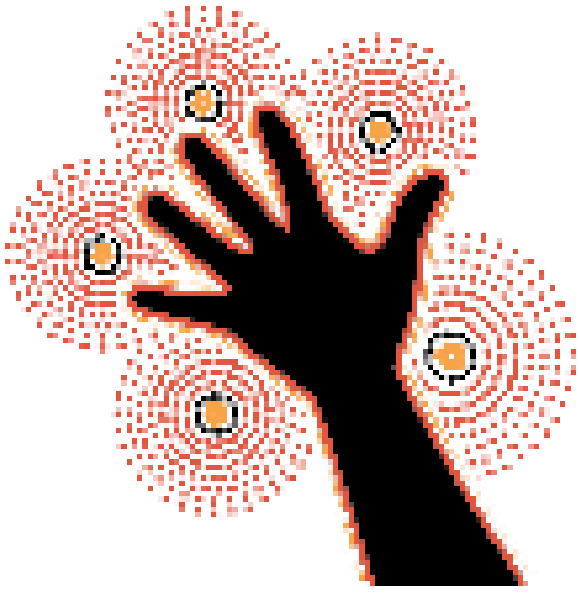
Alcohol and Other Drugs Awareness Program-

Understanding and Responding to Adolescent AOD use.

Participant Handout

Facilitated by Lynsey Ward (Odyssey Institute)

Via Carer Kafe 2025



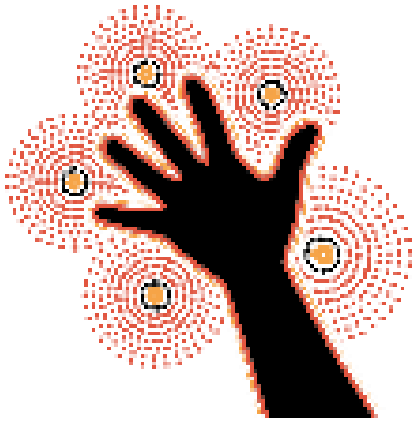
Acknowledgement of country.

Odyssey Victoria recognises, respects and values Aboriginal and Torres Strait Islander Peoples' histories and cultures, and their unique status as the custodians and traditional owners of this land and its waters.

We acknowledge the Indigenous Peoples of Australia as belonging to the oldest continuing culture in human history. We celebrate this.

We acknowledge that sovereignty to this land and its waters was never ceded. We remind ourselves of this and walk together in reconciliation.

We also acknowledge that Aboriginal and Torres Strait Islander Peoples have suffered profound trauma as a result of Australia's laws and policies. We are sorry for this and commit ourselves to assisting in the healing that is needed.



Our Values.

There are five values that are upheld by the residents and staff at Odyssey Victoria. This artwork, inspired by Chris Thorne, represents counting these values on one hand. They are Respect, Concern, Honesty, Trust and Love.

Odyssey Victoria strives to be a safe and welcoming place for everyone.

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About Odyssey Institute and this program.

Odyssey Institute is the Registered Training Organisation (20995) of Odyssey Victoria, and through its research and training has a best practice, evidence-based approach to quality education.

We have developed this Alcohol and Other Drugs (AOD) Awareness program for community engaged within the out of home care (OOHC)/foster care systems supporting young people who may be using substances.

Your facilitator Lynsey has compiled these handouts so that participants may refer to them during and beyond the facilitated sessions.

We are keen to share Odyssey's deep understanding of ways of working with clients with alcohol and other drugs issues and to support community.

We hope this program meets your needs and that you feel supported in your support and care of children/young people in your community.

For more information about our services visit our website by following this link:
https://education.odyssey.org.au/what-we-do/about-us/

Context for this AOD focused session.

The role of carers is incredibly important in our communities to support infants through to young adults. Supporting people in the home who are using substances can be very difficult, especially if they are children/young people in our care.

This workshop resource intends to provide you as a Carer with information and skills for engaging in conversations about AOD with children/young people in your care. It also aims to share some insight into possible perspectives and perceptions of young people/children using substances.

As you work through this course you will become aware that drug taking is an activity that individuals from all walks of life are engaged in. You will also note that the some of the behaviour associated with drug taking can be challenging for us in caring roles.

Values and attitudes

Drug use in our society is a highly emotive subject, and one that people tend to have strong and varied opinions about, especially in young people/children. Opinions and responses to drug use are generally value-laden, and circumstances around drug use can often be challenging, so it is important to have a sense of our own values and attitudes towards drug use.

Our values can be defined as the importance or priority we give to certain goals in life.

Attitudes are about our state of mind as you approach a situation.

Young people often experiment with substances. For some this won't become a problem.

However, young people who have experienced trauma, instability and disconnection from culture and family are more likely to develop reliance on substances to cope. As well, young people's brains are developing so their capacity to assess risk and control impulses is lower than adults.

What might challenge us?

There are a range of reasons that drug taking can challenge our values and attitudes- these may be:

- the drugs the young person is taking are illicit (for example: non-medical Cannabis, Methamphetamine, under the counter vapes) and this may conflict with your own beliefs about drug use.
- the young person engages in illegal practices (for example: theft) to finance their drug use and this may conflict with your own values.
- the young person engages in risky behaviour (for example: using with older peers, getting into cars with people substance affected etc) and you may be extremely anxious and concerned about this from the perspective of safety of a young person in your care.
- the young person gets intoxicated on a regular basis and you may be concerned about the consequences of this behaviour on their life (in terms of charges, health, brain development, educational engagement etc).

