



# Marrin Weejali Aboriginal Corporation

Substance Misuse – Social Emotional Wellbeing Healing Centre



# Why Is My Life So Crap?

## Support Booklet

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# Introduction

## Change can be hard.

Maybe you want to stop completely, have a break or just cut down. You might have already contacted a service to get help or get on a waiting list, but that doesn't mean you just have to sit around and wait. This book is to help you make the changes you want to make.

For most of us, giving up or cutting down our use of something we used to enjoy is not easy, even if we know that if we keep using there will be trouble. Many people do manage to give up or dramatically reduce their drug use or alcohol use. We are all different, but it can be good to understand how other people who have made changes felt, and what they did to stay on track.

One way to think of changing our ways is in terms of making a journey, travelling from where you are now to where you want to be. On any journey, having a map (or plan) makes finding our destination more likely and may even make travelling a little easier.

This book provides information and exercises to help you prepare for change and help you succeed.

## Is my drug or alcohol use problem for me?

Many problems happen because of grog, not just drugs.

If you have decided to make changes to your drug or alcohol use, the chances are that you are concerned about the amount you use and what it will do to your health. Some of you may be finding that your use is having a bad effect on your relationships, your health or your work, and it may have even got you into trouble with the law.

Many people think that if they are not dependent on a drug it is not a problem. This is not really true. Being drunk or using regularly may also lead to a range of problems such as:

- Overdose
- Feelings of depression, anxiety or discomfort, or being unable to cope with a situation
- Feeling unable or unwilling to complete tasks (such as work, looking after children etc.)
- Driving while drunk (causing an accident, getting fined, losing license, etc.)
- Increased risk of injury to you or others
- Being unable to pay bills, rent or buy food
- Increased risk of illness or poor health
- Tension, arguments or difficulty in relationships
- Legal problems

## What is dependence?

Some drugs, such as heroin, cocaine, meth/amphetamine and nicotine, trigger chemicals in a part of the brain called the reward pathway. When the reward pathway is stimulated we feel good and because most of us like feeling good we keep repeating the behaviour. If the reward pathway is stimulated by drugs or alcohol then this desire to repeat the behaviour can lead to regular use and dependence in your body and your mind.

**One reason people resist change is because they focus on what they have to give up, instead of what they have to gain.**

# Assessing your dependence on a drug

**One quick way to judge if you may be dependent on a particular drug is to think about:**

1. How much you miss the drug and think about it when you don't have it and;
2. Can you resist the drug or drink when it is around.

The following self-assessment may also be useful:

## SELF ASSESSMENT

<b>1.</b> In the last 6 months have you needed to drink or use drugs more to get the affects you want?	<input type="checkbox"/> No = 1 <input type="checkbox"/> Yes, a bit more = 2 <input type="checkbox"/> Yes, a lot more = 3
<b>2.</b> When you have cut down or stopped drinking or using drugs in the past, have you felt things like: sweating, shaking, feeling sick in the tummy/ vomiting, the runs, feeling really down or worried, problems sleeping, aches and pains?	<input type="checkbox"/> Never = 1 <input type="checkbox"/> Sometimes when I stop = 2 <input type="checkbox"/> Yes, every time = 3
<b>3.</b> How many times do you feel that you end up drinking or using drugs much more than you expected?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Once a month = 2 <input type="checkbox"/> Once a fortnight = 3 <input type="checkbox"/> Once a week = 4 <input type="checkbox"/> More than once a week = 5 <input type="checkbox"/> Most days/Every day = 6
<b>4.</b> Do you ever feel out of control with your drinking or drug use?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Often = 3 <input type="checkbox"/> Most days/Every day = 4
<b>5.</b> How hard would it be to stop or cut down on your drinking or drug use?	<input type="checkbox"/> Not hard at all = 1 <input type="checkbox"/> Fairly Easy = 2 <input type="checkbox"/> Hard = 3 <input type="checkbox"/> I couldn't stop or cut down = 4
<b>6.</b> What time of the day do you usually start drinking or using drugs?	<input type="checkbox"/> At night = 1 <input type="checkbox"/> In the afternoon = 2 <input type="checkbox"/> Sometime in the morning = 3 <input type="checkbox"/> As soon as I wake up = 4
<b>7.</b> How often do you find that your whole day has involved drinking or using drugs?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Often = 3 <input type="checkbox"/> Most days/Every day = 4

## SCORING

Q1	Q2	Q3	Q4	Q5	Q6	Q7	TOTAL

## WHAT YOUR SCORE SUGGESTS

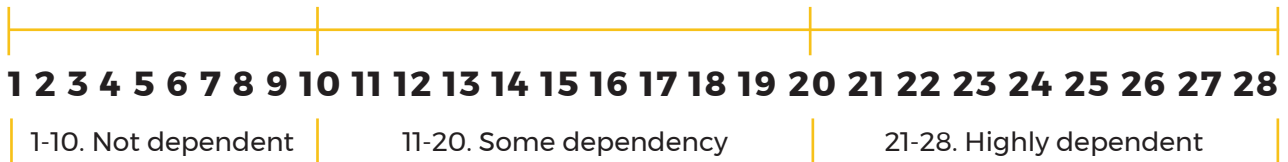
<b>0-10</b>	You are not dependent
<b>11-20</b>	You have some dependency
<b>21-28</b>	You are highly dependent



# Is my dependence a problem?

It is important to remember that dependency is a scale. It's possible to be anything from mildly to heavily dependent, and where you are on this scale will often determine how big a problem your use is.

## DEPENDENCY SCALE



Also, being dependent doesn't always mean that you are experiencing significant problems. After all, many of us get a headache if we miss our morning coffee (due to caffeine withdrawal) but we don't see our coffee use as a problem we need to fix.

