

CHOICES

DRUG INTERVENTION PROGRAM

PARTICIPANT WORKBOOK





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ABOUT UNITING CARE

UnitingCare ReGen (ReGen) is the leading AOD treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years' experience delivering a comprehensive range of AOD services to the community.

ReGen has an extensive history in the development and delivery of quality education and has provided AOD client education programs since 2000.

As one of the largest providers of community based forensic AOD treatment services in Victoria, ReGen has extensive experience in the development and implementation of forensic programs.

ABOUT ACSO

ACSO is a leading provider of community support services, delivering programs to support people in the criminal justice system, along with a range of diversion and early intervention programs that help prevent people from getting there.

For 18 years, ACSO has delivered the centralised, state-wide Intake, Triage, Assessment and Brokerage (referral) for all forensic AOD consumers in Victoria. ACSO brings a proven track record of working with Corrections clients via the Community Offenders Advice and Treatment Service (COATS).

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INTRODUCTION:

Welcome to the Choices Drug Intervention Program (Choices Program). The Choices Program has been developed by Uniting Care ReGen (ReGen) and Australian Community Support Organisation (ACSO), which are two community services providing support for people who use alcohol and other drugs (AOD) and people who are involved in the criminal justice system. The Departments of Community Corrections and Health and Human Services provided funding to develop the Choices Program.

The Choices Program is delivered by a number of AOD services who provide a range of support services for people experiencing problems with AOD, and the program is available in each local region of Victoria.

Choices is a 3 hour program that the Magistrate requires you to attend in order to meet the AOD treatment and rehabilitation condition on your corrections order. Your Corrections Officer will have arranged for you to attend this program.

The Choices Program provides information on AOD, as well as an opportunity to reflect on how your use of AOD is related to your offending. The program will help you identify strategies to reduce risks and harms associated with AOD and strategies to assist you to make changes to your AOD use and offending.

At the end of this program you will be provided with a certificate of attendance

AIMS

OF THE CHOICES DRUG INTERVENTION PROGRAM:

- Increase awareness of the relationship between AOD use and offending
- Identify the range of potential harms associated with alcohol and different types of drugs and methods of use
- Understand the short and long term effects of use on physical and mental health
- Identify the drivers and patterns of use and the interrelationships with other issues
- Improve knowledge of concepts of cravings, tolerance, dependence and withdrawal
- Understand the stages of change and how to plan for changing behavior
- Develop strategies to identify levels of risk and reduce impacts and consequences
- Identify strategies and interventions for self-monitoring and relapse prevention

WHAT'S

THIS BOOK FOR?:

The workbook is yours to take away and we hope it will be a useful resource for you to look back on after you complete the program

It contains:

- A summary of the information provided in the Choices Program, a
- The activity sheets that you will work through as you go through the program.
- Some activity sheets you might want to do after the program
- A list of support services, including telephone services, websites with information and some online web programs to support you in making change.

Your facilitator will also provide additional brochures for you to take with you

- Information on AOD
- Services available in your local community that may be useful to you

Please look at these resources and take those that are relevant and useful to you.

ACTIVITY 01:

FUNCTION AND CONSEQUENCES OF AOD USE

AOD use is a behaviour, and like all behaviours, there are reasons we keep on doing them. Think about what you get out of using alcohol and drug use, what do you like that makes you keep using them?

Write down your thoughts in the first column.

Then think about the negative consequences of your alcohol and drug use, that is, the things that have happened or may still be happening in your life that are not so good.

Write down your thoughts in the second column.

What are the 'good things 'about using? What function does AOD use serve for you?	What are the 'not so good things about using'? What have been the consequences for you as a result of using AOD?

How do they stack up? Where is the balance tipping? Are you thinking, maybe I need to do something about this?

ACTIVITY 02:

AOD USE AND OFFENDING

Spend a few minutes responding to the following questions about the relationship between your offending and AOD use.

01. What crimes did you commit that lead to your current order?

02. Where were you when you committed the offense?

03. Who were you with when you committed the offense?

04. What role did the other people you were with play in your crime?

05. What role did your use of AOD play (for example, were you intoxicated, hanging out, needing to get money, not really connected?)

06. If you hadn't been using AOD, would you have committed the offense?

07. How has being on the corrections order affected you? What has the impact of being charged had on your life?

08. Is reducing offending behaviour something that is important for you?

HOW CAN

ALCOHOL AND DRUG USE BE LINKED TO OFFENDING BEHAVIOUR?

Intoxication by, and hanging out from AOD can:

- Reduce your ability to not act on urges to do things
- Reduce your self consciousness
- Impact on capacity for clear thinking & decision making
- Encourage risk taking behaviour

Selling/Dealing drugs to get some 'free'

Drugs can be expensive and sometimes people engage in Theft, Fraud or Robbery to get the money to pay for them.

Using illegal drugs is a crime in Victoria.

Involvement in a drug scene can be associated with a range of criminal offending.

THE EFFECTS

OF ALCOHOL AND OTHER DRUGS

AOD have an effect on our

- Mood
- Behaviours
- Perceptions
- Thinking

They do this by acting on the Central Nervous System, which is the brain and the spinal cord. The brain and the spinal cord are our control centre, and respond to messages from internal stimuli and external stimuli.

Drugs are classified in groups depending on how they act on the Central Nervous System.

Depressant Drugs – slow down messages and actions in the CNS and body

Stimulant Drugs – speed up messages and actions in the CNS and body

Hallucinogenic Drugs – distort interpretations and senses

Drugs have their effect by interacting with our brain chemicals, and change their balance in the brain.

Sometimes they increase the amount of chemicals working in our brains, at others, they decrease the amount of chemicals working in our brain.

These changes to or brain chemicals can have a major effect on our mood, how we think, and how we act.

DEPRESSANT DRUGS

- Alcohol
- Cannabis
- Benzodiazepines
- Heroin
- Opiates (eg: Oxycontin, Codeine)
- GHB
- Ketamine

STIMULANT DRUGS

- Amphetamine
- Methamphetamine
- Cocaine
- Ecstasy
- Nicotine

HALLUCINOGENIC DRUGS

- LSD
- Psilocybin (Magic Mushrooms)
- Some drugs become hallucinogenic when used in high doses
- Ecstasy
- Cannabis
- Ketamine

When we think about the effects of drugs, we can think about:

- effects that happen when we are intoxicated or under the influence of the drug.
- effects that using AOD will have on us if we were to use them for a period of time, the long term effects.

ACTIVITY 03:

EFFECTS OF AOD

- Worksheets will be provided by the facilitator.



There are brochures available at the course which provide information on the effects of drugs. We encourage you to take those that are of interest to you.

Long term effects of alcohol and other drugs

The information provided here is for AOD which we have research and information on about the long term effects. Although other drugs are used, we don't know enough about their long term effects. This might be because some drugs may not be used often enough for a long time to understand this, for example, LSD.

