MODULE OVERVIEW

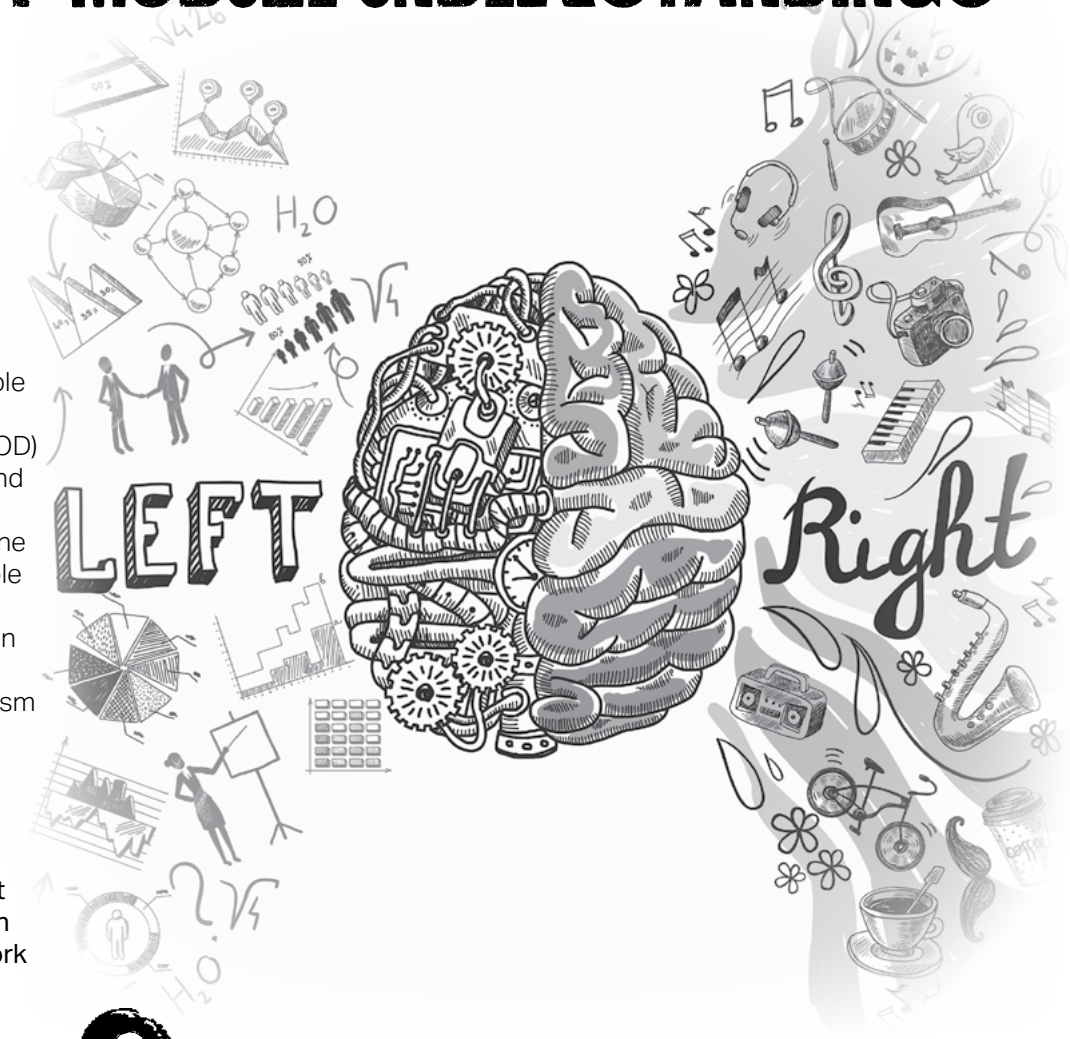
This module builds understanding of why young people might take drugs. It offers background on the way in which psychoactive drugs affect the brain's reward system. It considers that drug use is different for each person and offers information to assist in understanding and working with this.

LEARNING INTENTIONS

At the end of this module you will:

- have a clearer understanding of why young people might use drugs
- be more aware of how drugs affect the brain and therefore impact mood and drug use behaviour
- have increased knowledge of what constitutes a substance use disorder
- understand that drug use can cause different types of problems depending on an individual's level and pattern of use
- have awareness of Shafer's Model and Thorley's Model which can assist in building understanding of a person's drug use and possible areas for intervention.

KEY MODULE UNDERSTANDINGS



1. WHY YOUNG PEOPLE TAKE DRUGS

When working with young people to prevent or reduce the harms from alcohol and other drug (AOD) use, it is important to understand why people take drugs. The reasons will be different from one person to the next. Some people will use drugs to: relax, for fun, because they are curious, to join in; others, to rebel, to combat boredom, as a coping mechanism or to reduce physical and/or emotional pain.