It is likely that the above situations will impact on you in different ways. This will depend largely on individual values and attitudes that have been influenced by a range of factors and developed over a long period of time.

It is important that you are aware of your own values and attitudes as these can impact on how you consciously or unconsciously support young people.

Although this section of the resource has been short, the significance of the information in this section cannot be over emphasised and will in fact be referred to as you progress through this program.

Reflection Point.

Consider what your perspective on drugs/substances is- how has this been influenced?

Consider how you can deal with conflict between your values and attitudes and those of others around substances/drugs.

Approaches to supporting young people with AOD use issues.

Currently practices in working with people (including young people and children) using substances include:

- Trauma informed care
- Understanding Harm Minimisation
- Stages of Change
- Motivational interviewing and;
- Sensitive approaches to support.

Whilst these approaches are usually applied by professionals, carers can benefit from understanding and applying some to the associated techniques in their support of children and young people at risk or experiencing AOD use and misuse.

What follows is an outline of the above current practices that carers can adapt to their role.

Impacts of trauma.

Children and young people in out of home care are likely to have experienced traumas in their life. It can affect their identify, emotional regulation and relationships. It is therefore essential we keep a trauma informed lens in supporting them.

What is trauma?

Trauma is in the eye of the beholder. It is a wound.

Mental Health First Aid Australia defines trauma as an event that “causes an individual or group to experience intense feelings of terror, horror, helplessness or hopelessness”.

Trauma is also described as “not the story of something that happened back then, it's the current imprint of that pain, horror, and fear living inside people.” (Van Der Kolk, Author and psychiatrist- see resources list for further information).

Interpersonal, emotional, health and spiritual impacts can all occur after/during traumas.

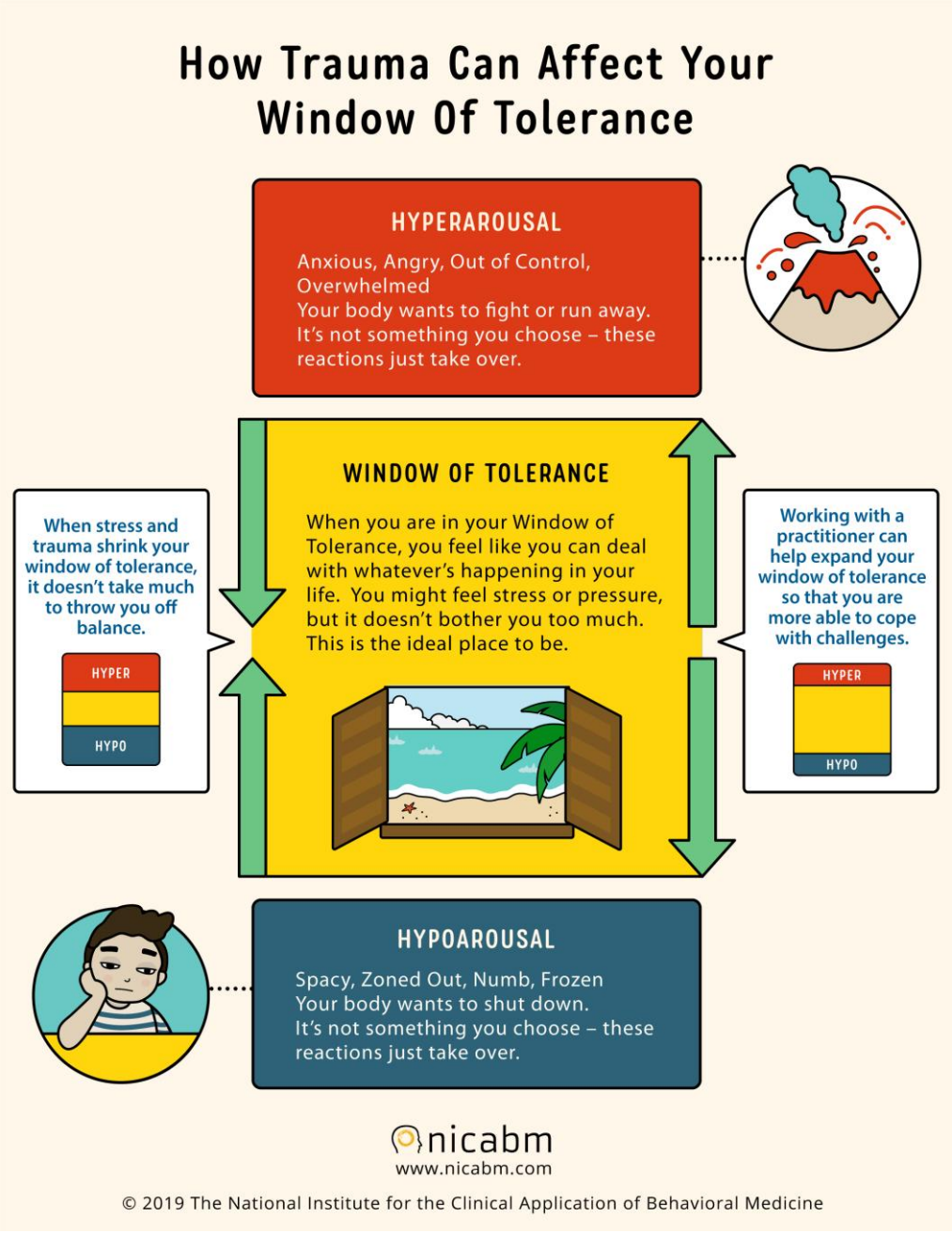
Our window of tolerance for emotions can be impacted, which can make regulating and coping difficult. Our attachment and inherent safety can be affected.