### However, if you are dependent on a drug you are more likely to:

- Have trouble cutting down or controlling your use
- Have withdrawal symptoms if you take a break from using or cut down
- Use drugs or alcohol to relieve or avoid withdrawal symptoms
- Use larger amounts or for longer periods than you originally intended
- Need to use more of a drug or drink than you used to in order to achieve the same effect
- Spend more and more time, money and effort on drinking or finding and using drugs.
- Spend more time with other drinkers or drug users and less time with people who don't drink or use drugs, or use only occasionally
- Spend less time on other aspects of your life, such as family, study or social times, because of your use
- Have fights or conflict with others, such as family members or your partner
- Have strong urges or cravings to use or drink when you can't use drugs or alcohol

### Other problems will be specific to you and your situation. Some examples are listed in the table below:

- Problems associated with my drug or alcohol use in the last two months
- I'm having fights with my partner almost every week about my drinking
- I wake up in the morning feeling really rough from having used drugs the night before
- Some of my friends have been complaining that I'm stoned all the time lately
- I got pulled over and drug tested and now I've lost my license
- I keep losing my keycard and haven't got enough money for food

### Problems associated with my drug use in the last two months

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# Do I want to change my drinking or drug use?

**When we decide to change our behaviour it is usually because we believe life will be better as a result of that change.**

Drinking and using drugs has a range of benefits and harms for the person doing it. Sometimes we know we should change, and that our budget and health will improve as a result of that change but we still don't do it. This is because we feel torn - we know the risks, we can think of lots of reasons why we should stop or cut down, but there are also good things about using so we keep doing it.

When we want to make changes it is important to think honestly about what we enjoy about our drug or alcohol use. The things we like - the benefits we experience - are the things that we will miss if we stop or cut down. If we don't find new ways or think hard about these benefits, chances are we are going to go back to our old patterns of behaviour.

The table below, called a decisional balance, can help you focus your thinking and identify the good things for you about drinking or using drugs.

The good things about my drinking/drug use	Importance rating 1-10	The not-so-good things about my drinking/drug use	Importance rating 1-10
All my friends drink, so its sociable	3	The amount I drink keeps increasing, so does the cost	6
I love the way it relaxes me	3	My drinking embarrasses my kids	10
I like the taste	2	I am on my final warning at work for not turning up on time	9
It helps me cope with boredom	3		
It's a reward when I put the kids to bed	6		
<b>Total of rating for 'good' things</b>	<b>17</b>	<b>Total rating for 'not-so-good' things</b>	<b>25</b>

**A good thing for one person may not be so good for another.**

In this example there are more 'good' than 'not-so-good' things about the person's use, however the ratings given for each item make it clear that the 'not-so-good' things outweigh the 'good' things in terms of importance.

You can complete a decisional balance for your own drug use over the page. Be honest with yourself and really think about the 'good' and 'not-so-good' things associated with your use. Once you have done this, give each item a rating of importance from 1-10 with 1 being not very important and 10 being very important.



# Is it time to change?

**If I keep using drugs or alcohol as I am now, in five years time I...**

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**If I keep using drugs or alcohol as I am now, in five years time I...**

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## **Which future looks better to you?**

All of us can make a list of things we should do, but we don't: I should go to the gym, I should stop eating junk food, I should try to get a better job. The fact that we should do something does not mean we will.

A question to ask yourself is: 'How important is it to me that I make some changes in my drug or alcohol use now?'

Keeping in mind everything you have thought about so far, where would you place yourself on the scale below?

## **How important is it to me that I cut down or stop using drugs or alcohol?**

**1            2            3            4            5            6            7            8            9            10**

Not Important \_\_\_\_\_ Very Important

Now think about why you picked the number that you did, and answer these questions:

Why didn't I pick a smaller number on the scale? In other words, if you placed the importance of cutting down or quitting as 6, why didn't you choose 5, or 4?

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## **Having weighed up the pros and cons of your use do you wish to make changes?**

**Yes**       **No** I intend to carry on using the same level as before



# Is it time to change?

If you have decided that you want to give up or cut back, then it's a good idea to look at the 'good things' column in your decisional balance and to think about how to achieve these good things in other ways. This list will be useful in the future.

For example:

'Being able to relax after the kids go to bed was one of my 'good things' about drinking. I also like to relax by soaking in a hot bath or inviting a friend round to watch a DVD. Could I do either instead?'

Now think of your own use and the good things it provides, and fill in the table below.

Good things	Other ways I may be able to get those good things

## Self-monitoring diary

It can be difficult to make a decision without all the information. When it comes to drug use people often underestimate or overestimate how much they use.

It can be scary to face the truth, but a good way to know what you want to do is to fill in a diary over the course of a week or two. You might be quite surprised at the results. Your diary will also be useful in the future as it can help you identify high risk situations and reduce the chance of relapse.

If you decide that you would like to cut down rather than quit altogether, the diary can be a good tool to help you decide how much you would like to cut down by, and when you would and would not like to use drugs or drink. If you find that you are using drugs or drinking every day and maybe several times a day, then cutting down might be more difficult than quitting altogether.

# Planning to change

## Having a definite plan to change makes change a little easier.

If you have done your drug and alcohol use diary you should have a clear idea of your pattern of use and hopefully this will help you decide what changes you want to make.

Here's an example of what your diary might look like:

DAY	What time was it?	How much did I use?	Where was I? Who was I with?	How much did I spend?	How did I feel before I used?	How did I feel while using?	How did I feel after?
MON	1pm	1 gram	With Sue, watching the footy at my place	Paid Sue \$70	Good, up, happy	Happy - had a good time	Fuzzy headed, but okay
TUE	6pm	12 stubbies	At Phil's party	\$0 Phil paid	Shy, found it difficult to talk to people	Chatty at first and then a bit too drunk	Annoyed with myself for getting too pissed to enjoy the party

## DRUG / ALCOHOL DIARY

	MON	TUE	WED	THU	FRI	SAT	SUN
What time was it?							
How much did I use?							
Where was I? Who was I with?							
How much did I spend?							
How did I feel before I used?							
How did I feel while I was using?							
How did I feel afterwards?							