ALCOHOL

- Brain injury
- Loss of memory & confusion
- Hallucinations
- Cancers – eg. liver, stomach
- High blood pressure = heart attack/stroke
- Increased infections, bleeding
- Ulcers
- Liver diseases – hepatitis, cirrhosis
- Tingling and loss of sensation in hands and feet
- Weakness and loss of muscles
- Easy bruising
- Males: impotence, shrinking of testicles, damaged/reduced sperm
- Females: greater risk of fertility problems

METHAMPHETAMINE

- Malnutrition
- Sleeping problems
- Poor immune system
- Dental problems
- High blood pressure = increased risk of heart attack
- Increased risk of stroke
- Kidney failure
- Depression & Anxiety
- Paranoia
- Psychosis
- Panic & confusion
- Violence/Aggression

CANNABIS

- Increased risk of respiratory diseases associated with smoking, including cancer
- Decreased memory and learning abilities
- Decreased motivation in areas such as study, work or concentration
- Fertility problems
- Possible dependence

HEROIN & OTHER OPIATES

- Tooth decay
- Constipation
- Menstrual and Fertility problems in women
- Loss of sex drive in men
- Dependence

BENZODIAZEPINES

- Anxiety and depression
- Difficulty thinking
- Memory loss
- Irritability, aggression, personality changes
- Decreased motivation and lethargy
- Difficulty sleeping
- Dependence

Tolerance, Dependence and Withdrawal

Tolerance is when more of the drug or alcohol is needed to get the effect you want.

Dependence happens after using a drug several times a week, daily, or several times a day your body gets used to the drug being there and you need to take the drug to feel physically and emotionally ok. If you don't have the drug, you feel withdrawal symptoms.

Withdrawal happens when a person stops taking alcohol or drugs after they have developed a dependence on them. Their body has to get back into balance without having drugs affecting them. As the body readjusts to not having drugs, a person will experience symptoms from that adjustment, for example, aches and pains.



A list of withdrawal symptoms is provided at the back of this workbook.

Is my alcohol and/or drug use a problem?

In activity 1 of the program you looked at the function and consequences of your alcohol and drug use. This section is about using some simple questions used by doctors and alcohol and drug workers to provide you with feedback about whether your alcohol and drug use is a problem, or if you may be dependent on them.

ACTIVITY 04:

IS THERE A PROBLEM?

Circle yes or no to the following questions.

01. Have you felt you ought to cut down on your drinking or drug use?	YES	NO
02. Have people annoyed you by criticizing your drinking or drug use?	YES	NO
03. Have you felt bad or guilty about your drinking or drug use?	YES	NO
04. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?	YES	NO
Total yes and no		

When you have answered each question, total the number of yes and no responses.

The facilitator will provide you with information about what your score means.

You can write down here what action is recommended for your score.

Am I dependent?

The following list are signs of dependence, if you identify 3 or more, you may be dependent.

- Spending a lot of time getting, using and recovering from the substance
- A continued desire or unsuccessful attempts to stop or cut down use
- Using more, or for longer, than you intended
- 'TOLERANCE' – needing more to get same effect
- Continuing to use even when the drug is causing problems
- Giving up important activities in favour of using drugs
- 'CRAVINGS' – frequent thoughts and feelings about wanting to use
- 'WITHDRAWAL' – physical and psychological symptoms when you stop/cut down

If you are dependent, it is recommended that you take a break from using. You may wish to get some support to do this.

Alcohol, Drugs and Mental Health

There is a complex relationship between alcohol, drugs and mental health, some people use drugs to help manage mental health issues such as anxiety and depression

BUT

Using AOD can make symptoms worse, or they can make someone develop mental health issues, for example anxiety and depression.

It is a vicious cycle.

ANXIETY AND AOD

- Regular cannabis users may be more likely to experience anxiety
- Cannabis may cause anxiety in some users on a short term basis or whilst they are intoxicated
- Alcohol use can make anxiety worse in the long run
- Anxiety can happen during alcohol withdrawal
- Anxiety is common with stimulant use, with more severe anxiety associated with higher levels of use
- Anxiety is common in stimulant withdrawal



DEPRESSION AND AOD

- Cannabis is one of a number of factors that may contribute to anxiety and depression
- There is some evidence that heavy or frequent cannabis use may predict depression later in life (young women are more prone to this than men)
- Heavy use of alcohol, and alcohol dependence are strongly associated with depression, particularly in women.
- Alcohol withdrawal can include symptoms of depression
- Higher levels of depression occurs in methamphetamine users than the general population.
- Depression is a feature of the crash phase following the use of methamphetamine and ecstasy



PSYCHOSIS AND AOD

- Heavy cannabis and methamphetamine use may trigger a short term period of psychosis – hallucinations, paranoia, delusions, and loss of contact with reality – the risk increases with higher doses and more frequent use.
- Cannabis use can trigger a first psychotic experience or “episode” in people with a family history of schizophrenia
- People with schizophrenia who continue to use cannabis & methamphetamines may experience more psychotic symptoms
- Alcohol can trigger a psychotic episode during high levels of intoxication, withdrawal and has also been seen when a person severely reduces the amount of alcohol consumed.
- Cocaine can also trigger a psychotic episode.

Vulnerability to developing Mental Health Issues

Why do some people develop mental health issues and others don't?

Each of us has a “bucket” of vulnerability to developing mental health issues. The size of our buckets is influenced by the experiences we have in our lives. Some people have small buckets, because they may have a family history of mental health issues, or may have experienced a lot of stress in early life. Others have bigger buckets because they had a different history, with less stressful life experiences.

The size of a person's bucket is related to how much stress a person can endure before the bucket fills and spills over, spilling over represents developing a mental health problem.

As we go through life, we are confronted by a range of things that cause us stress, these stressors are like water being poured into the bucket. So, two people could face the same level of stressors and one might develop a mental health problem and one might not, because one person is more vulnerable, they have a smaller bucket.

BUCKET OF VULNERABILITY

Learning how to effectively deal with stressors by using problem solving, relaxation and so on, is a bit like putting a tap on the side of the bucket, preventing it from overflowing even in the face of stress.

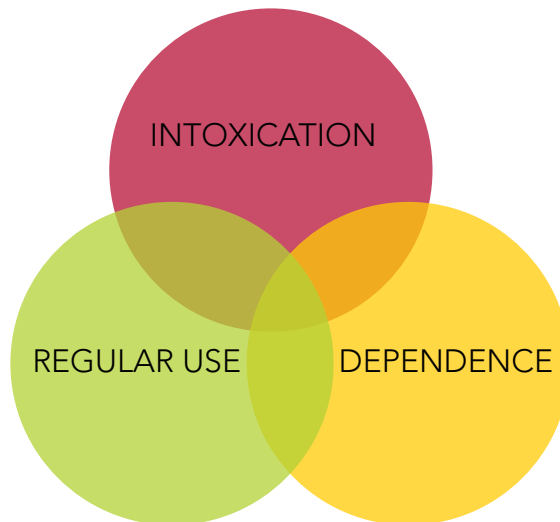
We know that AOD use, although it seems to assist in managing life's stressors, actually increases the risk of developing mental health problems, because AOD don't really help us manage the stressors, in fact it's like putting a cork in the tap.



RISK,

HARMS, AOD USE AND OFFENDING

Risks and harms associated with alcohol and drug use, including offending, can be happen with all patterns of AOD use.



