

ADAPT

(A Drug and Alcohol Program for Teenagers)

Presentation Notes

Thank you for participating in ***Scouts in Action Week – First Aid*** and also for supporting the youth of Scouting.

The ADAPT program has been modeled on the Victorian Ambulance Services ADAPT program which is part of their Ambulance in Schools program and is aimed at secondary school students. The program was written by Helen Neeley and Jeanette Kropp from Community Education & Development Ambulance Victoria and this is acknowledged.

The Scouts in Action Week – First Aid ADAPT program has been packaged with older Scouts, Venturer Scouts, Rovers and Leaders in mind.

It is highly recommended that whoever is presenting this material take the time research the subject material and review all the resources that have been provided as part of this presentation package which includes presentation notes, Power Point presentation and activities that can be used throughout the presentation to enhance key messages.

The programs origins began with the unfortunate death of Townsville teenager, Melanie Kate Boyd who mixed alcohol and drugs at a 'pharm' party. Despite her pleas to her friends they chose not to call '000' (triple zero) so by the time the ambulance did arrive on scene it was too late.

For research the following links may be useful for background information:

<http://www.heraldsun.com.au/news/national/teen-begged-for-ambo-before-death/story-e6frf7l6-1111117715764>

http://www.townsvillebulletin.com.au/article/2008/10/09/16778_news.html

<http://www.courts.qld.gov.au/BoydKM-05112008.pdf>

The ADAPT program is to inform older Scouts, Venturer Scouts, Rovers and Leaders on the following points:

- To identify the risks associated with alcohol and drug use\
- To recognise an emergency situation
- When and how to call for an ambulance
- What to expect when an ambulance is called and the paramedics arrive
- Basic first aid procedures
- To minimise or prevent medical emergencies
- To encourage young people to adapt to situations.

The most important message is to emphasise that if a medical emergency arises, make the '000' (triple zero) call. Reinforce that they will not get into trouble and that the police are not called unless the paramedic's safety is threatened.

This program does not assume that those who receive it are taking drugs or consuming alcohol but rather acknowledges that they may be exposed to drugs and alcohol at parties or other social gatherings.

Presenting the Material

This material has been designed to be delivered by a member of the Unit Council, Venturer Leader, Crew Leader, Rover Adviser or any other Leader of the Scout Movement.

The level of maturity and knowledge are critical in terms of discussion group leading so care should be taken when this material is being delivered by our younger leaders of the Movement.

The material can also be delivered by someone from the local ambulance service. Ambulance officers and paramedics have extensive experience in this area and would be a great resource for your Group.

It is beneficial to set boundaries from the beginning of the presentation. For example acknowledge that there may be lots of questions, but let them know when it is the best time to ask – maybe at the end of the presentation. Whatever works for your group then this is probably the best approach.

Try and avoid 'story telling'. Whilst some participants may love to hear of 'blood and gore', there may be others that may have been affected by a similar emergency and may find this quite distressing.

Set Up

Ideally having a lap top with speakers and data projector will enhance the deliver of this material but if this is not available a discussion based on the material can be just as effective. Speakers attached to your laptop/pc will make it easier to hear the two video sections of the presentation.

Timing

The program runs for approximately sixty minutes but can be shortened or lengthened to suit your Groups circumstances and the level of their involvement (lots of questions at the end).

The program includes scenarios for the participants to work through and discuss. This will reinforce the key messages of the program.

Slide Summary

This resource also includes a slide summary which will assist in the delivery of the program through Power Point presentation or discussion.