> We need to understand what it is that drives drug use for each person and then help them work on addressing these issues.

With the uncertainty and change that can be associated with adolescence, this can be a particularly stressful time for some young people. Risk taking and experimentation are a normal part of adolescent behaviour consistent with the pursuit of independence. Use of AODs may be to aid coping or might be one of several ways that young people engage in risk taking behaviours.

2. DRUGS AFFECT THE BRAIN'S REWARD SYSTEM

Human behaviours and emotions are modulated by neurotransmitters. The amounts of these are closely controlled within the brain's circuitry. Psychoactive drugs disrupt the delicate balance of neurotransmitters by increasing production and/or blocking re-uptake of some of these chemicals.

Initially, drug use can lead to increased amounts of pleasure chemicals such as dopamine and serotonin in the brain leading to a good feeling and even euphoria.

The response of the brain will be to try to bring things back into balance by decreasing its own natural production of the neurotransmitters that are in excess of normal levels. As a consequence, as the effects of the drug wear off, a depleted state of 'feel good' chemicals can result leading to a feeling of dysphoria.

For some, this can be motivation for further use of the drug to reinstate the good feelings. Continued drug use over time can deplete the natural availability of these neurotransmitters leading to low mood and it can take some time for the brain to restore its natural balance.

3. SUBSTANCE USE DISORDERS

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association [APA], 2013) is used by clinicians and researchers to diagnose and classify mental health disorders. Rather than referring to substance abuse, the latest edition refers to 'substance use disorders'. These include where use of AOD leads to experience of problems at school, in the home, at work or contributes to health and legal issues.

The level of severity of a substance use disorder is determined by the number of diagnostic criteria met. For example:

- mild substance use disorder (minimum of 2-3 criteria)
- moderate substance use disorder (4-5 criteria)
- severe substance use disorder (6-7 criteria).

Specific criteria exist for each of the specific substance use disorders listed below:

- alcohol use disorder
- cannabis use disorder
- caffeine use disorder
- tobacco use disorder
- inhalant use disorder
- stimulant use disorder
- opioid use disorder.

At the severe level, some of these criteria include:

- using larger amounts for longer than intended
- persistent lack of success in cutting down or controlling use
- experience of cravings for the substance
- reduced ability to participate in social, recreational or occupational activities that don't involve drug use.

Most adolescents will not have been engaging in AOD use regularly enough or for long enough to develop a disorder.

However, some will and it is important to intervene and explore each student's level and pattern of use and the contributing factors to use. This allows us to understand their specific situation more clearly. This then enables provision of relevant support including referral where required.

4. DRUG USE CAN BE DIFFERENT

It is important to understand the most current means by which substance use disorders are assessed and classified. It is equally important though when considering problems that may be experienced from drug use, that we don't over focus on high-level drug use or substance use disorders. This can be a barrier to identifying drug use issues that may be more common among general populations and student populations in particular.

