

# Aboriginal Youth:

# Alcohol and Drugs



FIRST NATIONS OF QUEBEC AND LABRADOR  
HEALTH AND SOCIAL SERVICES COMMISSION

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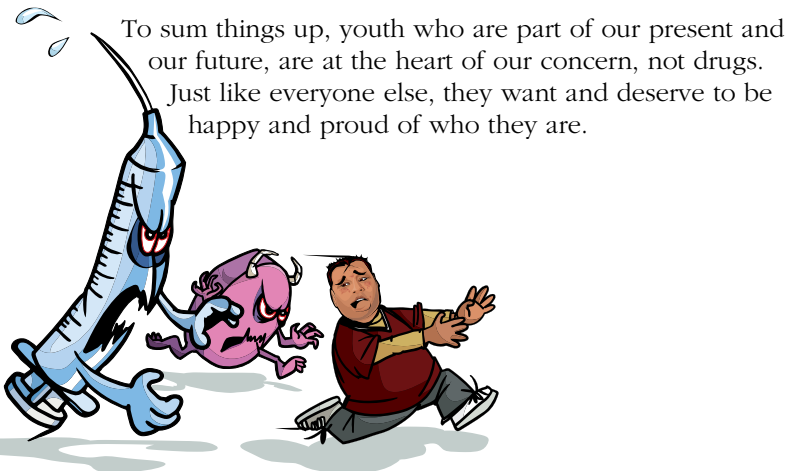
# 1. Foreword

In an ideal world, youth in our communities would not have access to legal or illegal drugs. We want youth to be loved unconditionally, to play, to have fun, and not to use mind-altering substances. If they are going to experiment, we would like it to happen as late as possible in their lives. Unfortunately our youth reality falls short of our expectations.

Making intoxicating substances look “scary and bad” takes up a lot of time and energy that could be better used paying attention to the youth and others that are actively “using”. In fact, it almost seems as though the substances themselves are more important than the youth who are using them. The truth of the matter is, many of our prevention campaigns over the last years have focussed on “scare” tactics, and have not been effective. Labelling alcohol and drugs and the people who use them as “bad” has ended up making it even harder for youth who do use to approach adults and helpers in the community, putting them even more at risk.



The purpose of this booklet is to offer youth, young adults, parents, and front line workers the latest information and approaches to substance abuse. We are making every effort to present the contents in a way that respects the intelligence and opinions of our youth, and encourages support, communication and prevention.



To sum things up, youth who are part of our present and our future, are at the heart of our concern, not drugs. Just like everyone else, they want and deserve to be happy and proud of who they are.

# 2. What is adolescence? What are values?

## 2.1 Adolescence

The period between childhood and adulthood known as adolescence is a complex, intense, exciting, sometimes difficult and above all, a very important time in a person's life. Yet when adults refer to adolescence, they say, "it will pass," as if referring to a disease. Sometimes we forget that we, too, were once adolescents.

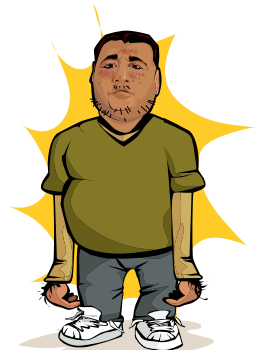
During adolescence, a child develops and affirms his or her identity (family, culture). This is when the child verifies what was learned, felt and seen during childhood. Trial and error is part of the learning process. The meaning of good and bad is moderated.



There are many changes:

### Physiological

- The body changes (growth of hair, changes in shape, bone development)
- Pimples and acne signal the "end of the world"
- Youth begin to compare their physique to that of others



## Sociological

- Adolescents distance themselves from family, testing boundaries, information, limits and values
- They confront and question authority and absolutes, sometimes very awkwardly
- They think they “know everything”
- They experience “life”
- They consider their friends the most important things they have
- They seek to belong
- They discover sexuality and emotions and dating relationships



## Psychological

Adolescents question who they are, where they come from and where they are going. They seek meaning in the world around them and of life in general.



Some of their questions include:

- *Where are we going? What path are our leaders following for our future?*
- *Why is there sexual abuse, alcohol, drugs, pollution, war and violence?*
- *I don't know where we are going as a culture, as a planet, and I don't understand why things are as they are (sexual abuse, alcohol, drugs...); but maybe I like the feelings and experience heady sensations when I practice extreme sports, experiment with sex or adopt delinquent behaviour.*

Another psychological characteristic of adolescence is “magical thinking.” Quite normal during this period of life, examples of magical thinking include: “That won’t happen to me” or “If I do that I won’t hurt anymore,” or then again, “It’s no big deal, it’s not dangerous.”

In closing, it is very important to remember that health is something adolescents take for granted and that they do not have the same notion of time as adults.