The **4Ls** can help us think about the types of harms associated with AOD use

Lover – these are risks and harms to our relationships, including family and friends

Liver – these are risks & harms to our health from using AOD, and include both risks from intoxication as well as harms associated with long term use of AOD

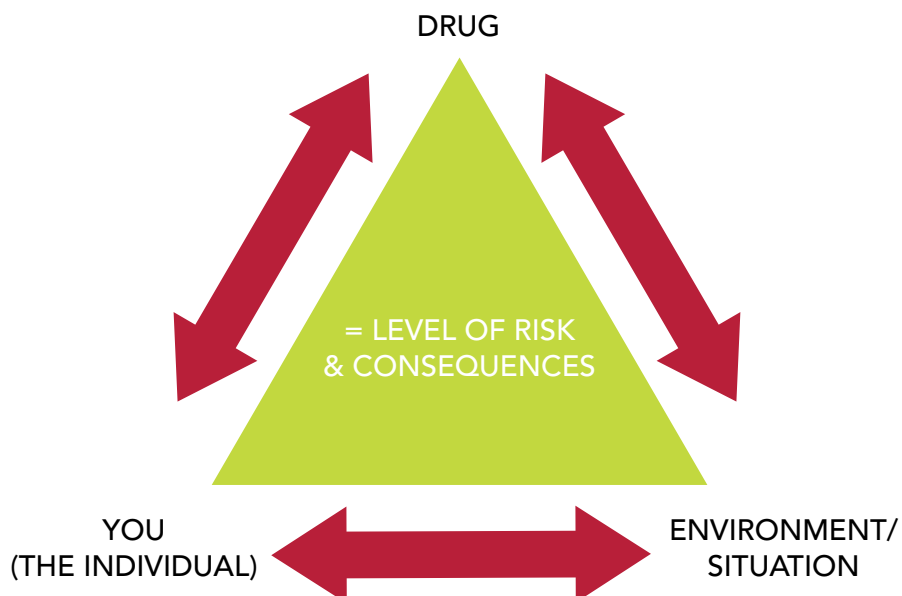
Lifestyle – these are risks and harms to a range of areas in our life that give us stability and enjoyment, for example, employment, study, recreation/leisure, and accommodation.

Legal – these are the risks and harms to our legal status, our freedom and liberty. Things to think about here are also how do legal risks impact on lifestyle, will criminal charges impact on job prospects? Travel?

The AOD interaction model

It's not just about the drugs used.....

When we think about risks and consequences associated with drug use, we need to think about three different factors that work together: the drug or drugs used, the person using the drugs, and the environment or situation in which the drug/s are being used.



The drug or drugs being used:

- What drug is being used?
- How much you take (quantity, purity) – intoxication/overdose
- How you take it – swallow, smoke, snort, inject
- Are you mixing drugs together?

Mixing two or more drugs together is unpredictable and increases the risks of negative consequences associated with drug use.



For example:

Mixing two depressant drugs together, such as alcohol and benzodiazepines (valium etc.), increase the effects of each other, leading to far more sedation and respiratory effects than either drug alone.

Mixing a stimulant drug with a depressant drug can be unpredictable, and can lead to the consumption of toxic levels of the drugs.

We know that using too much of a drug, or mixing some drugs together can increase the level of intoxication to the point of overdose.

THE INDIVIDUAL (YOU)

- Your mood – angry? Depressed?
- What you are thinking?
- Mental Health
- Physical Health – are you unwell? Tired?

Using AOD can impact on your capacity for impulse control, your capacity to think clearly and increase your risk taking behaviour.

THE ENVIRONMENT OR SITUATION IN WHICH THE DRUG IS USED

- Place you are using – eg. at a pub-night club
- How your group interacts with each other
- What you are doing– eg. the football, BBQ
- Laws that impact on you

We can see that risks and consequences of each drug using experience can be influenced by the setting in which the AOD use is occurring. For example, driving when intoxicated seriously increases the risk of harm and negative consequences because AOD use impacts on the key skills required to drive safely, the risks in this situation are having a crash and the consequences can range from being charged with drug driving to far more serious consequences of causing injury to another road user, or even death.

Who you are with can impact on the risks and harms associated with an AOD using event, for example, do your friends encourage you to use more AOD and become very intoxicated? Do they encourage you to engage in behaviours that are risky, including offending, when you are intoxicated? Or do the people you use AOD with encourage you to slow down or take a break?

Signs of Overdose

DEPRESSANT OVERDOSE

Signs and symptoms of depressant overdose include:

- Vomiting
- Unresponsive, but awake
- Limp body
- Pale and/or clammy face bluish fingernails and/or lips
- Shallow or erratic breathing, or not breathing at all
- Slow or erratic pulse (heartbeat)
- Choking sounds or a gurgling noise
- Loss of consciousness
- Death

(Australian Drug Foundation, 2016)

STIMULANT OVERDOSE

Signs and symptoms of stimulant overdose include:

- Agitation
- Chest pain
- Significantly increased heart rate
- Rapid breathing
- Difficulty breathing
- Overheating

(Cruickshank et.al 2009, Petit et.al 2012)

Responding to overdose

01. Call 000 and follow instructions
02. If the person is unconscious but breathing, place them in the recovery position (on their side, with their head tilted back)
03. If the person has overdosed on opiates (heroin, oxy, methadone) and has naloxone use it
04. Stay with them and make sure they don't use again – tell them the naloxone will wear off in a little while and they will feel the effects of the drugs again
05. If they OD again after one dose of naloxone, they might need another dose
06. See your GP to get a naloxone prescription if you use opiates



ACTIVITY 05:

IDENTIFYING HARMS AND REDUCING RISKS

In your group you will be allocated one of the following scenarios. Your task is to read the scenario and answer the questions about the scenario.

Scenario 1 - Stavros

Stavros has been out with a group of friends to a nightclub. While he was there he and his friends were shouting drinks, after a few hours Stavros had had around 10 drinks, a mix of beer and spirits & was feeling pretty drunk. He told his mates that he thought he would go home. One of his mates Carmen told him he had just the thing, and took him to the bathroom where he gave him a point of Ice. Stavros felt more alert after that and continued drinking for a few more hours. Later, Stavros asked Carmen for more ICE, and Carmen said it would cost him money this time, which Stavros didn't have. Stavros and another mate decided they needed some money, and set off to find it.

01. What are the possible consequences for Stavros in this scenario?

02. What are the factors that have made this situation risky?

03. What could Stavros do differently to reduce his possible harms?

Scenario 2 - Tom

Tom has had a bad day at work, his boss was giving him a hard time and told him that if he didn't lift his game, he would sack him. He went home and had quite a few beers. His 10 year old daughter Belinda sent him an SMS telling him she had won a trophy in basketball that afternoon. He started to think about not being able to see them because his partner had put an intervention order on him following an episode where he went around drunk and hit her. The more he thought about the situation, the sadder he felt, and the more he drank. Eventually he got on his bike and rode over to see his daughter.

01. What are the possible consequences for Tom in this scenario?

02. What are the factors that have made this situation risky?

03. What could Tom do differently to reduce his possible harms?

Scenario 3 - Susan

Susan has been on a meth binge for a couple of days. She hasn't slept and is pretty wired. She realises she has no money in the bank and knows she has to pay her rent. She calls Centrelink to see if she can get any help, but they have already given an advance. She smokes a pipe and walks down the street where she sees a handbag on the front seat of the car.

01. What are the possible consequences for Susan in this scenario?

02. What are the factors that have made this situation risky?

03. What could Susan do differently to reduce his possible harms?

Scenario 4 - Joe

Joe is out with his mates at a dance party, it's a hot night and the music is fantastic. He pops an ecstasy and dances for a while. He tries to find more ecstasy, and gets hold of something from a dealer he doesn't know, though he's told it is ecstasy. After about 20 minutes Joe decides to take another pill because he is not getting the buzz he wanted.

