Staffed by professional counselors through the Department of Education & Early Child Development.

Week days: 8am-midnight, Week-ends: 10am-10pm, 365 days a year.

[www.education.vic.gov.au/earlychildhood/parentline](http://www.education.vic.gov.au/earlychildhood/parentline)

#### Beyondblue

1300 22 4636 (staffed by professionals, not volunteers)

**The Australian Psychological Society** can help you find a psychologist to suit your needs: (03) 8662 3300 or 1800 333 497 (outside Melbourne), [www.psychology.org.au](http://www.psychology.org.au).

### Web sites:

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.youthbeyondblue.com](http://www.youthbeyondblue.com)

[www.lifeline.org.au/find\\_help/service\\_finder](http://www.lifeline.org.au/find_help/service_finder)

[www.headspace.org.au](http://www.headspace.org.au)

[www.reachout.com.au](http://www.reachout.com.au)

[www.rch.org.au/cah](http://www.rch.org.au/cah) (Centre for Adolescent Health)

Moodgym at [www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au) is an internet-based therapy program designed to prevent depression in young people. It provides an interactive learning environment.

[www.reachoutcentral.com.au](http://www.reachoutcentral.com.au) is a computer game for social and emotional competencies.

## Chapter 4

### AFTER-SCHOOL TIME AND PARTIES

## DO YOU KNOW WHERE YOUR CHILD IS?

### After-school time

After school hours are an important time for adolescents. It is also a time when it can be difficult for parents to find care for their adolescent, especially when both parents are working.

The time between 3.30 and 6.00 p.m. is the peak time when unsupervised adolescents are at greater risk of participating in antisocial behaviour such as alcohol and drug use and juvenile crime. It is also a time when they can misuse chat rooms and the internet.

### Some common sense ideas to monitor the whereabouts of your child after school

- Know what activities your child is involved in after school.
- Check your child has arrived home safely by using the home phone to establish that he or she is in fact at home.
- Make an agreement in advance as to what the expectations are for after school arrangements.
- Encourage chores such as cleaning up, preparing dinner, taking clothes off the line and do not forget to acknowledge this assistance as it provides meaningful contributions to family life.
- Encourage your adolescent to find part-time work.
- Discourage unsupervised gatherings at your house after school.

**It is important to know where your child is after-school and have negotiated both appropriate internet usage and after-school activities.**

### The Internet

After-school is also a favourite time to access the Internet. While being in cyberspace can provide legitimate fun, entertainment and knowledge, it can sometimes be risky. NetAlert is an advice and information hotline set up by the Australian Government for young people and their parents to find out about the pros and cons of being online and to discuss strategies and solutions if they are faced with a problem.

### Parties and social activities

While some children are very social at an earlier age, others may only engage in social gatherings or the party scene much later in their schooling. Managing and being comfortable about a teenager's peer interaction is important to both parents and their children.

For some families, adolescent parties cause concern and controversy. There are considerable differences between families regarding what is thought to be appropriate at different stages of the student's development. These differences, together with the different expectations of adolescents and parents, can create problems when managing parties.

---

## THE PARTY SCENE

---

Source: Scotch College (2000) adapted from *Teenage Parties* by Blackwood High School SA and Sturt Police SA

Careful planning is essential for a successful party. Some of these suggestions may seem extreme, but we have attempted to cover most eventualities in order to help you avoid some of the problems other parents may have experienced. Be aware that the larger the party, the greater the risk of problems.

No one wants to stop their adolescent from having a good time, but a little planning may prevent the memories of the celebration becoming a nightmare. Awareness of potential problems can help ensure an enjoyable and successful party.

Most importantly, parents should discuss all these ideas with their adolescent and listen carefully in turn to his or her ideas and opinions.

These are guidelines only. Parents need to sort out what works for their family and to modify ideas as their adolescent matures.

---

## PARTY GUIDELINES: HOSTING A PARTY

---

### Invitations

---

- Do not issue verbal or group invitations to parties.
- Individualise and number the invitations. Avoid ones that can be photocopied, faxed, e-mailed or put on the internet social networking websites.
- Give specific start and finish times appropriate to the relevant age group.
- Note if alcohol will be available or not, and if it is, whether it is to be BYO or supplied.
- RSVPs are essential for compiling a list of those expected to attend.
- Entry to the party should be strictly by presentation of the numbered invitation and the individual's name being on the RSVP list. Providing wrist bands with the invitation is a good way to monitor the invitation list.

### Security

---

- Ensure you **register your party with the police**. Once registered, the police will monitor the party. The police will also provide you with a Safe Party kit.
- If the party is to be large, enlist the help of other parents with security, the bar and food preparation.
- Consider employing professional security guards, especially for larger parties. Be aware when employing security guards of the Occupational Health and Safety Act (Vic) 2004.
- Compile a checklist of names of students expected to attend and insist each name is checked against the guest list before an individual is allowed to enter the party. It may be useful to check the name against some form of I.D.
- Parents/security guards should be at the entrance to check invitations before allowing entry.
- Regardless of invitation, be firm when preventing access to the party to students who are already inebriated or who are behaving badly.

