

# DRUGS 101

## FOR TODAY'S TEENS, "JUST SAY NO" DOESN'T CUT IT

BY ROBERTA STALEY

**T**echno dance music thumps, a rhythm that churns the blood and gnaws the bones. Arms pump the air while naked torsos bump and slide against each other. One dancer, with a grey-grizzled face, is a bouncing parody of dungeon S & M, distended porcine belly and chest lashed with metal-studded black leather straps. The other dancers, mostly male, are tautly muscled, with beautiful faces. They are Asian, white, and black. Some are as young as 15; most are in their early 20s.

Those on ecstasy, or MDMA, have large, dilated pupils, red faces, and are sweating profusely. They are happy and genial and touch others as they speak. Crystal-methamphetamine users have darting eyes and a manic, paranoid look. Intense conversations flit about in annoying non sequiturs. Those on GHB seem drunk and will suddenly cease dancing, like puppets abandoned by their puppeteers. Ketamine users sit, dull-eyed and torpid, in the smoking room at the back of the club or on stools along the walls, watching the dancers.

This is The World, a legal, after-hours, no-booze club that draws hundreds of Vancouver party people nightly to dance until 8 a.m. in an undeveloped basement on Granville Street. In one sense, it is also a microcosm of the real world.

This world includes teens who don't frequent Vancouver's West End party and club scene but who will smoke or snort cheap crystal meth, also known as speed, behind their school or in a Kerrisdale back alley on the way home. It exists at private parties in the Fraser Valley and in bars, raves, and dance clubs all over the Lower Mainland.

Obviously, teenagers and young adults know how to obtain these pharmaceuticals. (Surveys show that underage youths can buy drugs easier than liquor.) What is less obvious is whether or not users are fully aware of the physical and psychological effects of drug use. Education about illicit drugs is part of the career and personal planning (CAPP) program for grades 8 to 12 students in B.C. However, drug education is not mandatory and is offered in snippets, and inconsistently, from school to school. The message, when taught, is two-pronged and based upon the ideal of a drug-free society, which is trotted out in North American schools through the police-taught and supported DARE (Drug Abuse Resistance Education) program. This program emphasizes that drug users and sellers risk incarceration, and that there are dire physiological effects of misuse, from a wasted youth to overdosing and even death.

But years of studies show that the threat of prison or ill health isn't taken seriously by teens, certainly not by those who are already experimenting with cigarettes, alcohol, pot, and the so-called designer and club drugs that were spawned by the rave culture. These teens are listening politely to the police message and shrugging it off. Instead of relying upon such "experts", kids turn to each other for drug edification.

That's worrisome enough to have inspired some new ideas about drug education that are creative, and even radical, in comparison to the traditional, moralistic "Just say 'no' to drugs" model coined by former United States president Ronald Reagan in the '80s.

**DESIGNER DRUGS ARE** amphetamine-type stimulants; ecstasy, for example, floods the brain with serotonin, creating a sense of euphoria. Both ecstasy and crystal meth are produced, increasingly, in clandestine home laboratories. Club drugs include the depressants GHB, ketamine, and Rohypnol, a sleep-disorder medication that induces a high when consumed with alcohol. According to Cpl. Scott Rintoul, the RCMP drug-awareness coordinator in B.C., the trend toward a rave culture of chemical-drug use is due, in part, to the success of coordinated international efforts to quash the export of heroin and cocaine out of Asia and Latin America.

Police worry most about methamphetamine, or crystal meth, because of the ease of making it, its addictive properties, and its multihour high. (See the *Straight's* "The Dark Crystal", August 14-21.) Ecstasy is a more elaborate concoction but is also part of the growing dope cottage industry, Rintoul says.

In a world where party drugs are locally made and easily obtained, the "Just say 'no'" mantra has taken a hit. A multitude of studies shows that teens have not pledged an oath of allegiance to this paternalistic caveat. The feeling is that drugs are liberating; it is a freeborn right to expropriate the experience of intoxication. Those who go to a summer rave



and pop a pill of ecstasy would undoubtedly scoff at the idea that this is the first step to becoming one of the Downtown Eastside's heroin and crack addicts. Brade Stanton, a tall, blond, spiky-haired regular—and regular drug user—at The World says: "Scare tactics don't work with young people, certainly not the threat of prison. Lots of people do drugs without anything happening to them."