SHAFER'S MODEL

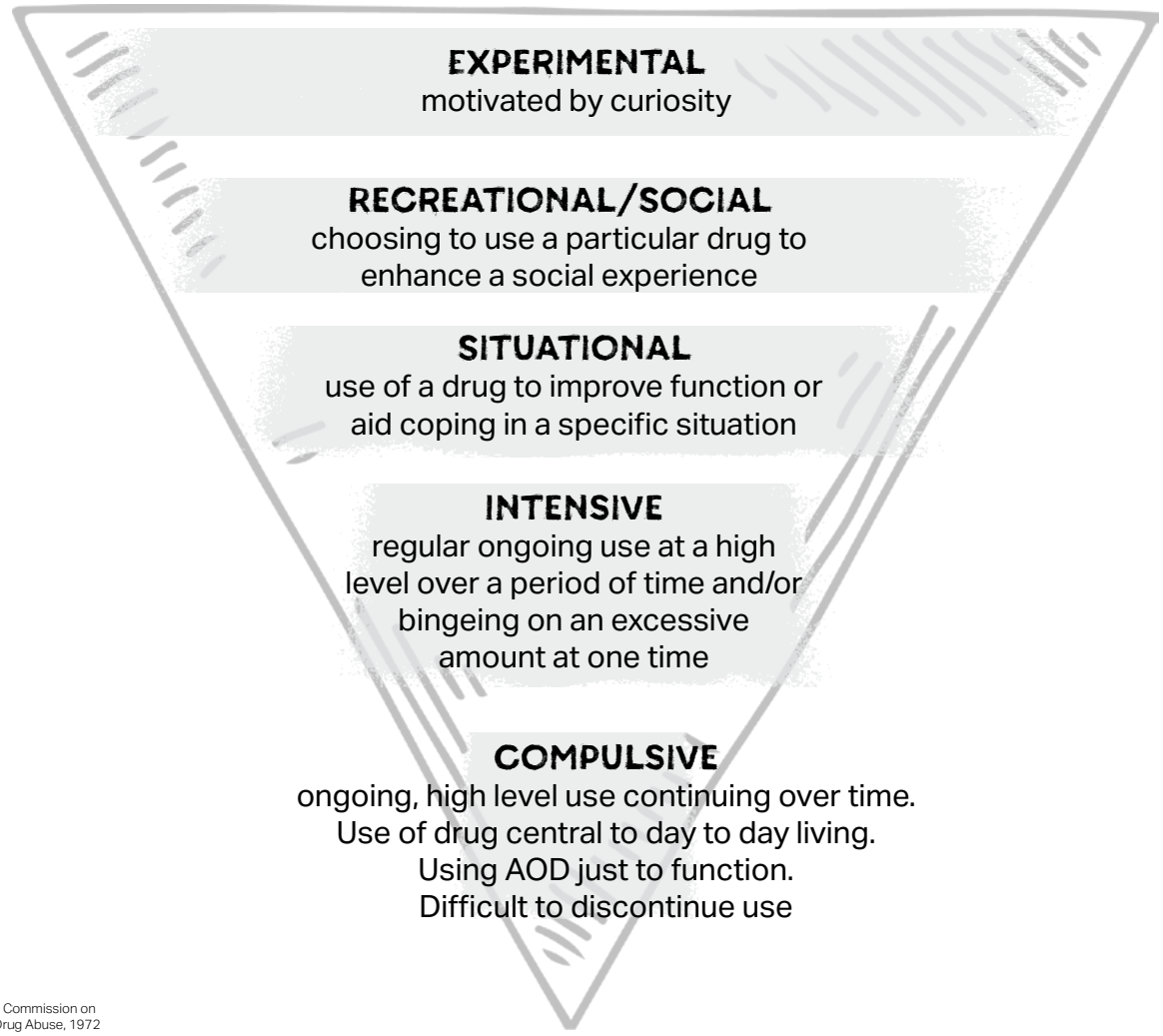
Shafer's Model (1972) suggests that drug use exists as a continuum and that most drug use is experimental or occasional. The model does not suggest that people who use AOD will all progress through these patterns of use, or that progress is inevitable. If a person always progressed from experimentation to compulsive use then rates of compulsive use and experimentation would be similar. This is not the case.

Some people may have different levels or patterns of use with different drugs. For example, an individual could drink alcohol socially, experiment with ecstasy at a dance party and consume higher than usual levels of caffeine during exam time. Any level or pattern of drug use can cause harm.

For school students, AOD use is mainly experimental and recreational/social with some situational use. Some students will however experience problems relating to intensive use and a smaller proportion still could experience compulsive use and may have a substance use disorder.

> This model can assist in building a picture of a student's pattern of drug use and can be used to guide relevant intervention.

