

Further information or assistance can be gained by calling:

- ◆ Alcohol and Drug Information Service (ADIS) on free-call 1800 177 833 outside Brisbane, or 3236 2414 within Brisbane.
- ◆ Mental Health Association of Queensland (07) 3271 5544
Fax (07) 3271 6815
- ◆ Community Mental Health Service (see Queensland Health Community Mental Health listing in your local White Pages)
- ◆ Schizophrenia Fellowship of Sth Qld Inc (07) 3358 4424
- ◆ For 24 hour counseling and referral call DRUG-ARM 1300 656 800



Ups and Downs

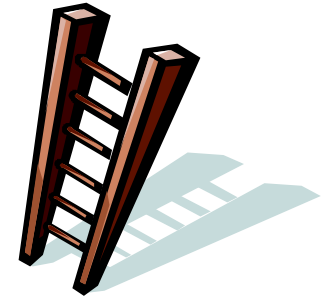
Further copies of this booklet can be obtained from

Phone: (07) 3240 2874

Fax: (07) 3240 2100

Email: anthony_weller@health.qld.gov.au

Ups



and



Downs

An introductory self-help booklet for people living with substance use and mental health problems.

Acknowledgements

Printed on recycled paper

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This booklet has been developed as a collaborative project between staff from government and non-government agencies in Brisbane.

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My Personal Notes

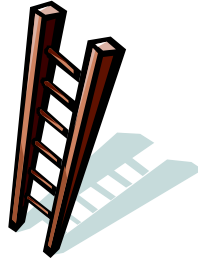
My Personal Notes

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How to use this booklet

This booklet has been written to help people who are living with a mental health problem and are concerned about their drinking or drug use. Some people who use this booklet may have a carer, support person or mental health worker who is available to help them work through the different sections. Support is very important when people are trying to make changes so please ask for help if you need it.



The booklet contains basic information about alcohol, tobacco and other drugs as well as contact numbers of services that can provide more detailed information. The booklet also suggests ways of managing uncomfortable symptoms of mental health problems without drinking or using drugs.

It is very important to keep a written record of how you are feeling emotionally, how much you are drinking, smoking or using, how strong the urges or cravings are to use and when the cravings happen. This important information will allow you to make a plan to deal with feelings and cravings when they arise.



Pictures of snakes and ladders appear at the end of each section so you can record your progress. Remember, go up the ladder for a good day and down the snake if you've had a slip!

I will deal with these symptoms by: _____

If I need help I will call on: _____

If I have a slip or relapse I will contact: _____

My personal, brief plan for change

My goal is: _____

I will start my change process: _____

These are my most risky situations: _____

I will deal with them by: _____

The mental health symptoms that are most risky for a relapse for me are: _____

Why drugs?

All people, including people with a mental health problem, use alcohol and other drugs to celebrate, relax or to feel better when they are bored, lonely or unhappy. Other people believe that substance use relieves the symptoms of mental health problems. However, alcohol and other drugs generally *don't make people feel good* in the long run and the results can be very harmful when substance use gets out of control.

Does Substance Use Cause Mental Illness?

It is unlikely that substance use 'causes' schizophrenia. It is more likely that people who already have a mental health problem or are 'at risk' for developing mental health problems are very sensitive to the effects of even small amounts of alcohol and other drugs. However, it is common that people who use large quantities of amphetamines (speed), hallucinogens (LSD) or even cannabis experience a 'psychotic episode' that is very similar to schizophrenia or feel depressed and anxious when they use.

Are you concerned about your substance use? Do you:

- want to cut down using but can't?
- feel sick when cutting down or stopping?
- feel better when using?
- have cravings to use ?
- have family or mental health workers worried?
- feel your substance use is more important than other areas of your life?

If you answered yes to any of these questions you may need help to quit.

Drug information



Alcohol

Alcohol is our oldest and most frequently used sedative drug. Most people have tried alcohol at some time in their life and many people continue to use alcohol on a regular basis.

