from the President

Alcohol and drugs play a significant role in New Zealand society. A drink with friends often helps make the occasion more sociable, and drugs sometimes help us get better when we feel crook.

However, like the proverbial banana skin, alcohol and drugs are not inherently dangerous – it's a matter of how we use (or abuse) them. And all too often we don't even know that we are abusing them.

This booklet has been produced with the help of experts to provide up-to-date information on alcohol and drugs. There's information about the most common illicit drugs, such as marijuana and the new designer drug Ecstasy; and information about how drugs and alcohol affect each of us in different ways. Pregnant women, for example, have particular risks, as do their unborn babies.

We've also included sections on the effects of alcohol and drugs on driving – 147 road deaths and 1389 injuries in New Zealand were related to alcohol in 1997.

This is not a booklet that preaches the evils of alcohol and drugs – it simply states the facts so that we have a basis on which to make informed decisions. If those decisions lead to happier and healthier lives for us as individuals, we will be doing ourselves, and the society we all live in, a big favour.

John Reilly, President,
The Police Managers' Guild
Police Managers' Guild Trust Trustee

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Published by Line 2 Line Concepts Ltd.
P.O. Box 11 638, Wellington. 11–15 Vivian Street, Level 2, Wellington. Tel 04-801 0840 Fax 04-801 0841
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LINE 2 LINE **"Creating Leaders"**

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acknowledgements

Alcohol Advisory Council – ALAC

Fade – Foundation for Alcohol and Drug Education

Bill at AA

The Canterbury Community Council on Alcohol and other Drugs

The Land Transport Safety Authority

The New Zealand Police

Centre for Education and Information on Drugs and Alcohol (NSW)

Australian Drug Foundation

there's nothing wrong with having a drink

Or even a couple of drinks.

We enjoy a beer while watching sport on TV, for example, or it helps wash the steak down at a barbecue. Wine can help a dinner along – and, medical research tells us, a glass or two every day can ward off heart disease.

And there are so many places now to have a drink at – hotels and taverns have been joined by restaurants, cafes, sports and social clubs. Bars are different, too, and now you can drink outside on a footpath, if you like.

The value of alcohol retail sales is estimated at $2.8 billion a year.

So there's nothing inherently wrong in having a drink. Two-thirds of us are light and infrequent drinkers – fewer than two drinks a day.

But problems can arise when a drink becomes one too many. That thudding headache and sour-feeling stomach this morning might have been caused by drinking too much last night.

Too much booze stimulates the kidneys and makes us want to pee more and so we dry out.

But that's a small problem – by the next day, perhaps, we're feeling a lot better and none the worse for wear. The problem might get bigger, though, if we have to go to work and we can't do our job properly.

Does drinking cause us problems:

- in our lives?
- in our relationships?

Or do you know someone whose drinking is causing problems to themselves and others?

We don't have to be an alcoholic for our drinking to cause problems. Alcoholism is an emotional and physical dependence on drink – it's when we need it to get through the day.

The problems we're talking about here include damage to health, getting aggressive, causing a road accident, or broken relationships.

We might have a problem with drinking if we:

- have been advised to cut down;
- have been injured because of our drinking;
- can't remember what happened the night before because we'd been drinking;
- feel guilty or remorseful after drinking;
- need a drink first thing in the morning to get us going;
- can't do what's normally expected of us because of drinking;
- can't stop once we start; and,
- have more than five drinks (man) or more than three (woman) on a typical day.

what is alcohol?

The kind we drink is ethyl alcohol. Most alcohols are highly poisonous. But the human body can tolerate small amounts of ethyl alcohol.

Ethyl alcohol is classified as a sedative, hypnotic drug because it slows the activities of our central nervous system.

Alcohol is not digested and broken down as food is. It crosses unchanged through the walls of the stomach and small intestines into the bloodstream. Within minutes it's being pumped to every part of the body.

In the liver, enzymes break it down into products such as water and carbon dioxide. This forms urine. The liver does its job slowly. It breaks down alcohol at the rate of one standard drink each hour. So if we drink more than one standard drink an hour then the alcohol in our body builds up.

And we don't notice it at first, but that build-up begins to affect us. The alcohol is surging around our body and we might start to feel a bit mellow. Our problems don't seem as bad, the pressures on us are cushioned. Our inhibitions might drop and we might say and do things that usually we'd be too shy to do.

As we have a few more drinks we might get jumbled our words up. And and our ability to

prinoush words peroperly might become warped and slurr-red.

That might be amusing to us and others, so also our inability to walk straight. But if we have drunk far more than our liver can handle then what might be amusing and not a problem could turn more serious – we might want to pick fights, say things best unsaid, or get into our cars and drive into someone else on the way home.

Let's be clear: alcohol is a drug. In itself it is not illegal to have or to drink it. But drinking too much can land us in trouble. It can help us relax and make us sleepy.

Too much can kill us. But only if our blood alcohol limit is at least 350mg per 100ml of blood, which is more than four times the legal limit for driving. For a man, that's one 750ml bottle of whisky in less than a hour. That overload will make his brain shut down very quickly.

Too much alcohol over a long time can cause us serious problems.

These can be:

- weight gain – if continuing to eat normally.
- weight loss – if we don't eat normally.
- diseases of the stomach and the intestines.
- problems with the nervous system.
- psychiatric disorders.
- heart disorders.
- muscle and blood disorders.
- vitamin deficiency diseases.
- skin diseases.
- premature death (excessive drinking can take 10 to 12 years off our normal life expectancy).
- increased susceptibility to some cancers, especially when combined with smoking.

The measure of a drink

Alcohol is usually measured in standard drinks (also called SDs). One SD equals a half-pint

of beer, a small glass of wine or a pub nip of spirits, which all contain about 10mls of alcohol.

(Tables optional use - IC)

How many SDs in our drink?

Drink	*SDs*
1 nip of spirits (whisky, gin, rum, vodka)	1
1 glass of fortified wine (sherry, martini, port)	1
1 average-sized glass of table wine	1
1 pint of beer (a handle)	2
1 can of beer	1.5
1 bottle of 'super' or 'special' lager	2.5
1 jug of beer	4
1 bottle of table wine	9
1 bottle of fortified wine (sherry, martini, port)	14
1 bottle of spirits (whisky, gin, rum, vodka)	30

How much alcohol is in our standard drink?

Pure alcohol strength by volume	*standard drink*
Beer 4%	250mls
Wine 11%	100mls
Sherry 18%	60mls
Spirits 40%	25mls

These drinks have the same amount of alcohol in them (10mls).

"Alcoholism" and "alcoholic" are frequently misused words. "Alcoholic" is often wrongly used to describe people who drink heavily but who might not depend on alcohol.

Alcoholics often will not recognise their alcoholism until something (or, more likely, repeated somethings) forces them to confront their condition. It cannot be dealt with unless they accept that they have a drinking problem. It takes a great deal of patience and skill to encourage problem drinkers to see their condition.

No one single thing causes alcoholism. Emotional, mental, physical and perhaps genetic factors are linked to the beginning of one's dependence on alcohol. Maybe the easiest way to see a drinking problem is when the person can't say "no" to a drink – whether it's the first for the day or one that would make them legally drunk.

Once someone has got to the point that they're addicted to booze, their body needs it to function. Their body reacts when they stop drinking.

But how much is too much. That depends on the individual and whether you're a man or a woman.

Men tend to have more fluid in their bodies than women because they're bigger and heavier. So alcohol gets more diluted as it is pumped through their system.

Even if a man and a woman of the same size drink exactly the same amount of alcohol the woman will be affected more quickly. Also, alcohol damages a woman's liver more quickly than a man's.

Any one of us has the potential to be an alcoholic.

Young New Zealanders and alcohol

The Alcohol Advisory Council recently surveyed the drinking habits of New Zealanders aged 14-18.

Of the young people questioned:

- 20 percent said they didn't drink at all.
- 46 percent said they drank one-four drinks the last time they drank.
- 36 percent drank more than five drinks the last time they drank.

By the age of 14-15 most males (69 percent) and females (56 percent) have drunk some alcohol.

The Sale of Liquor Act (1989) controls the sale and supply of alcohol in New Zealand. The parts of the Act that deal with young people are complicated. Simply, if you're aged under 20 you cannot legally buy or be supplied with alcohol.

There are some exceptions. For instance, 18 and 19-year-olds are permitted to buy alcohol if their drink is part of a meal. It is also possible to buy alcohol in certain circumstances, but only if a parent, guardian or adult spouse (husband or wife) is with us.

The Act mainly covers the sale and supply of alcohol on or from licensed premises. It's quite legal for your parents or guardians to allow you to have a drink at home or other private gatherings. But if an older friend buys alcohol and sells it to you, they're breaking the law.

The survey found that 14-17 year-olds drink most alcohol in others' homes (46 percent).

The amount drunk in their own home increases with age (15 percent for 14-17 year-olds compared with 55 percent for 30-65 year-olds). The amount of alcohol drunk in pubs/bars peaks at age 20-24 (23 percent) and then declines to just 11 percent 30-65 year-olds.

It's against the law for under-20 year-olds to be in a licensed place such as a pub, even if you're not drinking. There are sometimes exceptions to this and it's up to each of us to check each situation.

Drinking in public places comes under another law – the Summary Offences Act (1981).

It's illegal for anyone under 20 to drink or possess alcohol in a public place unless they're with a parent, guardian, or adult spouse. If you break this law you can be fined up to $300 and the alcohol can be confiscated by the Police.

the cost of drinking and driving

If you're under 20 the legal blood alcohol level for driving is 30mg of alcohol per 100ml of blood (the adult level is 80mg). It takes very little alcohol to reach this level, so it's probably safest to avoid alcohol if you're going to drive.

Most of us know that drinking and driving are a dangerous mix. Otherwise law-abiding people can become killers if their drinking causes a motor accident. Alcohol is taken up by cells in our vital organs, including the brain, slowing our reactions, dulling our judgment and vision and impairing our ability to drive.

Drinking and driving to excess is illegal. New Zealand courts treat drunk drivers harshly. If we are convicted of a drunk-driving charge we can expect severe penalties – even imprisonment.

Even losing our driver's licence could jeopardise our job and ruin our social life. Statistics show that whether as a driver or a passenger our children face a higher risk of being in a car crash caused by alcohol.

Drink driving killed 147 people and injured 1389 people on New Zealand roads in 1997.

The Land Transport Safety Authority (LTSA) says alcohol helped cause 27 percent of all fatal crashes and 17 percent of all injury crashes in 1997 (42 percent in 1992). The social cost of those crashes was about $600 million – nearly a quarter of the

social cost associated with all road crashes.

LTSA's crash analysis system and its attitude surveys reveal some strong points about drink-driving crashes and attitudes:

Usually, on Friday nights 75 percent of fatal crashes had a driver who'd been drinking.

