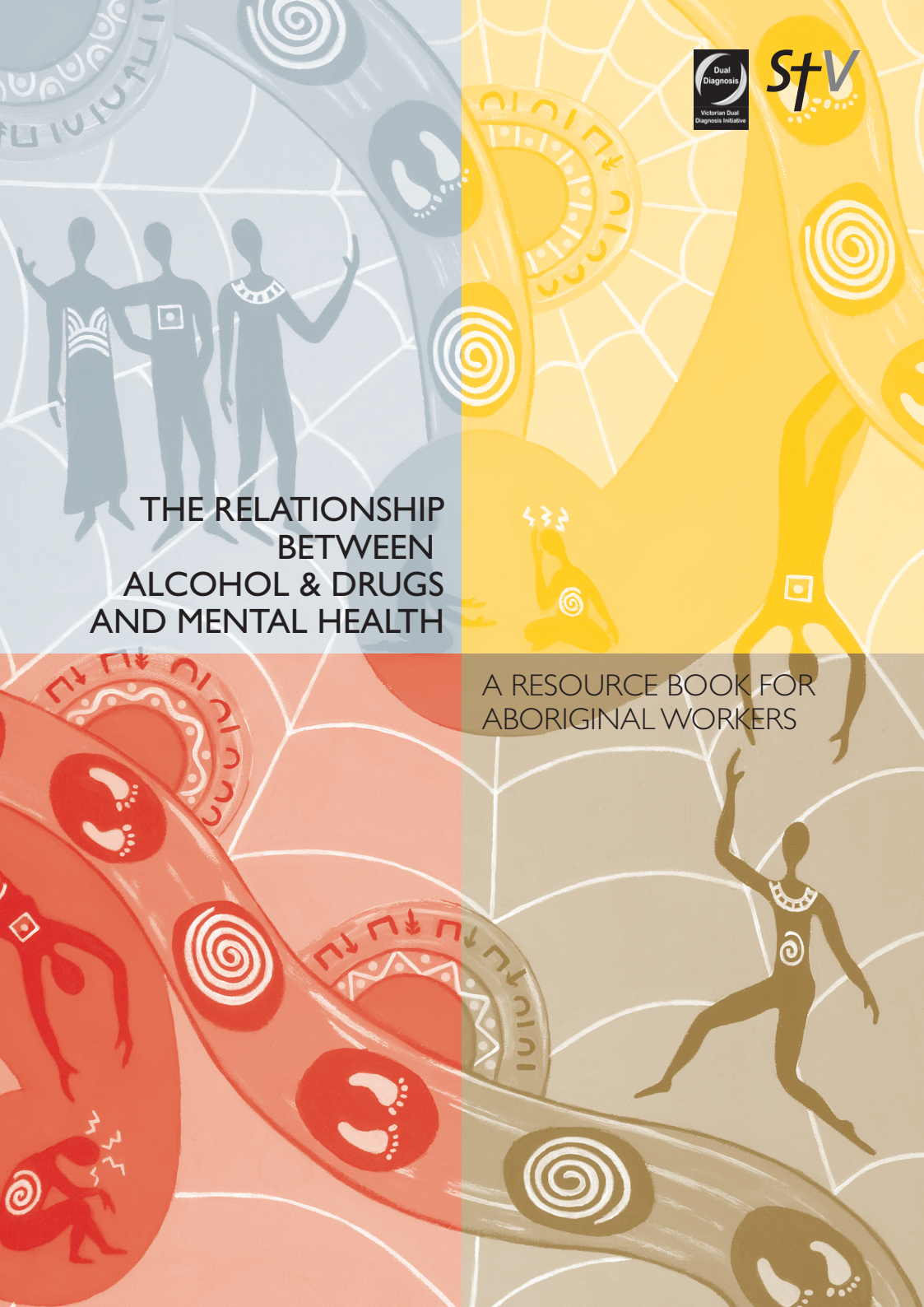




THE RELATIONSHIP
BETWEEN
ALCOHOL & DRUGS
AND MENTAL HEALTH

A RESOURCE BOOK FOR
ABORIGINAL WORKERS



THIS RESOURCE HAS BEEN PRODUCED AS PART OF THE ABORIGINAL DUAL DIAGNOSIS TRAINING PROJECT

This resource booklet was originally produced for Aboriginal¹ workers who completed the "Introduction to Dual Diagnosis Training". It is a summary of the key themes in the three day training program.

Information contained in this booklet is offered as general information for workers to better understand the relationship between mental health and alcohol and other drug use.

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¹ The words Aboriginal and Indigenous refer to Aboriginal and Torres Strait Islander peoples and both words are used throughout this resource.



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I: INTRODUCTION

The relationship between mental health and alcohol and other drug use can be a powerful one and adds risks to a person's physical, social, emotional, spiritual and mental wellbeing.

As workers we need to understand how we may minimize the risks in order to strengthen peoples' opportunity for recovery and wellbeing.

WHY DO WE NEED TO DO SOMETHING?

It is important to understand this relationship because the evidence tells us that people who have a dual diagnosis² are likely to experience more severe symptoms and take longer to get well.

They are also more at risk of:

- Ending up in hospital and for longer stays
- Becoming isolated from family and community
- Getting into trouble with the law and getting locked up
- Being homeless
- Having poor general health and more infections
- Attempting or committing suicide
- Having less social support and more family problems
- Relapsing quickly

When a person with co-existing mental health and drug and alcohol problems does not have treatment for these issues or find opportunities to heal themselves it is likely that their spiritual wellbeing will also be affected or become damaged. It may affect their identity, their sense of belonging and their purpose in life.

Early intervention leads to better outcomes for the person, their family and community. Recovery for those experiencing a dual diagnosis is not only possible but expected.

²The terms dual diagnosis and co-existing mental health and other drug use are used interchangeably throughout this resource to refer to a person who experiences both mental health issues and drug and alcohol problems at the same time.