While it is recommended that men drink no more than 4 standard drinks daily and women no more than 2 standard drinks daily, people with mental health problems need to be very careful with even small amounts of alcohol because it can make mental health symptoms worse (depression, feeling anxious, 'voices' or scary thoughts) and can be dangerous if mixed with medications.

Alcohol and Prescribed Medication

Alcohol does not mix with medications, particularly medication for depression or medication for mental health symptoms such as 'voices' or problems with thinking.



The combination of alcohol and an antidepressant medication is extremely dangerous as the medication makes the effect of alcohol stronger. This can make you more at risk for having an accident and hurting yourself, or in some cases people can pass out. If in doubt, ask your doctor or case manager!



Have you had an unpleasant experience mixing medication and alcohol?



Making social plans

I am going to do the following things with the following people next week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

I am going to make contact with the following people in the next month

1. _____

2. _____

Doing things with people in your support network can be a great way to keep busy and healthy and stop you thinking about using drugs or alcohol. Here are some ideas:

- sport eating out dancing going for a drive
- videos gardening movies walking
- volunteer work going to the beach visiting museums
- visiting art galleries joining a club
- art/craft doing a class picnics

Add your own ideas...

Each of these is one standard drink



100 mls wine



1 pot heavy beer



1 stubby light beer



1 nip spirits

Note: 1 stubby heavy beer = 1½ standard drinks!

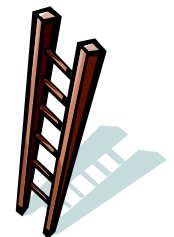
Personal work

Think of a typical drink session. What alcohol do you drink? _____

How many *standard drinks* would you usually drink? _____

Tips for cutting down drinking

- Decide how much you will drink ahead of time and stick to it (don't buy more than you need)
- Don't get into a 'shout'
- Drink light beer or half nips of spirits (its cheaper!)
- Alternate drinks with water or soft drinks
- Have alcohol-free days



Are you drinking too much to be safe?

Amphetamines

Amphetamines ('speed') are drugs that stimulate the brain and the body. When amphetamines are used, they effect the **same chemicals** in the brain that are affected when somebody has a mental health problem like schizophrenia. While some people report feeling more confident or sociable when taking speed, these feelings are outweighed by the severe negative effects.



These include:

- mental health symptoms worsen, particularly 'voices' or problems with thinking clearly
- feelings of great fear or anxiety or 'paranoia'
- anger, hostility, feeling violent and lashing out
- inability to sleep, eat, or drink enough water
- problems with the police or the law
- money worries
- problems with housing
- severe mood swings, restlessness
- feeling very depressed
- being admitted to hospital more frequently

Of all of the drugs, studies have shown that amphetamines cause the greatest harm to people with mental health problems than any other.



Snakes or ladders?



Ups and Downs

Some support groups that are available to me.

Alcohol and drug information service
Schizophrenia Fellowship
Grow
The RED Centre

What groups are available to my family?

ARFMI - The Association of Relatives and Friends of the Mentally Ill
Schizophrenia Fellowship
Grow
Al Anon

Where to from here?

When and with whom will I spend time doing things this week? (example)

Who?	Monday	Tues	Wed	Thurs	Friday	Sat	Sun
Peter				<i>Mental Health Activity club</i>			
							<i>Drug and alcohol Support Group</i>
Family							<i>Family Dinner</i>

Lets talk about professional help

Who do I contact when I need help? Which health professionals can assist me?

Contact person

Contact details

My case manager

My drug and alcohol counsellor

My doctor

Other

Lets talk about support groups

What do I want from a support group?

Listening to someone else tell their story can help me to understand that I am not the only one feeling this way. It connects me to others.

Hearing how others have overcome their drug problems gives me a sense of hope that there is a future for me.

Tobacco



The use of cigarettes and other tobacco remains widespread in the community although many people are now aware of the harms related to smoking and have decided to quit. Long term smoking makes people more likely to get coughs and colds, breathing difficulties, heart disease, some cancers and reduces fitness. Also, smoking cigarettes puts people at risk of developing stomach ulcers.

