



Western Cape
Government

Social Development



Substance Abuse

Booklet for Parents



What do you know about harmful drug use?



A Quick Quiz

Harmful drug and alcohol use occurs over time and people seldom admit there is a problem, before it is too late. At first, few wish to acknowledge they have lost control and have a problem. Parents or loved ones may suspect that there may be a problem looming but are unsure and scared to confront the user and/or don't know what to do.

To assist, here are a few simple, but not necessarily scientific or conclusive, quiz questions that one could ask to get some indication if the concern is valid and that further, more drastic action is needed to address a looming problem of harmful drug and/or alcohol use.

1. People who abuse drugs are weak-willed individuals who could control their craving for drugs if they tried.

True ☐ or False ☐

2. Illicit drug use has declined among teens.

True ☐ or False ☐

3. Marijuana is the most commonly abused illicit drug in South Africa.

True ☐ or False ☐

4. Although "club drugs" got their start at all-night dance parties among teens, these illicit drugs have moved into mainstream culture.

True ☐ or False ☐

5. Although illicit drug use in general has declined over the last few years, the number of people abusing controlled prescription drugs has grown.

True ☐ or False ☐

6. Anabolic steroids are the same as corticosteroids, and both types of drugs have the same dangerous side effects.

True ☐ or False ☐

7. Even one session of repeated "sniffing" of an inhalant can cause heart failure and death.

True ☐ or False ☐

8. Different drugs produce different symptoms, so it's not always easy to tell when someone is abusing a substance. One possible sign of drug abuse in teens, however, is when grades slip and school attendance becomes irregular.

True

☐

or False

☐

9. If you suspect that a loved one is abusing drugs, wait to discuss the issue with the person until he or she is not high.

True

☐

or False

☐

10. Most people who are treated for drug abuse only need to stay in treatment for at least three months.

True

☐

or False

☐

The ANSWERS are

1. People who abuse drugs are weak-willed individuals who could control their craving for drugs if they tried. False
2. Illicit drug use has declined among teens. False
3. Marijuana is the most commonly abused illicit drug in South Africa. True
4. Although "club drugs" got their start at all-night dance parties among teens, these illicit drugs have moved into mainstream culture. True
5. Although illicit drug use in general has declined over the last few years, the number of people abusing controlled prescription drugs has grown. True
6. Anabolic steroids are the same as corticosteroids, and both types of drugs have the same dangerous side effects. True
7. Even one session of repeated "sniffing" of an inhalant can cause heart failure and death. True
8. Different drugs produce different symptoms, so it's not always easy to tell when someone is abusing a substance. One possible sign of drug abuse in teens, however, is when grades slip and school attendance becomes irregular. True
9. If you suspect that a loved one is abusing drugs, wait to discuss the issue with the person until he or she is not high. True
10. Most people who are treated for drug abuse only need to stay in treatment for at least three months. False.

How did you fare? Do you know enough to detect if there may be a problem or do you need to delve a bit deeper? We hope this gives you a better understanding of the challenges of substance abuse in every community and that this booklet will be of assistance in some way.

Parents' Quick Guide to Street Drugs

A list of the most common drugs and substances potentially experimented with and misused by young people.

	Alcohol	Cocaine/Crack	Cough medicine	Ecstasy/MDMA	Heroin
Street names	Booze, dop	Blow, Coke, Nose Candy, Rock	Syrup	X, XTC, E	Dope, Skunk, Ungah
Looks like	Liquid (types include wine, beer, spirit coolers, ciders etc.)	White Crystal Powder, Chips, Chunks or Rocks	Liquid, pills	Branded tablets (Nike swoosh, Playboy bunnies)	White or dark brown powder or tar-like substance
How it's used/abused	Alcohol is drunk excessively. Binge drinking.	Cocaine can be snorted or injected. Crack can be smoked.	Swallowed	Swallowed	Injected, smoked or snorted
What teens have heard	Makes a boring night fun. Makes them 'look' or feel mature, hip, etc.	Keeps you amped up; you will be the life of the party.	Causes a high with various phases	Enhances the senses	Euphoria, but very risky
Dangerous because	Impairs reasoning, clouds judgement. Long-term heavy drinking can lead to alcoholism and liver and heart disease.	Can cause heart attacks, strokes and seizures. In rare cases, sudden death on first use.	Can cause abdominal pain, extreme nausea, liver damage	Can cause severe dehydration, liver and heart failure and even death.	Chronic heroin users risk death by overdose.
Signs of abuse	Slurred speech, lack of coordination, nausea, vomiting, and hangovers.	Nervous behaviour, restlessness, bloody noses, high energy	Slurred speech, loss of co-ordination, disorientation, vomiting	Teeth clenching, chills, sweating, dehydration, anxiety, unusual displays of affection	Track marks on arms, slowed and slurred speech, vomiting
Important to know	Being a child of an alcoholic places a child at greater risk for developing alcohol problems. Unsupervised children at parties are at greater risk of consuming alcohol.	Cocaine is a highly addictive drug.	The "high" from cough medicine is caused by ingesting a large amount of dextromethorphan (DXM), a common active ingredient found in many cough medications.	Can be addictive. Has become a popular club drug because of its stimulant properties which allow users to dance for extended periods of time.	Heroin overdose is a particular risk on the street, where the purity of the drug cannot be known.

