THE EFFECTS OF ALCOHOL AND DRUG MISUSE

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SAFEGUARDING COMMUNITIES – REDUCING CONFLICT

The purpose of this briefing paper is to give general guidance on how this may affect the role of the mediator. In the context of this paper the terms drug misuse and drug use should be read as meaning illicit drug use, although many descriptions of the effects on individual behaviour will apply to the use of prescribed drugs as well.

Introduction

Evidence suggests a consistent rise in drugs misuse in Scotland since the late 1980's.Prevalence and frequency of use increases after age 16 and peaks in the mid 20's. The main drugs used are cannabis, amphetamines, ecstasy, LSD and tranquillisers. Heroin is used by a small but growing minority but is associated with particularly problematic patterns of use in more vulnerable sectors of the population. As with the misuse of drugs the misuse of alcohol is also increasing and creates acute problems in all sectors of the population.

Class A drugs include ecstasy, LSD, heroin, morphine, cocaine, methadone and magic mushrooms. Possession, production or dealing with these drugs can carry heavy penalties

> Ecstasy is a stimulant providing energy. Regular use may lead to liver damage, epilepsy, anxiety, depression and confusion.
> LSD is a hallucinogen and is effective for about 12 hours. People "tripping" may hear and see things not there. One danger associated with the use of LSD is "flashbacks" where the person can "trip" again without having taken the drug.
> Magic mushrooms grow wild and produce similar effects to LSD, but the principal danger is not flashbacks but self-poisoning due to mistakenly picking poisonous mushrooms.
> Heroin, Morphine and Methadone (note these drugs may also be prescribed drugs) are depressants that cause drowsiness and feelings of well-being. The long-term effects however are dependency on the drug to feel "normal" and the need to increase the amount taken to achieve the same effect. A further problem with such drugs is that the purity and therefore the strength are variable and this can lead to overdose and death.
•> Cocaine is a stimulant. It is normally sniffed or smoked. Dependency may result.

Class B drugs include amphetamines, cannabis and DF118. Possession, production or dealing in such drugs can carry heavy penalties.

> Amphetamines, commonly known as "speed" produce confidence and energy. Effects may also be depression and irritability. In the long term usage has to increase to obtain same effect and heart failure may result.
> Cannabis is a mild hallucinogen. Colours and sounds seem sharper and there is a relaxing effect. There can be short-term memory loss, withdrawal, depression and breathing problems.
> DF118 is a morphine-based painkiller and like other prescription drugs such as tranquillisers can cause dependency, depression, aggression and unpredictability.

Class C drugs include temazepam, valium, ativan and temgesic.

Possession, production or dealing can carry penalties of up to 5years imprisonment, but prosecution for personal use is rare. They calm and relieve anxiety but their long-term effects are as for DF118.

Solvent abuse can make the user hallucinate or feel "high". As with people who have been using alcohol they are more likely to be involved with accidents. They may also have lack of concentration and memory loss.

Alcohol can cause severe dependency. People who are alcohol dependent have great difficulty controlling their intake, have to drink more to achieve the same effect, have prolonged memory lapses, become more aggressive, less inhibited and more likely to cause accidents. They may neglect themselves and be unaware, or uncaring, of the effect their behaviour is having on others.

Indicators of Drug/Alcohol Dependence

> Sudden changes of mood from happy and alert to moody and aggressive
> Aggressive or irritable behaviour which appears out of character
> Loss of interest in work or other activities
> Change of friends
> Unusual sleep patterns
> Secretive behaviour and /or lying
> Generally more chaotic lifestyle

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Substance Abuse and Mediation

Cases involving drugs and/or alcohol problems, as both may be an issue to a particular individual, can be very difficult to mediate. This is because although when alcohol/drug free the individual may be keen to reconcile with his/her neighbours they may not be able to keep the terms of any agreement when they are under the influence. Participants in mediation process require to be able to do the following:

a) understand the mediation process
b) contribute to the process
c) accept responsibility for their actions
d) implement any agreement

If an individual is unable to keep to the terms of an agreement then that agreement is worthless in any practical sense, although it may be a signal that the person concerned does genuinely want to resolve the conflict.

If, for whatever reason, a mediation meeting is not possible, the mediation process can still function as a line of communication between those involved in a dispute. It can facilitate parties stating their positions, talking about the effects on them of certain types of behaviour and provide for an exploration of the issues. With the permission of the relevant party, where they accept they have an alcohol or drug dependence problem, explanations of their dependency may ease the situation. Again, with the permission of the party concerned, contact may be made with other agencies, such as the GP or Social Work Department, for support and/or assistance with representation. The decision to release information relating to their problems, will, unless there is a serious risk of harm, lie with the client.

Each case must be assessed on the particular situation that applies as simply because an individual has an alcohol/ drug problem does not mean that mediation cannot take place. A person with a dependency problem should never be automatically excluded from mediation: many long-term heroin addicts, for example, are perfectly capable of maintaining an agreement notwithstanding the nature of their addiction. Care should be taken not to put a vulnerable person into a situation they find difficult to handle and not to raise false hope where there are deep underlying problems which mediation cannot address (e.g. ongoing drunkenness due to alcohol dependency).

Mediators must recognise that they are neither drug/alcohol counsellors nor social workers. It may be obvious to them that a particular person has a dependency problem but if the individual concerned is not willing to accept or admit to this the mediators must accept that situation. They should not attempt to pressurise a client to face up to a problem they suspect the person is suffering from. If the client openly accepts they have a problem which they want to address, assistance should be offered in locating/contacting relevant agencies.

Checking Things Out

As in any situation of potential risk, mediators should consult with their supervisor and relevant specialist agencies as to possible courses open to them where drug/ alcohol abuse is suspected or admitted.

Further Reading:

The Health Education Board for Scotland (HEBS) Library, The Priory, Canaan Lane, Edinburgh EH10 4SG (Tel. 0845 912 5442) has a wide and varied range of up to date material on drugs related matters.

Relevant Legislation

The principal act is *The Misuse Of Drugs Act 1971* but this legislation is complex and has been amended several times. If in any doubt mediators must consult with their line managers.

SCMC Mediation Briefing Papers are produced by the **Scottish Community Mediation Centre**
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