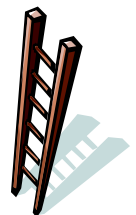
For people with mental health problems, the other effects of cigarette smoking include:

- mental health symptoms may worsen, particularly 'voices' or problems with thinking clearly
- cigarette smoking can stop medications from working properly and many people need higher doses of medication to manage mental health symptoms properly
- smoking may make side-effects of some medication worse, such as restless legs
- money worries (cigarettes are expensive!)
- feeling anxious or depressed

Although it is difficult to give up smoking, IT CAN BE DONE! You just need some support and encouragement and a good plan to cut down or quit.



Snakes or ladders?



Cannabis

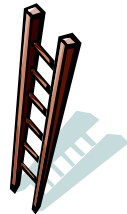
Cannabis is the dried leaves and flowers of the marijuana plant. Some common names include ‘pot’, ‘hydro’, ‘skunk’, ‘bush’, ‘mull’. Cannabis is usually smoked. Cannabis use is common among young people, but its effect on people with a mental health problem is usually quite serious.



Although people report feelings of relaxation after smoking pot, some negative effects include:

- feelings of great fear or ‘paranoia’
- problems with ‘voices’ or scary thoughts
- being admitted to hospital more frequently
- problems with the police or the law
- money worries, problems with housing
- lack of interest in things, or lack of drive to get things done
- poor memory, especially for recent events

Troubles with cannabis use tend to get worse if people smoke regularly and use the strong part of the plant such as the heads. People often don’t realise that their problems are caused by pot, because mental health symptoms can get worse after the effects of the pot have worn off. Think about the last time you used pot. Did you feel worse?



Snakes or ladders?

Ups and Downs

How can I improve my relationships with my friends?

I could learn to give back a bit more instead of always asking for something

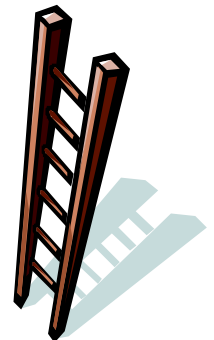
I could do something for them—small things like inviting them to my place for dinner.

I am going to pay more attention to the needs of my friends.

Can you think of anymore.?

Things I enjoy doing with friends that don’t involve drugs or alcohol:

Supportive friends can help you climb the ladder!



Lets talk about friends

What qualities do I want in a friend? Please circle

honesty acceptance encouragement

sharing support humour caring acceptance

Things that help me to keep in contact with friends. Please circle



doing things in common emailing

Writing letter

telephoning

having a regular meeting time

inviting them over

spending time together

Has my alcohol and drug use affected my relationship with my friends?

I lost contact with my friends because of my illness . I think they were embarrassed that I was different from them. I started to mix with others that used stuff and I lost contact with a lot of my old friends. They didn't approve of my lifestyle.

Think about your own situation.

The Effect of Cannabis and Alcohol Combined

People often report feeling extremely unwell when they mix these two drugs. They may feel as if the room is 'spinning', may feel extremely nauseated, and be more intoxicated than if they used either drug alone. Mixing these drugs is not recommended.

Personal work

Think of a typical smoking session. What type of cannabis do you use? _____

How much pot would you usually use?

How often do you smoke cannabis? (daily, Weekly?) _____

What problems do you have with cannabis?

Do you find that you **need** to smoke or get angry when you can't? _____

Do you make changes to your finances, relationships or time in order to 'score'? _____

Alcohol, other drugs and my medication

Personal work

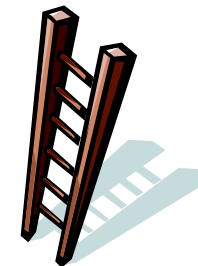
I am currently taking the following medication

- 1.
- 2.
- 3.

Reasons I am taking the current medication:

My family cared about me when I was really ill. They would take me to appointments with my doctor and tell me when they thought I was down. They would help me with cooking when they realized I wasn't cooking for myself. They would listen to me and believe in me when I was feeling low because of my illness.