## 2.2 Values

Below are some values revered by Aboriginal people over the years:

- Life
- Spirituality
- Nature
- Elders, children
- Tradition
- Family
- Culture
- Helping each other
- Sharing
- Balance
- Respect

Thanks to technology and the ease of communication worldwide, youth and parents are now confronted with other values:

- Materialism
- Consumption
- Appearances
- Money
- Self-centredness
- Individualism
- Instant gratification

Many children have mixed views of traditional and these new values. Like it or not, they are confronted with modern life. If basic values have not been modelled and lived in childhood, they risk being changed or replaced by a gang of friends during adolescence.



# 3. How about the recent history of drugs?

Drugs have been consumed for hundreds of years, for the most part for spiritual and medical reasons.

## 1965-1970

In the mid 1960s, the Hippy counter-culture phenomenon emerged. Hippy ideology (pacifism, community life, rejection of a consumer society, etc.), fashion (long hair, long skirts, patched jeans, psychedelic colours) and music (Beatles, Doors, Dylan, Hendrix, Rolling Stones...) proposed drugs as a means of protestation and consciousness-raising.



Hippies were generally between 20 and 25 years of age. Their backgrounds were elitist, both socially and culturally (university, art). They consumed drugs to protest three realities of their era:

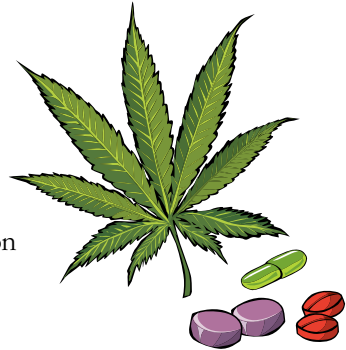
- The Vietnam War
- Racism
- The technology revolution

There were two kinds of drugs at the time:

- Cannabis and its derivatives (marijuana, hash, hash oil etc.)
- Psychedelic drugs (LSD, blotter acid, mescaline)

## 1970-1980

At the close of the 1960s and at the onset of the 70s, drugs were “democratized.” Organized crime (underworld, motorcycle gangs, Mafia) took over the sale, distribution, importation and production of drugs as had happened during Prohibition (of alcohol) from 1920 to 1930. Control by organized crime resulted in:



- Increased accessibility of several substances;
- Price changes;
- Lower ages of consumption;
- Emergence of a new kind of criminality.

## 1980-1990

At the onset of the 1980s, United States President Ronald Reagan declared war on drugs. With his wife Nancy, he established the “Just say No” program. The “party” with drugs was over.



In 1981, AIDS entered the scene. People learned too late that it was spread by the sharing of syringes and unprotected sex.

In 1990 in Quebec, a new repressive prevention program known as “0 Tolerance” was introduced.

In the short term, the impact of these two programs (“Just Say No” and “0 Tolerance”) resulted in less dialogue between youth and adults close to them, placing youth more at risk.

Additionally, there were new drugs (ecstasy, ketamine, GHB, methamphetamine, amphetamine, etc.) on the black market. Different research studies established that more and more youth were experimenting with these drugs at an increasingly earlier age.



At this point, most drug addiction caseworkers could see that repressive action and some prevention programs had failed.

Despite action taken against drugs, specialists established that there were as many, if not more, drugs currently on the market, that they were of good quality and that prices were stable and even dropping.

Given the context in Quebec and elsewhere in Canada, harm reduction and experiential management to improve quality of life became the tools of choice to help youth and adults prevent sexually and blood transmitted diseases and other forms of abuse.

# 4. Why do youth do drugs?

There are many reasons why youth do drugs:

- 1- Availability
- 2- Pleasure
- 3- Pressure from friends or to imitate others
- 4- Curiosity



If choosing to use is linked to these reasons, the risk of developing a substance abuse problem is relatively low. These youth need to be able to talk openly and honestly about alcohol and drug use with significant adults in their lives. They need to be able to speak with confidence that they will not be judged or punished for their thoughts and feelings.

There are also other more disturbing reasons why youth may choose to do drugs ...

5- As a reaction to trauma, family, school, social or community realities:

- Trauma : physical , sexual abuse, witness to violence, multigenerational cultural oppression
- Family: parental alcoholism or substance abuse; abuse, negligence or violence in the home.
- Social: low self-esteem; difficulties making friends; not having anything to do in the community.
- School: failing grades, difficult relations with teachers, and/or other adults.
- Community; “Use” has become “normalized” everybody is doing it – if you don’t you are weird.

Remember that most adolescents who do drugs are not necessarily addicts. However, many youth who experiment with drugs or make moderate use of drugs may be experiencing problems in their lives (family, school, dating, friends, etc.). We need to pay attention to them and find ways to relate to them and offer our support. If we don’t, they are at risk of developing more pervasive substance problems.

