

A Re-Solv Lowdown Guide

Talking with your child about 'legal highs' - 10 top tips

BATH SALTS

monkey dust

\$PICE

BLACK MAMBA GAS

NPS PLANT FOOD

RESEARCH CHEMICALS

Evidence shows that talking about drugs with your children can protect them from harm. The 10 tips in this guide will help get you started.

Re-Solv



WHY DO YOUNG PEOPLE USE DRUGS?

Some young people experiment with drugs because they're bored or because they want to find out what it feels like. Drugs make some people feel good – they enjoy the sense of altered perception or they feel more confident. For others, drugs provide a means of escape from stress or other problems in their lives. And for young people whose friends take drugs, it can be difficult not to feel it's the norm and something they should do too in order to 'fit in'.

HELP & INFORMATION



In Stoke-on-Trent, Re-Solv are here to help on **01785 810762** or via text/whatsapp on **07496 959930** from 10am-4pm, Mon-Fri. There's more information and help online as well at re-solv.org.

FRANK

At talktofrank.com you can search for information on every kind of drug. They also provide friendly, confidential drugs advice on **0300 123 6600**, text **82111** and via live chat.

Lifeline
Stoke on Trent

If you're worried that your child may be using drugs, talk to an expert at Lifeline, Stoke-on-Trent's drug and alcohol support service for young people on **01782 212800** or **01782 818570**.



If you're worried about your child's mental health, call Mind North Staffs on **0300 123 3393** or the Staffs Mental Health Helpline on **0808 800 2234**, text **07860 022821** or visit youngminds.org.uk.



ADFAM is a national organisation working with and for families affected by drugs and alcohol. Visit them at adfam.org.uk.



Helplines for young people include Childline on **0800 1111** and The Mix on **0808 808 4994**.

WHAT CAN I DO? THE TEN TIPS

1 The earlier you start talking, the better – you want the conversation to be ongoing. From the age of 7, children will start learning in school about dealing with different types of risky situations. So it will help them if these kinds of issues are also discussed at home.

2 Don't assume that you've 'had the talk' – an NHS survey showed that 75% of parents of 11-16 year olds thought they'd had a conversation about drugs with their child, but only 36% of 11-17 year olds said they remembered such a conversation.

3 Choose your moment – don't start a conversation when your child is running out of the door or going to bed. A family meal can be a good time, or perhaps a walk or drive where there's time to talk. Sometimes being side-by-side, rather than face-to-face, can feel less confrontational.

4 Use opportunities as they arise – you could use adverts, news or soap stories to spark the topic. Or you could ask what your child has learned about drugs at school or college. Try not to start with questions about their behaviour, or what they have been up to when you're not around! You want them to talk honestly, not just to tell you what you think you want to hear.

5 Listen – ask open questions (rather than questions that lead to a simple 'yes' or 'no' answer) and listen to your child's answers. Listening can be the most helpful thing you do.

6 Provide the facts – make sure you've done your homework and have a reasonable basic knowledge about drugs (see the 'Factfiles' overleaf and our 'Help and Information' section).

7 Avoid scare tactics – evidence suggests scare tactics don't work. Teenagers may know more people who take drugs than you do, so they will judge what you say by what they have seen.



Instead, be frank about your own reasons why you'd rather they didn't take drugs. Good reasons not to take drugs might include:

- You want your child to avoid drugs. Your values and attitudes count with your child, even though s/he may not always show it.
- Drugs can be dangerous or lead people to do things they wouldn't otherwise choose to do.
- Many drugs are illegal and getting a criminal record will limit your life choices.

Agree rules and boundaries together, be consistent, and reward children for sticking to them.

8 Think about peer pressure – help your child come up with ways to deal with situations where they may feel pressured into taking drugs. Most young people don't use drugs so make sure your child knows that it's not the norm to take drugs and that it's okay to say no.

Know your children's friends – you may find that other parents in your children's friendship group share your concerns, so you could agree together on rules around parties and supervision.

9 Don't panic – if your child has tried drugs, don't panic! They're not the first and they won't be the last. Try to stay calm and find a good time for discussion – not when they're high from using drugs. Try to show love and concern rather than anger.

10 Persevere! It may not always be easy. If your child argues or becomes angry, don't worry. This is an ongoing discussion and you can always revisit the conversation at another, calmer time.



REMEMBER!

Remember, this is all about helping your child stay safe. Sometimes a quick text message to show you're thinking of them can be the most effective reminder that you care.

AKA	'Solvent abuse', 'VSA', 'glue-sniffing'.	'NPS' or 'legal highs'.	Class A, Class B or Class C drugs.
WHAT KIND OF DRUGS ARE THEY?	Household products that contain gases or solvents that can be inhaled to get 'high'.	Powders, pills and smokeable substances manufactured to mimic the effects of popular illegal drugs.	Drugs controlled under the Misuse of Drugs Act that are illegal to sell, supply or possess.
EXAMPLES OF THESE DRUGS	<ul style="list-style-type: none"> • Butane gas found in aerosols (deodorants, hairsprays etc.) and cigarette lighter refills. • Nitrous oxide ('laughing gas') often contained in small metal canisters ('whip-its') and inhaled from balloons. Also considered to be a 'legal high' or 'NPS'. • Petrol. • Some trade/industrial glues. • Alkyl nitrites ('poppers'). 	<ul style="list-style-type: none"> • 'Synthetic cannabinoids' that mimic cannabis, e.g. spice or black mamba. • Stimulants like mephedrone ('m-cat'), PMA and monkey dust ('bath salts'). • Depressants ('downers') that relax like nitrous oxide. • Dissociative or hallucinogenic drugs like methoxetamine ('MXE') that mimics ketamine. 	<ul style="list-style-type: none"> • Class A drugs include MDMA ('ecstasy'), cocaine ('coke') and opiates like heroin ('gear'). • Class B includes cannabis ('weed'), amphetamines ('speed'), m-cat and synthetic cannabinoids. • Class C includes ketamine, benzodiazepines (tranquillisers) and former 'legal highs' BZP, GBL and GHB.
ARE THEY LEGAL?	Yes because volatile substances are found in household products (e.g. aerosols or cigarette lighter refills) and/or have a legitimate purpose (e.g. nitrous oxide 'whip-its' used in catering). 'Poppers' are also legal to possess for personal use.	The most common 'legal highs' like spice, black mamba, m-cat and MXE are now banned, Class B drugs. Under the 2016 Psychoactive Substances Act others are still legal to possess for personal use but illegal to sell or supply.	No. They are illegal to sell, supply or possess. Possession of Class A drugs can carry a penalty of up to 7 years in prison, Class B up to 5 years and Class C up to 2 years.
ARE THEY DANGEROUS?	Inhaling volatile substances can cause 'sudden sniffing death syndrome' – a fatal heart attack. Butane gas is the biggest killer. (No deaths are directly associated with the use of single nitrous oxide balloons although there have been accidents, e.g. while driving.)	There is no easy answer. Yes, some appear to be very dangerous and to cause severe physical and mental reactions, including death. There is also the risk of addiction. But very little is known about the long-term effects of these substances.	The class (A, B or C) is based on the harms these drugs are perceived to cause, either to the user or to society when they are misused. As well as direct harm, there is also the risk of physical and psychological addiction.