2: THE RELATIONSHIP BETWEEN MENTAL HEALTH AND ALCOHOL AND OTHER DRUGS

WHY DO PEOPLE EXPERIENCING MENTAL HEALTH ISSUES TAKE DRUGS?

People with mental health issues drink or take other drugs for the same reasons as everyone else; to make them feel good, forget their worries for a short time, feel calmer and less stressed. Some people also take drugs to try and deal with the symptoms of anxiety, depression and other mental illnesses.

The problems start up when the drink or the drugs make the person's mental health issues worse. The two issues affect each other negatively and can create a cycle to start rolling that keeps making both conditions worse.

Example:

A person has depression and they drink to make themselves feel better. When the drink wears off the depression is still there and probably worse. Why? Because alcohol is a depressant drug, it slows down the messages between the body and the brain; it affects mood, slows the body and thinking down, stops good sleep and the person is likely to have a hang-over and probably feel guilty and unmotivated. These are similar to symptoms of depression. As the cycle keeps spinning both the depression and drinking can get worse so both need to be treated together to break the cycle to create the space for healing.

The cycle is likely to look like this:



WHAT DO WE DO?

It doesn't matter where we start in this cycle, we always need to ask two questions of a person presenting with both issues:

1. How does your drinking or other drug use affect what you are feeling and thinking?
2. When you are not feeling so good in your spirit and not having good thoughts what happens to your drinking or other drug use?

It is important to ask questions that help the person to better understand the relationship between the two. As workers we also need to learn about the effects and interactions between drugs and mental health so we can inform people and their families and better support their recovery.

3: DRUGS AND THE BODY AND MIND CONNECTION

HOW DO DRUGS AFFECT US?

To better understand the relationship between mental health and drugs including alcohol, it is useful to know how drugs affect us.

Drugs generally fall into three groups depending on the effect they have on the central nervous system; Depressants, Stimulants and Hallucinogens.

- 1 **Depressants** slow down the messages going between the brain and the central nervous system which tells the body what to do (downers)
- 2 **Stimulants** speed up the messages between the brain and the central nervous system (uppers)
- 3 **Hallucinogens** confuse the messages going between the brain and the central nervous system (strange)

Depressants	Stimulants	Hallucinogens
Short term effects: Generally feel calmer, more relaxed & may feel sedated	Short term effects: Feel more confident have more energy, may also be restless & agitated	Short term effects: See, hear, feel, smell things stronger or not there. May feel strange and confused
Alcohol Cannabis (yarndi) Inhalants (sniffing) Opiates: - Heroin - Morphine - Oxycontin - Codeine - Methadone Benzodiazepines: - Valium - Diazepam - Temazepam GHB Kava	Amphetamines: - Speed - Ice - Ecstasy Ephedrine Pseudoephedrine Cocaine: - Crack Tobacco Caffeine Khat	LSD Magic mushrooms Ketamine Datura Morning Glory Cannabis (in larger amounts)



4: MENTAL ILLNESS

WHO DEVELOPS A MENTAL ILLNESS?

Anyone can develop a mental illness. It does not matter if someone is young or older; whether they are male or female; it makes no difference what family they come from or community they belong to.

However **the risk** of someone developing a mental illness increases with such things as the experience of trauma, loss and grief, alcohol and drug use and a history of neglect or abuse. Statistics show that 1 in 5 people will develop a mental illness in their lifetime.

WHAT IS A MENTAL ILLNESS?

A bunch of symptoms (signs) that together affect how a person functions in their daily life. This bunch of symptoms together have to be severe enough and last long enough to seriously affect how a person is functioning in their relationships, work or school, in social or cultural ways and in how they are looking after themselves.

Mental illnesses are then grouped into disorders (categories of illness) using groups of different symptoms.

In order for someone to be diagnosed with a mental illness three main things need to happen:

- They have **all the symptoms** that identify that particular illness
- The symptoms have been around for **a certain period of time**
- The symptoms have **severely limited how the person is functioning** in their relationships, work, family, socially, in their community or physically

There are many types of mental illnesses and some people can have more than one. For example it is not uncommon for people who have an anxiety disorder to also have depression.

The following table is a list of the mental illnesses we are most likely to come across in our work, key symptoms that identify that group of disorders and the main types.

Category of Disorder	Main Symptoms	Main Types of Disorders
Mood Disorders	<ul style="list-style-type: none"> • The person experiences an unusual change in mood and energy • Their mood can be too high, too low or move up and down between the two 	Major depressive disorder Dysthymia Bipolar disorder Cyclothymia Substance Induced Mood disorder
Anxiety Disorders	<ul style="list-style-type: none"> • The person experiences severe fear and worry • They avoid whatever creates the anxiety 	Post Traumatic Stress disorder Acute Stress disorder Panic Attack Agoraphobia Specific Phobia Generalised Anxiety disorder Obsessive Compulsive disorder Substance Induced Anxiety disorder
Psychotic Disorders	<ul style="list-style-type: none"> • The person loses sense of what is real and what is not • They see, hear, smell and feel things others don't or that are not really there • They believe things that are not real and outside the social and cultural context 	Schizophrenia Schizophreniform disorder Schizoaffective disorder Delusional disorder Brief Reactive Psychosis Major Depression with Psychotic features Drug Induced Psychosis
Personality Disorders	<ul style="list-style-type: none"> • Involve deep and long lasting ways of behaving (patterns of behavior) • These are usually inflexible responses to most situations • The patterns of behavior create problems in relationships 	Borderline Schizoid Antisocial Narcissistic Dependant Paranoid Schizotypal Histrionic Avoidant
Substance Use Disorders	<ul style="list-style-type: none"> • The person has a strong desire to use alcohol, drugs or prescribed medications • Difficulty controlling use • There are problems associated with their drinking or drug use • Withdrawal symptoms cause significant distress or seriously decrease how they function 	Substance Intoxication Substance Abuse Substance Dependence Substance Withdrawal



5: THE RELATIONSHIP BETWEEN ALCOHOL AND MENTAL HEALTH

EFFECTS OF ALCOHOL

Alcohol is absorbed into the blood stream through the stomach and the small intestine.