01. What are the possible consequences for Joe in this scenario?

02. What are the factors that have made this situation risky?

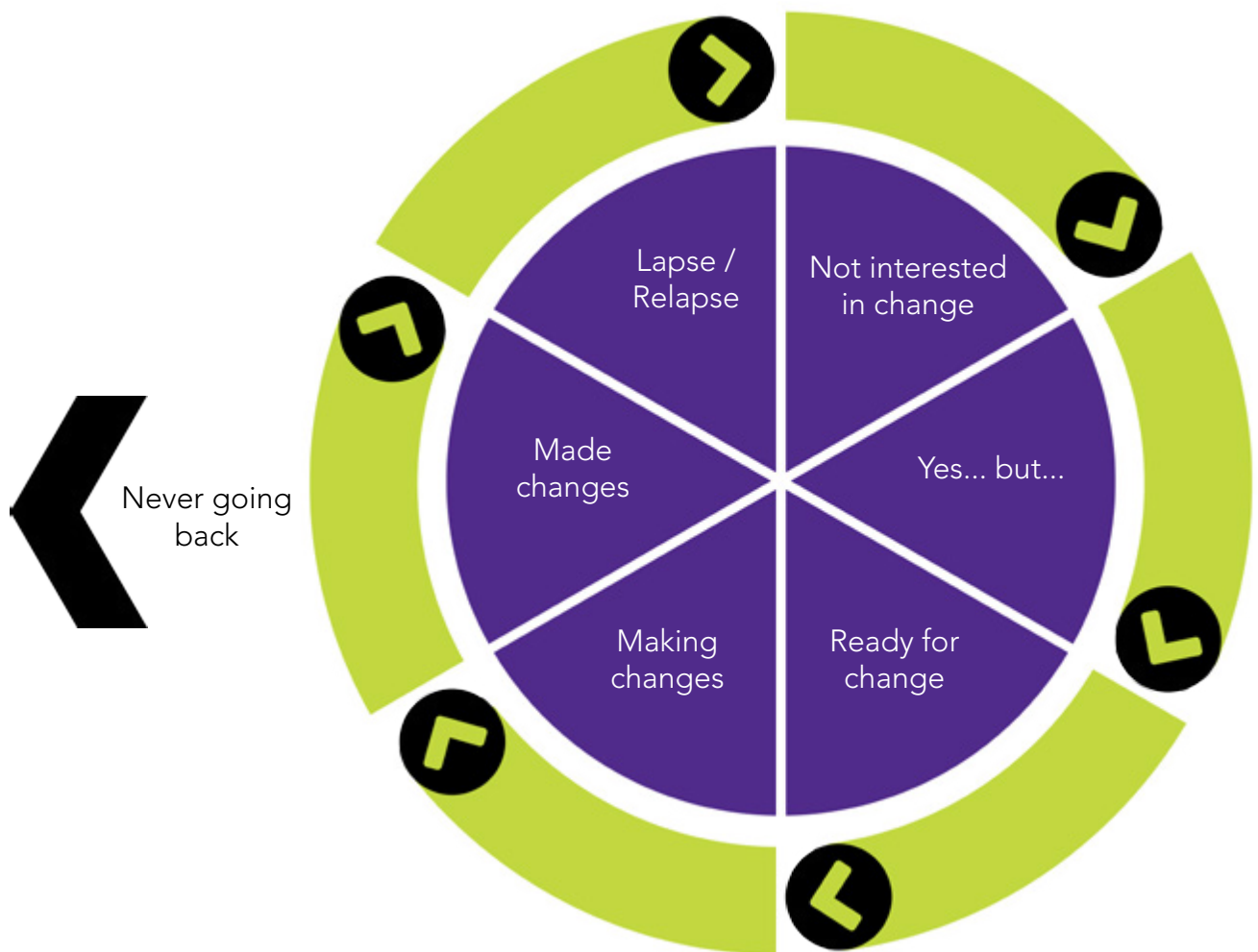
03. What could Joe do differently to reduce his possible harms?

MAKING

CHANGES

We know that there are different stages people can be at in relation to changing their alcohol and/or drug use, or even offending.

The Stages of Change



ACTIVITY 06:

SELF-REFLECTION

Where are you in relation to change for your alcohol and/or other drug use?

Where are you in relation to change for your offending?

Which of these do you need to change to get you through your current corrections order?

NOT

INTERESTED IN MAKING CHANGE?

If you are not interested in making changes to either your alcohol or drug use, or offending you need to be aware of the risks that this choice makes to you getting through your current order.



If you offend and found guilty of further charges while on your community based order,

- you will go back to court and be re-sentenced for the original charges you received,
- charged for breaching your sentencing conditions
- you will be sentenced for the additional charges you get.

You could end up getting a prison sentence of 3 months if you breach your order.

In relation to alcohol and drug use, it will be helpful for you to think about the harms associated with your use and consider using some harm reduction strategies.

It is important to be aware that the best way to reduce harms is not to use alcohol or other drugs at all. If you decide to use, there are some tips on the following pages about how to reduce harms for different drugs.

DO NOT USE AOD AND DRIVE A VEHICLE!

All drugs have the potential to impact on your ability to drive safely, even if you don't think you are affected.

Different drugs stay in your blood and saliva for different amounts of time, and for some people it can be up to 4 days or longer, depending on the drug taken and you.

Reducing the harms when using alcohol

It's important to remember that not everyone develops problems with drinking alcohol. If you decide to drink, there are a number of ways that you can minimise the possible damage. Here are a few:

Think about whether this is a good time to use alcohol

There are definitely times when you shouldn't drink.

- If you are pregnant, alcohol poses potential risk to your baby.
- If you are ill or if you are taking medication, check with your doctor or pharmacist whether you are able to drink alcohol and how your medication may interact with it.
- You should avoid drinking if you are planning to operate machinery, drive (see below) or play sport.
- Don't drink every day. It's really important to give your body a rest.

Poly-drug use

Avoid mixing alcohol with other drugs (including prescribed and over the counter medication), especially other depressants. Alcohol and benzodiazepines (e.g. valium) or opiates (e.g. medication containing codeine) are particularly bad mixes. Most overdoses involve a mix of depressant drugs. Mixing alcohol with stimulants (like caffeine or amphetamines) can make you less aware of the effects of each drug and can lead to unpredictable results.

Taking care of yourself

- Eat before you drink or, at the very least, eat whilst you are drinking.
- A healthy diet is one of the best ways to prevent some alcohol related harms.
- Set limits before you start.
- Drink water or a soft drink in between alcoholic drinks.
- Get your alcoholic drinks served in small glasses and get a new drink each time rather than topping up the same one – this will help you to keep track of how much you are drinking.
- Don't get involved in shouting rounds – this can make you drink more than you might otherwise in order to keep up.
- Don't drink and drive! Just don't even risk it. Depending on how much you've had to drink, you might be feeling 'fine' but your BAC could still be over the limit you might have.
- Plan a different way to get home, and don't get into a car with anyone else who has been drinking. If driving the next day, remember that you may still be over the limit.

Australian drinking guidelines suggest:

Drinking no more than two standard drinks a day is a life-long low risk amount.

If you decide to drink more than this on specific occasions, drinking no more than four standard drinks in any one session will lower your risk of injury.