# Cut down or quit

The first thing you need to decide is whether you want to stop completely or reduce your use. If you want to cut down or quit will probably depend on how much you have been using and how often. If you filled in the Self-Assessment questionnaire earlier in this book and got a really high score, you will probably find it much more difficult to reduce your drug or alcohol use than to stop entirely.

Choosing to continue using drugs or drinking occasionally will expose you to many more high risk situations in which drugs and alcohol are readily available and you will have to make difficult decisions.

Some things to think about when deciding whether to cut down or quit include.

- Do I have a health or mental problem which is made worse by using drugs?
- Do I get withdrawal symptoms when I reduce my drug use?
- Do I have legal or money problems caused by my drug use?
- Is my drug use causing problems in my relationships with family members, friends or my partner?
- Have I solved any of these problems before by quitting using completely?
- Have I tried to cut down before and found that my drug use gradually increased again over time?

If you answered yes to any of these questions, then stopping completely may be the best way forward for you. Another exercise you might try is to think about the positives and negatives of each option:

	CUTTING DOWN	QUITTING
Positives		
Negatives		

If you have decided that you would prefer to cut down. Make sure that you check out the Using More Safely section of this book.

## Goal Setting

Making any kind of change in your life usually involves two key skills: setting goals and solving problems. We are going to focus on goal setting.

Setting and achieving goals can give us a sense of satisfaction or achievement. Some people would argue that this is a major part of our self-esteem, self-confidence and even happiness. Understanding how to set ourselves goals can certainly help us to make the changes we would like to make, and have a clear idea of where we want to go, which means we are more likely to get there.

# Is it time to change?

**Goals can be divided into two different types: those which are to be achieved in the short term, and those which are to be achieved in the long term.**

Short term goals are easier to attain. They can be made on their own or can act as building blocks towards longer term goals. My long term goal may be to stop smoking in 12 months. A set of short term goals, like cut down by 2 cigarettes a week might pave the way to achieving the long term goal.

In general the goals you set yourself should be SMART goals, with S.M.A.R.T standing for:

## **S**pecific

Airy-fairy goals are hard to achieve and can be difficult to know if you have reached them or not. For example 'I will get my life together' is a very broad and loose sort of goal, whereas 'I will pay my bills on time every month' is more specific and easier to follow.

## **M**easurable

To know if you have achieved a goal, it's useful to have something to measure your success. If you want to cut down your drug or alcohol use, be clear about how much you are cutting down by; (e.g. one gram a day or four bongs a day, etc). Then it's very clear when the goal has been reached.

## **A**chievable

You need to ask yourself 'Is this something I can actually do?' There is no point in setting yourself a goal you can't meet. Goal setting should be something that leads to success, rather than failure. So, if you are always unable to meet the goals you set for yourself, you may be aiming too high.

## **R**elevant

Make your goals mean something to you and your situation. This is about picking out the things that you really want to work on, and about making sure the goals you set are really set by YOU and not by your family, friends etc.

## **T**ime limited

Time limits motivate you to do stuff now. If you are going to cut down your smoking by 10 cigarettes a day, but you no time limit, then chances are you will put off cutting down. Time limits help when it comes to seeing if you've been successful with your goals. If your goal was to cut smoking to 5 a day in 3 months, then at the end of 3 months you will know if you should feel good about completing the goal or rethink the goal.

# Is it time to change?

## Long term goals:

Keeping in mind the 'good things' and 'not-so-good things' about drinking or using drugs that you have identified in a previous section, think of three SMART long term goals that you would like to achieve.

If you have read this far, then you have probably already set yourself at least one goal, which is to cut down or quit your drug or alcohol use, so write this in as goal 1.

- 1 \_\_\_\_\_  
\_\_\_\_\_
- 2 \_\_\_\_\_  
\_\_\_\_\_
- 3 \_\_\_\_\_  
\_\_\_\_\_

## Short term goals:

What SMART short term goals can you think of that might help achieve the long term goals you set above?

Remember to regularly review your goals. Priorities change and goals can also change. In addition it is important that you tick off - mentally or even on a piece of paper - those goals that you have achieved and pat yourself on the back.

- 1 \_\_\_\_\_  
\_\_\_\_\_
- 2 \_\_\_\_\_  
\_\_\_\_\_
- 3 \_\_\_\_\_  
\_\_\_\_\_



# Is it time to change?

## Withdrawal - what to expect

**How strong your withdrawal is changes from person to person.**

If you regularly use a drug your body adapts to its presence and eventually starts to rely on receiving a regular dose. When you stop using the drug or dramatically cut down the amount you use, your brain has to re-adjust to the fact that the drug coming into your body. This is called withdrawal.

The symptoms of withdrawal in your body and your mind vary in severity and effect, not only from substance to substance, but also from person to person. Some experiences of withdrawal may be mild and others, particularly from heavy alcohol or benzodiazepine use, may be more severe.

Some of the more common symptoms that people might experience are all listed below.

**Symptoms that are common to withdrawal from most drugs include:**

- Insomnia
- Intense cravings
- Mood swings, irritability
- Loss of appetite, nausea
- Aches and pains
- Sweating
- Headaches
- Anxiety, agitation

Some of these symptoms are experienced only in the first few days and others, such as insomnia, mood swings and cravings may persist for longer.