Reflection Point.

Consider the graphic below which talks about the window of tolerance.

Have you noticed yourself experiencing hyperarousal or hyperarousal?

How have you supported children outside their window of tolerance?



Coping with trauma impacts.

Learning to regulate emotions is pivotal for children and young people to learn during their growing years, and after trauma experiences.

Building safety and stability is also essential and best practice for responding to trauma.

Sometimes, dysregulation and lack of internal/external safety is where AOD use comes in to view for young people/children. It can be thought of by them as a tool to help them regulate their emotions, cope with distress and find predictability.

Children and young people need practical, simple tools to support their development of coping, emotional regulation and healing.

Some simple emotional regulation/grounding tools are listed in the resources list at the end of this document.

Harm reduction

What is it and why?

Harm reduction is one of the back bones of AOD focused interventions. Harm reduction forms one of the 3 pillars of the harm minimisation approach- harm reduction, supply reduction and demand reduction.

AOD treatment utilises harm reduction to support people using on the basis that people always have, and always will, use substances regardless of their illicit/licit nature- and they deserve to be as safe as possible while doing so (refer to the table in the appendices for more information about harm reduction and minimisation) .

Harms

Alcohol and other drug use affects every aspect of our lives, our physical and mental wellbeing, our lifestyles, our relationships and also impact on our ability to abide by the law.

More importantly it is important to recognise that in many ways substance use/misuse also impacts our spiritual or cultural experiences.

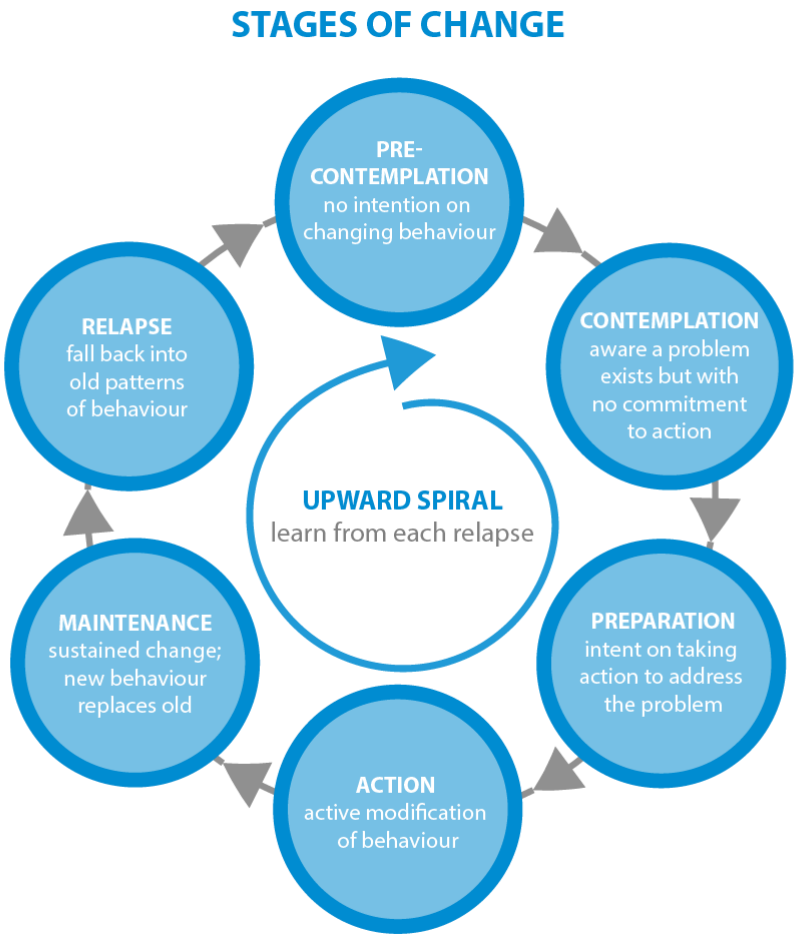
The Stages of Change

The Stages of Change is a concept used often by AOD practitioners. If we reflect on our own readiness and actions for change, we may find that we experience the same patterns and flows as outlined by DeClemente who first documented the theory.

The stages are:

- Pre-contemplation
- Contemplation
- Determination / preparation
- Action
- Maintenance
- Lapse/Relapse

Refer to the appendix at the back of this document for more information about the Stages of Change.



Reflection Point

Our motivation to change may be influenced by two factors:

- Our belief that things will be better if we make the change.
- Our belief that we can actually make the change.

What have you tried to change in your behaviour? Has it been easy?

Activity: Stages of Change

STAGE OF CHANGE	What might the young person in this stage be saying?	How do we support the young person?
Pre-Contemplation		
Contemplation		
Determination		
Action		
Maintenance		
Lapse		

How a young person's brain works

Making changes is difficult for all of us, even when our brains are fully developed.

Young people's brains work differently to adults, and various adverse childhood experiences, substance use and genetic factors can affect the way a young person's brain functions.

