

Exercise 1: Answers. To check your answers please print out this page, you can keep this in your portfolio as a record of your learning.

No/	Question	Multiple choice	Answer
1	What age can you legally buy alcohol?	16 years	
		17 years	
		18 years	Correct
2	Is it an offence to be drunk and incapable or drunk and disorderly in a public place or on licensed premises?	Yes	Correct
		No	
		Depends how old you are	
3.	Alcohol travels in the body by:	The urine	
		The bloodstream	Correct
		The nervous system	
4.	How many 'units' of alcohol does a 500 ml can of Super (lager) contain if the ABV is 9% ?	2.5 units	
		3.5 units	
		4.5 units	Correct
5.	What are the safe drinking guidelines for men?	2-3 units, per day with a couple of alcohol free days	
		3-4 units , per day with a couple of alcohol free days	Correct
		5-6 units, per day with a couple of alcohol free days	
6.	What are the safe drinking guidelines for women?	2-3 units, per day with a couple of alcohol free days	Correct
		3-4 units , per day with a couple of alcohol free days	
		5-6 units, per day with a couple of alcohol free days	
7.	How many units of alcohol can the liver process per hour?	One unit	Correct
		Two units	
		Three units	
8.	Drugs like heroin which slow down the central nervous system to suppress neural activity in the brain are called	Hallucinogens	
		Stimulants	
		Depressants	Correct
9.	Drugs like LSD which alter your perception, the way you see, hear, or feel, are called	Hallucinogens	Correct
		Stimulants	
		Depressants	
10	Drugs like cocaine which speed up the central nervous system to increase neural activity in the brain are called	Hallucinogens	
		Stimulants	Correct
		Depressants	

Exercise 2: Answers.

Question number	Question	Correct Answer
1	What do the Advisory Committee on the Misuse of Drugs (ACMD) do?	The Advisory Committee on the Misuse of Drugs, advise the Home Office on drug related matters.
2	What are Psychoactive or psychotropic drugs?	Psychoactive or psychotropic drugs – act on the central nervous system where they alter brain functions, which result in temporary changes in perception, mood, consciousness and behaviour.
3	What is the 1988 UN Drug Convention principally concerned with?	The 1988 convention is concerned with trafficking, including provisions against money laundering and the diversion of precursor chemicals.
4	What is the role of the DAAT (or DAT) ?	Drug (and Alcohol) Action Teams were set up in 1995. They are local teams (which include Police, Probation, Education, Local treatment providers, Social services) to deliver the Governments drug strategy on a local basis.
5	What is the key piece of UK legislation in relation to controlled drugs?	MODA / Misuse of Drugs Act 1971
6.	What is the aim of the NTA?	To increase the availability, capacity and effectiveness of treatment for drug misuse in England.

Exercise 3: Answers.

How did you do? There are no right or wrong answers, but compare your thoughts with the following from those suggested by research published in The Lancet, March 2007. Professor David Nutt of Britain's Bristol University and colleagues proposed a new framework for the classification of harmful substances, based on the actual risks posed to society.

Their ranking listed alcohol and tobacco among the top 10 most dangerous substances. They used three factors to determine the harm associated with any drug:

- the physical harm to the user,
- the drug's potential for addiction,
- and the impact on society of the drug's use.

Here are their answers.

Ranking	Drug
1	Heroin
2	Cocaine
3	Barbiturates
4	Street Methadone
5	Alcohol

As you can see Professor Nutt and colleagues ranked their top five as Heroin, Cocaine, Barbiturates, Street methadone (adulteration - the purity of methadone that is bought on the street cannot be guaranteed) and Alcohol.

Ketamine was listed sixth, tobacco ninth, Cannabis eleventh and Ecstasy eighteenth.

Exercise 4: Answers

Drug	Effect	Correct Answer
Heroin	Depressant	Correct
	Stimulant	
	Hallucinogen	
Cocaine	Depressant	
	Stimulant	Correct
	Hallucinogen	
Alcohol	Depressant	Correct
	Stimulant	
	Hallucinogen	
Cannabis	Depressant	Correct
	Stimulant	Correct
	Hallucinogen	Correct
Ecstasy	Depressant	
	Stimulant	Correct
	Hallucinogen	Correct
Amphetamine	Depressant	
	Stimulant	Correct
	Hallucinogen	
Solvents	Depressant	Correct
	Stimulant	
	Hallucinogen	
Benzodiazepines	Depressant	Correct
	Stimulant	
	Hallucinogen	

How did you do?

You will see that Cannabis and Ecstasy are difficult to classify as they depend on factors such as strength and in the case of Ecstasy, composition.

