



National Drugs Campaign

The GP's role in reducing illicit drug use

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BACKGROUND

According to the most recent National Drug Strategy Household Survey, almost two in every 5 Australians have used an illicit drug at some time in their life.

OBJECTIVE

This article outlines the components of the second phase of the Australian Government National Drugs Campaign, launched in April 2005, and provides specific drug information on cannabis, amphetamines, and ecstasy for general practitioners.

DISCUSSION

Medical practitioners play an important role as a first point of contact for parents, carers and young people. As the campaign raises awareness of the issue of illicit drugs, medical practitioners may be asked for information and advice about drugs. They may also play a wider role in identifying drug related problems, providing interventions, referrals, and coordinating care.

According to the most recent National Drug Strategy Household Survey, almost two in every 5 Australians have used an illicit drug at some time in their life.¹ As part of the government response to the prevalence of illicit drug use, the second phase of the National Drugs Campaign was launched in April 2005. The National Drugs Campaign aimed to reduce the proportion of Australian youth who take illicit drugs.

The campaign consisted of print, television and cinema advertisements targeting young people and their parents. This advertising activity was supported by public relations activity and resource development (see *Resources*). Campaign materials were developed with the assistance of advice provided through the Australian National Council on Drugs, and by consultation with clinicians and alcohol and drugs field workers.

Discussion

The content and style of the advertisements was based on information obtained through extensive research during 1999–2000, using small group discussions and subsequent surveys of over 2000 young people aged 15–24 years.² In 2003, a further qualitative study was conducted to confirm the currency of the 1999–2000 research. The findings reflected existing data suggesting

that drug use by young people exists on a spectrum, with functions, patterns of use, and associated risks varying widely between groups. This meant that any campaign targeting young people would need to reflect the differing attitudes that existed within the target population depending upon their lifestyle choices and possible previous experience with illicit drugs.

The substances chosen to be the focus of the campaign were those most commonly used among young people in Australia, ie. cannabis, amphetamines and ecstasy. Although the potential individual health risks associated with their use may be considered to be less than those associated with drugs such as heroin, the sheer number of users means that on a population basis the impact of the potential negative consequences of their use on individuals and the community is significant. While accepting that the incidence of severe adverse and life threatening reactions associated with their use is relatively uncommon (compared for example with the 30% plus incidence of overdose among injecting heroin users), highlighting that such harms may occur in users of these drugs was considered to be an effective means of reinforcing the decisions of the majority of youth who have already chosen not to take illicit drugs. For those who already use drugs, such approaches may be less effective (as many will have used drugs

without experiencing the significant problems described in the advertisements) and thus to engage this group the campaign chose to promote other nondrug reinforcers such as alternative positive lifestyles and engagement with support services.

Given that the majority of the target population of the campaign live at home with their parents, the 2005 phase of the campaign built on the 2001 campaign that encouraged families to talk about drugs, their use, and associated risks. Such a focus is supported by data from research into the 2001 campaign, with 79% of young people believing that their parents could influence them not to take drugs.³ Unfortunately the same research also indicated that parents were unaware of the degree of influence they have over their children’s attitudes and behaviour toward drugs. Because of this, the campaign sought to raise awareness of illicit drugs issues with parents and provide information about drugs and strategies to talk with their children about drugs (see *Patient education* this issue).

Although the campaign has avoided the issues of under age drinking, alcohol still remains the primary problem drug for adolescents, and when combined with illicit drug use, significantly increases the risk of adverse outcomes.

The success of the campaign will be evaluated by comparing pre- and post-campaign surveys. The precampaign survey has been completed and measured knowledge, attitudes and behaviours regarding illicit drug use. The postcampaign survey will be conducted soon after the completion of the main campaign activity and will measure awareness of, and response to, the campaign, as well as changes against the original survey of knowledge, attitudes and behaviours regarding drug use.

Campaign information for health professionals

Medical practitioners play an important role as a first point of contact for parents, carers and young people, and are repeatedly cited by young drug users as being credible sources of information on drug use (Table 1). As the campaign raised awareness of the issue of illicit drugs, medical practitioners

Table 1. Specific drug information

Cannabis

Product: cannabis, marijuana, hashish, hashish oil (active ingredient delta-9-tetrahydrocannabinol [THC])

Street name: pot, grass, weed, reefer, joint, mull, cone, spliff, dope, skunk, hydro, bhang, ganja, hash, chronic

Sought after effects: relaxation, euphoria, sensory intensification

Signs of intoxication: bloodshot or glassy eyes, dryness of mouth, increased appetite, impaired coordination, attention and short term memory difficulties.

Young people may be noted to be giggly, distracted, and sometimes paranoid and anxious. When mixed with alcohol the impairing effects are increased markedly and may be accompanied by nausea and vomiting. Effects last 2–6 hours. Fatal overdose does not occur

Prevalence of use

In 2004, cannabis was the most commonly used illicit drug in Australia with 33.6% of the population aged 14 years and over using it in their lifetime. In 2004, cannabis continued to be the most common illicit drug used by young people in Australia with 25.5% of teenagers aged 14–19 years using it in their lifetime. Recent cannabis use by teenagers aged 14–19 years dropped between 2001 and 2004; from 24.6% to 17.9% reflecting a broader trend of reduced cannabis use among teenagers. Across all age groups, males were more likely than females to have ever used cannabis in their lifetime

Harm and potential consequences

As with any drug, the harms are greater the younger the age of use starts, although it should be noted that the early onset of any drug use is often a marker for other problems within the home, school, or with mental health. In such cases cannabis serves as a barrier against self awareness, and may interfere with a young person’s overall development. Greater drug consumption is associated with greater risk of potential harms. These can include mood swings, poor performance at school, reduced social interaction, memory impairment, weight gain, panic attacks, paranoid thinking, and other mental health problems. Combined use with tobacco may be a gateway to nicotine dependence and increases the respiratory risk

associated with smoking. Physical risks are associated with the smoking of the drug and can include an increased risk of cancer of the lung, mouth, throat and tongue