The effects will depend on things like how much a person drinks, how quickly they drink, their age, weight and gender; how long they have been drinking for and their level of general health.

Drinking may cause a person to do things they would not normally do when sober.

The immediate effects include feeling relaxed, more confident and sometimes happier. Other effects include; can't concentrate, slower reflexes, less inhibitions, less coordination, strong moods, confusion, nausea, vomiting and sleep.

In some cases, alcohol can cause brain damage, coma and death.

Some of the long-term effects of heavy alcohol abuse include damage to the brain, liver; kidneys and stomach.

WHAT HAPPENS WHEN A PERSON STOPS DRINKING?

If a person has been drinking regularly they may experience withdrawal symptoms.

- Loss of appetite
- Increased anxiety
- Sleeping problems
- Sweating
- Irritability
- Confusion
- Tremors
- Sometimes hallucinations or seizures, which can be life threatening

Withdrawal may also cause concentration difficulty and memory loss to last longer. Be mindful that the impact of withdrawal symptoms after a long time of drinking can last much longer.

It is important for people to withdraw from alcohol under medical supervision, especially if they have been drinking heavily.

EFFECTS OF ALCOHOL USE ON MENTAL HEALTH

Drinking alcohol increases the risk of mood swings and anxiety.

Statistics show that about 30% of people with a drinking problem experience depression *and* anxiety.

Symptoms of depression and anxiety may seem to reduce with the first few drinks, but are likely to become worse if drinking continues.

Drinking and anxiety often go together and make each other worse.

If a person has a history of psychosis and drinks they may become more confused and disorganised and are more likely to hear or see things that are not really happening.

Drinking alcohol increases the risk of other problems such as:

- Unwanted or unsafe sex
- Assault and problems with the law
- Paranoia
- Loss of confidence
- Feeling shame and guilty

Long term drinking can lead to:

- Problems with family and friends
- Strange or disturbing thoughts
- Aggression and violence
- Health problems

EFFECTS OF USING ALCOHOL WITH OTHER DRUGS

Alcohol used together with any other drug can be dangerous. The effects of the drugs may be increased or unpredictable and can make a person sick.

Drinking and benzodiazepines (e.g. valium) or opiates (e.g. heroin, codeine or methadone) together can increase the risk of blackouts, unconsciousness, overdose and even death.

Alcohol can also interfere with the effectiveness of some medications.



TIPS FOR PEOPLE TO HELP REDUCE HARM FROM ALCOHOL

National Alcohol guidelines to reduce the risk of harm

- No more than 2 standard drinks on any day for both men and women reduces the risk over a lifetime
- No more than 4 standard drinks in any one session reduces the risk of alcohol related injury on that occasion

Other ways to reduce harm:

- Choose not to drink and drive
- Organise transport to get home after drinking
- Have a good feed before
- Drink water, soft drinks or juice in between alcoholic drinks
- Slow down your drinking
- If drinking in a group pace yourself with the slowest drinker
- Finish one glass before getting a "top up", it helps to keep track of how much is being drunk especially if drinking from a cask
- Try to stay with people that can be trusted
- Always carry condoms and lube if there is a chance of having sex
- Have alcohol free days each week

ALCOHOL AND PREGNANCY

Alcohol crosses the placenta to the baby and can cause problems such as miscarriage and premature birth. Heavy drinking may also lead to foetal alcohol spectrum disorders.

There is no safe level of drinking during pregnancy.

CONCLUSION

Alcohol can worsen symptoms associated with mental illness especially depression and anxiety.

It is part of our job as workers to support the person to understand the relationship between their drinking and their mental wellbeing.

6: THE RELATIONSHIP BETWEEN CANNABIS (YARNDI) AND MENTAL HEALTH

The formal name for marijuana is Cannabis. Cannabis is also called yarndi, gunja, choof, dope, grass, pot, weed and hash. People use the leaf, flowers and oil from the cannabis plant.

EFFECTS OF YARNDI

The main chemical in yarndi that gives a high feeling is called delta-9 tetrahydrocannabinol (THC). It is absorbed into the blood stream through the lungs if smoked or through the stomach if eaten.

Yarndi can make a person feel relaxed, happy and hungry. It can also decrease coordination, increase restlessness and change the way people see things.

Yarndi lowers the ability to concentrate and think clearly. This increases the risk of accidents when driving or using machines.

Yarndi may also cause poor memory.

Mixing yarndi with other drugs can have unpredictable effects, and can make a person sick.



WHAT HAPPENS WHEN A PERSON STOPS USING YARNDI?

If a person has been using yarndi regularly they may experience withdrawal symptoms when they stop. These include:

- Sleep problems
- Short and snappy mood
- Sweating
- Cravings
- Tiredness
- Depressed mood
- Anxiety and agitation
- Less appetite
- Strong and scary dreams

Some symptoms may last only a few days others may last a few weeks.

If a person mixes tobacco with yarndi they may also experience withdrawal from tobacco.

EFFECTS OF YARNDI USE ON MENTAL HEALTH

Yarndi can significantly increase paranoia for example; the person believes they are being followed, stared at or talked about. Paranoia can be very worrying and increases the risk of a person doing things they wouldn't normally do.

Yarndi may affect memory and may make it hard to think clearly.

Yarndi can increase the risk of experiencing hallucinations or believing things that aren't true or real.

Yarndi may make people feel more depressed, especially if they have been using for a long time. It can also lower motivation and the pleasure a person normally gets out of doing certain activities. Lower energy levels may also lead to isolation from family, friends and community.