Parents' Quick Guide to Street Drugs (continued)

A list of the most common drugs and substances potentially experimented with and misused by young people.

	Inhalants	Marijuana	Methamphetamine	Performance-enhancing drugs	Prescription pain relievers
Street names	Snappers, Poppers, Huffing, Glue, Thinners, Solvents	Dagga, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reefer, Skunk, Weed	Ice, Speed, Tik, Meth	Juice, Rhoids	Codeine and host of others
Looks like	Paint thinners, glues, petrol, etc.	A green or grey mixture of dried, shredded flowers and leaves of the hemp plant	White or slightly yellow crystal-like powder, large rock-like chunks	Tablet, liquid or skin application	Tablets and capsules
How it's used/abused	Inhaled through nose or mouth	Smoked, brewed into tea or mixed into foods	Swallowed, injected, snorted or smoked	Swallowed or injected or applied to skin	Swallowed
What teens have heard	A cheap, 20-minute high	Often easier to get than alcohol	Can keep you going for days	Will guarantee a spot on the starting line-up	A high, straight from the medicine cabinet
Dangerous because	Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death	Can cause memory and learning problems, hallucinations, delusions and depersonalisation	Chronic long-term use or high dosages, can cause psychotic behaviour (including paranoia, delusions, hallucinations, violent behaviour, insomnia and strokes)	Boys can develop breasts; girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes	A large single dose can cause severe respiratory depression that can lead to death
Signs of abuse	Slurred speech, lack of co-ordination, nausea, vomiting, and hangovers	Bloodshot eyes, slurred or slow speech	Nervous, physical activity, scabs and open sores, decreased appetite, inability to sleep		Medicine bottles present without illness. Disrupted eating and sleeping patterns
Important to know	Slurred speech, lack of co-ordination, nausea, vomiting, and hangovers	Contrary to popular belief, marijuana can be addictive	Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and causing environmental harm	Teens who abuse performance-enhancing drugs before their adolescent growth spurts risk staying short and never reaching their full height	Abusing prescription painkillers is just as dangerous and addictive as using other drugs

Parents’ Quick Guide to Street Drugs (continued)

A list of the most common drugs and substances potentially experimented with and misused by young people.

	Prescription sedatives and tranquilisers	Prescription stimulants	Tobacco
Street names	Benzodiazepine	Ritalin	Cancer stick, Cigarettes, Fags, Smokes
Looks like	Multicoloured tablets and capsules, some can be in liquid form	Tablets and capsules	Brown cut-up leaves
How it’s used/abused	Swallowed or injected	Swallowed, injected or snorted	Smoked or chewed
What teens have heard	A great release of tension	Keeps you attentive and focused	An oral fixation and appetite suppressant
Dangerous because	Slows down the brain’s activity and when a user stops using them, there can be a rebound effect with a possibility of leading to seizures and other harmful consequences	Taking high doses may result in dangerously high body temperature and an irregular heartbeat. Potential for heart attacks and lethal seizures	Cigarette smoking harms every organ in the body and causes coronary heart disease and stroke as well as many forms of cancer
Signs of abuse	Slurred speech, shallow breathing, sluggishness, disorientation, lack of co-ordination	Lack of appetite, increased alertness, attention span and energy	
Important to know	Using prescription sedatives with alcohol can slow both the heart and respiration and possibly lead to death	Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite	Second-hand smoke contributes to deaths related to cardiovascular disease

“Cigarette smoking harms every organ in the body and causes coronary heart disease and strokes, as well as many forms of cancer.”