# 5. If you do drugs or drink, what are the effects and consequences?

To answer this question, consider the **Law of Effect (E)** where effects and consequences depend on the **Product (P)** consumed, the **Individual (I)** consumer and the **Context (C)** of consumption: **E = P.I.C.**

## Product:

- Quality of product
- Quantity consumed
- Tolerance to the product
- Mixing with other products

## Individual:

- Height
- Gender
- Weight
- State of mental and physical health
- State of mind

## Context:

- Where consumption takes place
- When consumption takes place
- Relationship with others (family, friends, dating, etc.)
- Conflict or not

As you can see, information is needed and it is difficult to foresee what can happen during consumption. Each person is unique. A person who consumes the same product for a second time can react quite differently to the same substance. Each drug has effects that can differ.

## What are the substances?

Drugs are generally classified according to their effects on the central nervous system:

**Depressants:** decrease cerebral activity and some body systems (respiratory, cardiovascular, locomotor, etc.), lowering vigilance and awareness.

**Stimulants:** increase cerebral activity and some body systems (respiratory, cardiovascular, locomotor, etc.), increasing vigilance and awareness.

**Mind-altering hallucinogens:** the primary and sole characteristic shared by these substances is that they alter perception. Some of these substances cause hallucinations.

**Stimulating hallucinogens:** Other substances fall into this category because they stimulate and have mind-altering hallucinogenic effects at the same time.

## What are the effects of these substances?

The tables that follow list effects caused by these drugs. When you review this information you must remember that the effect of a drug is always dependant on several factors (Law of Effect **E = P.I.C.**). As a result, some effects may not be present during consumption. Conversely, some effects listed in these tables that have never been seen before in earlier episodes of consumption may suddenly appear.

## What is a synthetic drug?

New drugs, rave drugs, designer drug, club drug, party drug, etc. These substances are entirely man made. Contrary to cannabis or cocaine derived from plants, synthetic drugs are entirely man made molecules synthesized in clandestine laboratories. Drugs of this family include ecstasy, GHB, ketamine, amphetamines, Nexus, LSD and PCP.

## What is tolerance?

This is an adaptive state characterized by diminished responses to the same quantity of a drug. Repeated use of drugs increases the level of tolerance and can lead to increases in dosage to obtain the same effect as that achieved during earlier episodes of consumption.



## DEPRESSANTS

SUBSTANCES		SUBSTANCES		SUBSTANCES	
SUBSTANCES	FORM	PHYSICAL	GENERAL EFFECTS	PSYCHOLOGICAL	
<p><b>ALCOHOL</b> (ethanol, ethyl alcohol)</p> <p><i>Ber, hard liquor, wine, shooters, coolers, etc.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>Liquid</li> </ul>	<p><b>Small amounts:</b></p> <ul style="list-style-type: none"> <li>Relaxation</li> </ul> <p><b>Average to high amounts:</b></p> <ul style="list-style-type: none"> <li>Sleepiness</li> <li>Dizziness</li> <li>Slurred speech and uncoordinated movement</li> <li>Nausea and headaches</li> <li>Vomiting</li> <li>Lowered body temperature</li> <li>Lowered heartbeat</li> <li>Lowered blood pressure</li> <li>Unconsciousness</li> <li>Respiratory problems</li> <li>Death</li> </ul>		<p><b>Small amounts:</b></p> <ul style="list-style-type: none"> <li>Euphoria</li> <li>Lack of inhibition</li> <li>Decreased anxiety</li> </ul> <p><b>Average to high amounts:</b></p> <ul style="list-style-type: none"> <li>Altered attention and judgment</li> <li>Emotional instability (particularly aggressive behaviour)</li> <li>Loss of memory (<i>Black out</i>)</li> </ul>	
<p><b>GHB</b> (Gamma Hydroxy Butyrate) <i>G, GH, Juice, etc.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>Generally colourless, odourless liquid</li> <li>Powder</li> <li>Capsule</li> </ul>	<p><b>Effect similar to alcohol but of shorter duration.</b></p> <p><b>Contrary to alcohol, the amount consumed is hard to quantify</b></p> <p><b>Moreover, at average to high amounts:</b></p> <ul style="list-style-type: none"> <li>Convulsions</li> </ul>		<p><b>Effect similar to alcohol but of shorter duration.</b></p>	
<p><b>VOLATILE SOLVENTS</b> <i>Glue, gas, sniff, etc.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>Liquid (Glue, varnish, gasoline, cleaning products, paint, correcting fluid, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Brief stimulation</li> <li>Dizziness</li> <li>Sleepiness</li> <li>Slurred speech and uncoordinated movement</li> <li>Numbness and insensibility</li> <li>Decrease in muscular capabilities</li> <li>Nasal discharge, coughing and headaches</li> <li>Nausea and vomiting</li> <li>Stomach aches and diarrhoea</li> <li>Loss of consciousness</li> <li>Convulsions</li> <li>Sudden death (cardiac arrest or suffocation)</li> </ul>		<ul style="list-style-type: none"> <li>Euphoria</li> <li>Lack of inhibition</li> <li>Confusion</li> <li>Altered attention and judgement</li> <li>Altered perception (time, space, etc.)</li> <li>Hallucinations</li> <li>Emotional instability (e.g., aggressive behaviour)</li> <li>Amnesia (loss of memory)</li> </ul>	<p><b>In addition to the above effects, solvent abuse can lead to serious health problems involving the liver, kidneys and brain.</b></p>