Yarndi use increases the risk of anxiety and panic attacks, including feelings of confusion about what is real or not.

Yarndi may interfere with the effects of medication.

EFFECTS OF USING YARNDI WITH OTHER DRUGS

Yarndi may be dangerous when used with other drugs such as alcohol, heroin, benzodiazepines and other prescribed medication.

The effects of yarndi with these drugs will increase drowsiness, often leads to nausea or vomiting and may cause other unpredictable effects.

YARNDI AND PREGNANCY

Most drugs affect the unborn child. It is not recommended to use drugs that are not prescribed by a doctor during pregnancy. Yarndi can also be passed to the baby through breast milk.

TIPS FOR PEOPLE TO HELP REDUCE HARM FROM YARNDI

- Eating yarning in the form of leaf butter for example cookies, is a safer way to use it. Remember effects will be delayed for 60-90 minutes so don't be tempted to have more, as the first dose may take some time to take effect
- Don't mix yarning with other drugs such as alcohol or medication
- Try not to mix tobacco with yarning or at least cut down how much tobacco is added as the tobacco increases the risk of health problems
- Avoid deep inhalation when using yarning, small tokes are just as effective to getting stoned and less harmful to the lungs
- Using yarning in joints is less harmful than bongs – use as few papers as possible and use plain cardboard paper tip to reduce how much paper or ink is inhaled with the smoke
- Don't hold smoke in the lungs before breathing out – it does nothing to help absorption of THC and only increases the risk of respiratory problems
- If using bongs, use glass or ceramic – plastic bongs can give off poisonous fumes when heated
- Only buy a small amount at a time if you usually smoke whatever you got – it might save some money

CONCLUSION

Yarning can worsen symptoms associated with mental illness, especially depression, anxiety and psychosis.

It is important that as workers we are able to ask the questions that help people to understand the relationship between their yarning use and their mental health. This may open up an opportunity for the person to make better decisions for themselves and for us to provide better support for their wellbeing.

7: THE RELATIONSHIP BETWEEN AMPHETAMINES AND MENTAL HEALTH

Amphetamines are stimulants so they speed up the messages between the brain and the body.

They are also called speed, go, louie, pep pills, uppers.

Crystal methamphetamine is called meth, ice, wiz, shard or shabu and is a stronger type of amphetamine that mostly leads to greater health and social problems.

EFFECTS OF AMPHETAMINES

Amphetamines affect people differently and may cause more problems for some people than others, especially if they have a history of mental illness.

Common effects may be:

- Feel more confident, energetic and wide-awake
- Feel less hungry and sleep less
- Feel anxious, restless and irritable
- Feel suspicious or paranoid
- Increase breathing and pulse and increase the risk of panic attacks
- Increase feelings of anger and risk of violent behaviour
- More impulsive so may take greater risks

WHAT HAPPENS WHEN A PERSON STOPS USING AMPHETAMINES?

If a person has been using amphetamines regularly, they will probably experience withdrawal symptoms when they stop.

Withdrawal symptoms can include:

- Irritability
- Depression, anxiety or mood swings
- Cravings
- Tiredness and disturbed sleep
- Headaches
- Increased appetite
- Poor concentration
- Paranoia
- Hallucinations

These symptoms tend to decrease after a week, although some may still occur up to three months.



EFFECTS OF AMPHETAMINE USE ON MENTAL HEALTH

If a person has a mental illness, symptoms may increase. Using amphetamines may lead to or worsen depression and symptoms such as agitation, mood swings and anxiety.

Amphetamines can greatly increase paranoia, for example a person might believe they are being followed, stared at or talked about. Paranoia can be worrying and increases the risk of people doing things they wouldn't normally do.

It may also lead to people neglecting their general health such as dental, eating and self care. This may further lead to people feeling shame and isolation from their family and community.

Amphetamines can cause drug-induced psychosis, where a person believes strange things (delusions) or sees, hears, and feels things that are not really there (hallucinations) even when the drug has worn off.

Amphetamines can cause brain damage if a person overdoses or takes too much at once. Taking amphetamines over a long period of time can damage the brain's cells and affect the way they work.



EFFECTS OF USING AMPHETAMINES WITH OTHER DRUGS

Mixing amphetamines with alcohol or other drugs can be dangerous and may cause unpredictable effects.

Using depressants such as benzodiazepines (e.g. valium) or alcohol to come down or sleep can lead to a cycle of polydrug dependence that can have a very negative effect on mental and physical health.

Amphetamines can also interfere with the effectiveness of some medication and may increase the side effects of some medications.

TIPS FOR PEOPLE TO HELP REDUCE HARM FROM AMPHETAMINES

- Have amphetamine-free days
- Avoid mixing with alcohol or other drugs such as benzodiazepines and heroin
- Have a good feed even if not hungry
- If using amphetamines, try not to inject – instead drink in water; snort or rub into gums
- If injecting always use new fits and don't share any injecting equipment, including spoons, water or tourniquets

Don't use cigarette filters as they contain fibreglass, which can damage veins. Use a filter wheel or a small ball of cotton wool or tampon to filter the heroin

- Only buy from someone known
- Never buy on credit
- Use in a safe place with trusted people

AMPHETAMINES AND PREGNANCY

Amphetamines can affect the baby's development before birth. Other effects can be bleeding, early labour and miscarriage.

CONCLUSION

Amphetamines can make symptoms associated with mental illness much worse.

We know that people with a dual diagnosis generally have worse symptoms that last for a longer period. Asking questions that support the person to recognise the relationship between the two is an important part of our job in supporting people to get well and stay well.

8: THE RELATIONSHIP BETWEEN BENZODIAZEPINES AND MENTAL HEALTH

Benzodiazepines are medical drugs prescribed by doctors for a range of reasons including anxiety, insomnia, withdrawal and some injuries.