## Alcohol

Most people who are alcohol dependent will experience mild to moderate withdrawal symptoms, most of which subside in the first week. A smaller percentage of people (less than 5%) will have severe withdrawal symptoms which peak after five or six days but some symptoms may last for a few weeks.

Alcohol withdrawal can potentially be very serious. If someone has been drinking very heavily for a long period they may be susceptible to seizures in the first 36 - 72 hours after ceasing drinking.

For this reason if you have been drinking heavily or regularly it is recommended that you suddenly stop drinking without first seeing a GP or engaging with a drug and alcohol treatment service.

**Symptoms may include:**

### **6 - 12 hours**

- Tremors (the shakes)
- Anxiety, restlessness
- Sweating

# Is it time to change?

## Day 1 - 3

- Strong urges to drink
- Feeling irritable, anxious, restless
- Sweating, hot or cold flushes
- Stomach cramps, diarrhoea
- Nausea, vomiting, poor appetite
- Headache, general aches and pains
- Confusion, hallucinations and tremors ('the DTs')
- Poor sleep, nightmares
- Poor concentration

## Day 4 - 7

- Most physical symptoms settle down although mood swings, feelings of anxiety and agitation may still occur and you could feel flat and run down.

## Meth/amphetamine (speed, base, ice, crystal meth)

The 'crash' or 'comedown' experienced after meth/amphetamine use is different to withdrawal. The crash can be similar to a hangover, and is a period during which the body will recover from the use of the drug. It can last several days and people usually experience the opposite of intoxication. Not everyone who uses meth/amphetamine will experience a 'crash'.

Symptoms of a crash may include:

- Tiredness / fatigue
- Hungry
- Depression which may feel intense

Withdrawal can occur after stopping very heavy or dependent meth/amphetamine use. The course of withdrawal can vary but usually has an acute stage that lasts from one to two weeks, followed by what is described as a sub-acute stage that can continue for another 2 weeks. Some symptoms that can result from drug effects on the brain such as

problem with memory and planning ability will improve over time but can continue for many months.

Symptoms can include:

## 4 - 7 days after last use

- Depression
- Fatigue
- Sleep disturbance
- Hungry
- Lack of motivation
- Restlessness, irritability and poor concentration
- Strong cravings
- Paranoia (for example feeling that people are out to get you or following you)

## 7 - 28 days after last use

- Most symptoms will start to settle down, but you may experience:
- Depression and mood swings
- Irritability and restlessness
- Generally feeling run down
- Poor sleep
- Some cravings to use

## 1 - 3 months after last use

- Improvements in health and mood
- Sleep and activity levels return to normal
- Some difficulties with planning and memory may continue
- Some cravings may still be experienced

# Is it time to change?

## **Benzodiazepines (Valium, diazepam, serapax, Xanax, temazepam etc.)**

Benzodiazepine (Benzo's) withdrawal is different for different people, and often depends on which type of benzo has been taken, for how long, in what doses, and the reasons for which it was originally prescribed (if it was). Symptoms can come and go for no apparent reason and vary in intensity. Symptoms can appear within 24 hours of stopping or reducing use but may not appear at all for several weeks. For some people withdrawal may be over relatively quickly, while for others it can last for many months.

People can also experience what are called 'rebound' symptoms. This is when the original condition for which the person was prescribed benzos returns for a short time and is experienced as 'worse' or more intense than it was originally. In addition, as with heavy alcohol use, abrupt withdrawal from daily use of high doses of benzos can cause seizures.

**If you have been taking a high dose regularly for a lengthy period of time, you should talk to your GP or treatment service before you stop.**

For many people whose primary problem drug has been benzos, a long and slow outpatient withdrawal will be the most appropriate treatment.

Symptoms may include:

- Anxiety, panic attacks, depression, suicidal thoughts, paranoia, agoraphobia (don't want to go out)
- Breathing difficulties
- Blurred vision, seeing spots, sore eyes
- Dizziness
- Tired, flu-like symptoms
- Heart palpitations (racing heart)

- Lights and sounds can be irritating
- Can't sleep and have nightmares
- Can't concentrate and are clumsy
- Muscular aches and pains, heavy limbs
- Metallic taste in the mouth
- Mood swings, irritability
- Restlessness, agitation
- Severe headaches
- Shaking, sweating
- Skin problems
- Tightness in the chest or head
- Vomiting, nausea, tummy aches
- Weight loss or gain

## **Cannabis**

Withdrawal symptoms may present themselves within 6 - 12 hours of stopping use and may last for up to two weeks.

Symptoms may include:

- Vivid dreams or nightmares
- Irritability and anger
- Sweating (especially at night)
- Can't sleep or disturbed sleep
- Headaches
- Tiredness
- Muscular aches and pains
- Tremors (shaking)
- Loss of appetite, nausea
- Hot and cold flushes
- Anxiety and depression
- Restlessness

The first four symptoms listed above seem to be the most distressing for people. These symptoms may be experienced for four to seven days, but may also persist intermittently for a month or so.

# Is it time to change?

## Heroin and other opiates

The physical symptoms associated with withdrawal from an opiate, particularly heroin, are not in themselves dangerous, though they can certainly be very uncomfortable. These can include:

- Runny eyes and nose
- Sweating, hot and cold flushes
- Loss of appetite, nausea
- Stomach cramps, the runs
- Headaches
- Feeling agitated, irritable
- Poor sleep

After you withdraw there is a dramatically increased risk of overdose due to reduced tolerance. People who are dependent on any drug generally require more intensive treatment and support than withdrawal alone in order to bring about sustained change. Lapses and even relapses back into drug use are not uncommon as people learn how to manage stressors and cravings.