Unfortunately, things *do* happen, from overdosing to overheating from dancing all night at a rave while hyped up on ecstasy. Dr. Grant Innes, chair of the department of emergency medicine at St. Paul's Hospital, says he is seeing a greater number of people seeking emergency help after taking drugs. (Reliable statistics, however, cannot be tallied due to the impossibility of determining whether drugs, alcohol, or a combination of the two are causing the symptoms.) Innes says that teens and young adults are having heart attacks and arrhythmia related to cocaine use; hyperthermia, convulsions, and seizures from ecstasy; or schizophrenia-type paranoia from using crystal meth.

Addiction specialist Dr. Ray Baker, medical director of Vancouver's HealthQuest Occupational Health Corp., says there are other, longer-term side effects. Scientists suspect that ecstasy may mess with the serotonergic nerve network, permanently lowering people's serotonin levels and impairing their ability to feel happiness. Also, if someone spends Friday to Saturday in a drug- or alcohol-induced teenage wasteland, or gets high during the week, they are missing out on the subtle process of emotional maturation, the most difficult and demanding, but important, task of adolescence, Baker says. "A drug that interferes with learning, attention span, motivation, or memory may interrupt the maturation process; the effect may be irreversible."

Most kids jeer at the notion that they'll become addicted, believing that they are both invincible and immortal, Baker says. He says drug use must be minimized during the teen years in order to thwart addiction. "One of the biggest risk factors for addiction is the age of onset, so if you can delay first use, that's a good thing. Tobacco companies know this; if they don't get them by age 19, they're probably not going to get them."

Even so, a growing number of experts, educators, and counsellors who work in the area of illicit drugs question the "drug-free society" goal that is at the heart of the "Just say 'no'" model. The reality is, drugs, legal and illegal, are not going away, and they are readily available, tempting experimentation. Kids, therefore, should be given credible,

accurate, practical information about drug use. This ignites cries of protest from some people, especially police and doctors, who believe that anything but a strict antidrug stance condones drug use. They point to a Web site like PartySafe's—which includes warnings like "don't mix GHB with alcohol"—as a virtual how-to manual.

Cpl. Rintoul says straying from the ideal of a drug-free society is a "cop-out". "There are individuals out there," he says, "who think we should teach kids to make reasonable choices about drugs, but that's utopian. The reality is, people make choices, dumb choices, that cost lives or cause injuries."

The importance of ensuring that young people are well-informed was emphasized in a 2002 multigovernment-commissioned study called *Pill Testing, Ecstasy & Prevention* that looked at drug use, especially ecstasy, in three European Union countries: Germany, Netherlands, and Austria. A key finding was the discovery that youth look to each other for information about drugs. This highlights the notion that education by peers has a strong potential not only to prevent nonusers from trying drugs but also to reduce risky behaviours.

Ken Tupper, a UBC PhD student in the faculty of education, is studying non-abstinence-based models of drug education. Clean-cut and bespectacled, Tupper says he feels that illicit drugs can have a role to play in western society similar to that of groups like the American Indians, who have historically used mind-altering substances like psilocybin (magic mushrooms), peyote, and ayahuasca in ceremonies. Drugs, Tupper says, can be a catalyst in the quest for the meaning of life and a driver to a spiritual awakening. "Kids using ecstasy often describe it as being a spiritual experience," says Tupper, who credits his own youthful trysts with LSD, ecstasy, and magic mushrooms for liberating a latent love and talent for music.

Such ideas and concerns about drugs will be debated this fall in a series of public meetings to develop a drug-education initiative for Vancouver, according to the city's drug-policy coordinator, Donald MacPherson. "The process will develop a comprehensive prevention program for Vancouver, including community-based and school-based prevention," MacPherson says.