Reducing the harms when using methamphetamines

The use of methamphetamine can lead to a number of negative impacts. Some can be fixed by rest and taking a break. Others can have long-term or even permanent effects. While the easiest way to avoid harm from methamphetamine use is to avoid using it, if you do choose to use, there are ways to reduce possible harm. Here are a few:

Different methods of use carry different risks

- The vapours caused by smoking can damage your lungs and teeth. Hold the end of the pipe behind your teeth, rinse your mouth frequently between hits and don't hold a hit in your lungs. Don't share pipes – if someone does have cracked or burnt lips, there is a risk of sharing blood particles and the possibility of passing on blood borne viruses (BBV's) such as HIV and Hep C.
- As with other drugs, sharing injecting equipment or injecting methamphetamine in an unsafe way can result in HIV, Hep C, vein damage, infections and scarring. Always use new, sterile equipment and don't share it with anyone else. When injecting ice, it's a good idea to use more water in the mix to avoid the solution acting as an irritant. Always wash your hands in warm soapy water before and after injecting.
- Snorting or swallowing are less harmful methods of use, but as ice crystals have jagged edges, it can cause pain and damage to the delicate mucus membranes in your nose. If you are going to snort it, crush it as finely as possible to minimise damage. Remember not to share noses/straws with people if you are snorting – you can still pass on BBV's this way.

Use less and use less often

- Reducing the amount and frequency of your use will reduce the risk of experiencing consequences such as dependence, depression, anxiety and psychosis.

Plan ahead

- Think about how it's going to affect you and prepare ahead to reduce risk and cope with the 'crash'.
- Make sure you are rested and have eaten well before you use.
- Avoid using when you are sick.
- Plan to have some time to rest and recover after using.
- Make sure you have healthy food ready.
- Definitely don't drive after taking methamphetamine, it can stay in your system for 1-3 days.

Pay attention to your body

- Remember to keep yourself hydrated (with water, not alcohol)
- Eat regularly (even when you don't feel hungry).
- Take regular time out to rest and allow your body to recover between sessions.
- Look after your mental health – using a lot of methamphetamines & often can be risky

Watch out for overdose

Methamphetamine overdose fatalities are rare.

- High doses can cause irregular heartbeat, respiratory failure, hyperthermia (overheating), seizures and in extreme cases, stroke and heart failure.
- Warning signs include intense headaches, chest pain, fever or tremors.
- If someone is experiencing any of these symptoms, seek help straight away.

Reducing the harms when using heroin or opiates

While the easiest way to avoid harm from opioids is to avoid using them, if you choose to use, there are ways to avoid some potential harms:

Be aware of what other drugs you may have in your system

- What else have you used today? And yesterday? Some drugs (especially benzos) stay active in your system long after the initial effect has worn off.

Know your source

- Unless you are using pharmaceutical opioids, the quality and purity of what you are using is unknown. Listen out for reports of changes to purity and strength. If you are unsure how strong it is, try to use a smaller amount than you normally would. You can always top up later.

Make it easy for people to help if you overdose

- Try not to use behind a locked door. If you are using in a public toilet, mix up with the door locked, and then unlock it before you have your shot. Avoid using alone whenever possible.

Method of use

- Each method carries different risks, but it is safer to smoke heroin than to inject it. The effects will not be as strong, but there is less risk of becoming dependent, catching a blood-borne virus (HIV or hepatitis B & C) and overdosing. If you decide to inject heroin: NSPs can provide you with new, sterile injecting equipment and give you advice on how to use more safely.
- Look after your veins. Rotating your injecting sites will give them a chance to recover.
- Always use new, sterile equipment and don't share it with anyone else (even your spoon, water, filter and tourniquet). Dispose of your equipment safely.
- Always wash your hands in warm soapy water before and after injecting. If you don't have access to a tap, you can use a swab to wipe your hands clean.

Preventing overdose

It's important to be aware that your tolerance can drop quickly. If you haven't used for a couple of days (or more) due to detox, prison or just a break, your tolerance will have decreased. This means that you will need less gear to feel the same effect, or that taking the same amount as before could result in an overdose. You don't need to stop using completely for your tolerance to be affected.

Signs that someone might be overdosing include:

- Shallow breathing and 'snoring' or gurgling noises
- Not responding, unconsciousness (lapsing in and out of consciousness is also a danger sign and someone should be monitored closely in this situation)
- Lips or face turning blue

While some people overdose immediately, others can overdose an hour or so after their shot. If you are concerned about someone, call 000 immediately and use naloxone. Remember that **overdose is reversible!**

Reducing the harms when using benzodiazepines

The best way to reduce the harms associated with taking benzodiazepines and other prescription medication is to only use them as prescribed by your doctor. There are also a range of things you can do to reduce the possible harms to yourself and others:

- Use low doses and if you have been prescribed a dose for longer than a couple of weeks, talk to your doctor about alternatives.
- Try to deal with stress and anxiety without using benzos. Meditation, counselling, stress management and exercise can help reduce stress and anxiety. There are also other medications you can be prescribed to help with stress and anxiety.
- If you notice a tolerance starting to develop, talk to your doctor before increasing the dose.
- If you feel like you are developing a dependence to benzos, don't stop taking them suddenly – this can be dangerous. Talk to your doctor or your local alcohol and other drug service about safely decreasing your dose, as well as other treatment options available (see our 'Benzos –Getting Support' brochure).
- Do not inject benzos. Most benzos are intended to be taken orally and shouldn't be injected. Pill fragments do not dissolve fully and can stick to the inside of your veins, causing blocked collapsed veins, infected skin and serious damage to surrounding tissue. It can also lead to a stroke.
- Don't combine benzos with other drugs unless instructed to do so by your doctor

Reducing the harms when using ecstasy

While the best way to avoid harm from Ecstasy and emerging psychoactive substances is to not use them, there are things you can do to reduce risk:

Plan Ahead

- If you know you are going to be using ecstasy or EPS, think about how it is going to affect you, how you can minimise the side effects, whether there will be people with you who will notice if something goes wrong and how you're going to get home safely afterwards. If you're planning to use, don't plan to drive.
- Make sure you are rested before you use.
- Avoid using when you are sick.
- Eat well in the lead-up to using.
- Plan to have some time to crash, rest and replenish with healthy food after your period of use.

Use with care

- Even if you are used to taking a certain substance, start slowly. Some EPS that mimic Ecstasy take longer to start affecting you than Ecstasy.
- Many people think their first pill isn't working, then take another ('double dropping'), basically doubling their dose and increasing their risk of overdose. Don't make this mistake.

Look after each other

If you are worried about a friend, call an ambulance straight away. Due to the nature of Ecstasy and EPS, if people start to have problems, they will need immediate medical support. Signs to look out for can include:

- Headache, fever or losing consciousness
- Nausea and vomiting (many people vomit when they 'come up' on a pill, but prolonged vomiting after this is not normal).
- Muscle spasms or abnormal heartbeat
- Inability to sweat or urinate
- Confusion and impaired judgement

Given the lack of established knowledge about these new substances, it can be difficult for medical staff to know how to treat someone who has overdosed on or has health problems caused by EPS. Treatment could be quicker and more effective if you can advise exactly what has been taken and the dosage. For 'legal highs', supplying the packet might be helpful.

Reducing the harms when using cannabis and synthetic cannabis

The best way of making sure you don't suffer negative consequences from cannabis is to not use it, but many people continue to use cannabis for a variety of medical and recreational reasons. If you do decide to use cannabis, here are some ways you can reduce the harm:

- Smoking cannabis can cause respiratory illnesses (similar to smoking tobacco). Vaporizers are an alternative to smoking, and release THC from the cannabis without burning it – this avoids exposing your throat and lungs to toxic smoke.
- If you do decide to smoke cannabis, don't mix it with tobacco – smoke it in a pipe or as a single paper joint. Don't use cigarette filters, as they filter out up to 60% of the THC in the smoke, which may mean you need to smoke a lot more to get the desired effect.
- Many people use a bong, saying the cooler smoke doesn't feel as harsh, but research suggests that this may be one of the most harmful ways to use cannabis. If you do use a bong, don't hold the smoke in – around 95% of the THC is absorbed within seconds of inhalation, so you don't need to.
- Regularly clean the water pipe and replace the water, as unclean water is a breeding ground for germs.
- Keep the water level at least 20cm below the rim of the mouthpiece, as water vapor accumulating in the lungs can cause lung infections. Use a screen in the cone or down pipe to prevent inhalation of small particles and contamination of the water.
- If using a pipe, it is better to use one made out of glass or stainless steel, as toxic fumes can be released when wood, aluminum or plastic are heated.