They are also known as benzos, zanies, pills or sleepers.

TYPES OF BENZODIAZEPINES

There are different kinds that vary in strength and how long they last in the body.

Common benzodiazepines and examples of their brand names include:

- Temazepam (Normison, Temaze)
- Diazepam (Valium, Ducene)
- Oxazepam (Serapax, Murelax)
- Alprazolam (Xanax and Kalma)
- Nitrazepam (Mogadon)
- Lorazepam (Ativan)

EFFECTS OF BENZODIAZEPINES

In small doses they have a calming effect, while in higher doses they help people to sleep.

Common effects include short-term relief from anxiety, muscle relaxation, tiredness, sleep, less coordination and judgement gets effected.

Other common effects include dizziness, fuzzy thinking, poor memory and disinhibition (not shame to do things they wouldn't normally do).

WHAT HAPPENS WHEN A PERSON STOPS USING BENZODIAZEPINES?

If a person has been using benzodiazepines regularly they may experience withdrawal symptoms.

Physical withdrawal from benzodiazepines may last from a couple of weeks to months, depending on the amount the person has been taking and the length of time it has been taken.

The most common withdrawal symptom is poor sleep, which can make life feel more difficult for a period of time. Other common withdrawal symptoms include:

- Increased anxiety
- Loss of appetite
- Tiredness
- Sweating
- Irritability
- Confusion and hallucinations
- Tremors
- Feeling like things aren't real
- Electric shocks
- Headaches
- Convulsions and seizures
- Really sensitive to light and sound

It is important to withdraw from benzodiazepines under medical supervision.

BENZODIAZEPINES AND PREGNANCY

Benzodiazepines may cause problems during pregnancy but should never be stopped suddenly.

A woman needs to get medical advice immediately if they become pregnant while using benzodiazepines.

EFFECTS OF USING BENZODIAZEPINES ON MENTAL HEALTH

Although benzodiazepines are often prescribed to give short-term relief for anxiety, they can increase anxiety in the long term.

Depression may also become worse e.g. loss of energy, negative thoughts.

People using high doses are at greater risk of behaving without thinking and to later feel shame for that behaviour.

If a person has a history of mental health problems, symptoms may become worse during the withdrawal after long-term use of benzodiazepines.

If a person continues to use all the time this may also reduce their ability to remember important information so they may not be able to do what they want to do or achieve their goals.

EFFECTS OF USING BENZODIAZEPINES WITH OTHER DRUGS

Using benzodiazepines with any other prescribed, over the counter or illegal drugs may be dangerous.

Combining benzodiazepines with other depressants e.g. alcohol, heroin, methadone or morphine can lead to overdose and death.

To make sure a person uses benzodiazepines safely it is important their doctor knows about all their drug use.



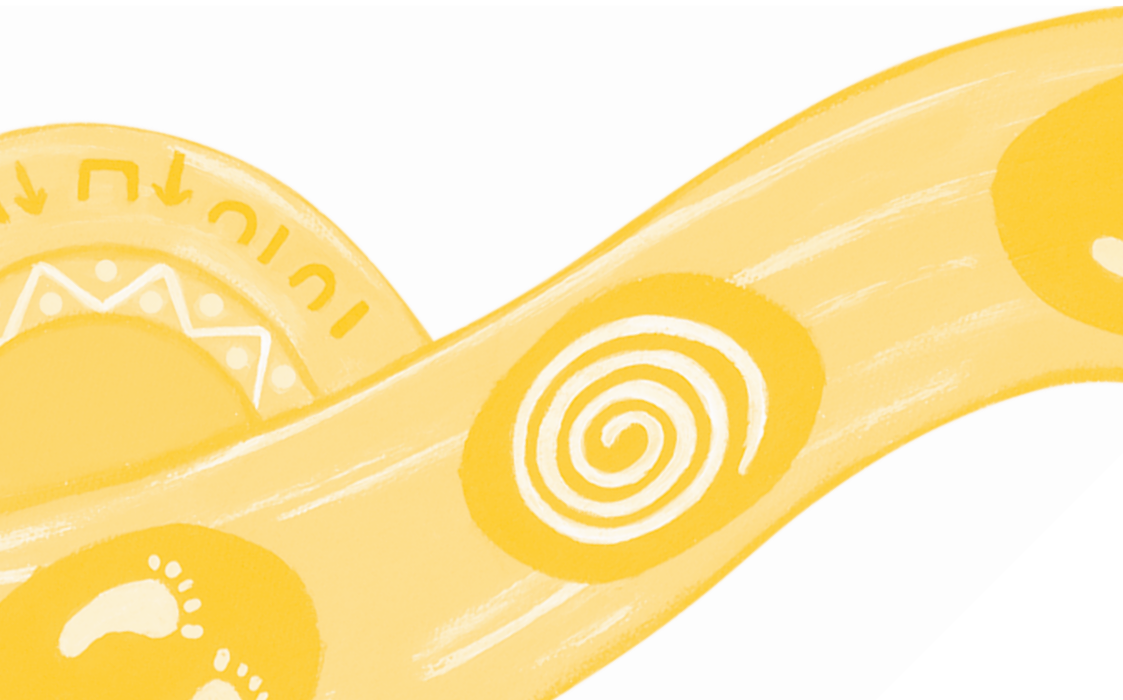
TIPS FOR PEOPLE TO HELP REDUCE HARM FROM BENZODIAZEPINES

- Only take benzodiazepines as prescribed by a doctor and avoid using more
- Benzodiazepines are best used as short term medication
- Try not to use them for more than two weeks of daily use at a time. This will reduce the risk of experiencing withdrawal when they are stopped
- Seek advice from a doctor or drug and alcohol service before cutting down
- Do not mix benzodiazepines with other drugs, especially other depressant drugs e.g. alcohol or heroin as the risk of overdose and death increases.