If we drive over the legal blood alcohol limit (80mg per 100ml) we are three times as likely to be in a crash than if we had a zero blood alcohol level. Contrary to popular belief we are more likely to be seriously hurt or killed in a car crash if we're drunk rather than sober.

Two-thirds of all fatal crashes occur on the open road.

A public survey in 1998 found that 38 percent of male drivers admitted having driven while at least slightly drunk during the previous year. Fifty percent of drivers believed there was little risk of being caught drink-driving.

Eighty-four percent of drivers with excess alcohol levels in fatal or serious road crashes are male.

Based on road crash data, the group most exposed to danger are 18-30 year-old males. Fifteen percent of all drivers, they make up 50 percent of all drunk drivers in crashes.

Sixty-six percent of fatal crashes to which alcohol contributed occurred on open roads.

Alcohol is the second-most common factor contributing to all fatal crashes after "going too fast for conditions".

In the Drinking in New Zealand survey (1996), 35 percent of male drinkers and 13 percent of women drinkers said they had driven after they "had probably had too much to drink" in the last year. This was most pronounced for 20-29 year-old men; 47 percent had driven after probably drinking too much. The comparative figure for 20-29 year-old women was 20 percent.

The combination of cars, young people and alcohol is potentially lethal. Every year hundreds of you people die and thousands are injured as a result.

Even more than the rest of us, our children take a deadly risk when drinking and driving mix.

Legal limits and how to stay under the limit

We need to teach our children the dangers of drinking and driving. We can offer to pick them up from parties, restaurants or pubs. We can spell out the advantages of having a "designated driver" – someone who does not drink so they can drive the others home – when they go out with friends.

More important, we should set an example to our children by never driving after having been drinking more than the legal limit. If we feel we've had more than one standard drink an hour, we should get someone else to drive us home, call a taxi, or wait until we're sober before we drive.

The legal breath alcohol limit is 400mcg (micrograms: one-millionth of a gram) of alcohol per litre of breath, or 80mg (milligrams) of alcohol per 100ml (millilitres) of blood. That means that to stay inside these limits, a driver should have no more than the equivalent of a jug of beer, two large glasses of wine, or five nips of spirits in the first hour of drinking. After that it should be no more than one standard drink each hour. For women, the intake would have to be less because they are usually smaller than males.

If our under-20 driver holds a restricted or learner's licence then their legal limit is much less – 15mcg of alcohol per litre of breath and 30mg of alcohol per 100ml of blood.

If the Police stop us and we are suspected of having been drinking we will have to take a breath screening test, which measures the alcohol in our breath.

If that is positive, or we refuse to take it, then we must go with the Police to have an evidential breath test or a blood test. If that reads less than 400mcg per litre of breath then the test is negative and no blood test is needed. But if the reading is more than 600mcg we will be charged.

Court charges usually result if we refuse a blood sample when asked by an officer, or if the result is over the legal limit.

The penalties for driving while under the influence of drink and drugs are severe.

the billion dollar cost

By 1997, 540 people were being killed each year on New Zealand roads. The deaths resulted mainly from drink-driving, speeding and not wearing safety belts. Provisionally, 504 were killed in 1998, our lowest road toll since 1964.

Simple driving errors such as not giving way, not stopping and not keeping to the left, also contributed to the toll.

In 1997, the total cost of road crashes to New Zealand society was estimated at $3.1 billion. This figure was reached by measuring the cost of all damages resulting from road crashes.

Dr Jagadish Guria, an LTSA researcher, has calculated the estimated social cost, in dollars per crash at June 1998 prices. This is an average of all crashes. The social cost per drink-driving crash has not been separately estimated.

Accident type	Cost ($) per crash		
	Fatal	Serious	Minor
Hospital/Medical	6100	7800	100
Emergency/pre-hospital	3100	1200	600
Follow on	1500	3800	100
Sub-total: medical	10,700	12,800	900
Loss of output	300	600	200
Loss of life/permanent disability	2,659,400	218,400	12,000
Property damage	6700	4300	3500
Legal and court	6300	1000	300
Total	**2,683,500**	**237,200**	**16,900**

Note: Estimates have been rounded to the nearest $100 and therefore might not sum precisely.

Dr Guria says that to estimate the total social costs, the number of crashes needs to be adjusted for the non-reported crashes. Alternatively, multiply the reported number of crashes by the average social costs ($) per reported crash (rounded to '000) given below:

Accident Severity	All	Rural	Urban
Fatal	2,684,000	2,766,000	2,508,000
Serious	434,000	529,000	354,000
Minor	54,000	78,000	43,000

The road safety campaign

In 1995, an ambitious national road safety plan – "Changing the way we drive" by the Land Transport Safety Authority – was devised, setting a goal to reduce the annual road toll to no more than 420 deaths by the year 2001.

To achieve that and the plan's other goals, the road toll needed to be reduced by 160 fatalities, 900 serious injuries and 5000 minor injuries.

The road toll trend, in 1995, showed that these targets were unlikely to be met without additional efforts. A new approach was required.

As part of this approach, the Government endorsed a new road safety plan for improving driver behaviour in New Zealand. The plan was based largely on the Transport Accident Commission programme developed in Victoria, Australia.

The New Zealand project's stated objectives included saving, over four years:

80 lives;

450 people from serious injuries;

1600 people from minor injuries.

The Government provided $12.2 million a year over four years to the plan. Of that, $5.1

million a year was for increased Police enforcement and $7.1 million a year for publicity.

Another $1.3 million was allocated per year from 1996/97 for safety belt publicity.

In a 1995 public survey:

- Forty-two percent of male drivers admitted having driven while at least slightly drunk in 1994.
- Fifty percent of drivers believed the risk of being caught drink-driving was low.
- Eighty-four percent of drivers with excess alcohol levels in fatal or serious road crashes are male.
- Based on road crash data, the most at-risk group are 18-30 year-old males. Of these, the 18-21 year-olds are mainly in danger.
- Males 18-30 make up 50 percent of all drunk drivers in crashes while only 15 percent of all drivers.

alcohol and older people

Alcohol can affect people differently as they get older, which can sometimes lead to difficulties. Older people are more prone to the adverse effects because they are more strongly affected by alcohol than younger people. This is because of changes in how the body processes alcohol as a person ages.

As they grow older they might well continue the drinking habits developed over the years, without realising that the effect that alcohol has on their bodies becomes stronger and more prolonged with age. Accidents, loss of memory, confusion and shaking limbs might be signs of a drinking problem and not "old age". They might seek solace in alcohol for various reasons.

Some suffer great stress because they're not as active as they were. And no matter how much they might have looked forward to retirement, they sometimes have difficulty adjusting to it.

Older people suffer many losses and might seek consolation through alcohol. Alcohol blots things out and makes it more difficult for people to mourn and thereby become adjusted to their loss. The loss of a spouse, or the moving away of children and grandchildren, can trigger depression.

Older people might drink to relieve pain. If they're taking medicines, mixing those and drink might be harmful with dangerous results.

Many older people drink to help them go to sleep at night. The trouble is, that as their body's tolerance grows they find they need more to achieve the same result. This creates other problems. Drinking might send you to sleep, but it can also upset your natural sleeping pattern. It will make you wake up more often to go to the loo. And that can lead to dehydration.

We often believe that a whisky or rum or sherry will warm us up. It might at first, but then the effect is the opposite. Drinking brings our blood to the surface, the pores open and body heat is lost.

Adjusting to a smaller, fixed income after years of working creates its own problems. Many older people have less money to spend and meeting bills can be a great worry. Drinking might soften

the worry, but it is at the expense of those bills. Spending on alcohol can make the problem worse.

It can be difficult to recognise alcohol problems in elderly people because the symptoms of their over-drinking are often similar to other disorders of ageing.

Alcohol is a depressant. Only in the early stages is it stimulating. People who drink to relieve their depression will usually get more depressed. Depression is common among older people. In later life alcohol has long and stronger lasting effects on the body. People often write off symptoms such as shakiness, forgetfulness and confusion as "old age" without realising that they can be caused or made worse by alcohol.

Drink can lead to an irritated stomach, indigestion, or sickness.

Alcohol is high in calories but not in vitamins:

Beer (pint)	150 - 180 calories
Wine (glass of white)	80 calories
Sherry (glass)	60 calories
Whisky (nip)	58 calories
Brandy (nip)	75 calories
Cider (pint)	200 calories

alcohol and other drugs

Combining alcohol with other drugs such as tranquillisers, amphetamines, anti-depressants or cannabis can greatly increase the effects of all the drugs taken. Because you don't know how a combination of drugs will affect you it can be fatal!

Men are more likely to drink and they drink more heavily than women.

18 percent of men and 85 percent of women drink some alcohol each year.

18 percent of men and 29 percent of women do not drink or drink less than once a month.

Men drink 73 percent of all alcohol. Eighty-three percent of the top 10 percent of drinkers are male.

On average the top 10 percent of drinkers quaff the equivalent of 31 cans of beer a week. 19 percent of male drinkers and 10 percent of female drinkers drink every day.

Women's drinking patterns are often different than men's. Women are more likely to get drunk faster than men because they weigh less, have more body fat, less water and because they process alcohol more slowly.

Their menstrual cycle can influence their rate of metabolism, varying their reactions to alcohol.

Woman might find they get drunk more quickly just before their periods. Women using the contraceptive pill might also find they become drunk more easily.

Women with drinking problems tend to be more specific than men about why they have turned to drinking, such as family problems or a marriage breakdown and might have difficulty expressing anger when they are not drinking.

Alcohol and violence

Alcohol plays a part in many injuries and deaths that occur as a result of violence.

The Drinking in New Zealand survey found that 10 percent of men and 5 percent of women had been physically assaulted in the last year by someone who'd been drinking. The percentage assaulted by a drinker was highest among 16-24 year-olds (22 percent of men and 12 percent of women).

common sense tips

So far, we've covered the sobering side of drinking (if you'll excuse the pun).

It's important to repeat what we said at the start: there's nothing wrong with having a drink. And drinking can be trouble-free.

People who are not having to cope with their own health problems should be able to enjoy a drink, bearing in mind the following tips for avoiding harm:

- Enjoy a couple with or before the main meal.
- Work out a personal weekly limit and stick to it. Some people find it helpful to use a drinking diary to keep track. This would be particularly useful for heavier drinkers who have been encouraged to cut down.
- Try to have at least two alcohol-free days each week.
- Don't have more than two or three standard drinks of alcohol on one day.
- Beware of accidents – drinking increases the risk of falls or other accidental injuries.
- If you feel unwell, depressed, tired or cold, avoid alcohol because it could make things worse.
- It is safer not to drink and drive.

Good habits

- Start with a non-alcoholic drink.
- Eat before partying. Eating food before or during drinking slows the rate alcohol is absorbed into the body. But salty food will make us more thirsty.
- Drink slowly over time rather than guzzling all at once.
- Alternate each alcoholic drink with a non-alcoholic one.
- Avoid the dry horrors. Drink plenty of water while drinking and as much as we can just before we go to sleep.
- Dancing will dehydrate us more quickly.