Figure 1: Shafer's model – Patterns of drug use



Source: National Commission on Marihuana and Drug Abuse, 1972

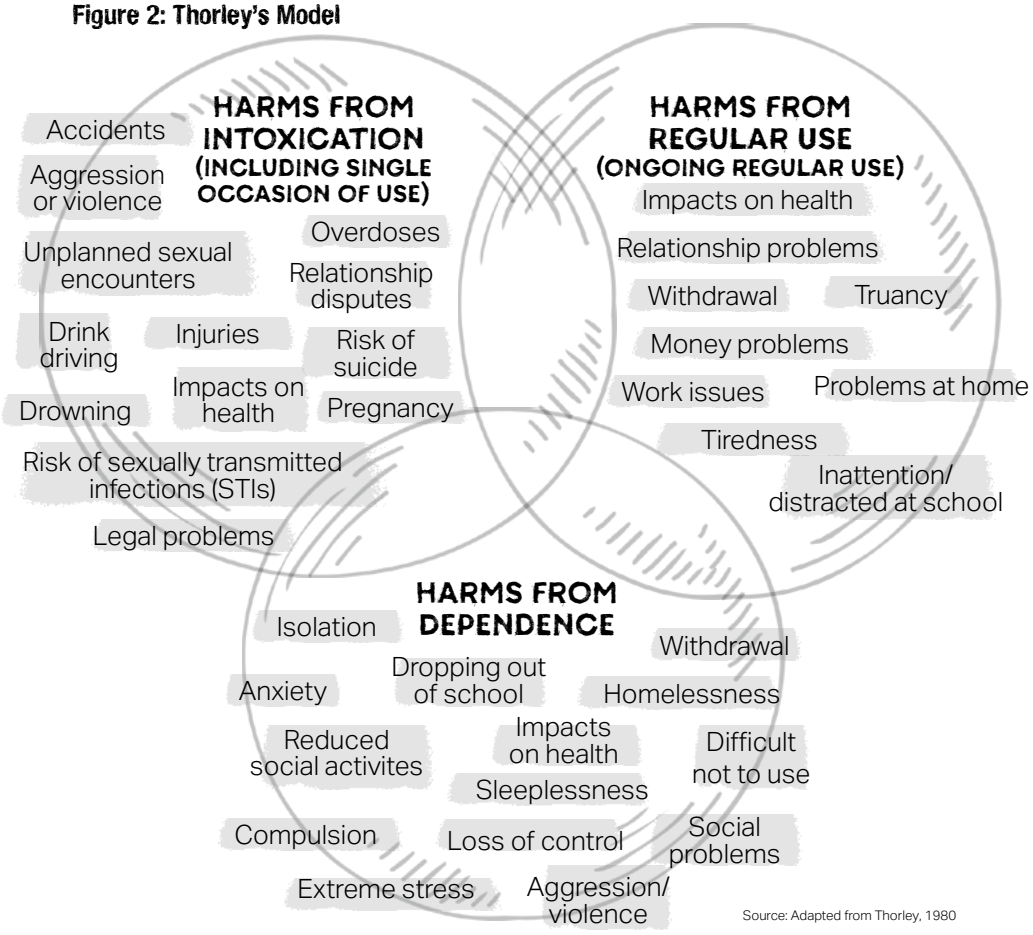
THORLEY'S MODEL

As with Shafer's Model, this model steers us away from focusing on AOD problems as occurring only with high-level use. A person may use a drug infrequently or even once and still experience problems. Thorley's Model explains that different types of problems can arise from three different patterns of use:

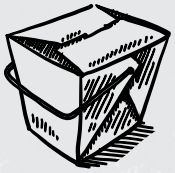
1. Intoxication.
2. Regular use.
3. Dependence.

"This model is important to build understanding of the types of problems that might be experienced by a student relevant to their level and pattern of use. Being aware of this allows intervention to be targeted appropriately."

Figure 2: Thorley's Model



Source: Adapted from Thorley, 1980



TAKE AWAY MESSAGES

1. People use drugs for many different reasons.
2. Use of psychoactive drugs affects mood by altering the balance of chemicals in the brain.
3. Most people who use drugs will not develop substance use disorders.
4. Problems from AOD use can occur at any level of use, even experimentation or one-off use.
5. Shafer's Model and Thorley's Model can be used to build understanding of a person's drug use allowing for the provision of appropriate interventions.

ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES

The following activities could be adapted and used when working with students with drug use issues.

CHALLENGES AND CHOICES
http://www.sdera.wa.edu.au/resources/secondary-resources/challenges-and-choices-drug-education-resources/

YEAR 8 Module 2 – Drug Education
Topic 1 Activity 1: Why young people choose to use drugs
Topic 3 Activity 1: Why people drink
Activity 3: Identifying harms from alcohol use

YEAR 9 Module 2: Drug Education
Topic 1 Activity 4: Reasons why young people use drugs

DRUG TALK: BODY. MIND. FUTURE.
Year 10-12 AOD Resource
https://www.sdera.wa.edu.au/resources/secondary-resources/

WRAPAROUND INTERVENTION TOOLKIT

WRAPAROUND PROFESSIONAL LEARNING WORKSHOPS

LINKS TO EXTERNAL RESOURCES

For facts about alcohol and other drugs:

ALCOHOL AND DRUG FOUNDATION (ADF)
http://adf.org.au/

Alcohol.Think Again.
What is alcohol?
http://alcoholthinkagain.com.au/Alcohol-Your-Health/Strong-Spirit-Strong-Mind/What-is-Alcohol

DRUG AWARE
Getting the facts – drug types
http://drugaware.com.au/getting-the-facts/drug-types/

REFERENCES

American Psychiatric Association [APA]. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*, 5th Ed. United States of America: American Psychiatric Association.

National Commission on Marihuana and Drug Abuse. (1972). *Marihuana: A Signal of Misunderstanding; First Report*. Washington, D.C., U.S. Government Printing Office.

Thorley, A. (1980). Medical responses to problem drinking. *Medicine* (3rd series), 35, pp. 1816-1822.

Wraparound is a collaborative effort between SDERA and the Western Australian education sectors and has been proudly funded by the Mental Health Commission.