- It is recommended all bags and coats are held in a secure room (under adult supervision) to avoid theft.
- It is advisable not to allow students who have left your party to return.
- Restrict access to areas of the venue, particularly in a private home.
- Consider the removal of all valuable items from the area where the party is to be held, to avoid problems of breakage and theft.
- Out of courtesy, notify your neighbours.

Other States have similar registry programs and you should check with your local Police regarding their Safe Party Procedure.

### Venue

---

- Consider the suitability of the venue for the number attending e.g., toilet facilities.
- Have only one entry/exit point.
- Is it possible to secure the area? Can you stop people jumping over the fences?
- Is there a secure room where bags/coats can be kept?
- Set aside an appropriate area for smoking.

### Behaviour

---

- Consider the standards of behaviour you expect and stand firm about these expectations. More parents and young people are keen to support you than you might expect.
- Consider how to deal with a situation where a student is behaving badly.
- If an uncontrollable situation develops don't hesitate to call police.
- If a student is unwell, drunk, vomiting, etc. contact parents. If parents are unavailable, have a contingency plan in place e.g., ring for an ambulance or medical assistance.

### Alcohol

---

- Consider the age of the guests, the size of the group and knowledge of your adolescent's friends when deciding whether or not to allow alcohol at the party.
- If BYO place a strict limit on quantity and type brought by each student, and be aware this is extremely difficult to control.
- Supply plenty of soft drinks, food and water.

### Legal considerations

---

- Parents have a clear duty of care to adolescents (both their own children and those of other parents) under their supervision. Parents can be sued for damages for breach of a duty of care if they fail to provide adult supervision and a safe environment.
- It is wise to check the public liability component of your home insurance policy before agreeing to hold a party.
- Adults should be aware of the ramifications of allowing inebriated adolescents to leave their premises without the supervision of a responsible adult.

## Chapter 5

### ALCOHOL, DRUGS, TOBACCO AND THEIR USE

#### PARTY GUIDELINES: ATTENDING A PARTY

- Discuss with your adolescent how they can manage party pressures and potential problems.
- Always insist on as much detail as possible about the party:
  - Where is the party going to be held?
  - Will there be adults in attendance and how many?
  - What time will it end?
  - What security measures are in place?
- Discuss alcohol drinking and your expectations with your teenager, calmly and well before the day of the party.
- Agree on pick up only from the party venue.
- Tell your adolescent it is completely all right if he or she wants to be collected earlier than expected. Pick a code phrase, such as “I feel really sick” or “I have a toothache”, which your adolescent can use as a cue for you to come and pick them up any time, no questions asked.
- Know where your son or daughter is. Let them know where you can be reached at all times and that they may telephone you for a ride home whenever they need to and for any reason.
- Be at home while your adolescents are getting ready to go out and be awake when they get home. It will be easier for you to determine whether they have been smoking, drinking or using other drugs.

#### PARENTAL – ADOLESCENT ALCOHOL AGREEMENTS: POINTS TO CONSIDER

Encourage a ‘harm minimisation’ approach to managing your adolescent’s alcohol intake at parties and gatherings. Blackwood High School outlined some guidelines for young people to follow:

- **Eat first.** Consider eating at home before going out and drinking OR eat whilst drinking. If you have a full stomach, alcohol will be absorbed more slowly.
- **Start with a soft drink or water.** You will drink much faster if you are thirsty, so have a non-alcoholic drink to quench your thirst before you start to drink alcohol.
- **Use standard drinks guide** to monitor how much alcohol you drink. By converting what you drink into standard drinks it is easier to keep track.
- **Drink alcohol slowly.** Take sips not gulps.
- **Avoid salty snacks.** Salty food like chips or nuts make you thirsty so you will drink more.
- **Drink at your own pace,** not someone else’s. One drink at a time. Don’t let people top up your drink. This can also lead to your drink being ‘spiked’.
- **Pace yourself.** Alternate your drinking with a non-alcoholic drink.
- **Stay busy.** If you have something to do you tend to drink less. Play pool or dance, don’t just sit and drink.
- **Try a low alcohol alternative** such as light beer or a mocktail.
- **Be assertive.** Don’t be pressured into drinking more than you want or intend to. Tell your friends “Thanks but no thanks”.

Drugs pervade society on a daily basis. Not all drugs are illegal. Many adults and children are prescribed drugs by qualified practitioners to combat illness or disease. Most harm occurs in society due to the abuse of legal substances such as alcohol, cigarettes, painkillers, sleeping tablets and other prescription drugs.

#### ALCOHOL

Alcohol use is legal only for those aged 18 years or over.

Alcohol is a drug that slows down the brain and nervous system. It is the most widely used drug in Australia. While drinking small amounts is not harmful for most adults, excessive alcohol use can affect many areas, including family, work and personal relationships. Drinking in excess of recommended guidelines can have harmful effects on your health. These risks include:

- Short-term risks and harms such as: hangovers, headaches, nausea, shakiness, vomiting, memory loss, risk of falls and injury, assaults, car accidents, and accidental death.
- Long-term risks and harms such as: cancer, cirrhosis of the liver, brain damage, memory loss and sexual dysfunction.