My family supported me through my court appearance. I was charged with stealing. I had been stealing to support my drug habit. I felt a lot of shame and guilt because of what I had done. My family didn't reject me – they said I needed help for my addiction. I am seeing a drug counsellor regularly now. It is going to take some time for me to get the trust of my family back.



How can I improve my relationships with my family?

I could learn to give back a bit more instead of always asking for something

I could show them that I am responsible

I could do something for them small things like cutting the lawn or washing their car.

I am going to pay more attention to the needs of my family

Can you think of anymore?

Things I want in my relationships with my family (please tick)

- Accepting
- Like a normal family
- Closeness
- Understanding
- Good communication
- Respect
- Support
- Honesty
- Doing fun things together



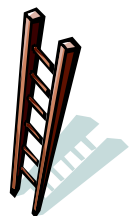
I could experience the following problems with my medication if I am using _____ at the same time:

I can reduce the risks to myself in the following ways:

Example: by drinking light beer



Snakes or ladders?



What do I expect drugs will do for me?

Many of the thoughts people have about drinking and taking other drugs are related to what people *expect* to happen to them when they drink or use. These types of thoughts are called 'expectancies' and are closely tied to why people use.

Some of the reasons people give for drinking and using other drugs include:

- ⇒ "Drinking makes me feel outgoing and friendly"
- ⇒ "I drink because it is a habit"
- ⇒ "Smoking cannabis makes me more creative"
- ⇒ "I get better ideas when I am drinking"
- ⇒ "When I am anxious or tense I drink alcohol because it relaxes me"
- ⇒ "Smoking pot helps me to relax"
- ⇒ "Smoking pot helps the voices go away"
- ⇒ "Using speed helps me to get things done"

It is very common though, that our ideas about what a substance will do for us is not what really happens when we use. For example, a person who thinks pot makes them more sociable, in fact often feels more afraid of people and withdraws from them. When they smoke.

What are your expectations?

Lets talk about family

How have my family been supportive to me during my illness?

My family shows that they are interested in me by trying to understand my illness they ask me things like - "How does the medication work?" Sometimes they will cut out thing from the paper about articles on new treatments for mental illness.



Can you think of anymore?

Has my alcohol and drug use affected my relationship with my family?

I lost contact with my family because of my illness . I think they were embarrassed that I was different from them.

They didn't approve of my lifestyle.

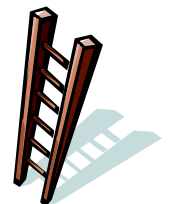
Think about your own situation.

What negative effect has using drugs or alcohol had on my family?

My family got sick of me asking for money all the time. I couldn't budget properly as I was spending too much money on alcohol. Soon they didn't return my phone calls.



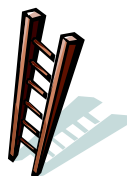
Snakes or ladders?



Using social supports

A social support network is a number of people who you can rely on to help and encourage you to achieve your goals. It may be made up of your family, friends, doctor, case manager or counsellor. When you are trying to cut down or quit using alcohol or other drugs, you need to surround yourself with a network of people who do not use themselves.

Who makes up my social support network? Who can I count on for support with my goals?



People that are good for me to be around _____

Their qualities are: _____

People that are not so good for me to be around _____



Their qualities are: _____

Personal work

- The substance I want to look at is _____ -

Example: I expect drinking will make me feel more relaxed and more sociable.

I expect (believe) that _____ will make me feel:

Is feeling like this really important to me?

Why it is important _____

Example: What happened to me the last time I used _____ is that I felt more uptight around people. I thought they were talking about me.

What happened to me last time I used _____ was

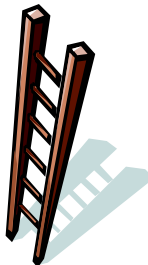
So, now that I have really thought about how substances make me feel, what is my belief or how do I expect to make me feel now?

So, is my belief about how substances will affect me true or accurate?