Amphetamines

Product: methamphetamine, amphetamine sulphate, dexamphetamine, ritalin, tenuate

Street name: speed, uppers, ice, meth, crystal, whizz, snow, go-ee, shabu, point, paste, base, zip, eve, leopard’s blood, oxblood, gogo, MDEA

Sought after effects: euphoria, energy, arousal, sensory intensification, enhanced sociability and disinhibition

Signs of intoxication: dilated pupils, restlessness, insomnia, rapid speech, sweating, flushing, increased blood pressure and pulse rate, increased breathing, teeth grinding, excitability, anxiety, dry mouth and lips, nausea and vomiting, loss of appetite, mood swings

Prevalence of use

In 2004, amphetamines were the second most commonly used illicit drug in Australia with 9.1% of the population aged 14 years and over using them in their lifetime. In 2004, 6.6% of teenagers aged 14–19 years had ever used amphetamines. Recent amphetamine use for teenagers aged 14–19 years dropped between 2001 and 2004; from 6.2% to 4.4%. In 2004, similar proportions of male and female teenagers had ever used amphetamines in their lifetime

Harms and potential consequences

Paranoia, hallucinations, chronic sleep problems, cracked teeth through grinding, high blood pressure, panic attacks, anxiety, nervousness, decreased emotional control, severe depression, violent behaviour, speed psychosis, nerve cell damage, death from heart failure or suicide. The risk of dependence is increased among those users who inject the drug (intravenous routes are more reinforcing as they are associated with an increased speed of onset and intensity of effect)

Ecstasy

Product: MDMA (methylenedioxyamphetaminetamine), ecstasy

Street name: ecstasy, E, Ex, E and C, eccy,

MDMA, PMA, Adam, XTC, love drug, eggs

Sought after effects: euphoria, empathogenic effects, energy, arousal, sensory intensification, enhanced sociability and disinhibition

Symptoms: increased blood pressure and pulse rate, raised body temperature, sweating, overheating, jaw clenching, teeth grinding, nausea, anxiety, excitability, tremors, insomnia, dilated pupils, loss of appetite

Prevalence of use

There was a statistically significant increase in the proportion of the population aged 14 years and over that had ever used ecstasy between 2001 and 2004; from 6.1% in 2001 to 7.5% in 2004. This change translates into approximately 100 000 more recent ecstasy users in 2004 when compared with 2001. One in 8 (12%) people aged 20–29 years and approximately one in 20 (4.3%) of teenagers had used ecstasy in the past 12 months. In 2004, 6.2% of teenagers aged 14–19 years had ever used ecstasy. In general in 2004, males were more likely than females to have ever used ecstasy, with the exception of those aged 14–19 years

Harms and potential consequences

Acute adverse effects include panic/ anxiety and paranoia. Postuse effects include mood, sleep and appetite disturbance (especially low mood and lethargy during the days after use) and irritability. Longer term problems may include problems with emotional wellbeing, sleep, worn down and cracked teeth through grinding, depression, problems at work and with relationships, decreased emotional control. Fatalities although exceedingly rare have been reported due to overheating and dehydration, liver failure and cardiac problems. Longer term studies investigating cognitive impairment in users suggest that some heavy users may have residual deficits in attention/memory

Note: Prevalence figures are drawn from the Australian Institute of Health and Welfare National Drugs Strategy Household Surveys in 1998, 2001 and 2004.⁴⁻⁶ The harm and potential consequences for each drug are drawn directly from the National Drugs Campaign booklet, 'Talking with your kids about drugs'⁷

may be asked for information and advice about drugs. Medical professionals may also have a wider role in identifying drug related problems, providing interventions, referrals and coordinating care (see *Resources*).

Resources

- *Alcohol and other drugs: a handbook for health professionals*. Available at www.aodgp.gov.au
- Training resource kit. Available at www.aodgp.gov.au Information line 1800 250 105 and website www.health.drugs.gov.au

Conflict of interest: Horizon Communication Group was commissioned by the Australian government as part of the National Drugs Campaign. The author was asked by this group to write the article.

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Poetry

Christina in the chronic ward

It's time. The locks crack shut.

*Oh peace, peace. Between the tumbling blonde
rivers of hair my eyes are chilled and white.*

*It is not fear, not fear. Watch! all around
the Pentecostal tongues fork at my flesh,
prophetic, viperish.*

*That nurse by the iron bed
clutches my human shape. I am a child
and she is waiting for the Word. My word
will drive her bleeding to that fold
where child and Good Shepherd will rejoice
at the body crucified and torn by grace.*

*Don't touch me, touch me. Turn the key in the lock.
The daylight sickens down the corridor
as the bed gapes, beckoning me back
with electric knuckles. I suffer and endure
Man of Sorrows, that spilled such holy blood,
the Lord Christ slams in jackboots through my head.*

Craig Powell

As in psychosis, the mind makes rapid interconnections. 'Locks', 'tumbling', 'watch', 'flesh' create a poem within a poem, stared down by Christina's crazed porcelain eyes. Transfixed by her own electric crucifixion, on the iron frame of an institution for mental health, she cannot move while the Lord's vipers spit words.

Tim Metcalf

ERRATUM

The sonnet that appeared in the January/ February issue of *AFP*, 'The Idiot' by Andrew Leggett, was incorrectly laid out. The editors of *AFP* wish to apologise to Dr Leggett for this error and for any embarrassment that this may have caused.