CONCLUSION

Long-term use of benzodiazepines can worsen symptoms associated with mental health especially anxiety and depression.

People need to be aware of the relationship of Benzodiazepines to their mental health regardless of whether they are a prescribed medication or being used otherwise.



9: THE RELATIONSHIP BETWEEN HEROIN AND MENTAL HEALTH

Heroin is an opiate. Other opiates include methadone, morphine, pethidine and codeine. Opiates are depressant drugs so they slow down the messages between the brain and the central nervous system.

Heroin is also called smack, hammer, skag, H, junk, gear, horse

EFFECTS OF HEROIN

Heroin affects the central nervous system by slowing down messages to the brain. This means thinking is slowed down and so is movement.

Heroin is absorbed into the brain through the blood stream, usually by injecting into the veins or through the lining of the lungs if smoked.

The immediate effects are intense pleasure, pain relief, drowsiness and nausea. Breathing and pulse become slower. Blood pressure drops. This can lead to overdose and brain damage from lack of oxygen or death.

As with all drugs a person can develop a tolerance to heroin which can lead to financial problems and isolation from family and community.



WHAT HAPPENS WHEN A PERSON STOPS USING HEROIN?

If they have been using heroin regularly, they will probably experience withdrawal symptoms when stopping. The first 3-4 days are usually the most difficult. Withdrawal symptoms may include:

- Runny nose and sore throat
- Heavy sweating and temperature changes
- Stomach pains and cramps
- Aching bones and joints
- Strong cravings
- Diarrhoea and vomiting
- Irritability
- Loss of appetite
- Sleeping difficulties
- Bizarre or disturbing dreams

Most of these symptoms ease after 6-7 days but some, such as depression, anxiety and insomnia, may last much longer.

EFFECTS OF HEROIN ON MENTAL HEALTH

If a person uses heroin and has symptoms of depression or anxiety, these symptoms are likely to get worse.

Using heroin may increase the feelings of being disorganised and out of control.

If a person has a history of psychosis and uses heroin they may have more hallucinations and strange beliefs.

Heroin can interfere with psychiatric medication.

Heroin use can cause a lot of stress (e.g. money, relationships, the law and other drug users) and a person's mental health is likely to get worse when they are under pressure.

EFFECTS OF USING HEROIN WITH OTHER DRUGS

Using heroin with other drugs or medication can cause unexpected risks – even if the person is using them several hours apart. It is important they tell their doctor if using to reduce the risk of harm.



TIPS FOR CLIENTS TO HELP REDUCE HARM FROM HEROIN

- Burning (chasing the dragon) is safer than injecting, but people can still become dependant and overdose when burning
- Do not burn on anything toxic such as a plastic spoon. If injecting, always use new fits. Bleaching is the last resort
- Never share injecting equipment, including the spoon, water, filter and tourniquet
- Avoid using alone in case of overdose
- Don't use cigarette filters –they contain fibreglass, which can damage veins. Use a filter wheel or a small ball of cotton wool or tampon to filter the heroin

HEROIN AND PREGNANCY

Heroin can harm an unborn child. Heroin crosses the placenta and the baby may become dependent on the drug.

Using heroin during the pregnancy increases the risk of miscarriage or Sudden Infant Death Syndrome after birth.

CONCLUSION

Heroin can worsen symptoms associated with mental illness.

The client is at least informed if they understand the relationship between their mental health and wellbeing and their heroin use. It may support them to make safer decisions about their drug use and their mental health.

10: THE RELATIONSHIP BETWEEN INHALANTS AND MENTAL HEALTH

Inhalants (sniffing, chomping) are household or industrial products that cause a high when breathed in. They were never meant for this and so can be really dangerous. These include; paint, nail polish, cleaners, petrol and glue.

Most inhalants are very poisonous and can cause serious problems on a person's mental and physical health.

EFFECTS OF INHALANTS

Inhalants can cause:

- Difficulty in breathing
- Dry sore throat and nose
- Damage to kidneys and liver
- Disorientation and problems with memory
- Hallucinations (see, hear, smell or feel things that aren't there)
- Brain damage including permanent problems with short term memory and concentration
- Sudden death

Immediate effects of sniffing

- Excitement
- Less inhibition and increased risk-taking
- Hallucinations
- Bad breath
- Nose bleeds and sores

WHAT HAPPENS WHEN A PERSON STOPS USING INHALANTS?

If a person has been using inhalants regularly they may experience withdrawal symptoms when they stop.

Withdrawal symptoms include:

- Anxiety
- Depression
- Loss of appetite
- Irritation
- Aggressive behaviour
- May also experience tremors, shakes, nausea and dizziness

EFFECTS OF INHALANTS AND MENTAL HEALTH

Inhalants may;

- Cause hallucinations, paranoia and confusion.
- Affect memory and ability to think clearly
- Increase depression
- Increase anxiety and the risk of panic attacks
- Make reality seem confusing
- Increase the risk of suicide

SUDDEN SNIFFING DEATH SYNDROME

This can occur after using aerosol sprays. It doesn't matter if a person is a new or experienced user. The risk of death is even higher if a person experiences a sudden shock or strong emotions when using.

EFFECTS OF USING INHALANTS WITH OTHER DRUGS

All drugs interact with each other, including inhalants. It is not recommended to smoke tobacco or yamdi or use stimulants (such as speed, coffee or cola) within twenty minutes of chroming.

TIPS FOR CLIENTS TO HELP REDUCE HARM FROM INHALANTS

There is no safe way to use inhalants, it is best not to use them at all if possible. However it is important to reduce whatever risks there are.

- It is safer to use paper bags than plastic bags to avoid suffocation
- If using aerosol cans, turn the can upside down before spraying into the bag – this reduces the other poisons inhaled that do nothing for the high
- Never put mouth and nose inside the bag
- Avoid smoking near the bag or while using any inhalants
- Avoid exercising immediately after using inhalants as this puts more strain on the body
- Try not to use alone and be with at least one other person who is straight
- Try to use in a safe, quiet place where there is less risk of sudden events or shocks

INHALANTS AND PREGNANCY

Inhaling glues and aerosols during pregnancy can harm the baby and can result in premature death.