Taking care of ourselves

- Think about how we're going to get home before we go out. Arrange for a life-saver or designated driver or arrange to have parents or an older brother or sister pick us up.
- Avoid trying to walk home alone. This can be dangerous. Have the taxi fare or organise some other means to get home safely.
- Stick with mates. If possible try to make sure someone in the group isn't going to party too hard so they can look after the others.
- Look after friends, don't let someone who's out of control go off alone.
- Don't get into a car with someone who's been drinking.
- If it's safe to do so, arrange to sleep over at the party.
- Coffee, cold showers, vomiting and exercise will not sober you up – only time can do that.

First-Aid do's and don'ts

- Make sure a very drunk person is in a safe place. Lie them on their side in the recovery position if they've fallen asleep. Make sure they're breathing and their mouth is empty.
- Get someone with first aid training to apply CPR if they're not breathing. Call an ambulance if you can't wake someone up.
- Don't ignore someone who is vomiting continuously – ring an ambulance. Don't give someone fluids (not even water) if you think they're in shock or unconscious.
- Don't leave a person on their own if they've

passed out.

Alcohol and sport

Drink and sport have gone hand-in-hand in New Zealand. Many of us have had a few drinks with our team after a game.

We might have now-fond memories of our team's "away" games or weekends, in which drinking was the main event and action on the field was incidental.

Even light drinkers, conscious of not letting a few drinks interfere with their sport, might be surprised at how a "couple of drinks" can affect their performance.

For example, we might get more muscle cramps. During exercise our muscles burn up sugar, producing lactic acid. To much of that leads to muscle fatigue and cramps. The alcohol left in our system after a few drinks the night before contributes to a bigger build-up of lactic acid, increasing the risk of cramping up.

After exercise, training, or a match we need carbohydrates quickly. Six hundred millilitres of fruit juice will supply the same amount of carbohydrates that 16 cans of beer over two hours would.

Alcohol makes injuries worse. It increases the bleeding and swelling around soft tissue injuries (sprains, bruises, cuts) so we take longer to recover. Alcohol also masks pain, meaning that we might delay getting treatment. Such help can make all the difference to a speedy recovery. It is best to avoid alcohol after an injury, at least until we've had treatment.

Alcohol in our system can make us feel feverish. The rapid loss of body heat can possibly lead to hypothermia. The longer we play or train, or the colder the weather, the greater the risk.

Alcohol can slow our reactions. It is a depressant. It affects the central nervous system and slows our brain. This in turn affects how we do on the field or court, or in the pool – our reactions, co-ordination, accuracy and balance.

Alcohol reduces the body's ability to convert food to energy and also reduces carbohydrate-blood sugar levels. These effects and the lactic acid build-up and dehydration, combine to reduce aerobic performance. So no matter how much training and conditioning we've done, a few drinks the night before will blunt our fitness.

People often reach for the vitamin B the morning after a big night of drinking. But even small amounts of alcohol rob the body of B-group vitamins and minerals (e.g., zinc) that are essential for converting food to energy and in helping repair body tissue after injury.

Heavy drinking can give us the "dry horrors". They're an extreme symptom of alcohol's diuretic effect. We lose fluid, either by sweating more or urinating a lot. The old stand-by of "sweating it out of you" can be dangerous to us – it could dehydrate us, putting us in danger of collapse.

Alcohol can make it hard for us to go the full distance. The blood sugar our body needs for energy is produced by the liver releasing glucose into the blood stream. Alcohol interferes with that, so we have less energy.

stay safe on the roads

Road safety comes down to four things, says Superintendent Neil Gyde, the head of the Police Traffic Safety Service – stay sober, stay on your own side of the road, keep your speed down and wear your seatbelt.

"It's that simple. Also, people cross the centre-line either because they're boozed or inattentive."

He was disappointed that road deaths at the start of 1999 (91 deaths) were more than at the same time in 1998 (75). However, he was confident of achieving 1999's target of reducing road deaths to at most 460.

Gains made since the road safety campaign began in 1995 have been very good, he says. Road deaths have fallen from 582 (1995) to 504 at the end of 1998.

New Zealand has adapted the campaign used in the Australian state of Victoria. "That's the world's best practice and to walk away from that would be senseless," Mr Gyde says.

He says the New Zealand road safety campaign has been independently reviewed twice by Australian and British road safety experts, "and they've shown that the gains we've made have been similar to Victoria".

The table below shows the declining road death rate, 1992-98:

1992	1993	1994	1995	1996	1997	1998
647	600	580	582	514	537	504

Drugs and driving

The effect of alcohol on driving is well known, but the link between drugs and driving is less predictable and less well understood. International research has yet to show clearly what are drugs' effects on driving and also the effects of combinations and dosages of drugs.

Drugs taken with others often have additive effects on behaviour.

Unlike alcohol, many legal and illegal drugs remain in body tissues long after they have been ingested and their effects on behaviour have worn off. Therefore, the mere presence of drugs in body tissues does not necessarily mean that the person was under the influence of the drug(s) when they were driving.

This is partly why the testing of body fluids (for instance blood or urine) for the presence of drugs has limited enforcement value unless impairment in driving is shown by other behaviour.

If Police officers have to rely on signs of behavioural impairment to prove in court that the person was so under the influence that they were incapable of driving properly then there might (with current testing technology) be little added value in having a blood or urine sample tested for the presence of drugs that justifies the expense.

It can be quite expensive to test body fluids for drugs or drug compounds. This is especially true if it is not precisely known what drug or combinations of drugs the person has taken. In these cases the laboratory has to screen the sample for a range of the most likely drugs and then determine the quantity of each that is present.

Not enough data is available to determine the specific risk groups or where drug-related crashes occur. What we do know is that each year, only a small number of drug-related crashes are detected.

drug use

Drugs are all around us. Most have their medical uses, are beneficial to us and are legal. Others, such as alcohol and tobacco, are legal, but misused can lead to harm and death.

Drug and substance misuse costs New Zealand at least an estimated $2 billion every year.

More than 4500 New Zealanders die from tobacco-related disease each year. As many as 26,600 people suffer from dependence on opioid drugs (such as heroin).

An estimated 3000 are in methadone treatment programmes.

Cannabis use is widespread. A survey conducted in 1990 showed that 43 percent of people aged 15-45 had tried marijuana; 12 percent were current users; 2.4 percent had used the drug 10 or more times during the previous 30 days.

About 250,000 Police hours and $18 million are spent each year to deal with about 20,000 cannabis offences.

And a new drug, called Ecstasy, has become available, too. Ecstasy was highlighted recently when four South Auckland schoolgirls were taken to hospital after trying it. Last year a young woman collapsed in an Auckland night-club and died after taking the drug. The National Drug Intelligence Bureau said early in 1999 that youngsters were ignoring the lessons because Ecstasy-use in night-clubs and dance parties had soared in the previous 12 months.

The Police were also fearing the arrival of two new, lethal designer drugs up to 33 times stronger than Ecstasy. Ecstasy sells for between $60-$120 a tablet.

The drugs, which have caused three deaths in Britain, are Ecstasy derivatives, sold under the names DOB (also known as Golden Eagle) and Flatliners, which are made from the chemical 4MTA.

The bureau feared the drug could become available in New Zealand as the Ecstasy market diversified and organised crime becomes included in the production.

Teenagers and drugs

So, knowing all the above, why do teenagers use drugs?

A drug can be defined as any chemical substance that affects how a person's mind or body works.

Drugs include illegal substances such as heroin, cocaine, or cannabis, but also the more "acceptable" and legal ones such as alcohol and tobacco and medicines that doctors prescribe or those you can buy without prescription, such as headache tablets.

Teenagers use drugs mostly for the same reasons adults do – to have fun, to relax, to be part of a group, to cope with stress, boredom or pain. As well, adolescents want to try new things and take some risks. That's part of finding out who they are.

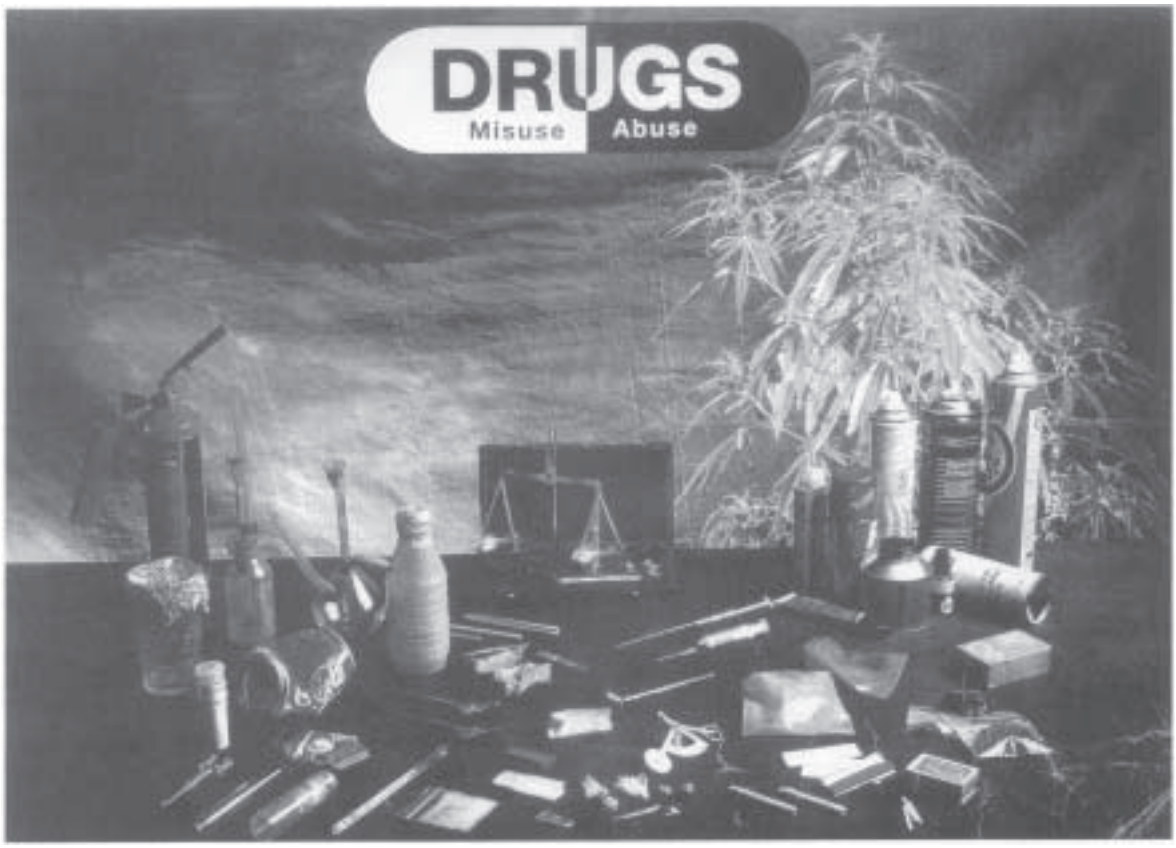
They often like to imitate adult behaviour – it's all part of growing up, making the transition from child to adult. And didn't you do things your parents didn't like, such as listening to loud music or staying out late at night?