Do I need to change my belief or expectations?



Does my belief in how substances affect me harm or help me?



My plan if I relapse or lapse

If I lapse I will telephone _____

On telephone number _____

If they aren't there I will call _____

On telephone number _____

The next day I will visit _____

I will do the following things to reduce my chances of relapsing: _____

Looking at the things that were happening around you last time you used or drank when you didn't want or mean to, what have you learned?

What was the feeling? Who were you with? What happened after and how long did it take you to stop again?

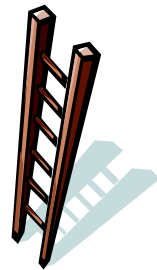
Each time you relapse, provided you learn from your experience, it is easier to maintain your goal.

I have learned the following things about my last relapse:

Look back over your list of what you believe substances will do for you. List all of these things that are important to you (being creative etc):

Now, list some other ways you can feel like this without using alcohol or other drugs:

Go up the ladder for every idea listed!



Substance use diary

People may be drinking alcohol, smoking cigarettes and using other drugs but not really know exactly how much they are using, and when.

It is very important to keep a record of how much you are drinking or using so you can see which substances are a problem, when you use them (some people use more at night than the morning), how much you are actually spending on substances and how you are feeling when you use them.

Practice using this diary for the next week and see if it reveals anything you didn't know!

(It is very useful to continue to keep a diary while you are trying to change)



Learning from my lapse or relapse

Remember the last time you used a substance after you had decided to stop (or cut down). Describe what happened:

Where you were _____

Who you were with _____

How you were feeling _____

Did you see, hear, smell, taste or feel anything that gave you an urge to use? _____

Did any significant events take place around that time (either good or bad) _____

What did you think before, during and after taking the drink/drug (did you blame yourself?) _____

What did you do after the lapse (stop, relapse etc) _____

What were the after effects?

What to do if I lapse

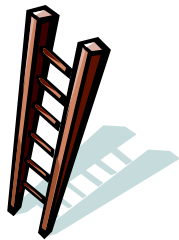
The first and most important thing if you have had one cigarette, one drink or used other drugs once is to **STOP AT ONE!** You don't have to smoke/drink/use it all just because you've had a little slip.

If you find yourself with a drink, joint, cigarette, needle in your hand imagine this:

You are on the lapse train. You can decide to get off at the next station (lapse) , or you can stay on the train all the way through to the end (relapse). The decision is yours (but its easier to get off sooner and start again!)



Will I use a lot?



Will I use a little and get off the lapse train?

Day 1 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

I spent _____

I drank/used with _____

Day 2 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

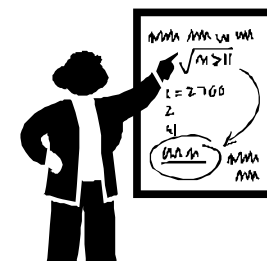
I spent _____

I drank/used with _____

Managing a slip, lapse or relapse

Up to 75% of people have a lapse or full relapse in the first year of change, so it is extremely important for you to make plans about managing this event if it happens to you. It is nothing to be ashamed of, nor should you feel guilty. Alcohol and drug counsellors view lapse and relapse as part of the process of change .The main aim is to: *prevent a lapse from becoming a relapse, and a relapse from becoming a lifestyle.*

The most important aspect of learning to manage a lapse or relapse is to view it as an experience from which to learn about themselves. You are your won best teacher!



A person's risk of relapse is reduced if they :

- ♦ have a strong commitment to change in the first place, which is seen as positive and desirable
- ♦ they have developed a range of skills to manage cravings and risky situations and is prepared to use the skills
- ♦ they have a lifestyle that can support continued change (supportive friend, family, professional, activities that don't involve using etc).

How can you reduce your risk of relapse?

What if I have a slip-up or relapse?

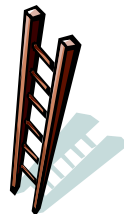
WHAT IS RELAPSE?