# STIMULANTS

SUBSTANCES		GENERAL EFFECTS	
SUBSTANCES	FORM	PHYSICAL	PSYCHOLOGICAL
<p><b>AMPHETAMINES &amp; METHAMPHETAMINE</b>  <i>Speed, Pill, Crystal meth, Ice, Tina, etc.</i></p> <p><i>The effects of methamphetamine are similar to those of amphetamines. However, at equal dosage, the effects of methamphetamine are more powerful. Additionally, this substance has greater addictive potential than amphetamines.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>• Different coloured pills with or without printed logos or etchings.</li> <li>• Capsule</li> <li>• Powder</li> <li>• Crystal (<i>Crystal meth</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Feelings of energy and physical strength</li> <li>• Appetite and fatigue suppression</li> <li>• Hyperactivity</li> <li>• Increased respiratory and heart rhythm and blood pressure</li> <li>• Tense jaw and tics</li> <li>• Insomnia</li> <li>• Heart palpitation</li> <li>• Increased body temperature (fever and sweating)</li> <li>• Trembling</li> <li>• Convulsions</li> <li>• Heart problems</li> <li>• Skin eruptions</li> <li>• Other serious risks including death (e.g., cardiac arrest)</li> </ul> <p><b>At high doses:</b></p> <ul style="list-style-type: none"> <li>• Physical effects comparable to amphetamines, but shorter in duration.</li> </ul>	<ul style="list-style-type: none"> <li>• Euphoria</li> <li>• Feeling of mental power</li> <li>• Increased vigilance</li> <li>• Logorrhea (excessive talkativeness)</li> <li>• Irritability</li> <li>• Anxiety</li> <li>• Panic</li> <li>• Paranoia</li> <li>• Aggressiveness</li> <li>• Hallucinations</li> <li>• Psychotic state (confusion, disorientation, delirium, paranoia and hallucinations).</li> </ul> <p><b>After consumption:</b></p> <ul style="list-style-type: none"> <li>• General state of exhaustion</li> <li>• Depression</li> </ul> <p><b>Psychotic effects comparable to amphetamines, but shorter in duration.</b></p>
<p><b>COCAINE</b>  <i>Coke, Powder, Snow, Coco, etc.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>• Powder</li> <li>• Rock (crack)</li> <li>• Freebase</li> </ul>	<p><b>Physical effects comparable to amphetamines, but shorter in duration.</b></p>	<p><b>Psychotic effects comparable to amphetamines, but shorter in duration.</b></p>



# HALLUCINOGENIC STIMULANTS

## SUBSTANCES

SUBSTANCES	FORM	PHYSICAL	GENERAL EFFECTS	PSYCHOLOGICAL
<p><b>ECSTASY</b> (MDMA) <i>E, XTC, Adam, etc.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>• Different coloured pills with or without printed logos or etchings.</li> <li>• Capsule</li> <li>• Powder</li> </ul>	<p><b>Stimulating effects similar to those of amphetamines, but of lesser intensity. In addition:</b></p> <ul style="list-style-type: none"> <li>• Altered sensory perception (especially tactile)</li> <li>• Problems urinating</li> <li>• Nausea</li> <li>• Hot flashes</li> </ul> <p><b>At high doses:</b></p> <ul style="list-style-type: none"> <li>• Dehydration</li> <li>• Excessive increase in body temperature (hyperthermia)</li> </ul> <p><b>In rare instances:</b></p> <ul style="list-style-type: none"> <li>• Extremely toxic for the liver</li> </ul>	<p><b>Euphoric effects comparable to amphetamines, but of lesser intensity. In addition:</b></p> <ul style="list-style-type: none"> <li>• Strong sense of empathy (wish for contact with others, communication sensuality, etc.)</li> <li>• Increased introspective and self-awareness capabilities</li> <li>• Distorted perception of time</li> <li>• Panic and anxiety</li> </ul> <p><b>At repeated doses:</b></p> <ul style="list-style-type: none"> <li>• Memory problems</li> </ul> <p><b>Even after one-time use:</b></p> <ul style="list-style-type: none"> <li>• Depression</li> </ul>	
<p><b>2-CB</b> <i>Nexus, Bromo, Toonies, etc.</i></p> <p><i>May lead to tolerance and dependence.</i></p>	<ul style="list-style-type: none"> <li>• Pill</li> <li>• Blotter</li> <li>• Powder</li> </ul>	<p><b>Stimulating effects similar to those of amphetamines, but of lesser intensity. In addition:</b></p> <ul style="list-style-type: none"> <li>• Uncoordinated movement</li> <li>• Nasal pain (upon snorting)</li> <li>• Excessive salivation and hypersecretion of mucous</li> <li>• Irregular heartbeat</li> <li>• Gastric problems</li> <li>• Excessive increase in body temperature (hyperthermia)</li> </ul>	<p><b>Euphoric effects comparable to amphetamines, but of lesser intensity. In addition:</b></p> <ul style="list-style-type: none"> <li>• Altered perception</li> <li>• Visual hallucinations</li> <li>• Increased introspective and self-awareness capabilities</li> <li>• Anxiety</li> <li>• Disorientation and confusion</li> <li>• Aggression</li> </ul> <p><b>In strong doses:</b></p> <ul style="list-style-type: none"> <li>• Hallucinations and frightening thoughts.</li> </ul>	