Teenagers today aren't that different. Try to be honest about your own use of drugs and your own reasons for using alcohol, tobacco, prescribed medicines, or other substances. This can help you to understand your behaviour and your child's and to talk about the whole thing openly.

How can I tell if my child uses drugs?

This is difficult. Many of the often-quoted signs of drug-use – red eyes, skin problems, lethargy, or excessive bursts of energy – could just as easily be signs of flu or the sort of hormonal changes common in puberty.

Sudden changes in behaviour and mood are



common in adolescence, too: a sudden need for privacy, outbursts of irritation, rebelliousness, or giggling, or periods of daydreaming are part of normal teenage behaviour and usually don't have anything to do with drug use.

Most drugs cost money. Teenagers who want to use them need money to buy them. Teenagers who have a lot of spare money are more likely to use alcohol, tobacco and other drugs than those who don't.

If your teenager suddenly needs a lot a lot of money for unspecified purposes you might want to check this carefully. If you know your children well and know what's happening in their lives, you will be better able to know if some changes are cause for worry or not.

It is important not to panic or play detective. This can cause mistrust and fear and exaggerate the differences between you. If you're worried and you're not sure about what you should be doing, you can always get expert help or advice. (Where to go and get help).

Does smoking cannabis always lead to using other drugs?

Some teenagers start experimenting with the drugs that are easiest to get – tobacco, alcohol, analgesics (pain-killers) and inhalants (glue, petrol, aerosol sprays and other products that are sniffed). Perhaps one in three will experiment with other drugs such as cannabis.

It is true that most teenagers who experiment with cannabis have tried other drugs such as alcohol and tobacco and that those who haven't are unlikely to try cannabis. Anyone who doesn't smoke tobacco is much less likely to enjoy smoking other substances such as cannabis. There is no cause-and-effect progression from one drug to another.

Most experts now think that experimenting with illegal drugs has more to do with a child's readiness to take risks, or break rules and the drug's availability, than with the drug.

There is no evidence to suggest that teenagers who use cannabis will go on to use any other illicit drug. Some might try other illicit drugs.

Where do teenagers get drugs?

Teenagers use alcohol, tobacco and analgesics more than other drugs. They get alcohol and tobacco from the same places as everyone else does – at home, from family and friends, or from shops, pubs, or parties.

It is against the law to sell alcohol or cigarettes to anyone under 18. These laws can be difficult to enforce. Sometimes teenagers enjoy looking older

than they are. Their fashions and sophistication make it difficult for many adults to tell the difference between an adolescent who is 15 and one who is 18.

Many analgesics (pain-killers) can be bought without a prescription at chemists and other shops. They are found in most homes because adults use them.

If anyone seriously wants to try illegal drugs, they usually can find out from older friends or peers where to buy them. Any teenager has to make the effort to get hold of illegal drugs and they need plenty of money to buy them. Teenagers are less likely to make that effort if they understand the unglamorous side of drug use and the unreal image some drugs and drug users have in the media.

What if my child starts experimenting with drugs?

Experimenting and taking risks is an important part of growing up. Many teenagers need to try new things and to rebel a little to find out who they are and what they believe in.

Rebellion of teenagers against their parents' authority is not new. Experimenting with drugs can be part of the process and doesn't usually lead to drug problems.

But that doesn't mean experimentation is safe. It can still be dangerous. This is partly because a young person might not be used to alcohol or any other drug, so the effects will be more noticeable. As well, they often won't have an idea of their own limit. They might not know how much they can take without harming themselves or others. And they might be more prepared to take the risk of using more than one drug at a time.

The effects of mixing drugs can be unpredictable and dangerous. Experimenting can be dangerous because for teenagers many other experiences or skills are still new.

Alcohol and other drugs greatly interfere with anyone's ability to react to the unexpected. They can give a person a person a false sense of confidence and daring.

Driving a car is an example. Any young person who drives will not have been driving for many years. Their ability to deal with emergencies or the unexpected will be limited. So when young people experiment with alcohol or cannabis and then drive, the result all too often is an accident.

Setting sensible rules and sticking to them is important to reduce some of the risks. This doesn't mean that you are an overbearing parent, but a caring one. Rules such as no use of alcohol or any other drugs when driving and no lifts home with drivers who have been drinking or using other drugs are important for your child's safety.

Are we to blame if our child starts using drugs?

No single factor causes someone to use drugs or develop a drug problem. So no one else is responsible for someone else's drug problem. Teenagers make their own choices, just as adults do. But the family has an important impact on everyone in it.

If we smoke, for instance, our child is much more likely to smoke, too – three times more likely to smoke than the child of a non-smoker. If we drink alcohol regularly our children are likely to imitate us. If we use tranquillisers to relieve stress or anxiety, to sleep, our children might come to believe that pills solve problems.

If there is a drug problem in the family, blaming ourselves is not useful. The most important thing we can do is recognise the problem and take action about it immediately – and get help to handle it.

How important is peer pressure?

Peer pressure is not a simple matter. It can be important among adults, as well as among young children and teenagers.

Peer pressure is just a handy term for describing how people in groups can get caught up in each other's feelings and actions. People in groups can feel or do things they might not do alone. They can also feel more secure or less conspicuous if they are part of a crowd and doing what everyone else is doing.

Peer pressure can be good. Now that people have more information about the harmful effects of smoking, for instance, teenagers and adults are under more pressure not to smoke or to give up smoking than they are to try tobacco. With teenagers, peer pressure is as important in establishing things such as fashions, clothes, slang or codes of behaviour in school, as it is in behaviour or attitudes to do with drugs.

Ask yourself if you think your children could be persuaded by their peer group to try or use a drug against their will. If you're worried that your

child could be easily led, then you can help them to practise how to assert themselves, how to say no to things they don't want to do and yes to things they do.

Most teenagers say this isn't how it happens. They might try drugs with their peers, but more because they want to belong to a group or do what their friends are doing than because someone pushed them into it.

It's also important to remember that teenagers are learning how to make their own choices and decisions during adolescence and if they do not want to do something they generally won't.

What can I do to keep my child safe from drugs?

We live in a drug-using society, so the odds are that our children will come across drugs and try some of them. But we can do a lot to help reduce the risks and lessen their chances of developing any problems with drugs.

Talk to your children and listen to them. These are the keys to building understanding and trust in your family. The more we know about our children's lives and their concerns, the easier it will be for us to pick up a problem before it gets too big.

Become well-informed about alcohol and other drugs. This will enable you to answer questions that your children ask and to work out your own views about drugs well before you have to discuss the issues with them.

Many schools and community groups now run special drug education programmes for parents.

Make sure your children know that you love them and will always try to be on their side, even if you don't always agree with their behaviour. They will be more willing to share their problems with you if they feel they can trust you. There is no substitute for being loved.

Negotiate some rules about behaviour. Think back to when you were a teenager and how you felt about rules. As our children grow up many rules need to be reviewed regularly and probably relaxed bit by bit. Our children are on the way to becoming adults and need some freedom.

You have rights and interests, too. Being a bully never gets us anywhere, but asserting our need for information about what our children are doing, or for certain rules around the house will help to remind our teenagers that we are people, too.

Get to know your children's friends and the parents of their friends. Parents can help each other by getting together to talk about their worries and by agreeing to handle some problems in the same way.

Set a good example. Keep your own use of alcohol, medicines and other drugs to safe and sensible limits.

Try not to use drugs to solve other problems in the household. This can set up a pattern that is difficult for children to break later on.

Try to anticipate some of the situations you will have to deal with. For example, your child telling you they've had too much to drink or have tried cannabis. Thinking about these things can help you keep your head if they do happen and to deal with them sensibly.

Get involved in drug education

You might wish to take part in drug education planning with staff from your child's school. Parents can also help each other by discussing common problems and working out ways of preventing drug abuse in their neighbourhood.

Be prepared

Raising the issue of drugs with a teenager can be challenging. Parents need to be prepared. Before you talk to your teenager clarify why you are concerned. Is it because of the health risks of using drugs? Because some drugs are illegal? Or because you fear experimenting will lead to dependence? Is it a combination of all these things and maybe others? Your teenager will probably receive your concerns better if you base them on facts rather than saying drugs are "wrong", "evil", or "stupid".

Become informed about drugs. Your teenager might know more about drugs than you do. If you tell exaggerated stories you might not be listened to.

When you are ready to talk to your teenager try to remain open, non-judgmental and calm. An angry statement from a parent often creates an angry reaction. This might do more harm than good. If either of you become too angry, call a temporary halt and try again later.

Start the discussion by determining if your teenager is using drugs. Base your concerns on behaviours that you have seen. Try not to jump to conclusions – they might be wrong.

Talk about what you know is happening rather than what you think might be happening. If your teenager is using drugs clarify which drug or drugs and how often. Teenagers most commonly use alcohol and tobacco – both legally available to adults.

Listen to what your teenager has to say. By listening you can determine if they are experimenting or if they are using drugs to solve a problem.

Try to be honest about your own drug use. If you drink alcohol or smoke cigarettes acknowledge that these are drugs.

Denying your own drug use will only make you seem hypocritical and you will lose credibility in your teenager's eyes.

the drugs

Amphetamines (Speed)

Amphetamines have several slang names – speed, uppers, diet pills, brownies among them.

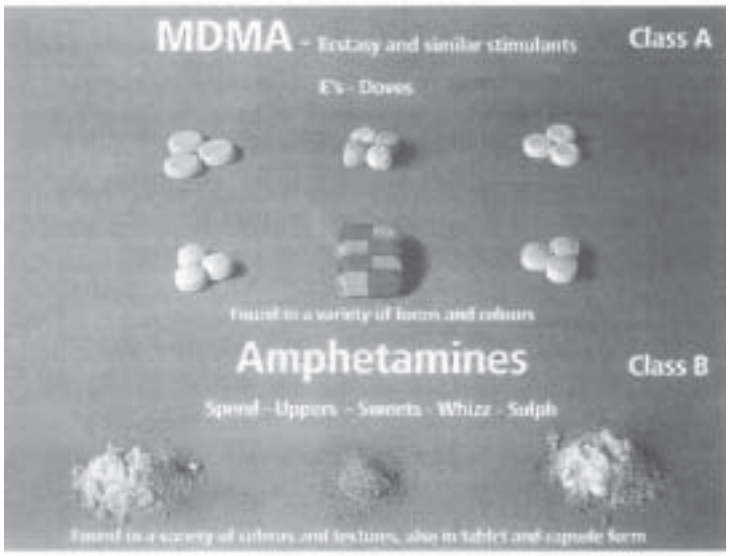
Speed is a powerful stimulant – it speeds up the functions of the central nervous system. It lifts mood, prevents sleep, suppresses appetite and prevents fatigue.

