

# Introduction

‘Mind your own business. What I do is up to me. You always go on about drugs being bad, but what do you know? You told me you’ve never taken any, right? So how do you know what’s what? You don’t know anything!’ – a 15-year-old’s response to being asked by his mother if he is taking drugs.

I’m sitting with Harry, a bright, articulate 15-year-old who attends a well-regarded school in London. Harry’s parents are here too, looking anxious and frustrated. This is my second meeting with Harry, and he is here because he uses drugs. He mostly smokes cannabis but also occasionally takes ecstasy, and on one occasion he has taken cocaine. To Harry’s dismay, one of his friends told a teacher that they were worried about him. The head teacher called Harry and his parents to a meeting to discuss his progress and reported drug use.

Harry doesn’t think his drug use is a problem, claiming that all his friends smoke cannabis ‘now and then,’ and that he uses less than some. Despite recently falling grades, Harry knows he is bright and wants to go to university to study journalism, something he has wanted to do for as long as he can remember. He seems relaxed, even confident, as he talks to me about how cannabis helps control his

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anxiety, improves his sleep and makes him feel relaxed and ‘part of the crowd’. He can’t imagine a life without drugs.

Harry’s parents, on the other hand, are horrified. They can hardly bring themselves to believe that Harry is using drugs and blame his friends for introducing him to them. They think he has fallen in with a ‘bad lot’ and is putting his promising future at risk. At today’s meeting, they ask Harry to stop using drugs immediately, threaten to ban him from seeing his friends and insist that he is drug-tested every week. They become frustrated and angry when he says that they are over-reacting and accuses them of being out of touch and ignorant about drugs.

Tensions rise further as it becomes clear that Harry has been stealing money from his mother’s purse to spend on cannabis. His parents also discover that on weekends he has repeatedly lied about where he is and who he is with. The conversation becomes increasingly heated and hostile.

Stories like this one have unfolded in my office hundreds of times.

Months later, Harry has changed his mind. He found that his drug use started to affect important parts of his life. His academic performance dropped further, and cannabis made him increasingly paranoid. With support, he has stopped using drugs completely, although he has not ruled out trying them again in the future. He has needed to change some of his friends but seems happier for this. The paranoia has improved, and he is able to study again.

Harry’s parents have also been working hard. They now know much more about drugs and what to look out for if Harry starts using again. They have had to learn to trust him again despite feeling anxious about this, but they can see that Harry is making progress.

Unfortunately, not all stories end this well.

## Why Write This Book?

I wrote this book for two reasons. The first is that I am a psychiatrist who specialises in drug problems. Over the years, I have met thousands of patients and helped them on their often complex and sometimes

painful journey to recovery. As a psychiatrist, I am interested in both the brain systems underpinning harmful drug misuse and the psychological reasons for these problems. I believe my patients and their families deserve clear and up-to-date information to help them make decisions. This book will give you plenty of information to help you understand how drugs affect the brain, what problems they cause and possible solutions.

The second reason for writing this book is that I am a parent. Like many parents, I worry about how I can best look after and support my children. Other parents clearly feel this too, and often ask me similar questions.

How do I talk to my child about drugs?

What should I look out for?

Can I stop them from trying drugs?

What should I do if I think they are using drugs?

Drug use arouses difficult feelings for parents – confusion, anger, helplessness and condemnation. These feelings are understandable but can sometimes make the situation worse. In my experience, it is unhelpful to judge someone as ‘bad’ because they use drugs. It’s far better to try to understand their reasons for using drugs. So, in this book I steer clear of moral judgements about drug use. There will always be people who want to experiment with drugs, but some people are damaged by these experiments. What I most want to do is help people avoid this damage and help those who have begun to experience harm, and their families, to find a better way to manage their lives.

## Why Read This Book?

Most parents assume that their child will be taught about drugs by the school they attend. The reality is that children seek information about drugs from many sources including friends, the internet and social media, as well as from their teacher at school. Many schools do a good job at providing accessible, useful advice, but your child will also

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inevitably be hearing lots of inaccurate and misleading information from other sources. I always suggest that parents take an active role in educating their child about drugs and don't rely entirely on school or leave it to the internet and social media.