Other Resource Material

Facts about alcohol have been sourced from the following website

<http://www.drinkingnightmare.gov.au>

Information relating to drugs has been sourced from

www.druginfo.adf.org.au

SLIDES AND PRESENTATION NOTES

Slide 1

- Introduce yourself
- Set boundaries – when to ask questions etc



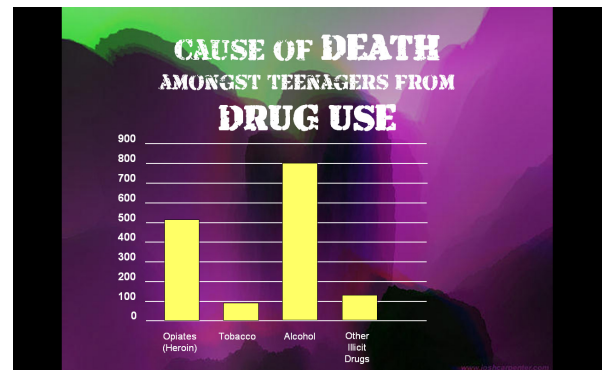
Slide 2

- Careful here to acknowledge drugs and alcohol may be present without assuming all teenagers are taking them.
- Teenagers could be exposed to the effects of someone else's drug use
- Also stress that whilst some of these actions may be illegal, the paramedics/ambulance officer's role is not to judge or report but to deal with the medical emergency, so nothing should stop teenagers from making the 000 call.



Slide 3

- Ask the participants what drug actually causes the most harm?
- Ask them why do you think this is the case?



Slide 4

- Alcohol is by far the most commonly used drug.
- Because it's legal, it is readily available and many people think that you can't have a fun night without alcohol.
- It is also very socially acceptable, teenagers see adults drink all the time.
- Is the cause of the most drug-related deaths in Australia



Slide 5

- Alcohol is a major part of the Australian social culture
- Small amounts of alcohol tends to make people more relaxed, less inhibited (instant personality – can make a joke out of this)
- Alcohol may lead to other changes in behaviour
- Review the facts about the effects of alcohol



Alcohol is one of the most commonly used drugs

SOME FACTS

- 1 in 4 hospitalisations of 15-25 year olds happen because of alcohol
- 1 in 2 Australians aged 15-17 who get drunk will do something they regret
- 70 Australians under 25 will be hospitalised due to alcohol-caused assault in an average week
- 4 Australians under 25 die due to alcohol related injuries in an average week

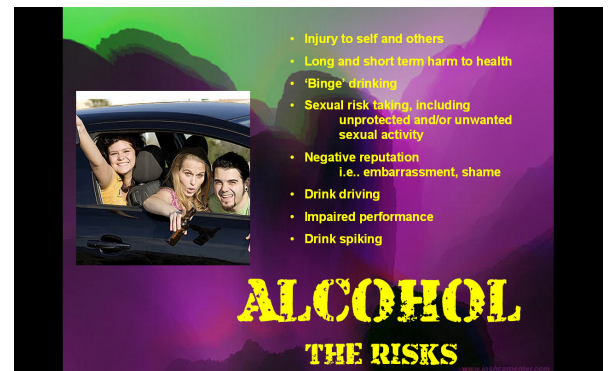
ALCOHOL

Slide 6

- Alcohol is a depressant drug and dependence forming
- Slows down the central nervous system and brain function/activity, affecting coordination, concentration and decision-making skills.
- Particularly tough on heart, lungs, kidneys and liver functions (kidney and liver have to work overtime to remove toxins)
- Alcohol absorption varies from person to person, height, body type, sex, whether food has been consumed beforehand.
- Discuss standard drink size (10g of alcohol) and the problems with size of the drink when pouring your own, standard drink size vs. serving size.
- There may be a 'legal limit', but there is no real 'safe' limit, especially when drinking and driving

If a paramedic or ambulance officer is presenting the program

- Perhaps tell a story of an incident where a paramedic has treated a male/female all dressed up for a great night out, only to end up passed out, outside a venue, with vomit over themselves – not so cool or glamorous then!



ALCOHOL

THE RISKS

- Injury to self and others
- Long and short term harm to health
- 'Binge' drinking
- Sexual risk taking, including unprotected and/or unwanted sexual activity
- Negative reputation
i.e., embarrassment, shame
- Drink driving
- Impaired performance
- Drink spiking

ALCOHOL



Slide 7

Below is a brief overview of these drugs.

SPEED

- Class; amphetamines (stimulants), most common – methamphetamine
- Usually manufactured in illegal labs so strength and purity vary enormously.
- Snorted, swallowed or injected
- Have a 'high' with increased energy, confidence then the 'down' leaving you tired, depressed, immune system run down so people want to take more to get 'up' again.