#### Alcohol, drugs and risky behaviour

Alcohol and other illicit drug taking greatly affect the ability to think rationally and increase the likelihood of adolescents engaging in risky behaviour, such as fighting, stealing, skipping school, unsafe or unwanted sex or self-harming behaviour.

For example, early adolescent alcohol use was associated with an earlier age of first sexual experience (*Strachman, Impett, Henson, & Pentz, 2006*) and one in four adolescents report they were either drunk or high during their most recent sexual encounter (*Healey, 2007*). Australia’s teenage birth rate compares unfavourably with other OECD countries (*Australian Institute of Health and Welfare (AIHW), 2009*).

#### DRUGS

##### Legal – non-prescribed drugs

Although non-prescribed drugs are sold over the counter, these drugs are not without risk. While these are widely available, adolescents seeking a rush may consume painkillers, which can have addictive qualities.

Also, many over-the-counter medications are used in the manufacture of illicit drugs.

The use of another type of ‘legal drug’ is sparking serious health concerns in Australia. These legal drugs are mixtures of herbal or synthetic stimulants, which are largely untested and unregulated. They provide a ‘legal high’ by supposedly mimicking the effects of illicit substances such as ice, LSD and ecstasy. Paul Dillon, of Drug and Alcohol Research and Training Australia, says that health concerns over the drug ‘ice’ have pushed people towards party pills on the mistaken assumption that because they are legal they are safe (*Munro, 2009*).

## Legal – prescribed drugs

Abuse of prescription drugs is becoming ever more common among teens because they perceive them as less dangerous than illegal drugs. The two key factors driving prescription drug abuse amongst teenagers are: the misperception that abusing medication is not harmful and the ease of access to these drugs at home, a friend's house, or the Internet.

The Partnership for A Drug-Free America website ([www.drugfree.org](http://www.drugfree.org)) reports that:

- One in five teens has abused a prescription medication.
- 12 to 17 year olds abuse prescription drugs more than they abuse ecstasy, crack/cocaine, heroin, and methamphetamine combined.
- 60% of teens who have abused prescription painkillers did so before age 15. There are as many new abusers age 12 to 17 of prescription drugs as there are of marijuana.

Caution should always be exercised when taking any medication.

- Medication should only be used by the person for whom it was prescribed.
- Medication should only be taken for the purpose for which it was intended.
- The prescribed dosage should be strictly adhered to. Over medicating could have serious if not fatal implications; more is not better.

## Illegal drugs

Unlike commercially available legal drugs, illegal drugs are not made by pharmaceutical companies who are required to adhere to strict guidelines to ensure the safety and efficacy of drugs they produce. Illicit drugs are made by unknown people, in backyard chemical factories, who are solely motivated by personal greed and quick profit. Their ingredients are illegally obtained and the contents of their concoctions are unknown. They pose an unacceptable risk.

## TOBACCO

It is illegal for anyone under 18 years old to buy tobacco.

Smoking tobacco can lead to cancer and premature death. Nicotine is a highly addictive drug contained in all tobacco products. Nicotine affects the chemistry of the brain regulating thinking and feelings. Adolescent smokers are more likely to smoke in early adulthood, develop problematic alcohol use and experience mental health problems (*Mathers, Toumbourou, Catalano, Williams, & Patton, 2006*).

**Your adolescent's sources of drug information may not always be accurate, or have their best interests at heart. But you do. That is why it is important for you to know about the drugs your child may be exposed to and for you to communicate the consequences associated with them.**

## STANDARD DRINKS GUIDE



The use of a 'standard drinks guide' helps to monitor the amount of alcohol consumed. An Australian standard drink contains 10 grams of alcohol. The label on a can or bottle shows the number of standard drinks it contains. One drink is not always one 'standard drink'. While these are guidelines, it is important to note the effect of alcohol varies greatly from person to person.

Source: NHMRC (2009). Australian guidelines to reduce health risks from drinking alcohol. Canberra. Copyright Commonwealth of Australia reproduced with permission.