See a good example to explore this further here: https://www.abc.net.au/news/2024-09-14/teenage-mental-health-neuroscience-adolescent-mind-emotion/104175854

And here: https://www.oohctoolbox.org.au/drugs-brain

Motivational Interviewing and sensitive support

Motivational interviewing is a treatment modality used in AOD treatment, but one we can use in the spirit of everyday conversations about behaviour change.

The purpose of Motivational Interviewing is to help the person elicit, explore and resolve their own ambivalence towards change, not to influence them.

Intrinsic motivation may be low, and external motivation may be the reason younger people seek to make changes (school pressure, home life impacts, friendship breakdowns etc).

More information here: https://www.youthaodtoolbox.org.au/motivational-interviewing.

This leads us to the types of communication techniques we can use as carers/friends and relatives of those who are at risk of or using drugs.

The principles of sensitive support

Listen

Because abuse undermines an individual's personal boundaries and autonomy, young people who are in out of home care may feel diminished as human beings and may be sensitive to any hint that they may not be believed or listened to.

Taking time/allowing silence and story.

Feeling genuinely heard and therefore valued is a supportive experience, and in some cases may be the most effective intervention a person has to offer.

Rapport

Good rapport not only increases a person's sense of safety, but also facilitates clear communication and engenders cooperation. If you have an existing trusting relationship built with the young person, offer them a safe place to talk and get support for their substance use without judgement.

Sharing information

A place to begin is to ask young people what they need and to invite questions. You can work together with a young person to look up information about their substance of choice, ways to reduce harm, service options etc.

Sharing control and informed consent

Sharing control of what happens in the interaction with a young person enables individuals to be active participants in their own care, rather than passive recipients. Informing, consulting and offering choices are all part of seeking consent, even if the young person is in you/a services care- offering as much choice and control as possible is key.

Respectful boundaries

The provision of care/support often means working in close physical proximity to young people and to seek information of an intimate nature through support/referrals/care. Being respectful of vulnerability of young people, and respecting their boundaries where you can is essential. Discussing limits of the household/you/the family is also important with clear explanation of the outcome if the boundary is broken.

How to apply sensitive support.

The primary goal of sensitive practice is to facilitate feelings of safety, choice and control for the young person.

Safety is a critical issue when working with young people who have been hurt/abused by care givers/family. A central element of the experience of violence and trauma is a feeling of powerlessness; therefore, it is critical to give young people as much choice and control over their health care as possible in an AOD context.

Applying sensitive practice into our role as a carer might include:

Communication

- Actively listening to what a young person is telling you.
- Using language that is easily understood, i.e. avoid jargon.
- Checking that the young person understands what you are saying.
- Open ended questions
- Information or guidance to where they can access information
- Sensitively offering support, over time
- Being genuinely ourselves
- Using age-appropriate language
- Reflecting back what we have heard
- Rating the behaviour, not the person

Respect

- Respecting decisions and choices the young person makes (within boundaries set). View the young person as the expert in their own life. It is important that they have as much control as possible over their care and their body. Recognise and respect that cultural background may have an influence on their decisions.
- Conveying, at all times, a non-judgemental attitude.
- Taking the time to respond appropriately to the young person's needs.
- Discussing confidentiality, and the limits of this for their safety.

Information

- Always explain your concerns clearly and respectfully.
- Provide and discuss care and treatment options
- Advise young people of the details of the services that are available
- Providing information about harm reduction, phone lines for private support 24/7 and youth specific AOD specific services.

Warning signs that substance use may be problem

There is no clear answer as to when drug use becomes a problem- young people need to be supported to reflect on the negative effects on their health, how much control they have over their use, and the disruption to their life it causes.

It may also be helpful to acknowledge the positives they see in their substance use to acknowledge their experience. You may notice:

- Sudden or frequent changes in mood
- Changes in appetite or significant weight loss
- Changes in school attendance, performance
- Extensive efforts to cover up smells
- Staying out late
- Appearing Intoxicated
- Finding Substances

Different developmental considerations with impact a young person's AOD use pattern, risk taking behaviour and insight (https://www.oohctoolbox.org.au/why-young-people-use-drugs).

A little about drugs

There are three main types of drugs

- Stimulants
- Hallucinogens / Psychedelics
- Depressants

Refer to the appendix later in this document for more information.

All these drugs affect a person's central nervous system.

Why do people use drugs?

People use or abuse psychoactive drugs for a wide variety of reasons.

Reasons often cited to explain drug use include:

- as part of either a formal or informal social event
- to help them relax
- for the pleasurable effects
- to control stress
- to obtain relief from physical or psychological pain (trauma, attachment distress etc).

- as a response to peer pressure and to feel part of a group
- as a response to loneliness or social isolation
- as a form of social rebellion

If a drug's effects are particularly pleasing, it may be used repeatedly. The quality of a drug to 'reinforce' repeated use may lead to dependence.

See appendix for more details on dependence, withdrawal and tolerance.

Supporting an Intoxicated Young Person

The following steps can assist in the support of an intoxicated young person.

Signs of intoxication can vary depending on the substance as you have seen above. If you know a young person's behaviour and something seems different, they smell differently, they are overly sleepy or agitated, their eyes seem unable to focus/have different pupil dilation- there may be substances involved.

However, various illnesses and trauma responses can mimic intoxication in appearance at times- so check in without assumption, reflecting what you have noticed.

First and foremost, assess the situation and consider your safety, the affected person's safety, and the safety of others. Enlist others to help you manage the situation if necessary.