DRUGS

ILLEGAL DRUGS

Heroin, GHB, Ecstasy, Cannabis, Cocaine, ICE

ICE

- Amphetamine in crystalline form, Crystal Meth
- Similar in effects of Speed, triggering psychiatric disorders E.g. Paranoid delusions

COCAINE

- Stimulant
- Purity varies greatly, often 'cut' with anything from sugar to washing powder, mostly snorted, can be injected or smoked as 'crack' (stronger form of cocaine)
- Brings on confidence, euphoria, erratic behaviour but ends in agitation, extreme fatigue, depression, destroys nasal passage

ECSTASY

- MDMA, methylenedioxymethamphetamine, (an hallucinatory amphetamine) stimulant & hallucinogen
- Pill or tablet with great variations in purity, this can lead to overdosing.
- User may take two pills from one batch to get desired effect, but then may take two from a different batch/manufacture and overdose may occur due to differences in composition
- Induces confidence, euphoria, heightens senses (visual perceptions)
- The come down effects outlasts the 'high'. Toxic to brain, strain on major organs.

GHB

- Gamma hydroxybutyrate, fantasy, 'liquid e' 'g', grievous bodily harm, usually in liquid form, slightly salty taste.
- Sedative, hypnotic effect
- Fine line between euphoria and amnesia, users miscalculate amount and only a little too much could cause, convulsing, coma, death
- Due to time delay in feeling effects, overdoses occur regularly.

HEROIN

- Depressant, class: opioids, white powder, granules of rock, dissolved and injected.
- Pleasure, pain relief, drowsiness
- Can easily overdose due to purity variation, very highly addictive, toxic to organs

CANNABIS

- THC tetrahydrocannabinol, depressant
- Dried plant (marijuana) resin (hashish), oily liquid (hash oil)
- Smoked or baked into foods
- Relaxed, impaired central nervous system
- Long term effects associated with a variety of mental illnesses.

INHALANTS (chroming)

- Chemicals that give off fumes
- These fumes have mind altering qualities that can result in intoxication
- Mainly household products used, e.g. Hairspray, glue, felt tip pens
- Various methods of use, inhaling from a bag, stuffing a soaked rag into the mouth, sniffing directly
- Inhalants are depressants and can depress the heart's ability to beat and for the lungs to breathe properly
- Effects vary from seemingly drunken behaviour to convulsions and losing consciousness
- Long-term use can cause permanent brain damage

Slide 8

- Just some of the short term risks, extensive list available for each drug.
- Emphasis that these risks are not just attached to overdosing on alcohol and drugs or habitual use, but can occur from a one off dose
- Everyone's body reacts differently and then a toxin is introduced into your system, the body will react to deal with the toxic effects; this will vary from person to person.



Slide 9

- More short term risks



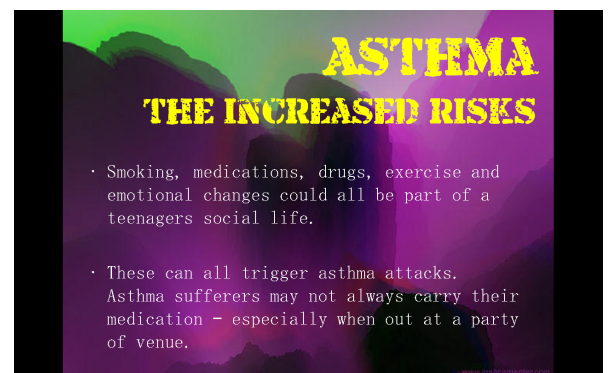
Slide 10

- Define hypertension as high blood pressure
- Liver abnormalities due to increased strain to process the drug's toxins – can lead to enlarged or damaged liver and consequently strain on associated groups
- Mental illness has a recognised association with habitual drug use, due to a drug's direct effect on the brain, damaging and impairing brain cells.
- Negative social interaction implies anxiety, paranoia and aggression. This can affect professional and personal relationships
- Drug dependence can become all consuming, the ups and downs and the need to feed the habit attributed to drug use, become the user's focus, leaving friends and family by the wayside.