It is important that we understand what *relapse is*. In this booklet we have been concentrating on ways to prevent relapse. Now it is time to see how we can manage it if it does happen. For our purposes, relapse means that a person has resumed using substances after a period of not using. For some people, depending on their goal, it can also mean that a person has gone back to using large amounts in an uncontrolled way after a period of *controlled* or reduced use.

When a person 'goes back to using' they can experience this as a single 'slip' or a single occasion of use. This is referred to as a 'lapse'. A full-blown relapse occurs when a person resumes using at the same high levels as they were before. Relapse often prompts people to seek further treatment. Therapists encourage people to view their lapses and relapses as opportunities for learning about themselves.



We have already looked at risky situations for relapse throughout this booklet.



Day 3 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

I spent _____

I drank/used with _____

Day 4 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

I spent _____

I drank/used with _____

Strategies to manage anger include:

- ◆ Relaxation techniques to calm your physical responses
- ◆ Taking time-out from a difficult situation
- ◆ Walking away from an argument to think more clearly
- ◆ Taking 10 deep breaths
- ◆ Positive coping statements such as ‘stay calm, just relax’, ‘I am not in danger’.
- ◆ Physical outlets such as walking, sport or even punching a pillow
- ◆ Anger-reducing thoughts such as “It would be nice if people were always appreciative, but sometimes they won’t be and that’s just how they are’

If you feel like you are going to lose control, warn anyone with you of your increasing anger and remove yourself from the situation.

Techniques that I will try are:



Anger

Cutting down or quitting substances can unleash a lot of emotions that may feel uncomfortable. Many people deal with their feelings of anger by drinking, smoking or using other drugs. Just like everything else in life, preparation for angry feelings and understanding what makes us angry help to make these feelings more manageable.

Becoming angry in arguments is one of the main reasons people give for talking up smoking, drinking or using again.

Anger is a problematic feeling for many people. When we are angry, the body readies itself for attack or defense and thoughts are often filled with plans for revenge or 'pay back' or focus on how 'unfairly' we have been treated. As with other moods such as depression and anxiety, anger is accompanied by changes in thoughts, behaviour and physical feelings.

Learn to recognise the warning signs of anger such as breathing more heavily, racing thoughts, tense muscles, Pressure in the head, heart rate quickens etc. Becoming familiar with your own individual signs will assist you to stay in control.

Day 5 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

I spent _____

I drank/used with _____

Day 6 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

I spent _____

I drank/used with _____

- ◆ Break problems down into manageable parts
- ◆ Have treatment with a psychologist or other health worker for help with specific symptoms
- ◆ Ask for a specialist referral to a cognitive behavioural program which is excellent for anxiety sufferers
- ◆ When the worries come into your mind, use some of the 'thought blocking' strategies detailed in 'coping with voices'
- ◆ Talk to a trusted friend or counsellor
- ◆ Using the progressive muscle relaxation techniques explained in the section on 'dealing with voices' to help calm the body and mind

I will try the following techniques to help me with my symptoms of anxiety:



Anxiety

People who are anxious have usually been through months of excessive anxiety and worry . The worry is usually out of proportion to the event, stays with the person all of the time and is very difficult to control.

Anxious people usually have very tense muscles, and jump at the slightest sound. They are constantly on the lookout for things that may hurt them. Sometimes anxious people are too afraid to leave the house, or to have any kind of social contact.

It is not surprising then that people may turn to drinking alcohol or taking other drugs to deal with these frightening, uncomfortable feelings. However, alcohol and drugs make these symptoms worse in the long term.

Other ways of dealing with symptoms include:

- ◆ Learning everything you can about anxiety so you will feel more confident when the symptoms are extreme, to say “this is not real, this is my anxiety speaking”

Day 7 Today is _____ I used (amount):

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used at the following times:

What was happening at the time was _____

I felt _____

I thought _____

I spent _____

I drank/used with _____



Looking back over your diary for the past week you may see some interesting things about your substance use.