Speed is made illegally and usually appears as a white powder and occasionally in liquid. Speed used for medical reasons are in tablets.

The effects of speed depend on the amount taken; the person's experience with the drug; their expectations; their mood; and how the drug is taken.

Effects also depend on the drug's quality and purity. A small amount can increase breathing and heart rate, heart palpitations and cause anxiety or nervousness. Higher doses can make these effects more intense. Sweating, headaches, dizziness and a rapid or irregular heartbeat might result. Some people might become hostile and aggressive.

Long-term use can cause health problems. These include malnutrition, reduced resistance to infection, emotional disturbances and periods of psychosis – the suffering from delusions and hallucinations. Symptoms include hearing voices, paranoia and a fear of harassment.



Regular users can develop a tolerance to speed – they need more to get the same effects as before.

Some people can become dependent on speed. If they can't get it they might panic or become anxious. Withdrawal can occur when a dependent person stops using speed or severely cuts back their use. Symptoms include fatigue, hunger, deep depression; disturbed sleep, irritability, agitation and anxiety.

Speed is often cut with other substances, so what exactly is in the drug being taken is often not known. Speed poisoning or overdose can cause brain haemorrhage, heart attack, high fever, coma and, occasionally, death. Most deaths are caused

An x-ray reveals packages swallowed by a body packer. Body packers have been known to swallow over three pounds of drugs packaged in condoms or balloons to avoid detection while smuggling. The packages are defecated once a safe haven has been reached.

Toilet used by British Customs to recover drug packages passed in fecal matter by body packers.

by accidents while under the influence of speed.

Amphetamines were developed in the United States during the 1920s. By the 1960s they were used by doctors to treat depression, obesity and other conditions such as uncontrollable sleeping fits and some types of hyperactivity in children.

Amphetamines are class B drugs. Their illegal importing, manufacture, or supply (dealing) carries a prison term of up to 14 years. Possession can result in up to three months jail and/or a $500 fine.

The stomach contents of a body packer during an autopsy revealed about 1.5 pounds of cocaine packaged in condoms. In this case the cocaine permeated the package walls, causing a fatal overdose. It is reported that some South Americans receive the equivalent of a lifetime's worth of wages upon a single successful delivery of a large amount of cocaine.

Cocaine

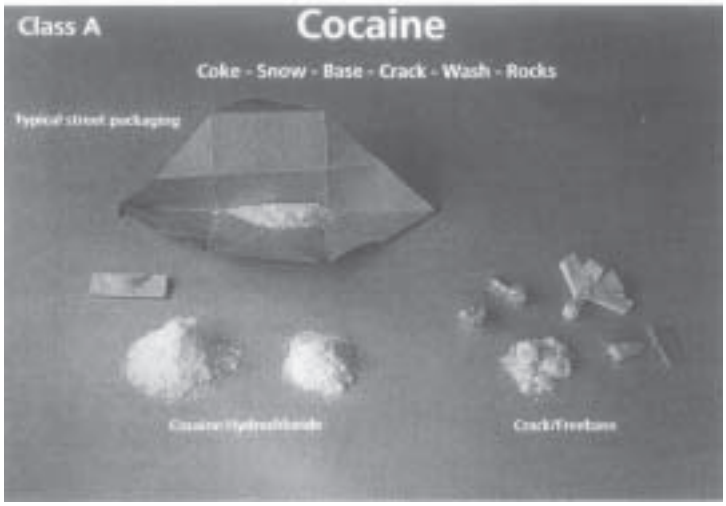
Cocaine is a drug derived from the leaves of the coca plant.

It is a stimulant because it speeds up the functions of the central nervous system. It comes as a white powder and has the scientific name of cocaine hydrochloride. Cocaine can be injected, snorted, or converted to a free-base form and smoked. Smoking free-base cocaine, known as crack, results in a quicker experience of pleasant effects.

Crack is more concentrated than soluble cocaine. Cocaine's effects depend on the amount taken; the person's experience with the drug; their expectations; the mood they're in and how the drug is taken. Effects also depend on the drug's quality and purity.

Short-term effects can come rapidly after a single dose of cocaine. They can last from a few minutes to a few hours. Immediate effects include a feeling of well-being and increased alertness and energy. Other effects might include a reduced appetite, increased heartbeat, heating in body temperature and enlarged pupils of the eyes.

Short-term cocaine use can also cause aggressive behaviour and an inability to judge risks. Because the effects tend to wear off quickly, people might



often take several small doses one after the other.

Higher doses can cause headaches, dizziness, restlessness and violent behaviour. Other effects might include a loss of concentration; a lack of motivation, heart pain and even heart attack.

Long-term use can cause behavioural problems, psychosis and nose-bleeds if cocaine is snorted. Breathing difficulties and lung damage can result from smoking free-base cocaine.

People can develop a tolerance to cocaine: they need more to get the same effects as before. Regular users can become dependent on cocaine. If the drug is unavailable they might panic or feel anxious.

Withdrawal occurs when a dependent person stops using cocaine or severely cuts down the amount used. Symptoms might include nausea and vomiting, deep depression and suicidal feelings. They might feel fatigue, weakness, muscle pain and irritability during withdrawal.

Cocaine overdose can produce irregular and weak heartbeats, lung failure, heart failure and burst blood vessels in the brain. Cocaine psychosis (i.e., delusions and hallucinations) might result from a single high dose or taking high amounts of cocaine over time. Psychosis is a person's suffering from delusions and hallucinations that might include hearing voices; paranoia and fear of harassment.

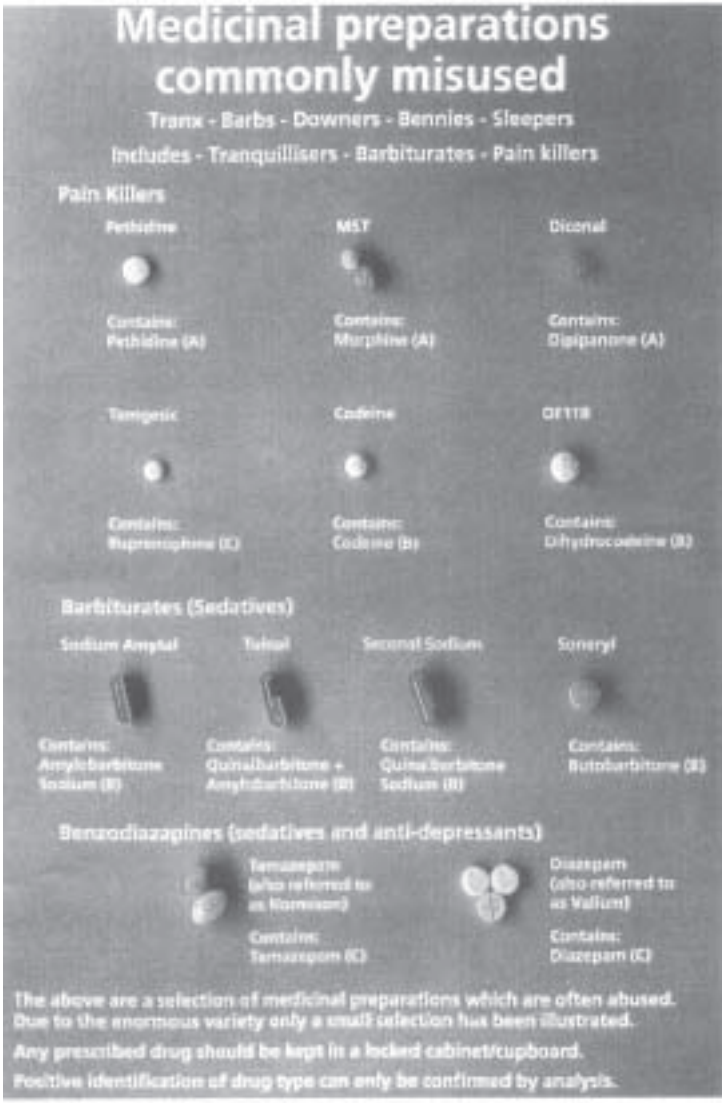
For at least 2000 years South American Indians chewed the leaves of the coca bush for religious practice and as a way of reducing hunger and fatigue. In 1855 a European scientist isolated the drug cocaine from coca leaves. About 25 years later cocaine was used in Western medicine as a local anaesthetic. Towards the end of the 19th century it was used in many patent medicines and was an ingredient of Coca-Cola until 1903.

Cocaine is a class A illegal drug. Its illegal importing, manufacture, or supply (dealing) carries a maximum prison term of life. Possession can result in up to six months jail and/or a $1000 fine.

Minor tranquillisers – sedatives

These belong to a group of drugs known as benzodiazepines. Each drug has a chemical name and at least one brand name. The different brand names are exactly the same drug but made by different companies.

The most common sedatives are diazepam (known as Valium or Ducene), oxazepam (Serepax), nitrazepam (Mogadon), tempazepam



(Normison), flunitrazepam (Rohypnol) and clonazepam (Rivotril).

These are absorbed into the bloodstream and affect the central nervous system. They are depressants because they slow down physical, mental and emotional responses.

Sedatives are usually prescribed for anxiety or sleep problems. They can be used to treat panic disorders and muscle spasms. Sedatives treat only the symptoms of anxiety and insomnia. They don't treat the causes. Common short-term effects include relaxation; drowsiness; dizziness; confusion; and mood swings. Common long-term effects include lethargy; irritability; nausea; loss of sexual interest; increased appetite and weight.

Regular use of them can cause psychological and physical dependence. They are usually prescribed for a short time and a doctor should assess their use regularly. Tolerance leads to a person needing to take more to get the same effects as before.

In the case of sleeping pills, their effectiveness might wear off after three nights. Sedatives can lead to dependence. This can happen in four to six weeks.

Withdrawal occurs when a person stops using minor tranquillisers or severely cuts down their dose. Symptoms can include sleeping problems; tension; muscle pain; pain attacks; depression.

If someone has been regularly using minor tranquillisers for more than two or three weeks, they should not stop suddenly. They should be discontinued gradually over months under the supervision of a doctor, pharmacist, or health worker.

Some people find that massage, relaxation techniques and stress management help during withdrawal.

Combining minor tranquillisers with alcohol, pain-killers and antihistamines such as cough, cold and allergy medications can result in unconsciousness and failure to breathe.

Ecstasy

Ecstasy is the common name for the long-winded MethyleneDioxyMethAmphetamine, or MDMA.

It is a synthetic drug usually sold as small pills that come in a variety of colours and sizes. It is also available as powder and can be snorted or injected.