CONCLUSION

Inhalants are mostly used by younger people to get a high. They are the type of substances that are likely to cause lots of physical and mental health issues including brain damage. It is essential for us to support our young people to make the connection between inhaling substances and their mental and physical wellbeing.

SCREENING

If a person comes to see us with either alcohol or drug use problems or mental health issues it is important to screen for the other.

A screening tool is a short evidence based questionnaire that gives you a snap shot of the risk levels of the person's mental health, AOD use or both.

Examples of screening tools include:

- | | |
|------------|---|
| THE IRIS | THE INDIGENOUS RISK
IMPACT SCREEN
Measures if there is alcohol
and drug and mental health risk |
| THE K10 | KESSLER PSYCHOLOGICAL
DISTRESS SCALE
Measures psychological distress,
anxiety and depression |
| PSYCHECK | A TOOL FOR ALCOHOL
AND DRUG workers to
screen for mental health
problems |
| THE ASSIST | A TOOL FOR MENTAL
HEALTH WORKERS to screen
for alcohol and other drug use |

11: PUTTING TOGETHER A RECOVERY PLAN

In order to develop a recovery plan with a person it is important to develop a big picture of what is going on for them and then work out together what is best needed.

A HOLISTIC ASSESSMENT

A holistic assessment may include yarning with a client and their family to develop an understanding of all that is going on for them.

Including:

- a. What has made them come in to see you and what do they want to get out of coming to see you
- b. What helps to keep the person well, happy and strong
- c. Gathering information through yarning about
 - Family, culture and personal history
 - Past medical history
 - Past psychiatric/mental health and any head injuries
 - Legal history
- d. The relationship between the person's alcohol or other drug use and their mental health:
 - What effect does drinking or using other drugs have on the person's mental health
 - What effect does the person's mental health have on their drinking or other drug use
- e. Stage of Change
 - What stage of change is the person in with their alcohol or other drug use
 - What stage of change are they in with looking after their mental health
- f. How much risk is the person at with
 - Self harm or suicide
 - Causing harm to others
 - Others causing the client harm or having accidents
- g. Checking out the person's current mental state

Look for what is different or unusual about the person's;

 - Appearance; what do they look like
 - Behaviour; how they are behaving
 - Speech; what are they saying and how
 - Mood and affect; how have they been feeling over the past week and how are they presenting right now
 - Perception; are they seeing, hearing or feeling things that aren't there
 - Thinking; how are they thinking, does it make sense, can they follow a conversation

These are all important factors that as workers we need to look out and listen for. They help us to be mindful of any changes that have happened with the person's mental health.

RECOVERY PLAN

Developing a recovery plan with the person is important to support them to sort out what they want to happen, it is also a way to keep them hopeful about getting well and their future.

- What are the person's goals and what are the steps they need to get there, who's going to do what
- How are they being supported to care for their mental health and manage their alcohol and drug use
- What family or friend is able to support the person
- Who will help to look after their spiritual wellbeing
- What other workers/services need to be involved
- What needs to be done about any risk factors
- Dates; when will it all happen
- When will you meet again to see how things are going

Planning for recovery also means that both the worker and the client know what they are working towards and little achievements can be ticked off and used as motivation to get to the bigger goals.



12: STAGES OF CHANGE

It is important as workers that we are able to help our clients identify what stage of change they are at with both their alcohol or other drug use and in looking after their mental health.

Understanding the stage of change for both issues means we can better match treatment with where each person is at.

PRE-CONTEMPLATION STAGE

The person is happy doing what they are doing and aren't thinking about changing their behaviour.

CONTEMPLATION STAGE

The person is starting to think about their behaviour and some of the not so good things about it. They are in two minds about it, maybe they should, and maybe they shouldn't change.

PREPARATION STAGE

The person has decided their behaviour is causing too many problems for them and they need to do something about it. They are getting ready to make changes. They have planned for it.

ACTION STAGE

The person has decided on what they need to do differently and has taken action.

MAINTENANCE STAGE

The person has made the changes they decided on and has kept on track for a while. They have stuck with it.

A *lapse* is when the person briefly goes back to old behaviours, they had a slip up.

A *relapse* is when a person has gone back to doing what they were doing before in the same way. They have gone back to old ways.

Reference: Prochaska & DiClemente (1986)

Both a lapse and a relapse are normal in the process of changing behaviour. We can help people learn from this experience and better prepare them for trying again.

It is important to check for the person's stage of change for both their alcohol and other drug use and caring for their mental health as these may be different.

They can also have such a strong negative effect on each other that if we don't look at both issues the person is much more likely to relapse and not reach their goals.

Knowing how motivated a person is to change their behaviours with both issues means we can match the right interventions and treatment to support them in the best possible way to reach their goals, get well and stay well.

Motivation to change alcohol and other drug use						
		Pre Contemplation	Contemplation	Preparation	Action	Maintenance
Motivation to care for mental health	Pre Contemplation					
	Contemplation					
	Preparation					
	Action					
	Maintenance					

Reference: Brady et al (1996)

I 3: BRIEF INTERVENTIONS

A brief intervention is anything we can do easily and quickly with a person to help them move on in their stage of change and to keep them thinking about reducing harms to themselves and changing behaviours.

It is about making the most out of any opportunity with a client.