## COMMON ILLEGAL DRUGS AND THEIR ATTRIBUTES

Type of Drug	Drug Name	Street Name	What it looks like	How it is used	Sold and/or Identified by
<b>Psycho-stimulant or Stimulant</b>  Affects the central nervous system. Speeds up messages going to and from the brain to the body.	Amphetamines Crystal Methamphetamine (Speed)	Crystal Meth, Ice, Glass Shabu, Fast Louee, Goey Whiz, Speed Up, Uppers Pep pills, Tina	Crystal sheets or powder in various colours from white to brown and sometimes brighter colours  Capsules of reddish/brown liquid  Small tablets in various colours, many have commercial or trade name shells	Swallowed Injected Smoked Snorted (crushed) Inserted anally (shafted/shelving)	Sold in aluminium foil (foils), plastic or balloons  Many have commercial or trade mark shells  They have a strong smell  Bitter taste
	MDMA (methylenedioxyamphetamines) Ecstasy	E, XTC, Ecyy, Love drug, Party drug	Small white or yellow to brown tablets varying in shape, size and designs	Swallowed Inserted anally (shafted/shelving) Injected Snorted (crushed)	Foul taste
	Cocaine	Coke, Nose candy, Snow, Dust, C, White, White lady, Toot, Crack, Rock, Freebase-Flake, Blow	White, odourless powder Small crystals/rocks (Freebase/Crack)	Inhaled Snorted Injected Crack is smoked (freebased)	Bitter Numbing taste Crack can be found mixed with tobacco
	Khat	Cat, Qat, Chat, Qaadka, Miraa, Tohai, Tschat, African tea, African salad	Leaves	Chewed Brewed as tea Smoked	Fresh Khat is usually wrapped in banana leaves or plastic
<b>Inhalents</b>	-	Glue, Gas, Sniff, Huff, Chroming, Poppers	Aerosol cans General household chemicals - solvents	Inhaled Sniffed	Cleaning fluids Correction fluids And other various chemicals
<b>Hallucinogens Psychedelic drugs</b>  Affects perception and can distort things heard or seen. One's thinking, sense of time and emotions are also altered.	LSD (lysergic acid diethylamide)	Acid Trips Tabs Dots Tiles	White powder Liquid Tablets/capsules Gelatin squares Blotting paper	Swallowed Injected Smoked Sniffed	Odourless in pure form Sold as small squares of patterned paper or micro dots (tablets)
	Golden Top Mushrooms	Magic mushies, Golden tops	Vegetable/natural form	Eaten, raw or cooked Brewed as tea	Resemble toad stools
	Mescaline	Bongs, Blunts, Joints	Cactus plant	Smoked Brewed as tea	Cigars, cigarettes Water pipes
	PCP (phencyclidine)	Angel dust, Ozone, Wack, Rocket fuel, Killer joints (when mixed with cannabis)	White crystalline powder mixed with coloured dyes Tablets Capsules	Snorted Smoked Ingested	Bitter chemical taste Can also be diluted in drinks

## COMMON ILLEGAL DRUGS AND THEIR ATTRIBUTES

Type of Drug	Drug Name	Street Name	What it looks like	How it is used	Sold and/or Identified by
<b>Depressant</b>  Affects the central nervous system. Alters mood, thinking and behaviour. Slows messages going to and from the brain to the body.	Cannabis (marijuana)	Weed, Grass, Joint, Reefer, Herb, Leaf, Mary Jane, Hooch, Bong, Pipe	Dried greyish/green to greenish/brown leaves Fine or coarsely chopped	Smoked (cigarettes or bongs) Eaten/digested	
	Hashish		Blocks of brown or black cannabis resin	Smoked - bongs Eaten in foods such as cakes or biscuits	Cigarettes Pipes Bongs
	Hashish Oil		Oil - golden brown to black	Smoked	Spread on cigarettes paper or tips
	Alcohol	Booze, Juice, Drink/s	Liquid	Swallowed	Cans, bottles, mixes, spirits
Heroin (opiate) morphine codeine methadone pethidine	Smack, Skag Dope, H Junk, Stuff Hammer, Slow, Horse Gear, Harry, Brown Sugar	White to off white Granules or pieces of rock Fine, white powder-like talcum or baking powder	Injected Smoked (chasing the dragon) Inhaled (snorted)	Bitter taste Odourless Packaged in aluminium foil - oils or small balloons	
GHB (Gamma-hydroxybutyrate) - date-rape drug	Fantasy Grievous bodily harm Liquid E Liquid Ecstasy	Colourless, Odourless Bitter or Salty liquid Crystal powder	Swallowed Injected	Can be easily coloured Sold in vials or small bottles Used to spike drinks	

Source: Georgetown Preparatory School (2004)

# Chapter 6

## LEGAL FACTS

It is important for parents and their adolescents to be aware of the legal implications of using alcohol, drugs and tobacco under the age of 18.

*Note: The laws described in this chapter apply only to the state of Victoria at time of publication. Laws will vary in other States, Territories and countries.*

*Drugs, Poisons & Controlled Substance Act 1981*

*Liquor Control Reform Act 1998*

[www.reachout.com.au](http://www.reachout.com.au) or [www.lawstuff.org.au](http://www.lawstuff.org.au) for laws in your state

### ALCOHOL

It is illegal for a person to drink, buy or possess alcohol before they are 18 years old unless:

- They are at their own house or someone else's house.
- They are in a hotel or restaurant having a meal with their parent, guardian or spouse (who is over 18).

It is illegal to remain on licensed premises such as a nightclub, pub or bar, under the age of 18 unless accompanied by an adult (as listed above), having a meal, or staying the night ([www.legalaid.vic.gov.au/xfw/725.htm](http://www.legalaid.vic.gov.au/xfw/725.htm)).