Slide 11

- 1 in 6 teenagers have asthma
- Asthma is serious but can be managed. 6 Australians die from asthma a week, but 60% of these are preventable.
- Unfortunately, when out, many teenagers do not carry their medication – increasing the risk of an asthma attack becoming a medical emergency
- Venues often have many asthma triggers; smoking, smoke machines, poor heating/cooling etc...
- Dancing or other physical activity
- Increased emotional behaviour when alcohol and drugs are taken can also trigger asthma



Slide 12

- If signs and symptoms are serious, do not hesitate to call 000
- Make your friends aware if you have asthma, alert them of possible symptoms and triggers
- Let friends know if you are feeling uncomfortable or distressed when out: too crowded, air quality, physical exhausted.
- Always carry your medication.
 - If someone has a puffer with them get them to show it to the other participants.



Slide 13

- The short film 'It's Your Call' will play automatically
- Ensure that you review the film prior to presenting it.
 - Make notes and questions to ask the participants receiving the presentation
- Why did the male character respond in such a way?
- What could have been done differently?
- How would you respond?



Slide 14

- These are some examples, there are many more
- Remember, peoples bodies react differently.
- Two people may take the same drug but can have very different reactions.
- Never disregard the response of others, just because it is not affecting you does not mean others are the same.
- It in doubt – Call 000



Slide 15

- Ask who has had first aid training.
- Briefly go through the DRABCD action plan



Slide 16

- When you ring 000, the call taker will ask “Police? Fire? Or Ambulance?”
- For a medical emergency, tell them “ambulance”
- Your call will then be directed to your local Ambulance Service. The call taker will ask the following questions
- The ambulance will be dispatched straight away, even though you may still be answering questions
- Give as much detail as possible, i.e. If in a park, nearest street sign, shopping centre, outside which store/shop etc


If a paramedic/ambulance officer is giving the presentation mention a call out where not enough information was provided and time was wasted looking for the emergency.

GET HELP FAST!

Dial 000 (Triple Zero) and ask for AMBULANCE

Be prepared to answer the following questions

- What is your exact location?
- What is your call back number?
- What is the problem?
- Is the person conscious?
- Is the person breathing?



www.youthparamedics.com

Slide 17

- Interpreter service available, just state the language that you speak. It will only take 1-2 minutes to locate an interpreter
- If there is anything that you don't understand, tell the call taker that you do not understand
- It may be hard to hear, depending on the venue, ask the call taker to repeat themselves until you are clear.

THINGS TO REMEMBER

Follow instructions from the ambulance call taker

If there is something you do not understand, tell the ambulance call taker

Interpreters available for non-English speaking callers

The paramedics main objective is to SAVE LIVES, not to dob you in

DO NOT HANG UP



www.youthparamedics.com

Slide 18

- Make it obvious which location the ambulance needs to attend, lights on outside the house or venue, send someone out to meet the ambulance, waving etc.
- Time is critical, minutes are precious.

WHILE THE AMBULANCE IS ON ITS WAY

Stay with the casualty

Clear the area of hazards

Turn lights on and music off

Have someone meet the ambulance



You are not going to get into trouble by staying with the patient

www.youthparamedics.com

Slide 19

- Provide paramedics/ambulance officers with as much information as possible, even if illegal activities have been involved.
- The more information that the paramedic has, the better they can treat the patient – heroin overdose can be treated
- Police will not be called unless paramedic safety is threatened.

WHILE THE AMBULANCE IS ON ITS WAY

Stay with the casualty

Clear the area of hazards

Turn lights on and music off

Have someone meet the ambulance



You are not going to get into trouble by staying with the patient

www.youthparamedics.com

Slide 20

- Some of the equipment that is used by paramedics to maintain a clear airway or to defibrillate a patient if their heart stops beating
- Nasopharangeal Tube
- LMA Tube
- Endo
- ? Tube
- Defibrillation Pads



Slide 21

- Everyone wants to be remembered for having a great party. Would not be very impressive, if a party was remembered because someone ended up seriously harmed, in hospital or even worse, has died.
- If alcohol is going to be present, make some wise choices before the party to minimise possible incidents of medical emergencies occurring.
- Have a discussion on what strategies could be adopted to make a party safe as possible.