Exercise 5: Answers

Question	Answer
Q1) Drug combinations, what compound is formed when cocaine and alcohol are taken together?	Cocaethylene
Q2) Why are injecting tablets so potentially dangerous?	Chalk from tablets is a major cause of collapsed veins, leading to infection, deep vein thrombosis and potential loss of limbs.
Q3) Why is injecting street drugs dangerous?	Because of questions regarding purity, the use of adulterants and because of issues surrounding user tolerance.
Q4) Why is alcohol and heroin such a dangerous combination?	The combined effects of a large quantity of two depressant drugs suppressing the respiratory system.

How did you do? You may wish to print this answer sheet out and place it in your folder.

REFLECTION

Having reached this point it is a good time to look back and reflect on your learning so far; below you will find a reflective learning form. Please take a minute to fill it in, you may wish to print it out place it in your portfolio.

Exercise 6: Answers.

Question	Correct answer
Q1) What does EMCDDA stand for?	The European Monitoring Centre for Drugs and Drug Addiction
Q2) Alcohol question - the numbers of people admitted to hospital in England with alcoholic liver disease in the last 13 yrs has?	The numbers of people admitted to hospital in England with alcoholic liver disease has more than doubled in 13 years.
Quadrupled	
Trebled	
Doubled	Correct
Stayed the same	
Q3) What percentage of crack and heroin users claims to be committing crime to feed their habit?	Three quarters of crack & heroin users claim to be committing crime to feed their habit.
25%	
50%	
75%	Correct
100%	
Q4) What is the estimated figure of problem drug users in Norfolk?	8200
5000- 6000	
6000 - 7000	
7000 - 8000	
8000 - 9000	Correct
Q5) What is the estimated figure of numbers of children in Norfolk that have parents with a drug problem?	3718
3000-4000	Correct
5000-6000	
7000-8000	

Exercise 7: Answers

Tom	Experimental
Yasmin	Recreational
Rob	Dependant

Exercise 8: The types of problems that Tom, Yasmin and Rob may experience.

Tom	<ul style="list-style-type: none">• Personal safety• Health• Legal problems• Relationships.
Yasmin	<ul style="list-style-type: none">• Personal safety – trips and falls• Increased risk of attack, physical and sexual, when under the influence.• Health• Legal problems• Relationships.
Rob	<ul style="list-style-type: none">• Personal safety – motoring accidents• Health• Legal problems• Relationships.

Exercise 9: Answers could include – this is not an exhaustive list.

Jon:

Q1) It is Friday, Jon is due out of prison today. He has been serving two years and before he went to prison he was injecting six times per day. You are the prison drugs worker, he has an appointment with a local drug service on Monday, but you are concerned that Jon may lapse over the weekend.

What key piece(s) of information would you give Jon before he leaves prison?
Think Tolerance
Don't share
Don't mix

Q2) Jon is going back to his hometown and you are worried that he might be mixing with his old drug using friends. From previous work with Jon you are familiar with his drug preparation practices. There are five rules for safer injecting what are they?

The five rules for safer injecting are;
Injecting drugs is always risky / never share, lend or borrow injecting equipment, this includes, needles / Syringes / Spoons or other cookers / Mixing equipment /Filters /Water / Ascorbic or citric acid
Use the smallest needle possible to inject
Use the smallest amount of water possible
Don't inject on your own
Dispose of your used equipment carefully

HIT [no date] *A guide to safer injecting.* Liverpool:HIT

Q3) Knowing he has an appointment on Monday, Jon has asked you about substitute prescribing options, what can you tell him about the following?

Methadone. Methadone is prescribed to people who take heroin or other opiates. It mimics many of the actions of opiates, and it causes no physical damage to the brain liver, kidneys or bones.
HIT
Naltrexone. Naltrexone is prescribed as a treatment for people who have been opioid dependent but who have stopped using opioids, and who are highly motivated to stay free from the drugs in an abstinence programme. Naltrexone works to help people stay off opioids.
NICE
Subutex. Subutex (Buprenorphine) is used to wean people off their addiction to stronger opioids. It is prescribed as a substitute for such drugs and prevents physical cravings. Over time, the dose of buprenorphine is gradually reduced until it can be stopped completely.

Exercise 10: Answers.

Depressant column weakest to strongest

Cannabis, Alcohol, Methadone, Heroin, Benzodiazepines

Stimulant column - weakest to strongest

Cannabis, Caffeine, Amphetamines, Cocaine, Crack

Hallucinogen column - weakest to strongest

Cannabis, Magic mushrooms, LSD

Ketamine fits between the hallucinogenic and depressant columns at the strongest end of the scale.

Ecstasy fits between the stimulant and hallucinogenic columns.

Exercise 11: Answers.