Eating cannabis is another way to avoid the harms associated with smoking it. However, it is harder to know how much you have taken, and it can take an hour or two to feel the effects. This can lead to people thinking it's not working and eating more, then feeling the effects more intensely when they finally hit.

Synthetic Cannabis

If you decide to use synthetic cannabis the following may help to reduce the harms:

- Don't use on your own – either use with experienced users or people who are not using when you are.
- Use a small amount at first. Be aware that different synthetic brands may differ in strength (or contents) and may have different effects.

Reducing the harms when using hallucinogens

The best way of making sure you don't suffer negative consequences from using hallucinogens is to not to not use them.

If you have a history of mental health problems, particularly with psychosis, hallucinogens could have a particularly intense effect and may cause a return of previous symptoms. Similarly, if you have a history of mental illness in your family, you may be susceptible to mental illness yourself, and hallucinogen use can be a catalyst for that illness developing.

Some people find the hallucinogenic experience overwhelming and difficult. This is most likely to happen to people using for the first-time, especially if they are unprepared or have taken a large dose. There are a number of things you can do to minimize the chances of a bad experience:

Plan ahead

- How you are feeling before you take the hallucinogen can greatly influence the experience. If you are feeling anxious, scared or uncomfortable, these feelings may influence your trip.
- Hallucinogens can also make people act impulsively, so if you have been having any feelings about suicide, it is not a good idea to use hallucinogens.
- Make sure you have eaten something light and nutritious beforehand, and that you are well rested.
- Plan your environment – create a safe space where you feel relaxed and comfortable. Some people like to use music and lighting to make the space warm and welcoming.
- Think about who you will be using with. If you feel uncomfortable around the people you are using with, those feelings may influence your drug experience.

Look after yourself and others

- Consider having a 'trip-sitter' – someone who will not be using drugs with you, but will be there to be a calm, comforting presence and look after you whilst you are using hallucinogens. Even if you are not using a trip sitter, don't use alone, especially if you do not have any prior experience using hallucinogens. You need someone there to ensure you do not try and do something dangerous if you lose touch with reality.
- Sometimes people start to have 'bad trips' and become scared or agitated. This can be very overwhelming for them – if you are with someone who is feeling that way remove as many stimuli (e.g. bright light or loud noise) as possible and take them somewhere safe and comforting. Reassure them that they are not going mad, that it is the effect of the drugs that they are feeling, and that it will pass.

Dealing with the come down

- If you intend to use hallucinogens, be aware that it may take a few days for you to recover, and that you may feel anxious and depressed after using. Make sure you have somewhere safe and comforting you can go and people you can talk to if you are not feeling good.

Getting help if you need it

- If you continue to feel bad after using hallucinogens, there are a number of places you can get help – there's a list of useful numbers on the back of this leaflet.

ARE YOU

AT "YES... BUT..."?

Decisional Balance

What are the good things about my Alcohol and/or Other Drug Use? (What function does AOD serve?)	Rating of importance (1-10) (10 is really important)	What are the not so good things about my alcohol and/or other drug use? (What are the consequences of AOD use?)	Rating of importance (1-10)
Total of ratings for "good" things		Total of ratings for "not so good" things	

OTHER QUESTIONS THAT YOU MIGHT WANT TO THINK ABOUT:

What would you like your life to be like in 5 years' time? (Think about family, work, travel, study)

How does your use of AOD use fit into this picture?

How does offending fit into this picture?

How important is it to me to cut down or stop using AOD?

01 02 03 04 05 06 07 08 09 10

Not important

Very important

How important is it to me to stop engaging in offending behaviour?

01 02 03 04 05 06 07 08 09 10

Not important

Very important

If I make a change to my alcohol and drug use, what would the benefits be?

Self-monitoring diary: Alcohol and/or drug use & offending – An example

WEEK STARTING MONDAY 26/9/2016

Day & Date	What time was it?	What & how much did I use? How much did I spend?	Where was I? What was I doing? Who was I with?	How was I feeling before I used? Before I offended?	What offending behaviour did I engage in?	How did I feel after I used and or offended?
Tuesday	10.00pm		Tony, Sim	Bored	Tagging at the Tram yard	OK
Thursday	6.30pm	4 stubbies Cannabis, a few bongos. \$42	At home, alone watching tv	Anxious		Sleepy
Friday	8.00pm	4 stubbies \$32	At Froggy's place, with Froggy, Tina and Caro	Happy		Relaxed, OK
Saturday	3.00pm	10 stubbies \$80	At the pub after the footy with Sim, Tony & Froggy	Down, my team lost Angry with a guy for picking on my team	Got into a punch up with a guy in the pub	Hung – over Annoyed with myself & bruised

Drink/Drug and Offending Diary

Here is a blank version for you to use, you could photocopy this page so that you can keep using it.

Week Starting Monday ___/___/___

Day & Date	What time was it?	What & how much did I use? How much did I spend?	Where was I? What was I doing? Who was I with?	How was I feeling before I used? Before I offended?	What offending behaviour did I engage in?	How did I feel after I used and or offended?

READY

TO CHANGE?

Knowing your reasons for making change, to either AOD use and/or offending is a useful first step in planning for change.

MY REASONS FOR MAKING A CHANGE ARE:

MAKING PLANS TO CHANGE

Changing your alcohol or drug use might mean cutting down how much you drink or use in order to reduce problems associated with use, or for others, it might mean quitting altogether.

If you are using illegal drugs, there is always a risk of having more legal problems if you continue to use at all & the risks to your health can be unpredictable because there is no quality control, however, the choice is up to you. Do read the tips for reducing harm if you are going to keep using.

Sometimes it's worth working out the pro's and con's of cutting down versus quitting to help you make your decisions. Think about these options in relation to: your relationships, your health, your lifestyle and your involvement in the criminal justice system (legal issues).

	Cutting down	Quitting
Positives		
Negatives		

Cutting Down

To help you with cutting down, it's a good idea to complete the self monitoring diary to get an idea of how much you drink or use and when and can assist in setting some realistic goals.

GOAL SETTING

What level of drinking or drug use do you want to reduce to?

Sometimes a long term goal can feel overwhelming, breaking it down into several smaller steps can help you get there.

SMART GOALS

Specific - clearly say what will be done

Measurable - include some way you can measure what you have achieved eg. 4 times a week; 2 hours

Achievable - goals that you can actually meet, they are realistic for you.

Relevant - You want to achieve the goal not what others want or goals that aren't relevant to you.

Time limited - set a time for when the goal will be achieved. This will help you stay focused & also give you a time to check in on how you are going & make changes if needed

"I will walk around the oval 3 times a day, on four days a week for the next four weeks starting on Monday the xx/xx/xx"

Reviewing goals helps you celebrate that you have made it....

It can also help if something isn't working – you can rewrite goals so that they are suitable for you.

Part of planning for change also involves thinking about who will support you in achieving your goals, as well as the things that might get in the way. For example, Dom realised that sometimes he drinks more when he is feeling down or when he drinks with certain people. Dom worked out that if he was feeling down, he would spend time with his sister who helps him through those times without drinking, and he also decided that he needed a way of telling his friends that he was cutting down.