1. Introduce yourself and your role/if you know the young person use the connection that is established.
2. Ask if they know where they are and what is happening.
3. When talking:
    - speak clearly, gently and ask simple questions
    - be firm but non-threatening
    - adjust your pace to theirs
    - keep eye contact (where culturally appropriate)
    - keep instructions brief and clear
    - avoid information overload but repeat when necessary
    - avoid 'hot' topics and long discussions
    - be friendly and polite
    - help the person where needed
4. Also remember to:

- remain calm
- listen to the person
- do not make sudden movements.

5. Respond to symptoms and express care for the young person.
6. Call for medical assistance if required especially if the person is losing consciousness/highly agitated or distressed.

Reducing the impact of intoxication

There are things that you can do to reduce some of the harms associated with volatile substance use (VSU) intoxication (such as inhalants).

For example, ***do not chase or physically restrain a person who has been using volatile substances*** as physical exertion can increase their risk of sudden sniffing death.

If the intoxicated person is conscious and not in need of immediate first aid:

- confiscate the substance if it is safe to do so
- reduce any immediate risks to the person or others by:
    - opening doors and windows if in an enclosed area
    - removing matches and not permitting smoking

Reduce stimulation by:

- moving to a safe location with low stimulus, or
- discourage any exertion, encourage the person to relax and remain calm
- Reassure the person, speak quietly
- stay with the person until effects have worm off

Self-care

Supporting an intoxicated person can be a difficult experience. Make sure you debrief with a support person after the incident. Self-care is important when dealing with difficult or challenging situations, as is community care.

Carer support organisations exist to support families and carers. Lean on your community, seek support via case managers and organisations (material aid, brokerage too, counselling).

Seek cultural and spiritual support, and remember you are doing your best, and you are enough. See appendix 8 for further information.

Support options.

There are many youth specific AOD treatment options, none of which mandate that a young person HAS to cease using substances.

Types of AOD specific support include outreach, counselling, residential rehabilitation, residential detox, home based (non-residential) detox, online options, day programs, harm reduction programs. See some options here: https://yodaa.org.au/families-carers?site=family.

Young people may also benefit from connection to community outside AOD treatment, mental health support, social connection, educational supports and fun-these can all assist to reduce the harms of any AOD use.

Appendix 1 Reflection activity: Our own drug taking

Activity

This activity may be undertaken at any time you as a carer feel is appropriate.

Put yourself in the drug taking picture and broaden your perspective on drugs. We all take drugs (coffee, sugar, nicotine, medications, etc). In what ways might your reasons for using be similar or different to a young person's reason for using drugs?

What could you do to deal with problems related to incompatible values/attitudes between you and workers/young people?

Appendix 2: Types of drugs and what they do

Stimulants

Psychoactive drugs that interact with the central nervous system to

produce major effects of increasing alertness and activity

- ecstasy

- nicotine

- cocaine

- (Meth)amphetamines

Hallucinogens/psychedelics

These are psychoactive drugs that interact with the central nervous

system to produce major effects of distorting perceptions and subjective awareness

- LSD

- Ecstasy

- Inhalants

-Cannabis

Depressants

Psychoactive drugs that interact with the central nervous system to produce major effects of decreasing consciousness, awareness and coordination

- alcohol

- cannabis

- benzodiazepines

- opioids

- inhalants

*Australian Drug Foundation also lists Empathogens, Opioids, Dissociatives, Psychedelics and Cannabinoids (https://adf.org.au/insights/drug-wheel/).

Appendix 3: More about dependence, tolerance and withdrawal

Dependence

The term dependence refers to being physically or psychologically compelled to use a drug to feel normal or to cope (neuroadaptation).

Characterized by psychological and/or physiological dependence where the user cannot discontinue use without experiencing significant discomfort (withdrawal).

Tolerance

Tolerance means increasing amounts of the substance must be used, for the same effect or the usual dose has a reduced effect. Individuals may build tolerance to specific symptoms at different rates.

Withdrawal

Withdrawal is the phenomenon of physical or psychological symptoms occurring when the substance is not used. The dependent person will seek to alleviate withdrawal symptoms through substance use.

Appendix 4: Harms associated with drug use/misuse

Problems relating to alcohol and other drug use have been classified in Roizen's 4 Ls – liver, lover, lifestyle and law. It is important to note that this model does not recognise the nuanced ways substances can impact on our spiritual or cultural experiences.

Liver	Stands for all physical problems and also for psychological problems caused by drug use (such as mental illness, lung issues, physical injuries, memory loss etc).	Unlikely to be as much a concern for young people using substances due to experimentation and impacts on physical health in particular being less noticeable/of concern.
Lover	Stands for problems with relationships, with family and/or friends.	Increased pressure on relationships and possible trauma/attachment impacts on relationships for young people (e.g. insecure attachment, rotation of carers, family of origin trauma).
Lifestyle	Refers to problems of employment. They also include problems with study, financial problems and other problems.	Particularly notable in impact on education/engagement with supports for young people.
Law	Refers to all the legal problems which may result from drug use.	May not be a concern for young people who may be less aware of impacts legally or have had low level offences with minimal consequences from justice system/no restorative justice process attached.

Appendix 5: Stages of Change.

Pre-contemplation

These are the '*happy users'*. They are unconcerned about their drug use behaviour and will tend to ignore or discount anyone else's belief that what they are doing is hazardous or harmful. For them the positives, or benefits, of the behaviour outweigh any costs or adverse consequences. (most common in young people experimenting/using substances in social settings).