**Because the consequences of even a minor lapse back into using an opiate can be so damaging - and are so likely - transferral onto an opiate replacement therapy (ORT), such as methadone or buprenorphine, is the recommended treatment option.**

ORT may be prescribed for either a short period or for long term maintenance, depending on your individual circumstances.

When and if you are ready to stop ORT, you would undertake a gradual dose reduction in consultation with your prescribing GP to minimise withdrawal symptoms.

To access ORT you will need a prescribing GP and a dispensing pharmacy.

## Nicotine

Withdrawal starts several hours after the last cigarette and the worst symptoms usually pass within 72 hours and disappear completely within two or four weeks.

Symptoms may include:

- Cravings
- Irritability
- Sleep disturbance
- Dizziness
- Mood swings

Things that influence how bad withdrawals can be

Knowing what to expect (the more you know the better you will cope)

- Your state of health and nutrition
- Length of time you've been using the substance
- Amount you've been using, particularly in the period immediately prior to cessation
- Other things happening in your life (amount of support available, stressful things; hopeful things)

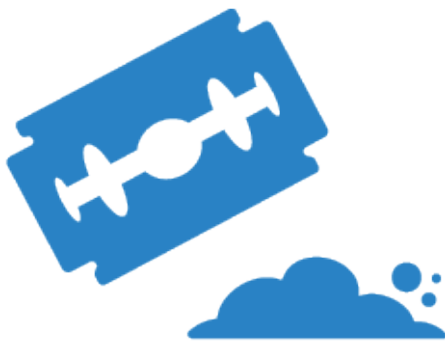
# Is it time to change?

## Withdrawal treatments based on drug of choice



### Opioid Withdrawal

methadone and buprenorphine  
(forms include Subutex and Suboxone)



### Stimulant Withdrawal

inpatient detox programs may utilise benzodiazepines to treat withdrawal from cocaine and methamphetamines



### Benzodiazepine Withdrawal

continued consumption of benzodiazepines in gradually decreasing amounts, switching to another benzodiazepine, or phenobarbital substitution



# Using more safely in general

## **If you don't intend to give up completely, why not give your body and wallet a rest by taking a break?**

The best way to avoid any of the harms associated with alcohol or other drugs is to avoid using them all together. If you decide you want to try and cut down, or if you are waiting to access a withdrawal service before you stop, there are things you can do differently to reduce some of the bad impacts. These strategies can also be useful if you decide what you are going to continue using.

Two very important tips that apply to any drug use are:

### **Use less**

this will help ensure that your tolerance stays low, you spend less money and experience fewer health impacts (including reduced risk of overdose)

### **Use less often**

as well as the benefits above, this means that you are less likely to become physically or psychologically dependent

**Other important things to consider are:**

### **Choose the safest possible route of administration**

for example, injecting meth/amphetamine carries many more risks than swallowing or snorting. Likewise, smoking joints is safer than pulling bongos

### **Only use one drug at a time**

the more drugs you use at once the greater your chances of overdosing or experiencing other harmful effects

### **Take regular breaks from using**

give your body and your wallet a rest and reduce your risk of becoming dependent

### **Avoid risky activities while intoxicated**

this includes driving, DIY activities, playing sport, swimming

### **Get to know your source**

this way you are more likely to know how strong the deal is and you will be less likely to be ripped off or set up, or experience violence or other problems

### **Always use with other people**

if you drop and you are on your own there is no-one there to call an ambulance

### **Be aware of tolerance**

particularly if you've had a break or haven't bought from the dealer before: it's always good policy to have a taste first

### **Try and eat well**

the healthier you are the better able your body is to cope with drug or alcohol use

### **Practise good vein care and infection control**

always use clean injecting equipment and as much as possible use in a sterile environment. Wash your hands with warm soapy water before and after injecting and dispose of your fits safely

# Using more safely - for different drugs

## Alcohol

Alcohol is a poison with some happy side effects. From the moment we drink it, our bodies work very hard to try and get rid of it. While any level of drinking can increase the risk of an injury or a range of alcohol related diseases, research shows that the risks greatly increase after consuming more than two standard drinks daily. Therefore, drinking at low risk levels means drinking no more than this and having one or two alcohol free days per week. Alcohol use during pregnancy can cause a range of birth defects, so drinking any alcohol when pregnant or planning to become pregnant is not recommended.

Alcohol affects the levels of vitamin B1 in our bodies. A deficiency of vitamin B1 can be very damaging so if you are drinking heavily it's important to increase your B1 intake (vegemite, or you can also see your GP about a B1 injection).

Other ways to reduce the harms include:

- Drink plenty of water – alcohol is dehydrating
- Alternate alcoholic drinks with soft drinks when going out
- Sip drinks, rather than gulping
- If thirsty, drink water or soft drink
- Avoid buying in shouts as the fastest drinker sets the pace

## Meth/amphetamine & Ecstasy

Two of the main 'overdose' risks of meth/amphetamine and other psychostimulants (such as cocaine and ecstasy) are overheating and dehydration. To avoid this make sure you drink water or fruit juice at the following rates while you are using:

- 500ml/hour if active
- 250ml/hour if inactive

Also you should:

- Try and avoid drinking alcohol as it increases dehydration

- Rest for 15 minutes after an hour of dancing or until pulse and temperature return to normal
- If injecting, always use clean, sterile injecting equipment (including spoons, swabs, filters, tournis, needles and syringes)
- Rotate injecting sites and never inject below the waist or above the heart
- Consider alternatives to injecting, such as snorting, drinking or smoking

## Cannabis

The main harms from cannabis use are increased risks of cancers and respiratory illnesses due to smoking. For this reason, eating cannabis is much safer than smoking it. When eaten, it can take a lot longer for the effects to be felt, so it can be difficult to judge the right dose. If you do smoke it, keep in mind:

- The risk of cancers and lung problems are greater if you mix it with tobacco
- Pulling bongs causes you to cover a greater surface area in the lungs so you get more tar and cancer causing chemicals. Smoking joints is safer.
- Cigarette filters cut a lot of the THC out and can make you want to smoke more. Roaches made from plain cardboard are a safer alternative.
- To avoid lung infections from bong water, clean the bong regularly, and keep water level 20cm away from mouth (you need a tall bong)
- Wood, plastic or aluminium bongs can give off toxic fumes, or hold germs. Better with glass, ceramics or stainless steel.