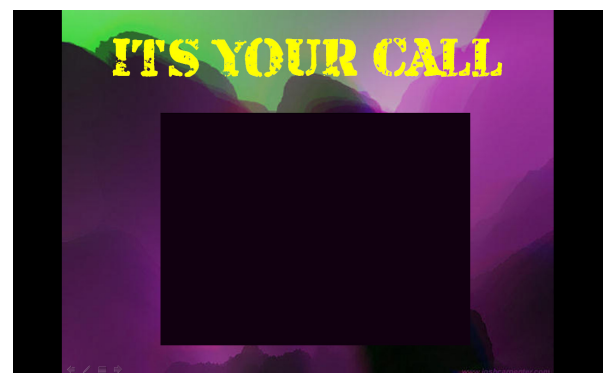
Slide 22

- Be smart when out on the town
- Make plans ahead if drugs or alcohol are involved in your plans, you will unlikely be in a state to be make an informed or responsible decision later on in the evening or early hours of the morning.
- Whilst it may be embarrassing, carry your medication
- If you are a diabetic or asthmatic, consider wearing medical alert info
- Asthmatics should take their puffers with them
- Also, take into account, that sometimes the night extends much longer than planned and that if medication needs to be take regularly, don't out yourself at risk by missing a dose.



Slide 23

- The video will run automatically
- This can be used as a discussion opener:
 - Is this what you would have done?



Slide 24

- The call will play automatically
- This is an actual call, with strict privacy adhered to)
- Perhaps discuss the difficulties encountered by the caller and the call taker.



Slide 26 (optional slide)

- Question time may depend on time available
- Note that questions should only be answered by a qualified person – do not try and answer questions on material that you not familiar with.



Additional Drug Information

There is a brief introduction to the more common drugs in the presenter speaker notes. This is some additional information for interest purposes.

Further material on drugs and alcohol can be obtained from the Australian Drug Foundation DrugInfo Clearinghouse (www.druginfo.adf.org.au). This is a highly recommended website, with extensive information about a broad range of drugs.

Methamphetamine

The effects of methamphetamine have increased in their presentation to paramedics. Methamphetamine is found in three forms: powder (speed), gel (base) and crystalline (ice). The powder form is usually the least refined, about 30% methamphetamine, by composition. The gel form has an increased concentration of the active ingredient – about 40%. The most refined, being the crystalline, with about 65% - 70% methamphetamine by concentration. It can be absorbed into the body by rubbing it into the gums, snorting, swallowing or melting it and then smoking or injecting it.

Methamphetamine falls into the class of stimulants. Its effects on the body include increasing body temperature, blood pressure and heart rate. These increases then cause further clinical problems: seizures, cerebral haemorrhage and stroke. Driving up the body's temperature will also cause increased thirst to the patient. Additional risks then occur, if the patient consumes too much liquid, they can fit, and if not enough is drunk, the patient can also fit.

By seeking prompt medical assistance, increased body temperature, blood pressure and heart rate can be managed.

Gamma Hydroxybutyrate (GHB)

The predominant issue with the use of GHB is its extremely sensitive therapeutic range. Its dose is body mass dependent and for a certain weight, 3mL of GHB may have little effect, but 3.5mL would cause unconsciousness, and this is then the purity is known. Hence, the ability for the consumer to predict the likely effect is impossible.

Pure GHB is actually impossible to obtain in Australia. Instead, its pre-cursor chemicals are distributed, specifically, 1,4-butanediol (BDO), BDO is converted to GHB by the liver by the same enzymes which metabolize alcohol. The conversion is not instantaneous and is also inhibited if alcohol is also consumed. When you drink, 1,4-butanediol, it first goes through your digestive system unchanged, and is absorbed into the blood stream. It then circulates throughout your system, until it reaches the liver. In the liver, the enzyme alcohol dehydrogenase first converts 1,4-butanediol into the intermediate aldehyde gamma-hydroxybutyraldehyde. This aldehyde then circulates through the body until another liver enzyme, aldehyde dehydrogenase, oxidizes it into GHB. BDO and its other pre-cursors have a toxic effect on the body. These chemicals are normally used as industrial solvents, circuit board cleaners and can erode plastics.