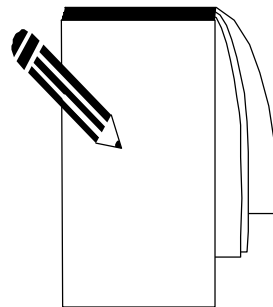
For example, do you always use alone or with the same people? Do you usually start drinking or using other drugs at the same time each day? Is there a usual feeling (sadness, boredom, nervousness) that prompts you to drink / use drugs, smoke cigarettes?

What about what was happening around you at the time? Are the situations similar or different for you each time?

What were you thinking? Did you have a craving or an urge to use or were you just bored?

What substance did you use most frequently? How much did you spend?

Now, please record your observations of the week on the following page.



- ◆ Talk to a trusted, understanding, non-judgmental person for as long as you need to.
- ◆ Get some exercise, whatever you can do at the time - walk, run, bike, swim, etc.
- ◆ Get out in the sunlight as much as possible.
- ◆ Buy yourself something you have been wanting.
- ◆ Read a funny or light book or watch a funny video.
- ◆ Listen to music that you enjoy.
- ◆ Get dressed in something that makes you feel good.
- ◆ Thinking therapies help a lot (ask your counsellor)
- ◆ Keep taking the medication you are prescribed!

*Adapted from The Depression Workbook, Copeland M (1992) Peach Press Vermont.

Seek medical assistance if:

1. You are thinking of hurting yourself in any way
2. You wake early in the morning and are depressed
3. You feel overly guilty or responsible for things beyond your control
4. You are experiencing strange or frightening thoughts, or your mood is fluctuating strongly

I will try the following things for myself

Coping with other uncomfortable symptoms



Depression

People often feel that drinking or taking other drugs will help to ease feelings of sadness or depression, but the truth is it makes it worse in the long run. People feel more depressed the day after drinking or using and often have to start again to feel better. An unhealthy cycle of drinking / using and depression occurs.

There are other ways to manage symptoms of depression*. These include :

- ◆ Plan your day with some activities you have to do and some activities you enjoy.
- ◆ Break down difficult tasks into smaller parts.
- ◆ Give yourself credit for even the smallest things you get done.
- ◆ Remember that depression passes. Focus on living one day at a time.
- ◆ Get emotional support from a family member, friend, or mental health professional. Get involved in a fun activity with someone you enjoy.
- ◆ Listen to or help someone else.
- ◆ Eat nutritious foods.

The week in review

The substance I used most was:

Alcohol _____

Tobacco _____

Cannabis _____

Heroin _____

Amphetamines _____

Other..... _____

I used most frequently at the following times:

On these days _____

What was usually happening at the time was _____

I often felt _____

I often thought _____

I spent \$ over the week _____

Am I ready for change?

A useful way of describing where people are in their readiness for change appears below*. Think about how these descriptions fit you.

1. *The happy user.* The person sees no problems with drug use and wants to continue using without making any changes.
2. *In two minds.* The person is thinking about change. The person has acknowledged that there is one or more things about continuing to use that are a problem or are no longer beneficial, BUT the person still enjoys using.
3. *Get ready, get set....* The person has made a decision to change, is preparing to change but has not yet begun.
4. *GO!...* The person has put the idea of change into practice and may have very recently given up using or cut down.
5. *Keeping on keeping off.* The person has maintained their change over time and is in the process of reaching their personal goal.
6. *Fallen off the wagon?* The person has resumed using substances either a little (a 'lapse' or 'slip') or a lot ('relapse').

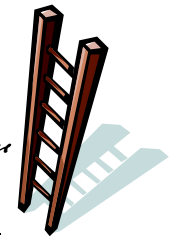
(*Adapted from Prochaska and DiClemente, 1982)

Ignoring your voices

Imagine you are a movie director and you are telling your voices what they should do, how they should act and giving them feedback, just like you would do actors in a movie. Once the directing is finished you can tell the voices to go away and that you will not listen to them any longer.