Example of goal setting for cutting down.

Dom drinks about 6 nights a week, usually drinking about 6 stubbies on week nights, and more on the weekends. Dom wants to cut down his drinking because he gets into trouble when he is intoxicated & he is also spending too much money.

Dom has some ideas about his reasons for making change, but his goals aren't SMART - he doesn't have a measure of what cutting down looks like or a time frame to stick to – so working out his success will be a bit difficult.

Dom's medium term SMART goal might be - drinking two nights a week and drinking no more than 4 standard drinks on drinking nights to be completed within the next two months.

At the moment, Dom doesn't believe he can get to that level of drinking straight away, so he has worked out some small steps to help him get there in the next two months.

Dom's goal is now a SMART goal.

He can now take some smaller steps to achieve this by setting SMART goals for every fortnight, gradually decreasing his use of alcohol.

- In the first 2 weeks he might set his goal to be: to drink no more than 3 nights a week with no more than 6 standard drinks on two of the nights.
- In the third and fourth week he might set his goal to be: to drink no more than 3 nights in the week with no more than 5 drinks on any night.
- The fifth and sixth week he might set his goal to be: to drink no more than 3 nights in the week with no more than 4 drinks on any night.
- On the seventh and eighth week his goal may be: to drink no more than 2 nights in the week with no more than 4 drinks on any night.

By now he has achieved his medium term goal.

WITHDRAWAL

When people develop a dependency on alcohol or drugs and decide to quit they will likely experience withdrawal symptoms. Some people are able to manage withdrawal with the support of their GP and family/friends, whereas others may wish to access Alcohol and Drug Withdrawal Services. All regions of Melbourne have AOD withdrawal support services available free of charge. The facilitator will have provided you with information about how to access the services in your area.



Medical supervision and support is required when quitting alcohol and benzodiazepines, as stopping suddenly can cause serious health problems.

Brochures are available at your course which can provide you with information on getting through withdrawal for various drugs.

MAKING

CHANGES

Making change is carrying out the plan you made.

GETTING YOUR NEEDS MET

If you have decided you want to make changes to your AOD use, you will need to work out other ways of getting your needs met.

AOD have served a purpose for you, how can you meet these needs without using or drinking?

Go back to the list of 'good' things (function) about drinking or using drugs you wrote down and think of other things you can do instead.

Function of drinking or using	Other ways I might get these needs met



In the resources section of this workbook are some web sites where you can get some tips on managing anxiety, depression, anger, and sleep.

ACTIVITY 07:

ALTERNATIVE ACTIVITIES TO AOD USE/ OFFENDING

When you are making changes to alcohol and other drug use, and offending associated with boredom, it's useful to have some alternative activities to do instead. Below is a list of potential activities you could do, but remember, you are only limited by your imagination.

TICK THE BOXES FOR ACTIVITIES THAT APPEAL TO YOU

Reading	<input type="checkbox"/>	Take up a course or hobby	<input type="checkbox"/>	Go for a hike	<input type="checkbox"/>
Garden	<input type="checkbox"/>	Learn to cook	<input type="checkbox"/>	Take up a sport	<input type="checkbox"/>
Play golf or mini golf with friends	<input type="checkbox"/>	Going to a gym (or park with gym equipment)	<input type="checkbox"/>	Check out podcasts to listen to	<input type="checkbox"/>
Take up bike riding	<input type="checkbox"/>	Take a walk, run	<input type="checkbox"/>	Take up photography	<input type="checkbox"/>
Try out new food you've never had	<input type="checkbox"/>	Go camping	<input type="checkbox"/>	Have a movie night at home (or at the movies)	<input type="checkbox"/>
Meditate	<input type="checkbox"/>	Listen to music	<input type="checkbox"/>	Do yoga	<input type="checkbox"/>
Go abseiling or rock climbing	<input type="checkbox"/>	Play a musical instrument	<input type="checkbox"/>	Catch a train (or drive) to a new place and explore it	<input type="checkbox"/>
Do volunteering	<input type="checkbox"/>	Go bowling with friends	<input type="checkbox"/>	Plan a holiday	<input type="checkbox"/>

OTHERS IDEAS YOU HAVE?

MAINTAINING

CHANGE

High Risk Situations (HRS) are situations in which the urge or desire to go back to old behaviour, be it alcohol and drug use, or offending is pretty overwhelming.

A HRS can have one or multiple triggers

Most HRS can be anticipated – e.g. being around people you used to offend or use AOD with.

HRS can be people, places, events, mood states

Sometimes you need to avoid HRS, though it won't be useful all of the time

Having a plan to manage HRS is key to helping you keep on going with your change.

SOME IDEAS TO MANAGE HRS

Call someone
you know will
help you if you
are struggling

Practice how to
refusal skills and
use them

Change your
phone number
and social media
if people hassle
you

Leave a situation

Use one of your
activities to help
you manage
risky feelings

ACTIVITY 08:

MANAGING HIGH RISK SITUATIONS

High Risk Situations	What could I do to manage that situation so I don't use, use more than intend or offend?
Being offered alcohol or other drugs	
Being at a party when someone starts smoking methamphetamine when you have stopped using methamphetamine	
Seeing your dealer in the street	
Planning on having 3 beers and someone joins the group starting up a shout	
Getting a call from a friend who wants you to score and deliver drugs for him	
Having a bad day and feeling angry	
A friend you really want to see invites you to the club where you used to use ecstasy	

OTHER IDEAS FOR MANAGING HRS?

BE AWARE OF THOUGHTS THAT CAN TRIP YOU UP



HANDLING URGES AND CRAVINGS FOR AOD USE:

Urges and cravings are a normal part of changing AOD use. Over time they reduce in frequency and intensity

- Delay – Most cravings pass in about 20 minutes
- Distract – Take your mind off using by doing something else
- Decision – Remind yourself of all the reasons why you wanted to stop using/drinking

Planning in case things go off the rails

Who can you talk to?

Remind yourself of your reasons to change

Learn from it – what lead you to slip?

What can you do to prevent it happening again?

Get back into taking action



REMINDER: Having a plan for a slip up doesn't mean you will have one.

A slip is not a weakness.

It can be part of the change process.

A slip can be a learning opportunity.

RESOURCES

TELEPHONE SERVICES AND ONLINE COUNSELLING

Alcohol and Drug Supports

Directline - 1800 888 236 – information, support and referral for AOD issues

Counselling online: <https://www.counsellingonline.org.au/> - online counselling for anyone concerned about AOD issues

National Cannabis information and helpline – 1800 30 40 50

National Cannabis Information and Prevention Centre: <https://ncpic.org.au/> – self-help resources to assist with cutting down or quitting cannabis

ICE Advice – 1800 423 238 – information, support and referral for methamphetamine (ICE) related issues

SMART Recovery Australia - <https://smartrecoveryaustralia.com.au/> find support groups to help you manage changes to AOD use

Mental Health Supports

Beyond Blue – 1300 2246 36 – telephone support for mental health issues (including anxiety and depression)

Beyond Blue - online chat: <https://www.beyondblue.org.au/get-support/get-immediate-support>

Other Support Services

Financial counselling helpline – 1800 007 007

Financial counselling service <https://www.financialcounsellingaustralia.org.au/Corporate/Home> - free service, links to finding a free financial counsellor

Gambling Help – 1800 858 858 – telephone support to help with gambling issues

Gambling Help Online - <http://www.gamblinghelponline.org.au/> 24/7 online counselling to help with gambling issues

Housing Services – 1800 825 955 - Crisis line

Housing Services and Information - <http://www.housing.vic.gov.au/> - information about housing issues.