Parents might worry about talking to their children about this subject and feel they don't have enough knowledge to start a conversation about drugs. These concerns are understandable – the drug market is very different now from when parents were growing up. There are now more drugs than ever, both illegal and legal, and social media and the internet are increasingly used to promote and sell drugs.

This book will address all these issues in a clear, practical way, focusing on what you need to know. Using the latest science, this book will help you feel more informed about drugs, more confident in talking to your child, more able to avoid problems developing and more prepared to tackle problems with drugs if they arise.

## How to Use This Book

This book can be read in different ways. If you don't know much about drugs, then reading the chapters in order will give you the best introduction. However, all the chapters have been written to stand on their own, so you can go straight to the one that you need. So, if you have a particular question, such as 'How can I drug test my child?' or 'I've just found drugs in their room, what should I do?' then you can skip to the relevant section. At the end of each section, there is a summary of the key points covered.

There are case studies from my clinical practice throughout the book that illustrate different points. All these patients consented to their stories being used, but names and other details have been changed to ensure anonymity.

I first wrote a book for parents on having conversations about drugs with their children in 2016, at the height of concerns about so-called 'legal highs'. Since then, drug markets have continued to evolve rapidly, with many new drugs, emerging new harms and new ways to

purchase psychoactive drugs. Some surveys of young people suggest that drugs are seen as less harmful than a decade ago. An example is cannabis. This is despite cannabis becoming stronger, more available and with greater links to serious harms. Nicotine vaping was unknown in 2016, while so-called behavioural addictions such as gambling and compulsive use of pornography were not considered problems for most children. These issues now worry many parents, and with good reason. I will cover them all in this book, including why they are a concern and what a parent can constructively do.

One of the delights of writing the first book was the feedback I received from parents. Many were very grateful for the information provided in the book and told me that this led to helpful conversations with their child about drug, with often a further benefit of improved communication on a range of other topics. I have used feedback from parents when writing this book, adding in more information in some sections and simplifying others. The result is an improvement on the first book and a new resource which I hope as a parent you will find up to date, engaging, accessible and, above all, useful. If you have any thoughts on how to improve this book, or general feedback on what you found useful, I would be delighted to hear them.

# 1



## What Are Psychoactive Drugs, Who Uses Them and Why?

### What Are Psychoactive Drugs?

A psychoactive drug is a chemical substance that alters the functioning of the brain, causing changes in the way we think, feel and behave. All drugs can be divided into those that have psychoactive effects and those that don't. Most drugs, for example medications like antibiotics, are not psychoactive. Antibiotics treat infections, but they don't change our emotions. Psychoactive drugs can be stimulating, sedating, cause hallucinations or produce an out-of-body state called dissociation. Some psychoactive drugs can cause more than one of these effects.

How Much of a Problem Are Psychoactive Drugs?

Before we talk more about psychoactive drugs and the problems they can cause, let’s look at how commonly they are used. The United Nations Office on Drugs and Crime (2022) estimates that around 1 in 18 people of the world’s population between 15 and 64 years of age have used an illicit psychoactive drug in the past year. That’s around 275 million people. Of these people, more than 1 in 10 experience problems with their drug use, and globally almost half a million people a year die from drug-related causes.

The UK government conducts an annual survey estimating drug use in England and Wales (Office for National Statistics, 2023). It shows that around 1 in 10 people aged between 16 and 59 years used illegal drugs in the past year – approximately 3.1 million people. By far the most used drug is cannabis. As with all surveys, some people will not



**Figure 1.1** Proportion of people reporting use of any drug in the last year in England and Wales (Office of National Statistics, 2023).

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tell the truth, inflating or reducing the estimates, but a yearly survey does give an indication of changes in patterns of drug use over time. The survey results suggest that over the last 20 years there has been a gradual reduction in the number of people using drugs, although there are differences between age groups which we will explore later (Figure 1.1).

The trends also vary depending on which individual drug you look at. While heroin use seems to be declining in the general population and in young people in particular, other drugs appear to change popularity, coming in and out of fashion. Most newer drugs are not accurately recorded in surveys, so their use is likely to be underestimated. Chapter 6 discusses them in more detail.

### Young People and Drug Use

Psychoactive drug use is more common in younger people. Many young people who use psychoactive drugs will do so briefly (perhaps out of curiosity), decide it is not for them and stop. A small proportion of young people, however, will begin to use more regularly. In general, the more often a psychoactive drug is used, the greater the likelihood that it will cause problems.