Contemplation

People who feel two ways about their behaviour. On the one hand it is an enjoyable, exciting and pleasurable activity. But on the other hand, they are starting to experience some adverse consequences. These may be personal, psychological, legal, medical, social or family problems. They are ambivalent about their drug use: it is good because of the benefits, but they are worried because of the increasing costs.

Determination / preparation

Those in this stage are ripe for changing their behaviour. They believe that the costs of drug use clearly outweigh the benefits. They believe that change is necessary and that the time for change is imminent. However, some people at this stage do not progress to the next stage.

Action

Actioner's have resolved to change and committed themselves to that process. They have embarked on the road to change their drug use behaviour.

Maintenance

These people have successfully changed their behaviour and have sustained the change for a sufficient period of time to state that they no longer have problems with drug use. This is generally at least six months after the behaviour has changed. It is generally considered that people are maintainers for up to five years whereupon they become emotionally and physically detached from the old ways of being. There are of course exceptions to this that seem to be able to distance themselves from their drug use much more quickly.

Lapse/Relapse

Lapse/Relapse is a process which can occur during the action and maintenance stages. Many people who change their behaviour resume their drug use or return to old patterns of behaviour.

These people may have consciously changed their minds or simply slipped back into old habits. They generally revert to one of the previous stages. It is also important to distinguish a lapse (a one-off or short-term return to use) from a relapse.

Appendix 6: Drug reference guide.

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
DEPRESSANTS				
1. Sedative hypnotics				
Ethyl alcohol	• alcohol • booze • grog • piss • beer, wine, etc...	• Relaxation • Feelings of happiness and well being • Unsteadiness in standing and walking • Slurred speech • Euphoria • Confusion • Impaired judgment • Disinhibition • Dry mouth • Mood swings • Low blood pressure • Hangover	• Brain and other nervous system damage • Heart, pancreas, stomach and liver damage	• Sweating • Tremor • Convulsions, seizures • Delirium tremens (may cause death) • Insomnia • Nausea and vomiting • Delusions and hallucinations
Benzodiazepines	• chlordiazepoxide (Librium) • diazepam (Valium, Vs, Ducene, Propam, Antenex)	• Lasts 12 to 24 hours depending on half life • Relief of anxiety and tension	• Continued heavy use may cause depression or excitability	• Anxiety • Insomnia • Tremor

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
	• nitrazepam (Mogadon, moggies, Alodorm, Dormicum, Nitepam) • oxazepam (Serepax, seras, Benzotran, Murelax, Alepam) • flunitezepam (Rohypnol, rohies) • temazepam (Euhypnos, Normison, footballs) • clonazepam (Rivotril)	• Large doses may cause drowsiness (possibly sleep) • Muscular incoordination • Blurred vision • Slurred speech • Unsteadiness in standing or walking • Persistent jerky eye movement • Low blood pressure • Drooling • Dilated pupils • In some cases, excitability		• Convulsions / seizures • Perceptual disorders • Cramps
GHB **(gamma hydroxybutyrate)**	• liquid E • fantasy • GBH (grievous bodily harm)	• Lasts 1–4 hours • Relaxation, well-being, euphoria • Unsteadiness in standing or walking • Slurred speech • Impaired judgment • Aphrodisia • Confusion • Disinhibition • Sleep	• Anxiety • Seizures • Overdose (particularly in combination with alcohol) • Death in some circumstances	• Anxiety • Inability to sleep • Arrhythmias (erratic heart beat) • Tremors • Sweating

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
		• Coma		
2. ***Opiate analgesics***				
	• opium • morphine • codeine • heroin (H, junk, scag, shit, smack) • pethidine • dextropropoxyphene (Doloxene, dollies) • methadone (and Physeptone, tablet form of methadone) (done)	• Heroin lasts 4–6 hours: some opioids can last up to 24 hours • Relief of pain and anxiety • Feelings of well-being • Decreased awareness of outside world • Vomiting • Constipation • Drowsiness and sleep in some individuals • Pinpoint pupils • Itching/scratching • Slowed pulse • Low blood pressure • Respiratory depression (unconsciousness / death)	• Self-injecting with dirty syringes may cause abscesses and blood poisoning • Sharing of syringes carries a high risk of contracting blood borne viruses such as HIV and hepatitis • Risk of death by overdose	• Symptoms are flu-like (vary in degree) • Sweating • Muscular and abdominal cramps • Runny nose and eyes • Vomiting • Insomnia • Joint pain • Insomnia • Seizures, twitches
3. Cannabis (in low doses)				

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
	• grass • dope • hooch • green • skunk	• Can last up to 5 hours • Relaxation, laughter, increased appetite, slowing down of time, loss of concentration, decreased coordination and bloodshot eyes • Can be hallucinogenic	• Respiratory complications • Can decrease concentration and memory • Psychiatric problems possible if schizophrenic condition already exists	• Insomnia • Hypersensitivity • Cravings • Nightmares • Anxiety
4. Inhalants				
	• Nangs • Gas • Nitrous oxide • Amyl • Deodorant/aerosols • Glue • Sniff/huff • Chrome • poppers	• feelings of excitement and euphoria • feeling relaxed • increased risk-taking • loss of coordination • dizzy/light-headed • visual distortions • confusion • irritation to eyes/nose/throat • nausea • headaches.	• irritability and depression • memory loss • reduced attention span and ability to think clearly • pimples around the mouth and lips • pale appearance • tremors • weight loss • reduced growth potential (height) • tiredness • excessive thirst	• headaches • nausea • dizziness • drowsiness • mental numbness.