A risk of heavy or regular cannabis use is mental health problems, like paranoia, hearing voices or seeing things (psychosis). The risk is greater if you have already had an episode of a psychotic illness. If you feel things like thinking people are out to get you, hearing or seeing things that other people can't see or hear, or strong feelings of anxiety or panic, then it would be a good idea to see your GP or a drug and alcohol worker.

# Using more safely - for different drugs

## Heroin

The most serious harm you could have from using heroin is a fatal or disabling overdose. Most heroin overdoses involve using heroin with other drugs, particularly alcohol and/or benzos (some benzos can remain active in your body for more than 48 hours). In one study, one third of fatal heroin overdoses involved heroin levels in the blood lower than a level which would cause a non-heroin user to overdose.

Even experienced heroin users overdose. In another study, two thirds of people who had been using heroin for ten years or more had experienced three or more non-fatal overdoses. In general, variations in strength only cause a small number of overdoses and older, more experienced users have a greater risk of overdosing.

To minimise your risk of overdosing have a small taste, particularly if:

- You haven't bought from the dealer before
- You have had a break from using
- You have had any alcohol or pills recently

Heroin and other opiates can also be dehydrating. For this reason it's a good idea to:

- Regularly chew sugar-free gum to promote saliva production and prevent tooth decay
- Drink plenty of fluids
- Clean your teeth regularly

Also, if you are injecting:

- Always clean, sterile injecting equipment (including spoons, swabs, filters, tournis, needles and syringes)
- Rotate injecting sites and never inject below the waist or above the heart
- Think about not injecting (try smoking, snorting or shafting)

## Benzodiazepines (Valium, diazepam, serapax, Xanax, temazepam etc.)

Benzos will often be prescribed to relieve anxiety, insomnia, or muscle tension, or to assist with withdrawal from other drugs. While benzos can be very useful in the short term, their use often causes problems in the long term. It can take as little as two weeks of daily use for a person to become dependent on benzos and to have an increase in tolerance and withdrawal if you stop.

- It is generally recommended that benzos are only prescribed for short term use.
- If taking non-prescribed benzos, use no more than once or twice a week and only in low doses.
- Benzo pills and tablets are designed to be taken orally and should never be injected. If you must inject, consider using a pill filler.

# Taking Stock

## Reflecting and moving on

So you have read this, done some thinking and maybe made some decisions. Now might be a good time to just take a while to think about how you are feeling about everything so far. If you have decided to make some changes in your drug use or drinking, chances are you are going to feel a range of different emotions over the next few weeks, starting right now. In the future, you might find it useful to go back and read your feelings at this point to see how things have changed for you.

## Where am I now

Spend some time thinking about how you feel. You don't have to write a lot.

### Right now I feel

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### Circle words that match your feelings and add some of your own

Hopeful	Scared	weak	Angry	Calm	Flat
Weird	Curious	Out of touch	Irritable	Bored	Lonely
Energetic	Anxious	Depressed	Panicky	Restless	Secure
Happy	Cheerful	Daunted	Confident		

### I think

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## Where I want to be

Now think about how you would like to be

### I would like to be able to

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### I would like to be feeling

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It might be a good idea to write a journal to take stock of each day and see how you are travelling. You could write these questions or ones you think would suit you better.

# Who can help me get here

At times we all need to call on people or things to build ourselves up, lend us their strength, and support us, whatever is going on in our lives. Now might be a good time to think about some of the people who can help you. At this time it may be worthwhile to think about who or what is 'on your side'.

Start with people (these don't have to be people you know):

**People who inspire me; who do things I admire; who appear to live their lives in a way that seems good to me; who have a quality I would like to have myself.**

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**People who make me feel better about myself and life in general** (these may be those who could help you):

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**People I know I could call on for help if I needed it:**

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Hopefully you have been able to create a group of people you can draw on for support and inspiration when you need it. As you think of other people over the next few weeks you can add their names to the list.

**Other things, qualities, resources that I have on my side** (for example, regular social or sporting events, hobbies, interests, a good counsellor or drug and alcohol worker, housemates who don't use drugs):

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# Services that can help

**Some people find that they want to give up or cut down without accessing a drug treatment service, while others want all the help they can get and may have already contacted a service.**

You need to do what suits you best. However if you have been using alcohol or benzos heavily remember that it's important to get some advice from a GP, drug treatment service or your local health centre.

The services that are available vary depending on where you live. They may include

- Help with withdrawal
  - Residential (i.e. in a community withdrawal unit)
  - Outpatient
  - Home based
- Face to face counselling
- Pharmacotherapies – such as methadone or buprenorphine
- Peer support – such as GROW, AA, NA or other local groups
- Support or therapeutic run by drug and alcohol services
- Information or education sessions on specific drugs/issues
- Clean injection equipment, and information on safer injecting techniques and vein care
- Referrals to dental care, health care or other needs such as housing or food

Many of these services – even those offered by drug and alcohol treatment agencies – are available whether you want to cut down, quit, learn about using more safely or simply talk about your options.