So, what does the UK drug survey tell us about young people? Looking at those between 16 and 24 years of age, around one in five young people used an illegal drug in the past year, equivalent to around one million people. Some people may think that one in five young people is a lot, while others may have expected the figure to be higher. One thing is clear from the survey: Most young people do not use drugs. This is an important message, as drug use is often considered a normal behaviour by some young people, and this view can be perpetuated by the media. What's more, the number of young people who report taking drugs has been declining over the last 20 years before stabilizing around 2018 (Office for National Statistics, 2023). As we will see in later chapters, the patterns for individual drugs have been quite different, with some falling out of fashion while others have



gained popularity. The last survey was conducted in 2023 and showed a further unexpected reduction in drug use in young people. There is not yet a clear explanation for this recent drop, but the COVID-19 pandemic and subsequent lockdowns have affected drug use in complex ways which researchers are still investigating.

## When Do Young People Start Using Drugs?

The UK government also measures drug use in school-aged children. Around a fifth of 15-year-olds report having taken a drug at some point in their lives, and one in eight reported use in the past year (NHS Digital, 2022). In the same survey, half of 15-year-olds said that they had been offered illegal drugs, a figure that I suspect will alarm many parents.

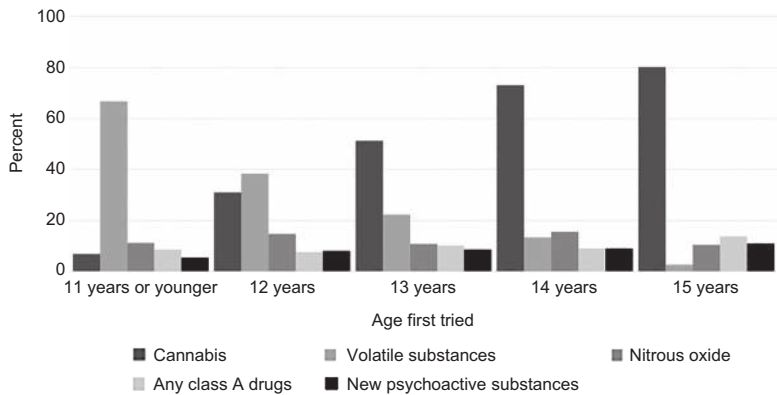
Another estimate of drug use in young people comes from the United States. The Monitoring the Future project ([www.monitoringthefuture.org](http://www.monitoringthefuture.org)) has recorded drug use in US school-aged children since 1975. Approximately 50,000 pupils take part in the annual survey, and, like the annual survey of England and Wales, it can track trends over time. The US survey suggests even higher levels of drug use than in the United Kingdom. Around a third of US 15-year-olds report ever using an illegal drug, with one in five using in the last year. Interestingly, like in the United Kingdom, since the COVID-19 pandemic these figures have dropped considerably.

Both the UK and US figures suggest that a significant number of young people have experimented with drugs by their mid-teens. This is important when we think about the best time to start talking to our children about psychoactive drugs.

## Which Drugs Are Young People Using?

The popularity of different drugs changes over time and with the age of the person using the drug. Figure 1.2 shows the patterns of drug use by UK schoolchildren. The use of volatile substances, such as aerosols or glue, is most common in younger people before rapidly declining.

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**Figure 1.2** Drugs taken at age of first drug use, by age first took drugs (Smoking, drinking and drug use among young people, 2021).

Cannabis use, however, takes off around 12 years old and steadily increases with age.

From 16 years of age onwards, cannabis remains the most common drug across all age groups but peaks in the late teens. Ecstasy (3,4-methylenedioxymethamphetamine, or MDMA) use peaks in the early 20s, and powder cocaine use is most common in the late 20s.

Drug preference is influenced by many factors, including availability, cost, desirability and perceived acceptability. Some drugs are associated with particular social or ethnic groups. For example, the electronic dance music scene is associated with the stimulant drug ecstasy (Winstock et al., 2001).

### Household Income and Where You Live

Sometimes you hear people say that drugs are only used by people living in disadvantaged circumstances with a lack of opportunity and resources, and that people with plenty of money are insulated from the risk of using drugs because they have the means to enjoy other activities. The reality is much more complicated. Take, for example, the common perception that illegal drugs are only available in big cities.