### Secondary supply

The Victorian government passed a new Secondary Supply Bill effective November 2011. It is now against the law in Victoria to serve alcohol in a private home to anyone under 18, unless their parent or guardian has given permission ([www.vichealth.vic.gov.au/teendrinkinglaw](http://www.vichealth.vic.gov.au/teendrinkinglaw)).

Under the laws, a person who supplies alcohol to a minor without their parent's consent could be subject to the same penalty faced by licensees who supply alcohol to minors in licensed venues – a maximum fine of more than \$7000 (*The Liquor Control Reform Amendment Act 2011*).

### Drinking in a public place

Public drinking is against the law in Victoria and being drunk in public is also an offence, regardless of age (<http://www.findlaw.com.au/articles/4336/how-does-australias-underage-drinking-laws-affect-.aspx>). In such cases, a person may be arrested by a police officer and lodged in safe custody. They may also receive a fine. If you leave the private home or the licensed premises, and you take your drink with you, you'll be committing the offence of underage drinking in public. The person who gave you alcohol could be fined for supplying alcohol to a minor. Adults should be aware of the ramifications of allowing inebriated adolescents to leave their premises without the supervision of a responsible adult.

**Remember, if a person is on L or P plates they are not permitted to drive if they have consumed alcohol or illegal drugs of any sort.**

### Proof of identification

When asked for proof of age, a person must not:

- Use someone else's evidence of age document
- Deface or interfere with an evidence of age document
- Make or give a false proof of age document
- The following forms of ID are acceptable in Victoria and can be used as proof that you are 18 or over: Australian Drivers Licence, Victorian Learners Permit, Proof of Age Card, Keypass Card or Passport ([www.youthlaw.asn.au](http://www.youthlaw.asn.au))

# References

## TOBACCO

It is illegal for anyone under 18 to purchase tobacco products. It is an offence to sell or supply tobacco products to a person under the age of 18 ([www.druginfo.adf.org.au/druginfo/drugs\\_laws](http://www.druginfo.adf.org.au/druginfo/drugs_laws)).

## DRUGS

There are many laws about illegal drugs. The four common types of drug offences are:

### 1. Using

An offence is committed if a person inhales, smokes, injects or swallows an illegal drug. It is also illegal to introduce a drug into the body of another person without their knowledge ([www.legalaid.vic.gov.au/xfw/725.htm](http://www.legalaid.vic.gov.au/xfw/725.htm)).

### 2. Possessing

Possession is the most common offence, and means having control or custody of a drug found on the person or their property (their pockets, bag, house, garden, car, etc) ([www.druginfo.adf.org.au/druginfo/drugs/drug\\_laws](http://www.druginfo.adf.org.au/druginfo/drugs/drug_laws)).

Whether or not the person concerned is over age 18 when a particular offence is committed, is relevant to determining the seriousness of the penalties which may apply.

### 3. Trafficking

This usually means selling a drug but can include manufacturing, exchanging and agreeing to sell or offering drugs for sale.

A person can also be charged with trafficking if they:

- Sell or offer to sell a harmless substance to someone who believes it is a drug.
- Manufacture, grow or prepare drugs or for selling.
- Possess a 'traffickable quantity' of drugs; this amount differs for various drugs.
- If a friend gives you money to buy drugs for them, even if you don't use the drugs or make money from the sale ([www.legalaid.vic.gov.au/707.htm](http://www.legalaid.vic.gov.au/707.htm)).

**Trafficking is a serious offence and penalties can be very harsh.**

### 4. Cultivating

Cultivation is the act of sowing, planting, growing, tending, nurturing or harvesting a narcotic plant. Any of these activities constitutes an offence ([www.druginfo.adf.org.au/druginfo/drugs\\_laws](http://www.druginfo.adf.org.au/druginfo/drugs_laws)).

## Conspiracy

If someone supports another person in agreeing to commit any of the above crimes, they can receive the same fine and jail time as the offender, even if the other person carried out the actual crime alone.

American Medical Association. (n.d.). *Brain damage risks*. Retrieved November 14, 2009, from <http://www.ama-assn.org/ama/pub/category/9416.htm>

Australian Drug Foundation. *Drug Laws*. Retrieved November 3, 2009, from DrugInfo Clearinghouse: [http://www.druginfo.adf.org.au/druginfo/drugs/drug\\_laws](http://www.druginfo.adf.org.au/druginfo/drugs/drug_laws)

Black Dog Institute. (n.d.). *Depression in teenagers and young adults*. Retrieved May 6, 2009, from <http://www.blackdoginstitute.org.au/public/depression/inteenagersyoungadulthoods.cfm>

Australian Drug Foundation. (2008, September). *Fact sheet 6: Ready-to-drink (RTD) alcohol products*. Retrieved November 15, 2009, from DrugInfo Clearinghouse: [http://www.druginfo.adf.org.au/downloads/fact\\_sheets/FS\\_6\\_RTD.pdf](http://www.druginfo.adf.org.au/downloads/fact_sheets/FS_6_RTD.pdf)

Beyondblue. (2005). *Tackling Depression in Schools DVD. Beyondblue information materials*. Hawthorn West, Victoria, Australia: Beyondblue.