The FRAMES model for brief intervention (Miller & Sanchez, 1994)

FEEDBACK:

to the client what you are hearing them say about their alcohol or other drug use and their mental health issues

RESPONSIBILITY:

let the client know that their health is their responsibility

ADVICE:

offer some advice/factual information about possible harms or risks, maybe use a pamphlet and go through it with them

MENU:

go through a menu of choices for possible actions the person may wish to take and make them welcome to come back again

EMPATHY:

let them know that you get where they are at

SELF-EFFICACY:

the message to the person is “you can do what you decide to do”, support them to believe they can do it

Research has shown that a brief intervention in supporting and motivating clients to look after their health can be very effective.

TIPS

- Start with the person's strengths
- Use any opportunity
- Work with the person's goals
- Support the person to break down goals into small steps
- Provide information in a non-judgemental way
- Let the person be responsible for what they decide to do

14: INTERVENTION AND TREATMENT OPTIONS

A: INTERVENTIONS FOR ALCOHOL AND OTHER DRUGS: MISUSE/ABUSE/DEPENDENCE

Intervention	Aim
Harm Reduction	Tips to reduce or prevent harm caused by using drugs Examples: <ul style="list-style-type: none"> • Use a Needle & Syringe exchange • Cut back to low risk drinking levels • Use with safe & trusted people
Counselling	To increase people's opportunity to get well and reach their goals Examples: <ul style="list-style-type: none"> • Brief Interventions • Healing therapies • Cultural ways, maybe going back to country or going bush • Cognitive Behaviour Therapy (CBT) • 12 Step Program • Motivational Interviewing
Withdrawal	Detox, to get the body free of drugs Examples: <ul style="list-style-type: none"> • Medicated, non medicated • Inpatient, at a service or outpatient at home
Psychopharmacology	Long term maintenance therapy Using a legal drug/medication to slowly stop using a substance Examples: Methadone, Buprenorphine
Therapeutic Community (Recovery)	After withdrawal go to longer term live in Healing Centre Examples: Ngwala; Winja Ulpna, Galliamble, Yitjawudik, Youth Healing Centres, Odyssey House
Relapse prevention	Teaching ways to ride cravings and stay with goals to not use Learn strategies to stop from going back to old ways, avoiding old patterns of behaviour Examples: <ul style="list-style-type: none"> • Learn what risk factors are • Remember early warning signs

B. INTERVENTIONS FOR MENTAL HEALTH ISSUES OR ILLNESS

Intervention	Aim
Harm Reduction	Tips to reduce or prevent harms Examples: <ul style="list-style-type: none"> • Stay with others, keep self safe • Reduce or stop alcohol or drug use • Recognize early warning signs
Counselling	To increase people's opportunity to get well and reach their goals Examples: <ul style="list-style-type: none"> • Counsellors • Psychologists • Cultural ways • Psychiatrists • Healing therapies • Cognitive Behaviour Therapy (CBT)
Community Mental Health Service	These services work with people who are experiencing a severe mental illness. Examples include: <ul style="list-style-type: none"> • Crisis Assessment team • Mobile Outreach Support teams • Community Care teams • Specialist mental health services
Psychiatric Inpatient Service	Crisis Support to assess and stabilize a person's mental health when they are unable to function in the community Examples: <ul style="list-style-type: none"> • Local Inpatient psychiatric service • Victorian Aboriginal Health Service / St Vincent's Inpatient
Psychiatric Disabilities Rehabilitation and Support Service	Supported accommodation and community based social and other support to help people get well and stay well
Relapse prevention	Strategies to help people to stay well and keep on track with their goals. Examples: <ul style="list-style-type: none"> • Learn what risk factors are • Remember early warning signs • Use strengths and supports

15: USEFUL NUMBERS AND RESOURCES

SERVICE/RESOURCE	PHONE/WEBSITE
The Dual Diagnosis Support Victoria website	http://dualdiagnosis.ning.com
The Australian and New Zealand dual diagnosis website	www.dualdiagnosis.org.au
Your local Dual Diagnosis clinician or support service	
Victorian Aboriginal Health Service: Family Counselling Program	9403 3300
Ngwala; Aboriginal drug and alcohol service for men, women and young people	95 10 3233
Your local Social and Emotional Wellbeing Unit	
Your local mental health service	
Your local CAMHS service	
Fire, police, ambulance	000
Suicide help line	1300 651 251
Victorian Poisons Information	131 126
Your local residential withdrawal Service	
Your Local Drug and Alcohol service	
Direct Line: Drug and alcohol Information and support	1800 888 236
DrugInfo: Drug information	1300 858 584
Family Drug Help	1300 660 068
Hepatitis C Helpline	9349 1111
Tranx (benzodiazepine misuse)	9886 0955 www.Tranx.org.au
Smoking Quit Line	13 18 48
Turning Point Drug and Alcohol Centre	8413 8413
Youth Substance Abuse Service	9415 8881
Victoria Alcohol And Drug Association	http://www.vaada.org.au/
Comorbidity of mental disorders and substance abuse: A brief guide for the primary care clinician	This is a detailed resource on dual diagnosis. For free copies phone (02) 6269 1000



VICTORIAN DUAL DIAGNOSIS INITIATIVE

Education and Training Unit
Auspiced by St.Vincent's Hospital

Our Healing Ways: The Story

Aboriginal communities and people have an ever present connection with one another due to a shared history of struggle, oppression and triumph. The web throughout the painting is symbolic of this connection. It also symbolizes how complex and intricate it can be for workers to manage an environment where they often have dual relationships with the people they work with.

The three health workers standing together at ease are demonstrating and acknowledging the existing strength, skill and confidence that workers have to be able to work within this environment.

The two figures within the centre red circle is a magnified view of what is happening within the heart of organizations and community. A worker is listening to somebody with a dual diagnosis who needs to share their story. The other red circle suggests the isolation that can come with this diagnosis and the need for people to reach out.

The stepping stones within the pathways are symbolic of the workers moving forward to continue assisting people with their healing journey. The two figures coming together are portraying hope and friendship and showing the ongoing connection that remains even while people are healing.

ARTIST: Joanne Dwyer