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
			• loss of sense of smell and hearing	
STIMULANTS				
1. Nicotine				
	• cigarettes • nicotine patches • snuff • smokeless tobacco • tobacco	• High blood pressure • Rapid heart rate • Insomnia • Feeling of relaxation • Increased alertness • Decreased appetite	• Hypertension • Heart disease * • Lung and other cancers * • * Associated with smoking tobacco	• Irritability • Increased appetite • Depression
2. Amphetamines and related drugs (speed)				
	• dexamphetamine (Dexedrine) • methamphetamine • methylphenidate (Ritalin) • methylenedioxymetham-phetamine (MDMA, ecstasy) • ephedrine / pseudoephedrine • 'diet pills': phentermine (Duromine), diethylproprion (Tenuate)	• Lasts 4–8 hours • Hyperactive • Excited state • Disinhibited • Sense of omnipotence and invincibility • Decreased appetite • Dilated pupils • High blood pressure	• Inability to sleep • High degree of excitation • Skin complaints • Malnutrition • Psychiatric disturbances • Paranoia and hallucinations	• Voracious appetite • Prolonged sleep • Nightmares • Anxiety • Severe depression (often with suicidal intensity)

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
	• ice, shabu, crystal meth, base khat	• Rapid heart rate • Insomnia	• Depression	
3. Cocaine				
	• coke • snow • crack	• Can last up to 4 hours • Feeling of self-confidence and power, increased energy and decreased appetite	• Loss of concentration and motivation • Dizziness, aggression and mental disturbances • Can cause psychiatric complications • Inhalation can lead to tearing of the nasal wall	• Craving • Sleep disturbance • Anxiety • Depression
4. Caffeine				
	• coffee • CocaCola • cocoa • chocolate bars	• Lasts 2–4 hours • Increased alertness • Larger doses can delay sleep	• Restlessness • Upset stomach • Can be harmful for people with heart problems	• Headaches • Irritability • Tiredness
HALLUCINOGENS				

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
1. LSD-type effects (psychedelics acting on serotonin)				
	• lysergic acid diethylamide or LSD (acid) • dimethyltryptamine or DMT (businessman's LSD, businessman's lunch) • bromo-DMA • psylocibin (magic mushrooms) • lysergic acid amide (active ingredient in morning glory plant)	• Lasts 6–12 hours • Hallucinations (seeing, hearing, feeling or thinking things that don't exist) • Anxious feelings, panic and nausea can occur	• Can increase the risk of severe mental disturbances • Can cause 'flashbacks' (where drug experience can recur at any time)	• No physical withdrawal symptoms
2. Amphetamine-like in low doses, LSD-like in high doses (psychedelics acting on norepinephrine) (speed, go, zoom, ice)				
	• mescaline (peyote cactus) DOM or STP (a synthetic mescaline derivative) • methylenedioxymetham-phetamine (MDMA, ecstasy, XTC, adam) • myristin and elemicin (active ingredients in nutmeg and mace, similar in structure to mescaline)	• Lasts 4–8 hours • Highly stimulating Excitement, • increased activity and decreased appetite • Large doses delay sleep	• Inability to sleep, restlessness, headaches, aggression • Can cause severe mental and emotional disturbances	• Fatigue • Hunger • Depression • Sleep disturbance • Agitation • Anxiety • Cravings • Irritability

Class	Names	Immediate effects	Long-term effects & associated risks	Withdrawal effects
3. Psychedelic anaesthetics				
	• phencyclidine (PCP, angel dust) • ketamine (K, special K)	• Intense hallucinations • Nausea / vomiting • Numbness, loss of coordination Inability to move or feel pain, Coma	• Psychiatric disturbance • Possible brain damage • Blackouts	

Appendix 7: Effects of Combination of Drugs

An overdose may occur when a person:

- Used too much of a drug
- Uses a stronger batch than usual
- Uses drugs after a break (perhaps as a result of incarceration or detoxification)
- Mixes heroin with alcohol and / or sedative pills (the most common cause of overdose: 80%)

The term overdose refers to an excessive amount of a drug or combination of drugs that result in a toxic reaction by the user. Stimulant overdose can happen too.

DRUG	*+*	*DRUG*	*=*	*EFFECT*
Cannabis	**+**	Alcohol	**=**	Alters the experience of alcohol, possible over sedation.
Heroin	**+**	Speed	**=**	Reduces the effects of speed, masks depressant effects= overdose risk.
Pills (benzodiazepines)	**+**	Heroin or methadone	**=**	Intensifies depressant effect, slows the body's system, can result in coma or death.
Alcohol	**+**	Heroin or methadone	**=**	Intensifies depressant effect, slows the body's system, can result in coma or death.
Depressants	**+**	Inhalants	**=**	Risk of overdose due to breathing suppression.
Stimulants	**+**	SSRI medications	**=**	Risk of serotonin syndrome/toxicity.
More information here to share with young people: https://www.hrvic.org.au/				

Appendix 8: Carer support.

Trauma informed care.