Beyondblue. (n.d.). *The national depression initiative*. Retrieved November 7, 2009, from <http://www.beyondblue.org.au>

Carr-Gregg, M., & Shale, E. (2002). *Adolescence: A guide for parents*. Sydney: Finch Publishing.

DrugInfo Clearinghouse (2009). *Binge drinking Fact Sheet Number 1.10*, revised June 2009. Retrieved, 20 November 2009, from [http://www.druginfo.adf.org.au/druginfo/fact\\_sheets/the\\_facts\\_about\\_binge\\_drinking/the\\_facts\\_about\\_binge\\_drinking.html](http://www.druginfo.adf.org.au/druginfo/fact_sheets/the_facts_about_binge_drinking/the_facts_about_binge_drinking.html)

Chikritzhs, T., Pascal, R., & Jones, P. (2004). *Underaged drinking among 14 – 17 year olds and related harms in Australia*. National Alcohol Indicators. Bulletin No. 7. Perth: National Drug Research Institute.

Chikritzhs, T., & Pascal, R. (2004). *Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdictions, 1990–2002*. Bulletin No. 6. National Drug Research Institute.

Fuller, A. (2003). *Don't waste your breath: An introduction to the mysterious world of the adolescent brain*. Retrieved November 7, 2009, from <http://www.andrewfuller.com.au/free/DontWasteYourBreath.pdf>

Georgetown Preparatory School. (2004). *A parent's guide for the prevention of alcohol, tobacco, and other drug use*. Washington DC: Georgetown Preparatory School.

Grant, B. F., & Dawson, D. A. (1997). Age at onset of alcohol use and its association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 9, 103-110.

Hayes, L., Smart, D., Toumbourou, J., & Sanson, A. (2004). *Parenting Influences on adolescent alcohol use. Research Report No. 10*. Melbourne: Australian Institute of Family Studies.

Healey, J. (Ed.). (2007). *Teen health. Volume 257 Issues in Society*. NSW, Australia: The Spinney Press.

Jenkin, C., & Toumbourou, J. W. (2005). *Preparing adolescents for success in school and life*. Camberwell, Victoria: Australian Council for Educational Research.



Lake County Prevention Task Forces and Coalitions. (n.d). *Underage Drinking*. Retrieved November 15, 2009, from <http://www.speakupflb.org/materials/underagedrink-insert.pdf>

Munro, P. (2009, November 1). *Legal drugs spark a boom in pill popping*. Retrieved from The Age: <http://www.theage.com.au/>

National Research Council & Institute of Medicine. (2004). *Reducing underage drinking: A collective responsibility*. (R. J. Bonnie, & M. E. Connell, Eds.) Washington, D.C.: National Academies Press.

NHMRC. (2009). *2009 Australian guidelines to reduce health risks from drinking alcohol*. Canberra: Commonwealth Government of Australia.

O'Brien, M. C., McCoy, T. P., Rhodes, S. D., Wagoner, A., & Wolfson, M. (2008). Caffeinated cocktails: Energy drink consumption, high-risk drinking and alcohol-related consequences among college students. *Academic Emergency Medicine*, 15 (5), 453-460.

ParentsEmpowered.org. (n.d.). *Eliminating underage drinking in Utah*. Retrieved November 15, 2009, from <http://www.parentsempowered.org>

Pascal, R., Chikritzhs, T. & Jones, P. (2009). *Trends in estimated alcohol attributable deaths and hospitalisations in Australia, 1996-2005*. National Alcohol Indicators, Bulletin No.12. Perth: National Drug Research Institute, Curtin University of Technology.

Rose, D. (2007, November 5). *Drinkers who mix Red Bull with alcohol 'twice as likely to suffer harm'*. Retrieved November 15, 2009, from [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article2806253.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article2806253.ece)

Scotch College(2000). *Successful Teenage Gatherings*, Retrieved November 15, 2009, from <http://www.scotch.vic.edu.au/family/teengath/teengath.htm>

The Partnership for a Drug-Free America. (n.d.). *Not in my house*. Retrieved November 9, 2009, from [drugfree.org: http://www.drugfree.org/notinmyhouse/](http://www.drugfree.org/notinmyhouse/)

U.S. Department of Health and Human Services Public Health Service Alcohol, Drug Abuse, and Mental Health Administration. (2001). Retrieved November 3, 2009, from <http://www.nimh.gov/publicat/letstalk.cfm>

Van der Vorst, H., Engels, R., Meeus, W., & Dekovi, C. M. (2006). The impact of alcohol- specific rules, parental norms about early drinking and parental alcohol use on adolescents' drinking behavior. *Journal of Child Psychology and Psychiatry*, 47(12), 1299–1306.

White, V., & Hayman, J. (2006a). *Australian secondary school students' use of alcohol in 2005*. Canberra: Drug Strategy Branch, Australian Government Department of Health and Aging.