Warning signs that a friend or family member is indulging in harmful drug or alcohol use



Harmful drug and alcohol users often try to conceal their symptoms and downplay their problem. If you're worried that a friend or family member might be abusing drugs, look for the following warning signs:

Physical warning signs

- Bloodshot eyes or pupils that are larger or smaller than usual
- Changes in appetite or sleep patterns
- Sudden weight loss or weight gain
- Deterioration of physical appearance and personal grooming habits
- Unusual smells on breath, body or clothing.
- Tremors, slurred speech, or impaired co-ordination

Psychological warning signs

- Unexplained change in personality or attitude
- Sudden mood swings, irritability or angry outbursts
- Periods of unusual hyperactivity, agitation or giddiness

- Lack of motivation; appears lethargic or "spaced out"
- Appears fearful, anxious, or paranoid for no reason

Behavioural signs

- Drop in attendance and performance at work or school
- Unexplained need for money or financial problems
- May borrow or steal to get it
- Engaging in secretive or suspicious behaviours
- Sudden change in friends, favourite hangouts and hobbies
- Frequently getting into trouble (fights, accidents, illegal activities)

Warning signs of teen drug use

The challenge for parents is to distinguish between the normal, sometimes volatile, ups and downs of the teen years and the red flags of substance abuse. The warning signs of drug use and abuse in teenagers often include:

- suddenly being secretive about friends, possessions and activities;
- new interest in clothing, music and other items that highlight drug use;
- demanding more privacy, locking doors, avoiding eye contact, sneaking around;
- skipping class, declining grades, suddenly getting into trouble at school;
- missing money, valuables or prescriptions;
- acting uncharacteristically isolated, withdrawn or depressed;
- using incense, perfume, or air freshener to hide the smell of smoke or drugs; and
- using eye drops to mask bloodshot eyes or dilated pupils.

When you suspect a loved one may have a drug problem



If you suspect that a friend or family member may have a drug problem, don't ignore it hoping it will change in time, it won't. Do something about it. Here are a few things you can do:

Talk to the person about your concerns, and offer your help and support. The earlier dependency is treated, the better. Don't wait for your loved one to hit bottom.

Be prepared for excuses and denial with specific examples of behaviour that has you worried.

Don't get so caught up in someone else's drug problem and neglect your own needs. Make sure you have people you can talk to and lean on for support, and stay safe. Don't put yourself in dangerous situations. Join a support group.

Don't make excuses or try to hide the problem. It's natural to want to help a loved one in need, but protecting them from the negative consequences of their choices may keep them from getting the help they need.

You can support a person with a drug or alcohol problem and encourage treatment, but you can't force a person with a dependency to change.

You can't control your loved one's decisions. Let the person accept responsibility for his or her actions, an essential step along the way to recovery for drug dependency.

Call to action – what can you do?



When parents or a friend confront the challenges of dealing with a loved one engaged in harmful drug or alcohol use, they often feel helpless.

One needs to educate oneself in order to help another.

Where does one start addressing the problem?

Harmful drug or alcohol use can be a very real challenge. It often requires more than just the abuser or misuser to address the problem. It may require the conscious action and commitment from the rest of the family to address the issue successfully.

The best place to start is at the beginning. Here are a few tips as to where to start the process of addressing the problem.

- 1 Educate** yourself and others about the positive and negative effects of substances, the risk of using them and what resources are available. Get brochures from your local clinic, your doctor, NGO's or the internet.
- 2 Make informed choices** about your own use of mood-altering substances (e.g. relax and have a good time without necessarily using alcohol, cigarettes or other mood-altering substances), and address any problems you may experience.
- 3 Discuss** alcohol and other drug use openly with different people (no moralising, blaming or shaming. Let people explain their views, share your values and why you feel the way you do.)
- 4 Take notice** of the signs that suggest problematic use of mood-altering substances in the people around you.
- 5 Set clear limits** for yourself on the way someone else's substance use affects you and decide on consequences that you are willing and able to carry through, should their behaviour not change.
- 6 Be honest, clear and caring** with the user, saying how you are being affected by their actions and what limits you have set.
- 7 Offer constructive support** to the user by giving information about interventions and treatment options, should they choose to seek help.
- 8 Be consistent** in the way you apply your limits and their consequences. (Be prepared to lose a person's affection for a while. Avoid feeling guilty for their poor decisions. This does not make you a bad person.)