Ecstasy is new to New Zealand and it is known to have led to one death. In 1998 a young woman collapsed and died from massive swelling of her brain after taking the drug before going to a nightclub in Auckland. She overheated and drank a lot of water, which her body could not get rid of. Instead it caused her brain to swell, leading to her death.

Ecstasy is a stimulant – it speeds up the functions of the central nervous system.

Ecstasy's effects depend on the amount taken; the person's experience with the drug; their expectations; their mood; and how the drug is taken. Effects can also depend on the drug's purity. The effects can start after about an hour and can last up to six hours – even up to 32 hours. Immediate effects can include increased feelings of self-confidence, well-being and feeling close to others; higher blood pressure, body temperature and pulse rate; jaw clenching; teeth grinding; sweating; dehydration; nausea; anxiety. Ecstasy heats the body, so users need to sip water to prevent dehydration. Drinking water does not reduce the effects of Ecstasy, it only prevents dehydration. But then, drinking too much water might lead to serious health complications in some people. Ecstasy might also produce a "hangover" effect.

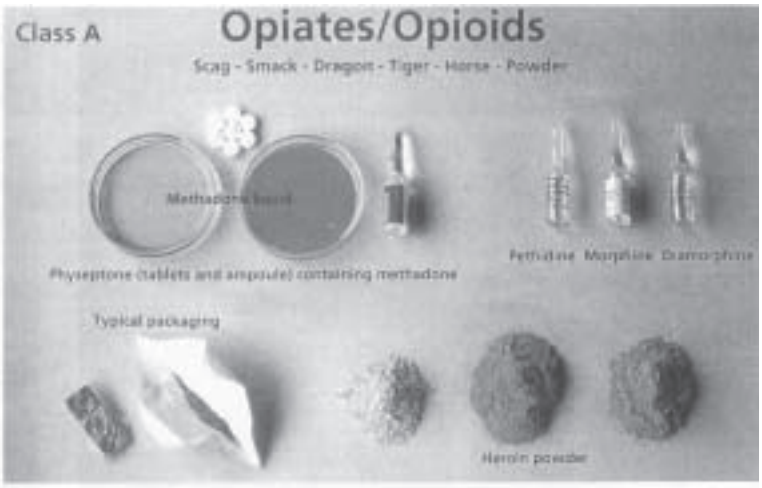
Symptoms can include loss of appetite, insomnia, depression and muscle aches. It can make concentration difficult – particularly on the day after Ecstasy is taken.

Higher doses of Ecstasy can produce hallucinations, irrational behaviour, vomiting and convulsions. Evidence suggests that long-term use of Ecstasy might cause damage to the brain, heart and liver. Overdose of Ecstasy can happen and some deaths have been related to overheating and dehydration.

People can develop tolerance to the pleasurable effects of Ecstasy: more Ecstasy is needed to get the same effects as before.

Other drugs are often used with Ecstasy to cope with some of its undesirable effects. Little is known about the effects of these combinations. In general, health risks tend to increase when two or more drugs are used together, particularly if the doses are large.

A German chemical company developed MDMA in 1914 as an appetite suppressant. In the 1970s some therapists used it to help people explore



After a vein is used repeatedly for injections, scar tissue develops and the vein may harden or collapse, making injections difficult or impossible. As a result, addicts search the body for fresh veins into which their drug may be injected. Pictured are heroin addicts injecting into veins of the hand and the neck.

their feelings for each other.

Pure MDMA is a class B drug. But Ecstasy tablets often contain other class A or class C drugs. Its illegal importing, manufacture, or supply (dealing) carries a maximum prison term of 14 years. Possession can result in up to three months jail and/or a $500 fine.

Heroin

Heroin belongs to a group of drugs called opioids.

Opium, morphine and codeine come from the opium poppy; pethidine and methadone are synthetically produced.

All opioids are strong pain-killers and are classed as depressants because they slow the functions of the central nervous system.

Heroin can be injected, snorted, or smoked. It usually comes in powder form and in different colours. White powder is generally more refined; brown or pink heroin might look lumpy and is often referred to as "rocks".

Heroin has several street or slang names. These include smack, hammer, harry, dope, rocks, piss, shit and gear.

Heroin's effects depend on the amount taken; the person's experience with the drug; their expectations; their mood; and how the drug is taken. Effects also depend on the drug's quality and purity. Heroin's immediate effects include a sense of well-being and pain relief. Heroin can also produce nausea and vomiting, as well as constipation and itching.

At higher doses, the pupils of the eyes narrow to pinpoints, the skin becomes cold and breathing becomes slower and more shallow. Long-term use might result in damage to the veins, heart and lungs.

Women might have irregular periods and possibly become infertile. Men might become impotent.

Heroin is usually injected, which carries a particular risk for the user. Sharing any injecting gear – needles and syringes, spoons, sterile water, filters, alcohol swabs and tourniquets – greatly increases the risk of contracting blood-borne infections. These include blood poisoning, tetanus, Hepatitis B, Hepatitis C and HIV.

Street heroin is usually mixed with other substances such as glucose, which makes it difficult to know the drug's strength. This can lead to accidental overdose or death.

Heroin can be dangerous when combined with other drugs, especially other depressants such as

alcohol or sedatives like rohypnol, valium, rivotril and ducene. These combinations can lead to coma or even death.

Regular users of heroin can develop tolerance: they need more to get the same effects as before. Regular users can become dependent on heroin. If they can't get it they might panic or become anxious. Withdrawal occurs when a dependent person stops using heroin or severely cuts down the amount used. Restlessness increases, followed by yawning, a runny nose, stomach cramps, diarrhoea and a craving for the drug. These symptoms can last for up to a week.

Sudden withdrawal from heroin very rarely causes death. The chance of death increases if the person is withdrawing from other drugs or is in poor health.

Withdrawal from heroin is less dangerous than withdrawal from alcohol or sedatives. Opium and its derivatives have been used medically and recreationally for centuries by people in many different cultures. Laudanum, an extract of opium, was widely used 400 years ago in Britain to relieve pain such as toothache. Since morphine was discovered 200 years ago, people began to use it for pleasure and the relief of pain.

Heroin was later sold as a cough suppressant and used to cure morphine dependence.

Heroin is a class A drug. Importing it, making it, supplying it carries a maximum life jail term. Possession could result in six months jail and/or a $1000 fine.

Cannabis

Cannabis is the short name for the hemp plant cannabis sativa. Marijuana and hashish (or hash) come from this plant.

The chemical in cannabis that makes the user high is Delta-9 tetrahydrocannabinol, or THC. The more THC cannabis contains, the stronger it is.

Marijuana is the most commonly used illicit drug in New Zealand. It comes from the dried flowers and leaves of the cannabis plant.

Marijuana is usually smoked in water pipes called bongs or in hand-rolled cigarettes called joints. Street or slang names for marijuana include pot, grass, dope, weed, electric puha, wacky baccy.

Hashish, or hash, is the resin of the plant. It is sold as oil or in compressed small blocks.

Hash is usually mixed with tobacco and smoked. The concentration of THC is higher and more potent in hash than in the leaf and flower heads.

Marijuana and hashish can be cooked in foods and eaten.

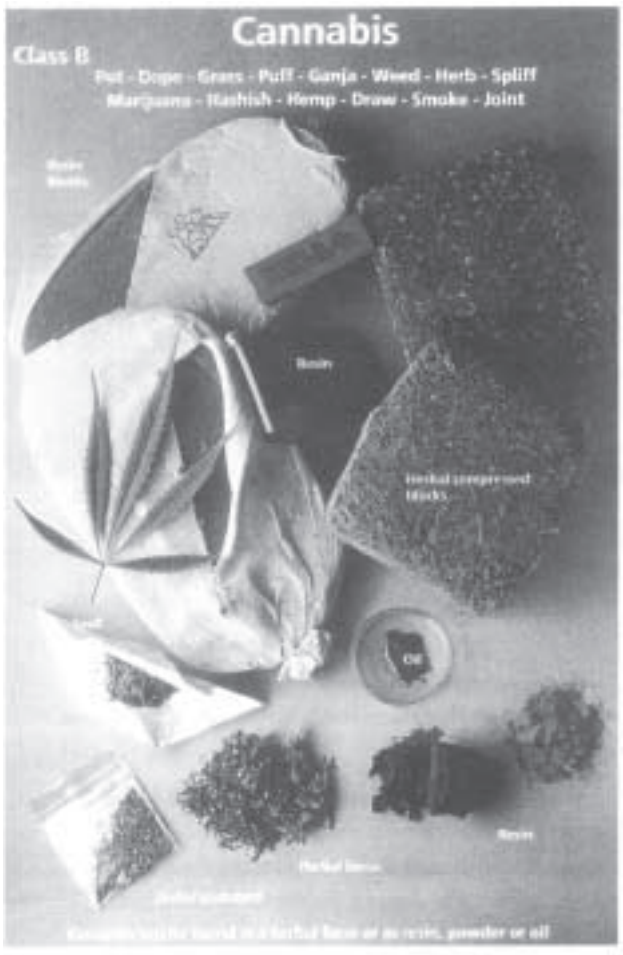
The effects of cannabis depend on the amount taken; the person's experience with the drug; their expectations; their mood; how the drug is taken.

Effects also depend on the drug's quality and purity.

The effects are most intense during the first hour after taking the drug, although they might persist for three to five hours. Small amounts can produce a feeling of well-being and a tendency to talk and laugh more than usual. It can redden eyes, impair co-ordination and reduce concentration.

Cannabis can affect our ability to drive. Higher doses make these effects stronger. Our perception of time, sound and colour might become distorted or sharpened. We might feel more excitement, anxiety and confusion.

Small amounts of cannabis don't appear to



produce lasting harmful effects. But frequent or heavy smokers might feel some long-term effects. These include changes in motivation, memory loss and higher risk of bronchitis and respiratory diseases.

Some regular users become psychologically dependent on cannabis. If they can't get it they might panic or become anxious.

Some heavy users might become physically dependent on it. They might also develop tolerance: they need more to get the same effects as before.

Withdrawal occurs when a person stops using cannabis or severely cuts down the amount used. During withdrawal the person might suffer sleeping problems, anxiety, sweating, loss of appetite and an upset stomach.

These symptoms usually disappear within a few days, although sleep disturbances might last longer.

Cannabis has been used for many thousands of years in the making of products such as clothing and rope. It has been used for medicinal and spiritual purposes.

Marijuana is a class C drug. Importing, manufacturing, or supplying it carries a maximum prison term of eight years. Possession could cost us three months in jail and/or a $500 fine.

Methadone

Methadone belongs to a group of strong pain-killing drugs called opioids. They include codeine, morphine and heroin.

Methadone is used to treat opioid-dependent people. It is recognised nationally and overseas as an effective method for treating opioid dependence and reducing harm that comes from illegal use.

In New Zealand methadone is legal only within a treatment programme. The Misuse of Drugs Act, 1975 and other legislation governs treatment.