# MIND-ALTERING HALLUCINOGENS

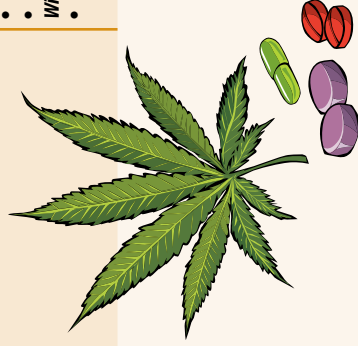
## SUBSTANCES

SUBSTANCES		FORMS	GENERAL EFFECTS	
			PHYSICAL	PSYCHOLOGICAL
<b>CANNABIS</b> (Tetrahydrocannabinol) <i>Pot, Weed, Mari, Hash, Herb, joint, etc.</i>		<ul style="list-style-type: none"> <li>• Herb</li> <li>• Resin</li> <li>• Oil</li> </ul>	<ul style="list-style-type: none"> <li>• Relaxation</li> <li>• Dry mouth</li> <li>• Increased heartbeat</li> <li>• Lowered blood pressure</li> <li>• Hypoglycemia (increased appetite)</li> </ul> <p><b>On the long term:</b></p> <ul style="list-style-type: none"> <li>• Potential lung damage</li> </ul>	<ul style="list-style-type: none"> <li>• Slight euphoria</li> <li>• Slight change in perception and thought</li> <li>• Decrease or increase of anxiety</li> <li>• Difficulties concentrating</li> <li>• Confusion</li> <li>• Alteration of short-term memory</li> <li>• Lethargy (drowsy, lack of energy)</li> </ul> <p><b>Among certain individuals, at high doses</b></p> <ul style="list-style-type: none"> <li>• Psychotic state (confusion, disorientation, delirium and hallucinations)</li> </ul>
<b>KETAMINE</b> <i>K, KET, Special K, Kit Kat, etc.</i>		<ul style="list-style-type: none"> <li>• Powder</li> <li>• Liquid</li> <li>• Pill</li> </ul>	<p><b>At low doses:</b></p> <ul style="list-style-type: none"> <li>• Nausea, dizziness and vomiting</li> </ul> <p><b>At higher doses:</b></p> <ul style="list-style-type: none"> <li>• Insensibility to pain</li> <li>• Severe paralysis with preservation of a state of consciousness (<i>K-Hole</i>)</li> </ul> <p><b>At high doses:</b></p> <ul style="list-style-type: none"> <li>• Respiratory depression</li> <li>• Loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Feelings of floating</li> <li>• Disorientation and confusion</li> <li>• Altered judgement</li> </ul> <p><b>At higher doses:</b></p> <ul style="list-style-type: none"> <li>• Dissociation</li> <li>• Visual hallucinations</li> <li>• Memory loss</li> <li>• Aggressive behaviour</li> <li>• Anxiety and panic</li> <li>• Paranoia</li> <li>• Psychotic state (confusion, disorientation, delirium and hallucinations)</li> </ul>
	<i>May lead to tolerance and dependence.</i>			
<b>PCP</b> (Phencyclidine) <i>PC, Mess, Angel dust, etc.</i>		<ul style="list-style-type: none"> <li>• Powder</li> <li>• Pill</li> <li>• Blotter</li> <li>• Liquid</li> </ul>	<p><b>At low doses:</b></p> <ul style="list-style-type: none"> <li>• Muscular rigidity</li> <li>• Slurred speech and uncoordinated movement</li> <li>• Decreased sensitivity to pain</li> <li>• Excessive thirst and greater need to urinate.</li> </ul> <p><b>At high doses:</b></p> <ul style="list-style-type: none"> <li>• Increased blood pressure and irregular heartbeat</li> <li>• Nausea and vomiting</li> <li>• Severe complications (kidneys)</li> <li>• internal haemorrhaging (skull)</li> </ul>	<p><b>At low doses</b></p> <ul style="list-style-type: none"> <li>• Dissociation (impression that the mind is detaching itself from the body)</li> <li>• Unstable humour and feelings of irritability</li> <li>• Distortion of perception : time, space and body image</li> <li>• Altered judgment</li> </ul> <p><b>At high doses:</b></p> <ul style="list-style-type: none"> <li>• Panic, agitation and confusion</li> <li>• Disorientation</li> <li>• Obsession and paranoia</li> <li>• Fear of death</li> <li>• Violent and strange behaviour</li> <li>• Psychosis (confusion, disorientation, delirium and hallucinations).</li> </ul>
	<i>May lead to tolerance and dependence.</i>			