9 Monitor yourself. Try to be aware of ways in which you may inadvertently be making it easier for problems to continue.

10 Get support and help for yourself — you will probably find many others in similar situations. Join a support group.

Information provided courtesy © Cape Town Drug Counselling Centre 2007

Myths and facts about harmful alcohol/drug use



The second step is to know, and then dispense with, the myths and excuses the user or abuser may offer as an explanation or promise of action.

MYTH 1:

Overcoming harmful use or dependency is simply a matter of willpower. "You can stop using drugs if you really want to."

FACT:

Prolonged exposure to drugs and alcohol alters the brain. These brain changes make it extremely difficult for an individual to quit by sheer force of will.

MYTH 2:

Dependency is a disease; there's nothing you can do about it.

FACT:

Dependency is a disease, but that does not mean you're a helpless victim. Dependency can be treated and reversed through therapy, medication, exercise and other treatments.

MYTH 3:

Harmful drug and alcohol users have to hit rock bottom before they can get better.

FACT:

Treatment and recovery can begin at any point of dependency. The earlier, the better. The longer abuse continues, the harder it is to treat. Don't wait, act immediately.

MYTH 4:

You can't force someone into treatment. They have to want help.

FACT:

Treatment does not have to be voluntary to be successful. Someone that is pressured into treatment is just as likely to benefit as those who choose to enter treatment on their own. Advice as to how to have someone admitted, even against their will, is addressed below.

MYTH 5:

Treatment did not work before, so there's no point trying again. Some cases are hopeless.

FACT:

Recovery from drug dependency is a long process. It often involves setbacks. Relapse does not mean that treatment has failed or that the person is a lost cause. Do not give up.

When someone resists your help

All too often a parent, family member or a friend tries to help someone close to them who is engaging in harmful drug or alcohol use and is behaving dangerously, but with little success.

What can you do if they ignore or resist any attempt to assist them to seek help?

If the person seems mentally unstable and psychotic (e.g. hearing voices, paranoid, believes things that are untrue to be true, etc.) and is a danger to themselves or others as a result of this, they should be certified under the Mental Health Care Act.

Action required:

- For this, the person needs to be taken to the nearest day hospital and ask them to assist.
- If they refuse to go to the day hospital, you can call the police to take them there.
- If they seem reluctant to act (sometimes the case), you can get a MHCA 04 form from your nearest day hospital and take it your local SAPS charge office.
- The SAPS are then obliged to take him/her to the nearest day hospital for assessment.

If drugs seem to be the cause of their behaviour and the focus of the attention (e.g. violent and aggressive while high, demanding of money for drugs, etc.), they can be forced to go for compulsory drug treatment under the Substance Dependence Act.

- They then need to be committed.
- You have to go to the local magistrate's office and make an affidavit in this regard. Then hand the affidavit in at your nearest social development office for action.
- This is a lengthy process that goes through court and can take months but it is better than leaving the situation to worsen without acting on it.

If they commit a crime (whether it is as a result of drug use or not), they are to be held legally accountable for this.

- If they commit a crime as a result of a mental illness, there is a process whereby patients are sent for observation at Valkenburg and get compulsory mental health treatment.
- If it is as a result of their dependency, the judge can sentence them via Article 296 of the Criminal Procedure Act 1977, for compulsory drug treatment, should the probation officer recommend it.

If neither of these two reasons are at play and they commit a crime, you need to consider whether you want them to repeatedly get away with it, or learn by experiencing the consequences of their behaviour.

The offender may end up with a criminal record and may be sentenced to a prison term, which may be traumatic.

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If the abuser is often abusive and violent at home (domestic violence), one can also get a restraining order and the police are obliged to act on this and remove them.

One may also apply for a protection order against the offending party to avoid future confrontation and abuse.

The advice is: act to address the problem and to protect yourself and your family.

It will also be of benefit to the abuser in the long term.

Courtesy Dr. Weich MRC 2009

Where to find help

Department of Social Development Toll-Free:
0800 220 250

South African Police Services:
0860 010 111

City of Cape Town:
0800 435 748

Department of Health:

Stikland Helpline:
021 940 4500

OR

Department of Social Development Regional Offices:

Metro North: 021 483 7689

Metro South: 021 763 6200

Metro East: 021 360 4200

West Coast: 022 713 2272

Eden-Karoo: 081 588 9118

Cape Winelands: 023 348 5300

Western Cape Government
Social Development

Private Bag X9112
Cape Town
8000
South Africa

Toll-free: 0800 220 250

www.westerncape.gov.za

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