Only authorised methadone treatment services or medical practitioners can prescribe controlled drugs such as methadone and other opioids to treat dependence.

Treatment for opioid dependence includes outpatient counselling, therapeutic communities, group therapies, self-help groups and methadone treatment. Authorised methadone treatment providers are responsible for providing a co-ordinated opioid treatment service.

Methadone treatment services in New Zealand aim at:

- reducing the spread of infectious associated with injected drug use, especially HIV/aids and hepatitis B and C';
- reducing crime associated with illegal opiate use;
- reducing the mortality and morbidity resulting from the misuse of opioid drugs;
- improving the health and social functioning of service users; and,
- helping users withdraw from opioids successfully.

People getting methadone treatment should be at least 16, preferably over 18. Methadone is preferable to heroin dependence for several reasons:

- Methadone is swallowed. This cuts out the risk of using shared or dirty injecting gear and becoming infected with hepatitis B or C or HIV.
- Methadone can be administered in a controlled way. The drug is dispensed in an approved hospital or clinic so there is no risk of its being impure.
- Methadone's effects last up to 24 hours. A person needs only one dose a day to control withdrawal.

These factors help stabilise a person's lifestyle. It reduces the stress and anxiety of where the next dose of heroin is coming from and encourages people to look after themselves and others better.

A person on methadone is also more likely to hold down a job.

Methadone is cheaper than heroin; criminal activities to buy illegal drugs are also reduced.

The effects of methadone are similar to heroin, They can include relief from pain, feeling of well-being, nausea and vomiting. The eyes' pupils become smaller, body temperature drops and blood pressure and pulse slow down.

Methadone might affect a person's ability to drive a car or work heavy machinery.

Long-term effects of methadone include increased sweating and constipation.

Men and women might suffer sexual problems. A woman's menstrual cycle might be disrupted. Most of these effects will disappear with dose adjustments and as the person's lifestyle improves.

Stopping methadone abruptly can lead to withdrawal symptoms. Usually they begin one to three days after the last dose. They can include uneasiness, yawning, diarrhoea, stomach cramps, runny nose, sleeping difficulties and joint pain. These symptoms reach their peak on the sixth day but some might last for a few weeks.

Only doctors authorised by the Minister of Health by notice in the *New Zealand Gazette* may lawfully prescribe methadone. Unauthorised prescription carries heavy penalties.

Hallucinogens

These are a group of drugs that can change your perception, making you see or hear things that don't exist.

They can produce changes in thought, sense of time and mood.

Some hallucinogens occur naturally in plant species. These include psilocybin, which is found in certain mushrooms and mescaline, from the peyote cactus. Others such as LSD are made in laboratories.

Cannabis, Ecstasy and cocaine can cause hallucinations at very high doses, but strictly speaking are not hallucinogens.

LSD, also known as acid, is odourless, white and tasteless. It is usually soaked into small, decorated squares of absorbent paper and taken orally. Each square is one dose.

The effects of hallucinogens depend on the amount taken, the person's experience with the drug; their expectations; their mood; and how the drug is taken. The effects can depend on the drug's quality and purity.

The effects usually begin within 30 minutes and are at their strongest in three to five hours. The effects can be felt for up to 12 hours.

The hallucinogenic experience, or tripping as it's often called, will vary from person to person. The effects can range from feeling good to an intensely unpleasant time commonly known as a bad trip. This can include feelings of anxiety, fear, or losing control.

Other effects are a sense of time passing slowly, feelings of unreality; feelings of separation from the body and an inability to concentrate.

Intense sensory experiences, such as brighter colours and a mixing of the senses, such as hearing colours might be felt.

Hallucinogens are rarely used daily or regularly, but when they are, tolerance develops quickly. In other words, a user needs to take more to get the same effect as before. Some regular users develop a psychological dependence. If the drug is unavailable they might panic or become anxious. There appear to be no physical withdrawal symptoms from hallucinogens.

Some users have unpredictable "flashbacks": they relive the drug's effects while not using it.

Natural hallucinogens have been used for centuries by various cultures for their mystical and spiritual associations.

Synthetic hallucinogens were developed in the 20th century, becoming popular in the 1960s and early 1970s.

LSD is a class A drug. It carries a maximum prison term of life for importing, manufacturing, or supplying it. Possession can result is six months jail or a $1000 fine.

Volatile substances

These are compounds that give off vapours or fumes at room temperature. They are commonly known as solvents or inhalants. They include: butane gas, aerosol sprays, petrol, glue, correction fluids and paint thinners. Their effects depend on the amount inhaled; the person's experience with volatile substances; their mood; and how the drug is taken.

Immediate effects are similar to those of alcohol and include feeling less inhibited, disoriented and uncoordinated.

The effects come on more quickly because the substances enter the bloodstream from the lungs instead of the stomach. The effects last for one to five minutes and are usually over within 30 to 60 minutes of sniffing. Hangovers and headaches often occur after the immediate effects wear off.

Research evidence suggests that short-term use of volatile substances rarely cause permanent damage. Effects are reversible if the person stops using inhalants.

The long-term use of aerosols and cleaning fluids can damage the kidneys, liver and the brain, but this is rare. The long-term use of leaded petrol can cause leukaemia and various types of cancers because the lead accumulates in the body.

Other physical effects of petrol sniffing can also include: anorexia, seizure and "sudden sniffing syndrome" – caused by heart failure, which might result if a person does strenuous exercise or has a sudden fright straight after sniffing. But that's rare and it's usually associated with aerosols, butane gas and cleaning fluid. The harms most associated with volatile substances are in how and where they are sniffed. Regular users can become dependent on volatile substances.

The possibility of developing tolerance is small. Withdrawal symptoms after a person stops using are rare. Very heavy users might suffer headaches, muscular cramps and abdominal pain.

It is not illegal to inhale volatile substances in New Zealand.

Steroids

Anabolic androgenic steroids are artificial versions of testosterone, the hormone that makes most males generally bigger, stronger and hairier than females. It's also why males in general have deeper voices than females.

Males and females have testosterone in their bodies, the only difference being that, overall, males have more than females.

Some athletes believe that anabolic steroids increase lean muscle mass, strength and endurance. But scientific evidence has shown that anabolic steroids improve only physical performance because of some of their effects that help with training and motivation – for instance, euphoria, aggression, lessening of fatigue and quicker recovery time.

The use of anabolic steroids can carry serious side-effects. Not all people will feel these side-effects to the same degree. As with any drug, people react differently.

Possible physical side-effects of anabolic androgenic steroids include jaundice, permanent liver damage, liver tumours, diabetes, acne (face and back), heart problems, high cholesterol levels, blood poisoning and HIV through sharing of needles, euphoria, depression, improved self-esteem, mood swings, violent or aggressive behaviour and paranoia.

In males: development of breast tissue, infertility, increased libido (sexual desire), shrinking testicles, decreased sperm production, which can lead to infertility or impotence (prolonged use of these drugs might make that permanent) and baldness.

In females: more body hair, effects on the unborn child if taken during pregnancy, menstrual problems, enlarged clitoris (long-term drug use might make this permanent) and a deep voice.

There is also the danger of using black market products that might have been diluted with other substances, some of which might be toxic.

Some steroids come in tablet form, others are injected into muscle.

Names of steroids include orabolin, Halotestin, Proviron, Primobolan, Decadurabolin, Anapolon, Sustanon.

Some anabolic steroids might be fake, labelled incorrectly, or produced for use on animals. Some names of steroids intended for use on animals are Boldebal-H, Nandrabolin, Spectriol, Drive, Stanabol and Stanozolol.

Anabolic steroids are different from corticosteroids such as Prednisone, which is used to treat asthma.

Can steroids he used safely by monitoring? Some people suggest that doctors should be able to prescribe anabolic steroids so that steroid users can be monitored. Very few experts agree with this because there is no safe way of monitoring the use of steroids.

Long-term effects of anabolic steroids are also unknown. There are no "safe" doses, so a doctor cannot safely prescribe anabolic steroids for non-medical use.

Even when steroids are used for medical purposes, they are used when other drugs have been unsuccessful.

drugs and pregnancy

Pregnancy is a time of change for women.

It can sometimes be uncomfortable physically and stressful emotionally. Women try to take particular care of their health. Getting plenty of rest, exercise and good nutrition are all aspects of a pregnant woman's health.

Drug use is another important aspect of a woman's health during pregnancy. Drugs that are of concern in pregnancy include: alcohol, tobacco, cannabis, amphetamines, heroin, cocaine, tranquillisers and sleeping pills, pain-killers, LSD, Ecstasy and other "designer" drugs and glues and aerosols.

Some prescription drugs can also be a problem during pregnancy, so discuss this with your doctor as soon as you know you're pregnant. Drugs can be harmful to a developing child throughout the pregnancy, but the first three months is considered the time of most risk because the baby's main organs and limbs are forming.

All supplies of nutrients, water and oxygen pass from the mother to the baby through the placenta.

All drugs taken during pregnancy will reach the baby through the placenta. How babies respond to these drugs varies. That depends on:

- The drug, whether it's a sedative (e.g., benzodiazepines), or a stimulant (say, amphetamines).
- How often the drug is used and the dose taken.
- Whether one or more drugs are used. Some drugs have a cumulative or combined action that is more likely to harm the baby.

Each baby, for reasons that are not clear, seems to have its own response to different drugs. Mothers can use the same drugs in the same amount for the same duration or length of a pregnancy and the babies can react differently. There appears to be something in each baby that allows this to occur. You might know someone who has had a healthy baby even though they took drugs during their pregnancy. You cannot assume that your baby will be healthy if you take drugs during your pregnancy. No one can predict how a baby will be affected.

Ante-natal checks, the visits you make to the

doctor, hospital, or community health centre while you are pregnant are important. The best way to avoid or reduce complications and the risk to the baby is to have good ante-natal care. Women who attend ante-natal visits throughout the pregnancy run fewer risks of obstetric complications. At these appointments you could discuss with the doctor or midwife any drugs you might be taking. The information you give them will be confidential whether you are discussing legal or illegal drugs.

Effects on pregnancy

Mothers taking drugs or alcohol tend to go into premature labour, their babies often arriving more than six weeks early. Overall, babies born to mothers who are using drugs or alcohol are smaller than the average baby.

Low birthweight babies often have breathing difficulties and are more vulnerable to infections.

The baby needs to be carefully monitored at ante-natal visits. Ultrasound assesses the baby's growth and other tests check that the placenta continues to work well.

Withdrawal is the body's reaction to going without drugs on which it has depended to feel normal. Babies whose mothers have taken drugs during pregnancy might suffer withdrawal. This will depend on the drug, the dose, the purity, how often it's used and the woman's general health. A baby can suffer withdrawal during the pregnancy and after birth.