White, V., & Hayman, J. (2006b). *Key results of the Victorian secondary school students' use of licit and illicit substances in 2005*. Retrieved November 15, 2009, from <http://www.health.vic.gov.au/drugservices/pubs/index.htm>

Victoria Legal Aid. (n.d.). *Drugs*. Retrieved November 15, 2009, from <http://www.legalaid.vic.gov.au/707.htm>

Victoria Legal Aid. (n.d.). *Drinking alcohol*. Retrieved November 15, 2009, from <http://www.legalaid.vic.gov.au/xfw/725.htm>

Youthbeyondblue (n.d.). Retrieved November 15, 2009, from <http://www.youthbeyondblue.com>

## Acknowledgements

We would like to thank all the people who have helped make this publication a reality, with special mention to:

All members of the Trinity Parents' Alcohol and Drug Committee, past and present (2006 – 2012)

Mr Rick Tudor, Headmaster

Mr Simon Le Plastrier, Deputy Headmaster, Head of Senior School

Mr Rodney De Boos, Member of the School Council

Mr Grant Nalder, Head of Junior School

Mrs Lesley Million, Executive Secretary to the Deputy Headmaster, Head of Senior School

The staff of the Trinity Grammar School, Information Technology Department

Mr Steven Georgiou, Design by Stavros

Trinity Grammar School, Kew is extremely grateful for the generous advice and permission to reproduce copyright material received from Associate Professor John Winston Toumbourou, and Dr Michael Carr-Gregg, as well as their co-authors.

We also acknowledge the support and contribution made by the Community of Concern organisation in the United States.

Every attempt has been made to contact holders of copyright for material used in this book. Trinity Grammar School, Kew, welcomes inquiries from anyone who thinks they may have a copyright claim.

## Disclaimer

*This guide is not intended to reflect all strategies for dealing with the challenges of preventing alcohol, tobacco and other drug use among adolescents, but is designed to serve as a resource for parents, students and schools. The information contained herein is not intended to replace professional advice, and should not be interpreted or relied upon as professional advice, whether medical, legal or otherwise. Each individual situation is different. Trinity Grammar School, Kew shall in no event be liable for any direct, indirect, special, incidental or consequential damage caused whether in contract, tort (including negligence) or otherwise, in relation to the use of this guide or the ideas or services referred to in the guide.*

*For additional copies of this document, or to enquire about variations of this document for your own school, please contact Trinity Grammar School, Kew on (03) 9854 3600.*

Copyright © Trinity Grammar School, Kew 2009

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without prior permission in writing from Trinity Grammar School, Kew.

# Trinity Grammar School's Drug Policy

## This policy forms part of Trinity Grammar School's broader strategy as a Health Promoting School.

There is no clear dividing line between the responsibility of the home and the school. These guidelines apply when a student's actions are likely to affect the welfare or reputation of other members of the school community within the limits imposed by legislation.

### What the World Health Organisation says...

Health is: the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other, to change or cope with the environment.

Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources, as well as physical capacity .

...A Health Promoting School is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health.

### More from the WHO...

...A Drug is any substance, with the exception of food and water, which, when taken into the body, alters its function physically and/or psychologically.

(This definition includes all medications and drugs of addiction or dependence - such as caffeine, alcohol, tobacco, cannabis, steroids, amphetamines, and inhaled solvents - some of which are legal and others illegal.)

## 1. Policy

Trinity Grammar School, Kew's programs address three inter-related issues and we work to build:

- an understanding of what drugs are and how they act,
- more constructive ways of managing our relationships not only with others but also with ourselves, and
- an environment where unnecessary drug use is discouraged and legal drug use is managed positively.

Trinity Grammar School, Kew recognises that drug use is a community-wide problem which requires a partnership between the school, our families and other agencies. We also recognise that students can be affected by their own drug use or by that of others (including parents, relatives, siblings or friends).

Our over-arching aim is to provide for our students a safe and caring environment in which issues and concerns about drugs can be discussed in a supportive and informed manner by all members of the community. It is our intention to take an approach towards the use and mis-use of drugs which is, not only firm but also understanding, caring and supportive within the limits imposed upon us by legislation.

Our Pastoral Care and Personal Development Programs are designed to foster

- pro-active ways of managing one's self,
- networks of support for difficult times, and
- skills, knowledge and practice in making informed decisions about drug use and non-use as appropriate to each student's maturity.

Harm Minimisation (the approach adopted by Australian Governments) acknowledges that:

- in order to protect adolescents from drug-related harm (particularly to the developing adolescent brain), health experts strongly advise abstinence from alcohol and other drugs,
- nevertheless, the use and abuse of drugs are facts of life in today's society,
- adults and young people use and abuse drugs for a number of complex reasons.

We support individuals who chose not to use alcohol and other drugs. Harm minimisation does not condone or encourage drug use. It aims to promote healthier alternative behaviours and to reduce the risks associated with drug use.

It involves a range of strategies including abstinence, prevention, early intervention, specialist treatment, control of supply and safer drug usage.