# MIND-ALTERING HALLUCINOGENS

## SUBSTANCES

SUBSTANCES	FORMS	PHYSICAL	GENERAL EFFECTS
<p><b>MAGIC MUSHROOM</b> (Psilocybin) <i>Mush, Champignons, etc.</i></p> <p><b>Low potential for tolerance and dependence.</b></p>	<p>Small beige coloured sometimes blue-tinged stalks</p>	<ul style="list-style-type: none"> <li>• Hot flashes</li> <li>• Increased blood pressure</li> <li>• Slightly irregular heartbeat</li> <li>• Uncoordinated movement</li> <li>• Dizziness</li> <li>• Nausea, vomiting and stomach aches</li> </ul>	<p><b>PSYCHOLOGICAL</b></p> <ul style="list-style-type: none"> <li>• Euphoria and uncontrollable laughing</li> <li>• Altered perception of sight, time and space</li> <li>• Altered judgment</li> <li>• Hallucinations</li> <li>• Confusion, anxiety and panic (<i>Bad Trip</i>)</li> </ul>
<p><b>LSD</b> <i>Acid, blotter, cap, etc.</i></p> <p><b>May lead to tolerance and dependence.</b></p>	<ul style="list-style-type: none"> <li>• Blotter</li> <li>• Microdot</li> <li>• Liquid</li> <li>• Sugar cube</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea</li> <li>• Irregular heartbeat</li> <li>• Increased blood pressure</li> <li>• Muscle cramps</li> <li>• Shivering</li> <li>• Trembling</li> <li>• Fatigue and insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Euphoria and uncontrollable laughing</li> <li>• Altered perception (amplification or distortion)</li> <li>• Confusion perception (e.g., hear colours and see sounds)</li> <li>• Considerably altered judgment</li> <li>• Mood swings</li> <li>• Mystic impressions</li> <li>• Anxiety, alarm, panic and loss of control (<i>Bad Trip</i>)</li> <li>• Paranoia</li> </ul> <p><b>With some individuals:</b></p> <ul style="list-style-type: none"> <li>• Psychosis (confusion, disorientation, delirium and hallucinations).</li> </ul>



## 5.2 What are the consequences?

Youth who do drugs do not experience all the following consequences, but consequences are impossible to foresee because of the law of

**E = P.I.C.**

Here are some possible consequences:

### Breakdown in communication:



A person who does drugs occasionally or abuses substances may undergo a breakdown of communication with loved ones. The consequence of this breakdown is that people who love and respect each other are no longer talking to each other: parents-children, youth-teachers/front-line workers, friends-family and community members. In such context, youth are even more at risk.

### Debt

Money is the main means people use to access drugs. Therefore, there is the risk of getting into debt doing drugs.



### Accidents

Drinking alcohol or doing other drugs alters reflexes, perception and concentration. Therefore, the person is less vigilant. Practicing extreme sports, driving a car, atv or snowmobile under the influence of alcohol or drugs increases the risk of accidents.



### Addiction (dependence)

If substances are taken as a means of finding solutions to problems or feeling better, and consumption becomes a regular occurrence, there is risk of psychological and physical addiction. People who abuse substances generally have other problems in their lives. There can be many consequences.

## Crime and lifestyle

Some people, even light consumers, may turn to crime to pay for alcohol and drugs. When addiction is present, many addicts develop a lifestyle to get their drugs (theft, drug trafficking, prostitution)

## Bad trip

After the use of a psychedelic drug (LSD, PCP and sometimes cannabis), the user can experience undesirable side effects, seeing frightening things. Some psychological and psychiatric problems can occur with prolonged use of amphetamines, methamphetamine (*speed*) and cocaine.



## Criminal record and labelling

Adolescent drug users may draw the attention of police and result in an investigation by the DYP. Moreover, community members may label young drug users and exclude them socially. Adults run the risk of a criminal record.

## Loss of motivation

Youths may feel less motivated to attend school or become involved in healthy leisure activities.



## Hepatitis C and HIV/Aids

Use of injection drugs, sharing syringes and other injection materials place the user at high risk for infectious disease transmission. Hepatitis C and HIV are the leading viral infections risked by injection drug users failing to take precautions.