Crisis Support

If you or someone you know is suicidal call:

- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467
- Ambulance 000

Online Self-Help Resources

There are quite a lot of helpful resources available online – listed below are some, but a quick google on a topic you want help with will give you a good list too.

Self Help Tips to cut down drinking

Control Your Drinking Online: A Web-Based Self-Change Program

<http://www.acar.net.au/online.asp>

Moderation Management: <http://www.moderation.org/>

Managing sleep issues

Get a Good Night's Sleep

<http://www.sleepcouncil.org.uk/wp-content/uploads/2013/01/Get-a-Good-Nights-Sleep.pdf>

This booklet has some useful information and tips to help you get better sleep without using AOD.

Managing Anxiety

Anxiety Disorders Association of Victoria offer support groups to help manage anxiety and have some tip sheets on their website.

<https://www.adaa.org/tips-manage-anxiety-and-stress>

Managing Depression

Check out the website below for tips on coping with depression

<http://www.helpguide.org/articles/depression/dealing-with-depression.htm>

Mood Gym - Learn skills for preventing and coping with depression

<https://moodgym.anu.edu.au/welcome>

Managing Anger

This resource "Moodjuice Self-Help Guide for Anger" can be printed and has some useful information.

<http://www.moodjuice.scot.nhs.uk/Anger.asp>

Relapse Prevention Tools

Free Relapse Prevention workbooks from US Drug Rehab Centres <http://www.usdrugrehabcenters.com/the-relapse-prevention-plan/>

APPENDIX 01

WITHDRAWAL SYMPTOMS OF ALCOHOL AND OTHER DRUGS

The following sections describe 'typical' withdrawal symptoms for key drugs of dependence; however, individual experiences of withdrawal will vary greatly.

Withdrawing from alcohol

Medical assessment and management is required for withdrawal from alcohol.

The physical symptoms of withdrawal from alcohol don't last forever. For most people, the worst is over within a week. After that, appetite, mood and sleep patterns will start to improve and general health is likely to have improved significantly. Psychologically, it can take a bit longer to get used to living without alcohol, but there are techniques which can be used to manage the cravings. People should talk to their alcohol and other drug worker for more information.

WITHDRAWAL SYMPTOMS

Everyone experiences withdrawal differently but common symptoms of alcohol withdrawal include; anxiety, restlessness, sweating, cravings for alcohol, feeling irritable, stomach cramps, nausea, vomiting and diarrhoea, trouble sleeping and nightmares. Less common withdrawal symptoms include tremors and hallucinations.

Withdrawing from methamphetamines

Most people experience a 'crash' period when they stop using methamphetamine. This usually lasts a few days. Generally people do not need medical support during this time; however, people who have been using methamphetamine regularly, or for a long time can find it particularly hard. Due to the changes in their brain chemistry, they can experience intense cravings during their withdrawal period, as well as extreme tiredness, depression and lack of motivation.

WITHDRAWAL SYMPTOMS

Everyone experiences withdrawal differently but common symptoms of methamphetamine withdrawal include severe exhaustion and need for sleep, strong cravings, flat mood/depression and/or restlessness, anxiety & paranoia, decreased energy and motivation, mood swings/irritability, increased appetite and sleep disturbance/insomnia.

After about a week and a half, most symptoms will start to settle down, with some people still experiencing mood swings, irritability and restlessness. Continuing poor sleep and feeling run down can lead to feelings of tiredness and lack of energy, and some people report they find it hard to feel pleasure, even from usually enjoyable activities.

After the first month, symptoms start to disappear, but people who had been using methamphetamine heavily can feel ongoing symptoms like depression or difficulty with motivation for months or even years.

Withdrawing from heroin or other opiates.

It's important that people are aware that if they someone has stopped using heroin or opiates, their tolerance will have decreased. By using the same amount of the drug they used to, they increase their risk of overdose. For this reason, it is generally not advised to withdraw from opiods or heroin in the traditional way, but to use methadone or buprenorphine. Talk to your doctor or and alcohol and drug worker to seek assistance.

Physical symptoms of withdrawal usually occur within a few hours after the last use, and peak between 24 and 48 hours. Most people will experience cravings in the form of physical discomfort, agitation and constant thoughts about using.

While is it normal to experience a range of withdrawal symptoms, these can be managed. People should talk to their GP or AOD service to find out how they can access support.

WITHDRAWAL SYMPTOMS

There are common symptoms of opioid withdrawal, but everyone's experience is different. People may find that they experience some, all or no symptoms, depending on the tolerance developed. Many people describe their withdrawal as similar to having the flu, with sweats, hot and cold flushes, goose-bumps, sweating, headaches, joint pain, muscle cramping and weakness. Other symptoms can include feeling restless and irritable, having trouble concentrating, muscle twitching and 'restless legs', a reduced capacity to cope with pain and strong cravings.

After 2-4 days, the physical symptoms should start to settle down and should disappear within a couple of weeks. Some people find that they continue to feel tired, irritable and have trouble sleeping for longer.

The psychological symptoms of withdrawal can last longer and can be more difficult to deal with. Some people experience cravings for some months after their physical symptoms have disappeared, and it is often the difficulty of this adjustment that puts people at risk of relapse after completing their withdrawal.

Withdrawing from tobacco

Many people experience negative symptoms when they withdraw from tobacco. These usually peak within 48 hours, but have usually disappeared within a month of giving up smoking. The urge to use tobacco can be present for longer, but most people find that after a month they get only occasional cravings that decrease over time.

WITHDRAWAL SYMPTOMS

People may experience the following symptoms: cravings to use tobacco, restlessness and difficulty sleeping, irritability and difficulty concentrating, headaches and anxiety, increased appetite, decreased heart rate, cold symptoms (as the lungs start to clear).

Withdrawing from cannabis

People used to think that stopping cannabis use was as simple as just stopping, but we now know that there are a number of withdrawal symptoms people can experience. Some people compare the experience of cannabis withdrawal to tobacco withdrawal, but it's different for everyone. Withdrawal can be influenced by how long the person has been smoking, how much they smoke and other factors.

Cannabis withdrawal can be completed at home or with extra support. A drug and alcohol service or GP can help to develop a withdrawal plan and work out what kind of supports are needed.

Most symptoms disappear within a couple of weeks, although sleep disruption can continue for longer.

Withdrawal symptoms you may experience

Generally, cannabis withdrawal symptoms peak in the first week. Common symptoms include: headaches, tiredness, vivid dreams or trouble sleeping, loss of appetite, nausea or diarrhea, aches and pains, sweating, anxiety, cravings, depression or irritability.

Withdrawing from benzodiazepines (or other prescription medication)

Medical assessment and management is required for withdrawal from benzodiazepines. The best way to safely withdraw is to stabilise, substitute & reduce dose in close consultation with a GP and an alcohol and other drug treatment service.

WITHDRAWAL SYMPTOMS

Common withdrawal symptoms include: abdominal pain, nausea, anxiety, depression, breathing difficulties, heart palpitations, sensitivity to light and sound, insomnia, nightmares, lack of energy or co-ordination, aches and pains, restlessness, sweating, irritability, headaches or seizures.

Other symptoms may also be experienced, or no symptoms at all. However, given the potential seriousness of some symptoms, it's recommended that people don't undertake withdrawal without support.

[illegible]