## Useful contact numbers

### **Marrin Weejali**

9628 3031  
79-81 Jersey Road Blackett

12 step based assistance with group therapy, individual counselling, referrals to detox and rehabs. Dealing with Drugs, Alcohol, Tobacco and Gambling

### **Centre for Addiction Medicine**

(CAMS) Mt Druitt  
8887 5800  
Railway Street (Mount Druitt Hospital Campus)

Individual Counselling, group therapy, out-patient (at home) detox, opioid treatment program, Drug Court/MERIT program

**Drug Court MERIT Program** (Parramatta Blacktown, Mt Druitt Courts)  
9840 3474

**Drug Court MERIT Program** (Penrith Courts)  
4734 2131

Voluntary program for people with criminal charges and addictions to drugs, can assist with detox and rehab referrals, counselling and groups. Can refer at any time up to sentencing, can self-refer.

**Detox** Nepean Hospital (Intake Line)  
4734 1333  
Nepean Hospital Campus, Somerset Road Entrance

Inpatient detox and out-patient (at home) detox, group therapy, counselling, Drug Court/MERIT program

**Gateway Clinic**  
4734 1340  
Nepean Hospital Campus, Somerset Road Entrance

Opioid treatment program

**Blacktown Methadone Management Clinic**  
9621 3600  
1 Marcel Crescent, Blacktown, Opioid treatment program

## Some residential rehabs

### **The Glen**

4388 6360

3 month program for men only with transition to work and housing. 50 Church Rd, Chittaway Point

### **Jarrah House**

9661 6555

6-10 week program for women with or without their children under 12. Harvey Street Little Bay

### **Weigelli**

6345 1868

3 month program for men and women. 1474 Pine Mount Rd, Darbys Falls

### **WHOS**

0422 055 700

3 month program for single men and women at various locations (one for methadone reduction)

### **Foundation House**

9810 3117

28 day 12 step residential for men and women. 502 Wharf Rd, Lilyfield

### **Orana Haven**

02 6874 4983 or 02 6874 4886

3 month program for men only. 1 Byrock Rd, Gongolgon

### **Adele House**

6653 7070

9-12 month program for men only with transition to work. At Coffs Harbour and Werrington

### **AAGANA**

6564 8011

3 months plus program for men only. Macksville

### **Odyssey House**

1800 397 739

9-12 month program for men and women and withdrawal unit. Campbelltown

### **Kamira Farm**

4392 1341

6-9 month program for women with or without children up to 8 yr old. Wyong

### **Kedesh**

4222 1800/ 9932 5308

8 week program men and women 16 and over. Will take people with mental health issues. Illawarra and Manly.

### **New South Wales: ADIS**

(02) 9361 800 OR 1800 422 599 (toll free outside Sydney)

## Other Useful Agencies

### **Family Drug Help**

1300 660 068 (Vic only)

### **Family Drug Support**

1300 368 186 (Australia wide)

### **Crisis Mental Health**

1800 011 511

# Local AA meetings

DAY	TIME	PLACE	TOPIC
Monday	10am	<b>Toongabbie</b> - St Anthonys Church. 27 Aurelia Street	
Monday	10am	<b>Penrith</b> - Women's Refuge 38 Robert Street	Women's Meeting
Monday	6pm	<b>Penrith</b> - Neighbourhood Centre. Cnr Trent & Birmingham Streets	Beginners Meeting
Monday	6.30pm	<b>Doonside</b> - Doonside Cottage. 2 Astral Drive (off Rosenthal Street)	Topic Meeting
Monday	7pm	<b>Mt Druitt</b> - Holy Family Centre. Luxford Road Emerton	
Monday	7pm	<b>Wentworthville</b> - Uniting Church Hall. 115 Station St	Beginners Meeting
Monday	7.30pm	<b>Seven Hills</b> - Lalor Park Community Centre. Freeman Street, corner Northcott Avenue	
Monday	7.30pm	<b>Windsor</b> - Health Centre, Hawkesbury Hospital. 2 Day Street	Steps Meeting
Monday	8pm	<b>Glenbrook</b> - Uniting Church Hall. Cnr. Lucasville Road and Green Street	
Tuesday	10am	<b>Lalor Park</b> - Community Centre. Corner Freeman Street and Northcott Road	Parents and Carers (Kids in group)
Tuesday	12pm	<b>Mt Druitt</b> - Mt Druitt Polyclinic. Kelly St and Burran Close	
Tuesday	12pm	<b>Penrith</b> - Rear of St Nicholas of Myra Church. 326 High Street. Enter from Higgins Street at rear	
Tuesday	12pm	<b>Windsor</b> - Girl Guides Hall. Corner Johnston Street and The Terrace	Steps Meeting
Tuesday	12.30pm	<b>Dean Park</b> - Dean Park Neighbourhood Centre. 9 Yarramundi Drive	Topic Meeting
Tuesday	7pm	<b>North Richmond</b> - St John of God Hospital. Grose Vale Road	
Tuesday	7pm	<b>Wentworthville</b> - Northside Clinic West. 21-27 Lytton Street	
Tuesday	7.30pm	<b>Penrith</b> - Detox Unit Nepean Hospital. Somerset Street, Kingswood	
Tuesday	7.30pm	<b>Seven Hills</b> - The Neighbourhood Cottage. Corner of Best Road and Ross Street	Steps & Traditions
Tuesday	8pm	<b>Quakers Hill</b> - Uniting Church Hall. 32 Highfield Road	Beginners Meeting
Tuesday	8pm	<b>Windsor</b> - Salvation Army Hall. 290 George Street	
Wednesday	10am	<b>Blacktown</b> - Community Health Centre. Unit 1, Marcel Cres	
Wednesday	11am	<b>Windsor</b> - Girl Guides Hall. corner Johnston Street and The Terrace	
Wednesday	5.30pm	<b>Kingswood</b> - Neighbourhood Centre. 19 Bringelly Road	Beginners Meeting
Wednesday	8pm	<b>St Marys</b> - The Don Bosco Centre. 10 Mamre Road	
Wednesday	8pm	<b>Baulkham Hills</b> - Community Centre. Windsor Road (next to Bull & Bush)	