As well, those who inhale drugs and share their drug paraphernalia run the risk of contracting Hepatitis C. Blood may already be present on the rolled bill or straw used to consume the drug. When a user sniffs drugs, blood drips from the nasal passages increasing the risk of transmission of hepatitis caused by sharing drug paraphernalia.

## Becoming pregnant, STD, Hepatitis B and HIV/Aids

Drugs and alcohol consumption often place youth and adults at-risk. Some substances rid people of their inhibitions and they forget to protect themselves. This increases the risk of STDs and, for girls, the risk of pregnancy.



## What infections are transmitted sexually?

### VIRAL INFECTIONS

- Papillomavirus or human papilloma virus (HPV)
- Genital herpes
- Hepatitis B virus
- Human immunodeficiency virus (HIV)

### BACTERIAL INFECTIONS

- Syphilis
- Gonorrhoea
- Chlamydia

For information on sexually transmitted diseases, please contact your local health services and/or the following website at: [www.sexualityandu.ca](http://www.sexualityandu.ca)

# 6. What are the needs of youth?

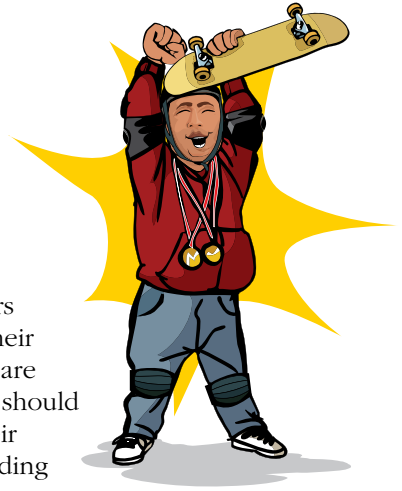
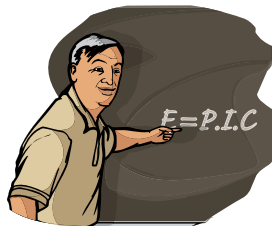
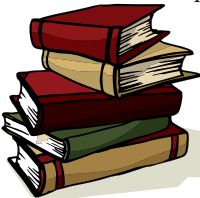
The following are needs experienced by youth that community members should consider to prevent drug and alcohol consumption or to limit consumption.



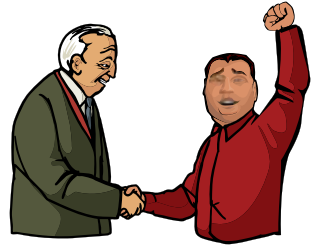
- Every child must be loved unconditionally. Only parents can do this. Others involved in the youth's life should show unconditional respect, even if the youth uses drugs or alcohol. Extended family members can play an important role in children's wellbeing.

• All youth should know that they are our future and they are the most important things in our lives.

- Youth need activities, leisure and sports to channel their energy and have fun.
- Youth need information on substances that respects their intelligence without instilling fear.
- Youth must have access to significant others (adults/front-line workers) who focus on their needs and not on the products they are or are not consuming. These adults should be constantly upgrading their knowledge and understanding of youth in general.



- Youth need to experience success so they can develop self-esteem.
- Youth need to be reassured. The best way to reassure someone is to share your own misgivings.
- Youth need to feel trusted and trust in us. To build trust we must approach youth in a manner that says:



- a) I accept that you are different from me;
- b) I want to get to know you;
- c) I am willing to take calculated risks.
- d) It works both ways.

- Youth need to be listened to and to be able to communicate with significant others.

When have you had a conversation with a youth?



### There are other important needs:

- Primary needs: lodging, food, clothing.
- Consolidating culture, traditions and values.
- Youth need to know that adults acknowledge that today's youth are caught up in all types of modern technology, and contemporary issues (Internet, information, communications, Xbox and Wii, pollution, YouTube, Black Berry, etc.).
- Youth need adult understanding and tolerance
- Youth need to have projects, dreams and allowed to simply be children or adolescents.
- Youth need to be encouraged to be children or adolescents.

It is very important that political leaders, schools, health centres and front-line workers be able to respond to the needs of youth and offer them the means to improve their quality of life. However, the family remains the most important factor in the development and wellbeing of our youth.

# 7. What paths should be followed?

## WHAT CAN PARENTS AND ADULTS DO?

If parents, FRONT-LINE workers and other community members respond to some of the needs specified earlier, drug and alcohol consumption among our youth may decrease.

### Communicate with your children:

Communication with your children, even if difficult, is vital. The best method of communication is confrontation, not conflict. Below are the conflict and confrontation examples of an argument.

Situation: Your thirteen-year-old wants permission to attend his or her first party and be home by 1 a.m. Your child arrives home at 2:30 a.m.