There are common signs and symptoms of drug withdrawal in a new-born baby. Withdrawal often develops after the first 24 hours of life. The babies are agitated and irritable, difficult to settle and suck poorly. They often have diarrhoea and scratch themselves; sometimes hiccups and coughs.

Withdrawal can be so severe that the babies have convulsions if not treated. In about 75 percent of cases the only treatment required is supportive care – that is, soothing the baby by bathing more often and feeding frequently. The baby is wrapped tightly in blankets to make him/her feel secure. If the irritability is extreme the baby might need medication.

Although some drugs are excreted into breast milk, breast-feeding might still be the right choice to make for feeding your baby.

One important reason to consider breast-feeding is the bonding that it can encourage.

Breast-feeding

Most drugs pass through the bloodstream and will be present in small amounts in the mother's milk. Some drugs can be a problem for the baby. You will need to discuss this with your doctor or midwife.

Although there might be problems with drugs being passed through breast milk and therefore affecting the baby, breast-feeding has advantages that might override this disadvantage. Breast-feeding helps form close ties between you and the baby.

If a baby is going through withdrawal or is sick it can be a long and difficult process to feel close to our baby.

Breast milk is a safe and easily available food for your baby and gives it a balanced diet, as well as some protection from infections. If you're using alcohol or other drugs then you might need to plan with your midwife or doctor how you will feed, so that your baby is least likely to be affected.

You can express your breast milk and save it (the midwives or maternal child health nurse will show you how to do that if you don't already know). If you're unable to express, substitute formula for breast milk for a couple of feeds until the effects of the drug have worn off.

If you think you are going to use any drug it would be better to feed the baby before you do this, so that the drug's concentration will have weakened in your breast milk by the next feed.

Mixing drugs

Taking two or more drugs at once can increase the risks of their use and can be more dangerous than either drug on its own. An example: taking alcohol and tranquillisers together.

Using two or more drugs together can also complicate withdrawal symptoms in babies and cause a severe withdrawal reaction. The effects on the babies might even be more severe because of the cumulative effects of different drugs. Mothers using heroin and rohypnol at the same time, for instance, can have babies who undergo severe withdrawal.

Marijuana

Women who smoke marijuana often smoke it with tobacco and therefore there will be risks to the baby from tobacco smoke.

THC (Tetrahydrocannabinol), the active ingredient in marijuana, does cross the placenta. It is stored in the amniotic fluid that the baby lives in during pregnancy. Marijuana use in pregnancy is linked to premature labour and small babies, with all the associated dangers of low birth-weight including infections and breathing problems.

Any reduction to the amount you smoke will lessen the effects on the baby. The earlier in the pregnancy that you stop or reduce your use the better for the baby.

Always inform your doctor or midwife if you use a drug so they can properly check the baby's health.

Little is known about the effect of marijuana smoking on breast-feeding. It is believed that some of the drug will pass through the breast milk to the baby and that the baby might become unsettled and demand frequent feeding.

If possible it is best to avoid using marijuana while breast-feeding.

When a pregnant woman has a drink . . .

. . . so does her baby. Alcohol crosses the placenta to the baby. It can accumulate in the amniotic fluid surrounding the baby before the birth. Alcohol can cause problems in pregnancy such as bleeding, miscarriage, stillbirth and premature birth. Evidence suggests that if a woman drinks two or more standard drinks a day the baby grows slowly.

Drinking during pregnancy can harm a child, especially binge drinking. The baby might suffer brain damage, or be born deformed.

Or drinking could trigger a miscarriage or a stillbirth. Or as a child is growing up they might have difficulty learning or be over-active. The most damage to a baby is done in the first three months of pregnancy because that's when the baby is forming.

If a woman drinks six or more standard drinks each day the baby might also have poor co-ordination and movement and intellectual disability.

A safe level of drinking alcohol during pregnancy is not known.

The World Health Organisation suggests that there is really no safe level of drinking alcohol during pregnancy and that the best approach is no alcohol at all.

If you're trying to become pregnant you would be better to limit your alcohol drinking to small amounts, not too frequently. (One standard drink, no more than once a week.)

If you do continue to drink you need to avoid dehydration by drinking plenty of water regularly. You might need a vitamin B supplement. Your doctor will advise you on this. It is also important that you tell your midwife or doctor as accurately as you can how much you drink so that they can monitor your baby's development. Any reduction in your drinking is helpful, especially if you continue to reduce as the pregnancy progresses.

The effects of drinking alcohol on breast-feeding are unclear. Alcohol gets into breast milk. Having one drink occasionally might be safe, but in general it is better to avoid using alcohol as much as possible. During the first 12 months of the baby's life the brain is still developing and alcohol might damage it.

Tobacco

If a pregnant mother smokes, so does her baby. Carbon monoxide and nicotine in tobacco reach the baby easily through the placenta. Both reduce the amount of oxygen available in the mother's blood, which can harm the baby's growth.

Smoking can cause problems in pregnancy such as miscarriage, stillbirth, placental problems, bleeding during pregnancy and premature birth. Babies practise breathing in the womb. Cigarette smoking can disrupt these breathing movements.

The long-term effects of this are still unknown. The reduced oxygen supply to the baby can delay his/her growth. Research has shown that babies of smokers are generally lighter than babies of non-smokers. These babies can develop complications such as infections and breathing problems during the first weeks of life. (The birth is not necessarily easier for the mother or baby if the baby is smaller.) Some research suggests that

smoking might increase the risk of cot death.

Passive smoking – spending a lot of time around other smokers, means inhaling cigarette smoke harmful to you and your baby.

The fewer cigarettes you smoke while you are pregnant the better for the baby. Birth weight is less likely to be affected if you stop smoking by the fourth month of pregnancy. Try to avoid being in smoky surroundings. Ask your friends to smoke outside for the sake of your baby. Not smoking at all during pregnancy is the safest approach.

A mother's smoking can reduce the milk supply and reduce the amount of vitamin C in the milk. Smoking just before breast-feeding can delay milk "let-down" (the process of the milk beginning to flow).

If you are unable to give up smoking, try to avoid smoking at least half an hour before breast-feeding. Your baby will get a strong taste of nicotine in the milk otherwise.

where to go for help?

The phone book

New Zealand has hundreds of groups and organisations dedicated to helping people affected either by their own alcohol and/or drug use or that of others. They are usually not hard to find.

A good place to start can be the Personal Help Services page near the front of your phone book. This lists health and counselling and advice services and agencies such as Alcoholics Anonymous (AA), Alcohol HelpLine, Narcotics Anonymous, Al-Anon Family Groups and a community alcohol and drug service.

Alcohol HelpLine is 0800 787 797. It is a free service that you can call from anywhere in the country, whether the matter concerns alcohol or drug. Somebody will listen. Callers from most main centres will be referred to their nearest community drug and alcohol service.

AA can be reached through a nationwide phone number – 0800 229 675.

Worldwide, AA is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problems and help others to recover from alcoholism.

The only requirement of membership is a desire to stop drinking.

"You can reach us through any Police officer, clergyman, or social service agency," says Bill, an AA member. "Always, someone, somewhere will know how you can get in touch with us. We're everywhere."

Other avenues can be Samaritans; Youthline; Lifeline; school counsellors; your doctor; student health services; union, community, iwi and ethnic group networks and services; your local Citizens Advice Bureau; or your church.

The breadth of services available is extensive: women only, support groups, residential treatment, Pacific Islands, outpatient counselling/therapy, methadone programmes, Maori/bicultural treatment, half-way houses/supported accommodation, gay-lesbian-bisexual, detox, day programmes, assessments, prison inmates and their families and adolescents.

resources and information

Fade – Foundation for Alcohol and Drug Education

Produces a wide variety of material, including the informative What Drug Is That?, which

contains information on more than 20 drugs.

Inquiries to:

PO Box 33-1505

Takapuna

Auckland

Ph: (09) 488-1298

Fax: (09) 4881212

or

PO Box 249

Christchurch

Ph: (03) 366-4019

Fax: (03) 366-8861

Alcohol Advisory Council – ALAC

ALAC is New Zealand's principal statutory adviser on alcohol-related matters. Its work includes policy advice to the Government and other policy-makers. Has an immense library of fact material about alcohol and its effects on us and our community.

Inquiries to

ALAC national office

PO Box 5023

Wellington

Ph: (04) 472-0997

Fax(04) 473-0890

www.alcohol.org.nz

E-mail: central@alac.org.nz

or

ALAC northern office

PO Box 8391

Auckland

Ph: (09) 309-1720

Fax: (09) 309-1721

E-mail: northern@alac.org.nz

or

ALAC southern office

PO Box 2688

Christchurch

Ph: (03) 365-8540

Fax: (03) 365-8542

E-mail: southern@alac.org.nz

The Directory of Alcohol & Drug Treatment Services in New Zealand

(Produced by the Canterbury Community Council on Alcohol and other Drugs, on behalf of the Alcohol Advisory Council – ALAC)

This directory contains details of all alcohol and drug treatment, self-help, health promotion, drug education and information-advisory research services in New Zealand. Hundreds of them. It is produced in bound folder form every year. As well, CCCAD puts the information on computer diskettes – compatible with Windows 3.1 and Windows 95 – which it updates every six months. The booklet would be more suitable for professionals such as counsellors, GPs, Police, youth workers.

Inquiries to:

CCCAD

Box 13 496

Christchurch

Ph: (03) 379-8626

Fax (03) 377-5600

E-mail: cccad@xtra.co.nz

The New Zealand Drug Foundation – set up in 1990 as an independent charitable trust, aimed at reducing harm from drug-use. This includes legal drugs, such as tobacco and alcohol, as well as

illegal drugs, such as cannabis.

The foundation promotes co-ordination, consultation and co-operation among non-governmental organisations, provides a contact point for the Government and non-governmental organisations working in the area and provides a centre for information to groups and individuals. Also hosts online discussion forums. The foundation has more than 160 member organisations.

Inquiries to:

PO Box 3082 Thorndon

Wellington

Ph: (04) 499-2920

Fax (04) 499-2925

www.nzdf.org.nz

. . . and two very good Australian sources of information:

www.ceida.net.au **– Centre for Education and Information on Drugs and Alcohol**, based in Sydney, funded by the New South Wales Health Department.

www.adf.net.au **– Australian Drug Foundation**

DARE (Drug Abuse Resistance Programme) Foundation of New Zealand

Aims programmes at children in primary and intermediate schools. DARE is in a new programme with the Police youth education service to empower young people to avoid illegal drugs and make sensible choices about their use of alcohol and other legal drugs. Some DARE programmes have been developed for use in school classrooms, including one in Maori for classes using te reo. Others are for the community (parents/caregivers and young people in trouble) and are managed by the community section of DARE.

Inquiries to

PO Box 12-206

Wellington

Ph: 0800 327 369

Life Education Trust

Commercial Union House

142 Featherston St

Wellington

Ph: (04) 472-9620

Fax: 472-9609

Help our young people

before it's too late