Australian Childhood Foundation – Has great user-friendly tip sheets on a range of attachment-based relationship-building ideas for families https://www.childhood.org.au/

Australian Childhood Trauma Group – Has a range of little skills training videos for caregivers regarding responding to children & young people regarding trauma related behaviors. https://theactgroup.com.au/

Beacon House – is a UK based organization that has a range of great resources around trauma and the trauma response and some wonderful resources for kids.

https://beaconhouse.org.uk/resources/

Caregiver Support:

Mirabel Foundation: An organization to support kinship caregivers and children in their care. https://www.mirabel.org.au/

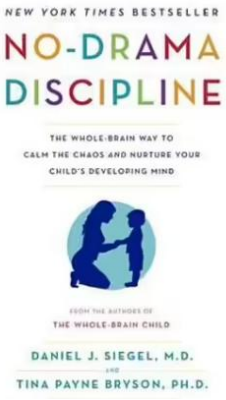
Carer Kafe - https://www.cfecfw.asn.au/training-services-2/carer-kafe/

Kinship Carers Victoria- Offers a range of support and advocacy re: Kinship care & strategies to try on a range of issues. https://kinshipcarersvictoria.org/

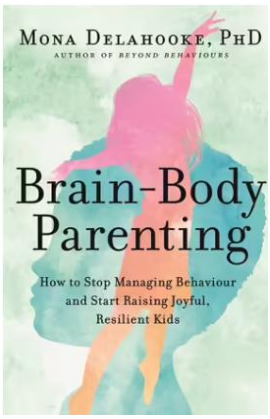
Parentline- a parenting hotline that is available from 8am to midnight, 7 days a week including public holidays. 13 22 89

Books & other resources:

Everyday parenting with security and love by Kim Golding – Has fantastic insight into the problems that arise in children & young people in out of home care and how a caregiver may respond to repair ruptures in relationship.



No Drama Discipline- by Daniel J Siegel and Tina Payne Bryson. A really practical book that asks caregivers the question: What am I trying to teach my child in this moment and speaks of 'connecting before correcting'.



Brain-Body Parenting by Mona Delahooke. This book looks at the autonomic nervous system – what happens when kids are stressed and offers a range of parenting strategies to help understand a child's behaviour and respond calmly and kindly from a place of empathy.

Lookout – extra support in schools

Children in out-of-home care are able to access LOOKOUT support through their school. This offers a range of support to the caregiver and the school to ensure the child or young person is well supported in the school environment.

https://www.vic.gov.au/lookout-education-support-centres#video-story-lookout-centres-

Neurodiversity.

ADHD:

There is a plethora of information out there regarding ADHD – a good starting place is Attitude – a website that has a range of video links and resources to get you started.

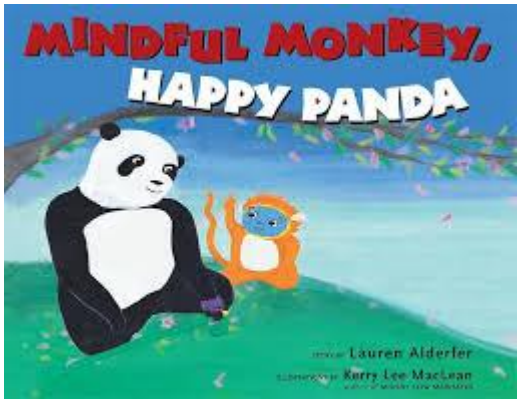
https://www.additudemag.com/

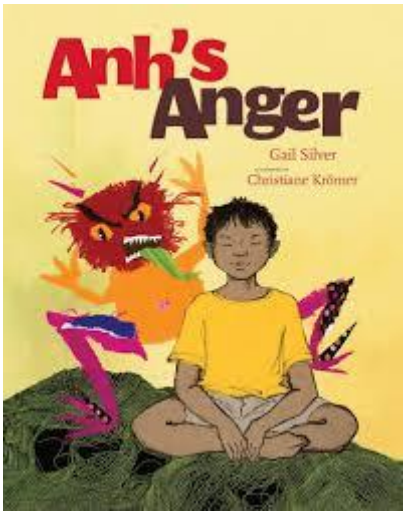
Autism Spectrum:

Likewise, there is a wide range of resources, books, etc to support families navigating neurodiversity and supporting their child or young person. "He's Extraordinary" is a website that has a range of articles on the subject. https://hes-extraordinary.com/

Other Children's books, card decks and books on a range of subjects:

Many children love stories, and they can be a great way to start a conversation – especially if there is a character that is 'a bit like' the child – someone the child can relate to and identify with. Stories can also help teach things like self-regulation and mindfulness.





Resources/references.

- https://www.oohctoolbox.org.au/substance-use
- https://yodaa.org.au/
- https://services.dffh.vic.gov.au/charter-children-out-home-care
- https://www.hrvic.org.au/
- Odyssey Institute AOD unit content.
- https://insight.qld.edu.au/shop/vape-check
- Trauma explanation Bessel Van Der Kolk (trigger warning for emotive video imagery including family violence) https://www.youtube.com/watch?v=BJfmfkDQb14.
- https://strongspiritstrongmind.com.au/mental-health#:~:text=unresolved%20trauma-,Aboriginal%20Inner%20Spirit%20Model,and%20keeps%20them%20connected%20together.

Some strategies to regulate emotions for children/young people are listed via these links:

https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/

https://raisingchildren.net.au/toddlers/behaviour/understanding-behaviour/self-regulation

https://bravehearts.org.au/helping-children-regulate-their-emotions-after-theyve-experienced-trauma/