This is part of the famous Four Pillars drug strategy—with prevention being one pillar—for reducing drug-related harm in the city, MacPherson says, adding that education is a key part of prevention. "We have to accept that we are a drug-consuming culture, although most of it is licit," MacPherson

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says. "We have to try to prevent harm within that context."

It is important to note the extent of drug use among teens. The Burnaby-based McCreary Centre Society, a nonprofit group concerned with youth health issues, conducted an adolescent health survey that shows that in 1998, 40 percent of students used marijuana, up from 25 percent in 1992. Thirteen percent had used pot 40 or more times. There was a slight increase in cocaine use, up to seven percent in 1998 from five percent in 1992. Sixteen percent of students had tried magic mushrooms, while 11 percent took LSD and ecstasy. Six percent had inhaled glue and aerosols.

Although 76 percent of students had never used any of the "harder" drugs, such as cocaine, hallucinogens, inhalants, amphetamines, or heroin, six percent said they had used one or more of these substances 10 or more times, according to the McCreary survey.

**DANNY CHASE AND CHRIS WATT**, both 18, sit in a booth at the New Amsterdam Café on West Hastings Street, pulling deeply on a spliff. They are long-time buddies from Delta; both dropped out of secondary school when they became addicted to crystal meth for a year. Both have kicked the habit, are working summer jobs, and will return to school in September. "If I knew then what I know now, I wouldn't have done it," the cherub-faced Watt says. "You have to learn about it firsthand," he adds, somewhat sheepishly.

Chase, skinny, with sunglasses perched on his head, says: "Kids know drugs are bad; they learn that starting in elementary school. Education, it works on some kids, but for most they've still got to try it."

To Dr. Roger Tonkins, the attitudes that Chase and Watt express are pretty normal. "Adolescents are notoriously concrete thinkers; thinking beyond the moment is not their forte. So the DARE program, based upon 'Don't do it because it's bad or criminal,' doesn't work," says Tonkins, who chairs the board of directors at the McCreary Centre Society. "Adolescents hear the messages, but it doesn't influence their behaviour, so we need to rethink the whole paradigm."

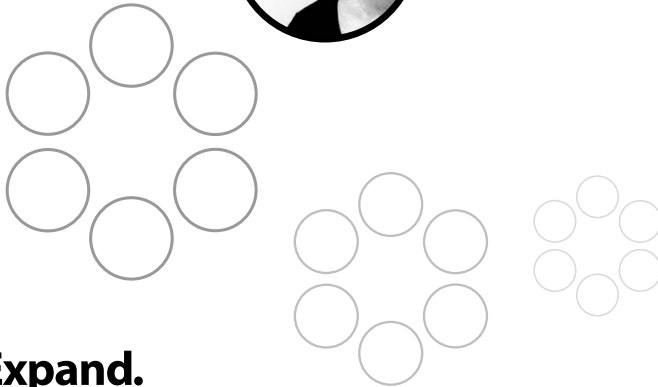
There's obviously a need to revisit the issue. If abstinence is shunned by thousands of curious teens and we know many kids don't buy the "Just say 'no'" message but there is also a higher risk of addiction among teen drug users, then how should drug education be delivered, at what age, and what should the message contain?

Mark Haden, a clinical supervisor of addiction services at the Pacific Spirit Community Health Centre in Vancouver, says one practical model is the "reality-based approach to teens and drug education". The new mantra is, "I really wish that you don't use drugs, but if you do, I want you to use them in a way that is the least harmful that you can," Haden says. "It's a complex message to give to kids and a tough message, because it's mixed."

Haden borrows from the template for sex education. "We don't educate kids to just say 'no' to sex. We know this results in increased teen pregnancies. So we tell them the truth, provide them with prescriptions, and try to help them understand the context of why they are having sex," he says. "That's a pretty important model for us, and I think we should do the same with drugs."

The decision by a teenager to become sexually active with one or more partners is influenced by family dynamics, self-esteem, abuse, and poverty, Haden says. The same factors determine drug

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