Question	Correct answer
Q1) Multiple choice, when did DAT's come in being?	
1995	Correct
2004	
2006	
Q2) What does the acronym DAAT stand for?	
Drug and Alcohol Action Team	Correct
Drug and Alcohol Abuse Team	
Drug Action and Abuse Team	
Q3) What was the name of the first drug strategy?	
'Tackling drugs together'	Correct
'Tackling drugs to build a better Britain'	
'Tackling drugs'	
Q4) Having looked at the 2008- 18 National Drug strategy (hyper link above) can you fill in the missing words for the four strands of work within the Drug Strategy?	
Preventing harm to	<i>children, young people and families affected by drug misuse</i>
Protecting Communities.....	<i>through tackling drug supply, drug related crime and anti social behaviour.</i>
Delivering new approaches to.....	<i>drug treatment and social reintegration.</i>
Public information campaigns,...	<i>communications and community engagement.</i>

Exercise 12: Answers – this is not an exhaustive list.

- **Gain/Need**
- Poverty
- Drug use
- Greed
- **Society/Experience/Environment**
- Sub-cultures
- Peer pressure
- Coercion
- Education
- Employment
- Family
- Mental illness
- Housing
- Envy
- Rebellion
- **Beliefs**
- Crime(s) is not wrong
- Protest on a matter of principle
- Prejudice against a BME group

Please note that some or all of these factors may be significant to some degree. It is also important to note that many of these factors will interact and through that interaction their significance be amplified.

Exercise 13: Answers – this is not an exhaustive list.

The ten most crucial factors though not in rank order, are:

- Mental health issues
- Initiation into crime
- School non-attendance
- Unemployment as the norm
- Experience of being 'looked after'
- homelessness
- Heavy use of legal drugs in early life
- Criminally active parent with a history of substance misuse
- Disruption of family unit, and
- Use of illegal recreational drugs.

Again it is important to note that some or all of these factors may be significant to some degree. It is also important to note that many of these factors will interact and through that interaction their significance be amplified.

If we were to pose the question about reasons why people misuse alcohol?

You will see there are a number of similarities with why people misuse illegal drugs.

- Age
- Gender
- Geography
- Adolescent drinking
- Socio-economic group
- Social exclusion – homeless, prison, dual diagnosis

As before it is important to note that some or all of these factors may be significant to some degree. It is also important to note that many of these factors will interact and through that interaction their significance be amplified.

In Summary

The reasons why people commit crime and the reasons why people misuse drugs and/or alcohol are many and complex. Where a person is misusing drugs and/or alcohol and involved in an offending lifestyle, it is important that there is a holistic response that meets the full range of their needs. Drug and/or alcohol treatment in isolation is unlikely to lead to significant reductions in offending, significant improvements in health, or significant social improvements.

Exercise 14: Answers.

Question	Your Answer
Q1) According to Home Office figures what is the average age for the onset of crime?	Average age of onset for crime – 14.5 years.
Q2) Again according to Home Office figures what is the average age for the onset for drugs (general)	Average age of onset for drugs (general) - 16.2 years.
Q3) According to Drugscope how many dependant heroin, and crack/cocaine users are there in England and Wales?	250,000
Q4) Alcohol is implicated in what percentage of criminal damage.	88%
Q5) What does the acronym DIP stand for?	Drug Intervention Programme
Q6) What does the acronym PPO stand for?	Prolific and Other Priority Offenders

Exercise 15: Answers.

Question	Your answer
<p>Q1) Which document written in 2002 stated that all those who enter structured drug or alcohol treatment services should receive a written care plan?</p>	<p>Models of care</p>
<p>Q2) List any two of the aims of care planning and care co-ordination.</p>	<p>You could have any of the following Develop, manage and review documented care plans Ensure that drug and alcohol misusers have access to a comprehensive range of services across the four tiers of local drug treatment systems Ensure the co-ordination of care across all agencies involved with the service user Ensure that there is continuity of care and that clients are followed throughout their contact with the treatment system Maximise client retention within the treatment system and minimise the risk of clients losing contact with the treatment and care services Re-engage clients who have dropped out of the treatment system Avoid duplication of assessment and interventions prevent clients 'falling between services'.</p>
<p>Q3) Why are care plans reviewed?</p>	<p>To assess relevance, effectiveness, unmet needs and client satisfaction.</p>
<p>Q4) A care plan is structured, often multidisciplinary, and is task-oriented. The care plan must detail the essential steps in a clients treatment can you list any two of those steps?</p>	<p>You could have any of the following Set the goals of treatment and milestones to be achieved (taking into account the views and treatment goals of the drug and alcohol misuser, and developed with their active participation) Indicate the interventions planned and which agency and professional is responsible for carrying out the interventions Make explicit reference to risk management and identify the risk management plan and contingency plans Identify information sharing (what information will be given to other professionals/ agencies, and under what circumstances) Identify the engagement plan to be adopted with drug and alcohol misusers who are difficult to engage in the treatment system Identify the review date (the date of the next review meeting is set and recorded at each meeting) Reflect the cultural and ethnic background of the drug and alcohol misuser, as well as their gender and sexuality.</p>