CONFLICT (MEETING HEAD ON)	CONFRONTATION
<b>1- Winner / loser:</b> Parent: You're not going to walk all over me, and win. I'll show you who's boss.	<b>1- Unconditional respect:</b> Parent: Well, we hope you had a good time!
<b>2- Argumentation:</b> Child: Yes, but Dad! Parent: Hey! I know all about that stuff; there are no excuses.	<b>2- Statement of fact:</b> Parent: We agreed on 1 a.m. and you came in at 2:30 a.m.
<b>3- Interpretation :</b> Parent: All youths who come in at this hour do drugs and sleep around.	<b>3- Sharing points of view:</b> Parent: I was worried about you; we were afraid; you know how much we love you Child: I'm sorry, I didn't want to hurt you
<b>4- Closed relationship:</b> Child: Yeah, but Dad, I was with Stephan... Parent: Hey, I'm the one who's doing the talking.	<b>4- Open relationship:</b> Child: I was with Stephan. He was drunk, sick and he didn't want his Mom to come and get us right away. I took care of him.
<b>5- Escalation of verbal violence:</b> Parent: Sometimes I wonder why you were ever born.	<b>5- Dialogue :</b> Parent: Did you drink beer? Child: Yes, two. Parent: Bravo for taking care of Stephan, but you should have called us!
<b>6- Abuse of power:</b> Parent: You're grounded for a month: no Internet, no TV, no telephone.	<b>6- Compromise:</b> Parent: Listen, go to bed, think of a consequence and we'll discuss the matter tomorrow. Good night. I love you.
<b>7- Resignation :</b> The youth shuts out and withdraws from the parents and thinks, "there's nothing to be done with these parents."	<b>7- Search for a solution:</b> This child will turn to his or her parents. He or she will be less isolated and less at risk.

## **OTHER STRATEGIES FOR PARENTS**

- Explain to children, especially adolescents, how much more important they are than alcohol or drugs.
- Accept that like us, our children are not perfect and love them as they are.
- Learn more about drugs.
- State your position on drugs.
- Spend quality time with your children from birth and throughout their developmental years.
- Take care not to trivialize or dramatize children's difficulties.
- Be aware of the family and community climate around youth.

Parenting adolescents is a big responsibility today. The most important role models for a child are his or her parents.

## **STRATEGIES FOR FRONT-LINE WORKERS**

- Offer each child/adolescent/family unconditional respect and professional service.
- Offer parenting programs including information on the different realities facing today's children and help them demystify different kinds of behaviour, if necessary.
- Youth must know that what they say and do remains confidential.
- Ensure confidentiality when working with youth, and clarify situations where confidentiality cannot be guaranteed.
- Work with other partners and adults involved with youth (networking) for the wellbeing of youth and for the purpose of joint action.
- Learn about different contemporary interventional approaches used with youth (proximity work, experiential management, harm reduction, empowerment etc.) and involve youth in the search for solutions.
- Show interest in today's reality for youth, their future, their desires, their challenges, their music, their fashions, their values....

It is a well-known fact that the greatest challenge facing front line workers and others dealing with youth is making the "connection". Their work is very important. Statistics show that in some native communities, youth (up to age 25) account for more than 60% of the total population.

Given this demographic context, caseworkers must try to establish a good relationship with youth based on mutual respect and trust, a win-win-relationship.

# 8. What does it take to get out?



Youth have some basic needs if they are going to be able to halt problem consumption:

- Youth must be given opportunities to become aware of his or her problem and want to begin to improve his or her quality of life.
- Youth must have access to competent, committed and significant others in the community.
- Youth must be accompany and supported as they solve the difficulties that led them to their substance abuse
- Youth need and deserve adults willing to support and accompany them through the healing and rehabilitation process.

Here are some premises that will allow a youth to put a halt to problem consumption:

- The youth must be aware of his or her problem and want to improve his or her quality of life.
- The youth must have access to competent, committed and significant others in the community.
- The youth must be accompanied in solving the difficulties that led to alcohol and/or substance abuse in the first place.
- Families must accompany, participate and support their children through the rehabilitation and healing process.

# Conclusion

Nurturing children/adolescents to adulthood, giving them access to the best possible quality of life and making them responsible community members is an enormous collective responsibility that belongs to all adults.

Unfortunately, alcohol and drugs will be around for a long time. Like it or not, youth risk being confronted with these substances. Sticking one's head in the sand won't help. We need to be informed and inform our children intelligently about drugs. Likewise, youth, not alcohol or drugs, need to be at the centre of our concerns.

Do not forget that Aoboriginal (First Nations and Inuit) children are connected to the world. They use the Internet, like music and wear the same clothes (RAP, Hip Hop, Yo) as other youth in Quebec and Canada. They have access to modern information and tools. We have to trust them.

The current situation is far from simple. Many adults and elders say the world is changing fast and they don't necessarily understand what is going on. Youth, on the other hand, are drawn to the past and attracted by the future. They often face making choices alone.

In closing, we need to find modern means adapted to responding to youths. We need to be **with** them and accompany them on the path of this complicated existence.

Show youth that we can be trusted and use every opportunity to strengthen our relationship with them.

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