# Local AA meetings

DAY	TIME	PLACE	TOPIC
Thursday	10am	<b>Blackett</b> - Marrin Weejali 79 Jersey Road	
Thursday	10.30am	<b>Blacktown</b> - Community Health Centre. Unit 1 cnr Marcel Crescent and Blacktown Road	ID Meeting
Thursday	10.30am	<b>Richmond</b> - St Peters Church Hall. 347 Windsor Street	Women's Meeting (alcohol only)
Thursday	6pm	<b>Kingswood</b> - Community Centre. 19 Bringelly Road	Men's meeting
Thursday	6pm	<b>Quakers Hill</b> - Marayong House. 64 Falmouth Road	
Thursday	7pm	<b>Wentworthville</b> - Uniting Church Hall. 115 Station St	
Thursday	7.30pm	<b>Glenbrook</b> - Uniting Church Hall. Cnr. Lucasville Road & Green St	As Bill Sees it
Thursday	8pm	<b>Penrith</b> - Women's Resource Centre. 38 Robert St	Women's Meeting
Thursday	8pm	<b>Richmond</b> - St Peter's church Hall. 347 Windsor Street	
Thursday	8pm	<b>Riverstone</b> - Sam Lane Complex, Neighbourhood Centre. 22 Park St	
Friday	10am	<b>Windsor</b> - Community Health Centre, Hawkesbury Hospital. Corner Day and Macquarie Streets	Childcare next to kiosk
Friday	1.30pm	<b>Richmond</b> - St Andrews Uniting Church. 25 West Market St	
Friday	5pm	<b>Toongabbie</b> - St Anthony's Church Hall. 27 Aurelia St	
Friday	6.30pm	<b>Claremont Meadows</b> - Community Centre. Sunflower Drive	Steps & Traditions
Friday	7.30pm	<b>Toongabbie</b> - Karabi Community Centre. cnr Best Road & Ross St	Women's Meeting
Friday	8pm	<b>Lalor Park</b> - St Bernadettes Presbytery. 14 Wheeler Street	
Friday	8pm	<b>Mt Druitt</b> - St Mary MacKillop room, Holy Family Centre. 254 Luxford Rd, Emerton	Sobriety & Beyond
Saturday	8am	<b>Penrith</b> - The Quarterdeck. Station Street	Big Book Study
Saturday	9.30am	<b>Seven Hills</b> - The Neighbourhood Cottage. Corner of Best Road and Ross Street	Living Sober Book Discussion
Saturday	12.30pm	<b>St Marys</b> - Our Lady of The Rosary Church. Meeting Room, Cnr Collins & Swanston Sts	
Saturday	1pm	<b>Penrith</b> - Detox Centre, Nepean Hospital. Somerset St, Kingswood	Women's Meeting
Saturday	2pm	<b>Lalor Park</b> - St Bernadettes Presbytery. 14 Wheeler St	
Saturday	7pm	<b>Mt Druitt</b> - Holy Family Community Centre, Mary McKillop Room. 254 Luxford Road, Emerton	Steps & Traditions
Saturday	7pm	<b>North Richmond</b> - St John of God Hospital. Grose Vale Road	
Saturday	8pm	<b>Blacktown</b> - Bungaribee House Activity Room. Blacktown Hospital, Blacktown Road	
Sunday	10.30am	<b>North Richmond</b> - St John of God Hospital. Grose Vale Road	Spiritual Concept Meeting
Sunday	1.30pm	<b>Seven Hills</b> - Neighbourhood Cottage. Corner Best Rd and Ross St	The Heights Group
Sunday	6pm	<b>Penrith</b> - The Quarterdeck. Station Street	Big Book Study
Sunday	8pm	<b>Penrith</b> - Neighbourhood Centre. Corner Trent & Birmingham	
Sunday	8pm	<b>Toongabbie</b> - Toongabbie Neighbourhood Cottage. Corner Best Road and Ross Street	

## Local NA meetings

DAY	TIME	PLACE	TOPIC
Sunday	6pm	<b>Wentworthville</b> - First 90 days Northside Clinic, 23-27 Lytton St	
Sunday	7pm	<b>Kingswood</b> - Nepean Drug And Alcohol unit, Cnr Somerset and Great Western Highway (enter via Somerset)	
Monday	11am	<b>Wentworthville</b> - Behind Uniting Church, 115 Station Street	
Monday	6.30pm	<b>Campbelltown</b> - Mayfields Day Recovery Centre, Narellan Road	
Tuesday	7pm	<b>Wentworthville</b> - Northside clinic, Lytton Street	
Tuesday	7.30pm	<b>Windsor</b> - Hawkesbury Community Health Centre, 2 Day Street (Cnr of Macquarie and Day Street, 1st car park, Hosp Grounds)	
Wednesday	7pm	<b>Wentworthville</b> - Women's Northside Clinic, Lytton Street	Women Only
Thursday	7pm	<b>Kingswood</b> - Nepean Drug and Alcohol unit, Cnr Somerset and Great Western Highway (enter via Somerset)	Lucky Dip
Friday	1pm	<b>Blackett</b> - Marrin Weejali Aboriginal Corporation, 79-81 Jersey Rd	
Friday	8pm	<b>Wentworthville</b> - Behind Uniting Church, 115 Station Street	Just for Today
Saturday	5pm	<b>Toongabbie</b> - Old School Community Centre, Corner of Targo Road and Toongabbie Road	

**Making a big life change is pretty scary.  
But know what's even scarier?  
Regret.**