Methylenedioxymethamphetamine (Ecstasy)

In recent times, ecstasy has become much more readily available and relatively cheap. However, due to its increased popularity and demand, it is considered to be the most highly contaminated drug. Even what is considered 'really good', pure ecstasy is still only approximately 30% MDMA and 70% of anything else! The average MDMA content of most ecstasy tablets is between 5% and 15%. Two other common components of ecstasy tablets are methamphetamine (see previous notes about this drug) and ketamine which is a large animal (horse) anaesthetic.

MDMA affects the serotonin and dopamine levels in the brain. Serotonin and dopamine are both chemical messengers (neurotransmitters). MDMA increases body temperature, blood pressure and heart rate.

Other filler ingredients in ecstasy include sugar, caffeine, pseudoephedrine and paracetamol.

Overdoses and medical emergencies are attributed to inconsistencies in concentrates of the active ingredient. One tablet from one batch can be markedly different to a tablet from a different batch. If a user usually takes two or three tablets to achieve the desired effect this could result in an overdose if two or three tablets of a different concentration consumed.

Note:

Drugs on their own have their own risks, but when two or more drugs are combined (including alcohol), the risks are significantly increased. All types of different chemical interactions can take place, producing a vast array of effects on the body. This, combined with the individual's own metabolism and body's unique functions, can result in a huge range of reactions to the drugs taken.

Frequently asked questions.

Q Should 000 (triple zero) be called first or start first aid/CPR?

A It is essential that the call is made to 000 (triple zero) first, then start first aid/CPR if required. When a call is made to 000 (triple zero), ask for an ambulance, the call taker will provide instructions of how to help the casualty/patient before the ambulance arrives.

Q Why does the call taker ask so many questions? Doesn't this waste valuable time?

A As soon as the call taker has confirmed the location of the emergency, the information is electronically forwarded to an ambulance dispatcher – this usually takes about 30 seconds on average. The dispatcher directs an ambulance to the location of the emergency.

The call taker will continue to ask questions to ascertain as much information as possible. This will not delay the ambulance as it has already been dispatched.

Q What if the patient is not an ambulance member? (where membership is optional in the State/Territory)

A A medical emergency could result in very unpleasant consequences: major damage to organs, limbs etc. and even death if not handled correctly. Ambulance membership or the cost of the trip in an ambulance should not even be considered in an emergency – you cannot put a price on a life. In some states all residents of that state are covered through compulsory ambulance membership schemes – Queensland for example.

Q What if the medical emergency is due to something illegal eg. fall whilst spraying graffiti on a building, drugs, fighting, under-aged drinking?

A When an ambulance is called out, the paramedic's role is only to deal with the medical emergency, not to judge, reprimand or even report anything to another agency. The only time police will be notified is if the paramedic's or other person's safety are compromised. The prime importance is the medical emergency.

Q Will parents/carers be called?

A When the paramedics arrive to a medical emergency, they will assess and treat the patient. They do not call parents. If the patient is transported to hospital, the staff there will decide the appropriate parties need to be contacted. Also, not all ambulance call outs end in visits to the hospital. Some medical incidents may only need treatment at the scene.

Q Will the patient have their stomach pumped?

A Elimination of the drug that has not been absorbed is attempted. Vomiting may be induced using ipecac syrup or other drugs that induce vomiting.

Ipecac syrup is not given to patients who overdose with tricyclic antidepressants, theophylline, or any drug that causes significant change in mental status. If a patient vomits while unconscious, there is a serious risk of choking.

Gastric lavage, or washing out the stomach, may be attempted. For this procedure a flexible tube is inserted through the nose, down the throat, and into the stomach. The contents of the stomach are then suctioned out through the tube. A solution of saline (salt water) is injected into the tube to rinse out the stomach. This solution is then suctioned out. This is the process used when someone has his/her stomach pumped.

Activated charcoal is sometimes given to absorb the drug.