## 2. Scope

This policy applies to all staff and students of Trinity Grammar School, Kew. Visitors, contractors and consultants to the School who may provide service are also required to adhere to this policy.

## 3. Procedures

### 3.1 Medications and Prescription Drugs

Where a student needs to use any medications and prescription drugs during a school-related activity, his parents should liaise with the the School Nurse and the teacher in charge of relevant activities to establish a suitable management protocol.

As part of this protocol, prescribed drugs must neither be misused nor supplied to another student.

Caution should always be exercised when taking any medication.

- Medication should only be used by the person for whom it was prescribed.
- Medication should only be taken for the purpose for which it was intended.
- The dosage should be strictly adhered to; over medicating could have serious if not fatal implications - more is not better.

### 3.2 Smoking

- The law does not permit those under 18 years of age to buy tobacco products. In keeping with Trinity's status as a smoke-free environment, students may neither possess nor use tobacco products.
- Staff, parents and visitors are also required to abstain from smoking on premises which are under the control of the school. This ban extends beyond school boundaries to encompass air intake points and any vehicle which is owned by the school (or being used in association with a school activity).

### 3.3 Alcohol

The misuse of alcohol leads to considerable social dislocation and illness in our community; not least on the roads. Trinity Grammar School, Kew supports the decision of those who choose not to consume alcohol.

Health experts advise us that adolscents should delay their introduction to alcohol as late as possible to allow the brain to develop normally. Before any student partakes of alcohol, he should:

- ensure that he is complying with the law with to drinking age,
- know the affects of alcohol in both the short and longer terms,
- drink it for its flavour rather than its mind-altering affects, and
- be in the company of a responsible adult (who encourages contentment before capacity).

It is gross bad manners, and an abuse of a host's hospitality, to take liquor to or from a house, or to over-indulge, whilst a guest.

The law does not permit Alcohol to be consumed in licensed premises or public places by those under the age of 18 years unless they are under the direct supervision of a parent, guardian or another responsible adult to whom parents have entrusted that young person.

In the event that a student makes a considered decision to use alcohol (and that this choice is supported by his parents) our policy is to encourage habits of both moderation and common sense.

### Alcohol at School Functions

It is offensive for any member of the school community to be under the influence of alcohol while associated with a School activity.

- Students may neither possess nor use alcohol while associated with a school activity.
- The Headmaster may permit an exception to this when a student is in circumstances which are not only known to, and approved by, his parents or guardian but also by the Headmaster or his delegate.

### 3.4 Cannabis and other Illegal Drugs

*The only safe use of any drug is "no use". The potential health effects of drugs such as alcohol and tobacco, as well as those of inhalants and illegal drugs, are well documented. An experiment with drugs is an experiment with one's health, safety and mental well-being. There is growing evidence that the use of cannabis (even as an experiment) can produce an acute psychosis in some individuals.*

Statistics indicate that a large proportion of our young people will be offered cannabis at some stage during their school years.

A number of other substances are potentially dangerous even though they are not technically illegal. These include everyday products such as solvents and some of the newer "designer drugs" which may not be classed as illegal.

Therefore, no member of the school is to possess, use, or supply unprescribed drugs.

### 3.5 Support Services for Students who Misuse any Substance

In some cases the misuse of drugs can be most effectively managed by Counselling.

Help for drug misuse is offered within our pastoral care structures. The Counsellors are available to discuss any concern that a member of the school community may be misusing drugs. The Counsellors will hold such confidences within the limits of the law. (An exception will be made if someone's safety is at serious risk.) Some cases may warrant the involvement of professionals from outside the school

### 3.6 Breach and Consequence

The Headmaster - within the limits imposed by legislation - must resolve conflicting interests to:

- protect the well-being, health and safety of all the other members of the school community,
- protect the health and emotional well-being of the offender,
- maintain the standards expected by our wider school community,
- protect the reputation of the school, and
- offer an opportunity to redeem the behaviour (at Trinity Grammar School, Kew or elsewhere).

As the Headmaster weighs his decision, he considers the school's legal responsibilities alongside the maturity level, previous behaviour, degree of responsibility, level of involvement and the rehabilitation of each individual.

One important factor in Trinity Grammar School Kew's approach will be an ongoing process of education and rehabilitation.

The consequences for breaches generally follow a hierarchy which match the severity of the offence.

They run the spectrum from counselling or a detention, through surrender of any office held, to suspension, probation or the forfeiture of a place in the Trinity community.

In responding to some breaches, such as the provision of illicit drugs to other people (which potentially endangers their health and welfare), the school may also be required by law to contact the police.



Trinity Grammar School, Kew  
40 Charles Street  
Kew 3101  
Melbourne, Australia

Telephone (03) 9854 3600  
Facsimile (03) 9853 9457  
Email [trinity@trinity.vic.edu.au](mailto:trinity@trinity.vic.edu.au)  
Website [www.trinity.vic.edu.au](http://www.trinity.vic.edu.au)

CRICOS provider No. 00350M