Good luck with using these strategies! Remember to practise them until they become automatic, so that you can do them without thinking. Some may require quite a lot of practise before they start to work and some may not work all the time. The idea is to have a range of coping strategies you can try when you need them, rather than just one or two, so that you can keep trying until you find one that works *at the time*. Make sure you try all of them!

Of all the strategies I have tried the following work best for me: _____



Pleasant memories or fantasies

Vivid, concrete memories of past pleasures and fantasies can act as great distractions. You can try thinking about an enjoyable holiday, thinking about a particular dream or wish that you have (eg. what you would do if you won the gold lotto?).

Thought Stopping

Like distraction, thought stopping is designed to provide you with a mental breathing space from the voices. Thought stopping needs to be learned when you are calm and relaxed so you can use it when you are stressed.



Blocking Thoughts

Find a place away from everyone else. While you are standing use your arms to punch the air and stomp your feet on the ground while you yell out 'STOP' Now try to imagine something more pleasant. Additionally you may find it useful to do one of the distraction exercises to help you take your mind off the voices.

Visual Activity

Close your eyes and imagine a STOP sign. By seeing this stop sign you are showing yourself that you have control over the voices and can tell them to stop whenever you give the order. Once you see the STOP sign, make a conscious effort to shift your attention by saying "I can do this, I've done it before".

Ups and Downs

According to the previous description, RIGHT NOW I believe I am:

The happy user.



In two minds.



Get ready, get set....



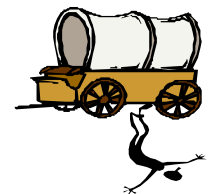
GO!...



Keeping on keeping off.




Fallen off the wagon.



Do I want to change my substance use?

Now that you have become more familiar with how you drink or use drugs by keeping your diary over the past week, it is time to **really think** about whether you want to make a change to your drinking or other drug use. Some people, particularly those people 'in two minds' about their substance use find it is helpful to weigh up the *good* things against the *less good* things about using. Complete 'the scales' exercise below.

<i>Good things about Drinking / using</i>		<i>Less good things about Drinking / using</i>
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.
7.		7.
8.		8.
9.		9.
10.		10.

Coping With Voices by Using Your Mind

Distraction

These techniques can be used as to provide you with some 'mental breathing' space by taking your mind off the voices.

Sensory Awareness

Focus on your surroundings, using sight, hearing, taste, touch and smell. Ask yourself *What can you see around you? What can you hear? Inside yourself? Inside the room you are in? Outside the room? Of all the noises you can hear which is the one that is most prominent? What can you taste? What are you touching? How does it feel? Can you feel your body in the chair? How does it feel? Can you feel your clothes on your body? Your hair? Your shoes? What can you smell?*

Redirecting attention

Doing something that competes with your attention, such as reading, writing a letter, watching TV, playing cards or gardening, going outdoors, going for a ferry or car ride, can help you to redirect your attention away from the voices.

Mental Exercise

Mental exercise involves blocking the voices from your mind by doing some of the following tasks: counting back from 1000 in 7's, dividing, adding or multiplying numbers in your head, counting things that you see.

My plan for coping with voices

I will try the following things:

Relaxation_____

Physical activity_____

Social activity_____

Solitary activity_____

Other_____

Checking out personal concerns

Now that you have completed your own 'scales' how does it look to you? Which side has the most things listed?

The next step is to look at the items on the *less good* side and really think about whether these things concern you. Are you worried about them in any way? Are they really your own concerns, or someone else's?

<i>Less Good</i>	<i>Is it a concern</i>	<i>What concerns</i>
<i>thing</i>	<i>for me?</i>	<i>me about it?</i>

- | | | |
|-----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
-

Setting goals

Now you have weighed the good things about drinking / using against the less good things and you have really thought about your own personal concerns about continuing to drink, smoke or use other drugs. It is now time to set a goal for yourself about your substance use.

Your goal may be to reduce the harms or problems that substance use is causing, it may be to cut down or it may be to quit altogether. If you are using more than one substance, you may have different goals for each.

My personal goal for the following substances is to:

Alcohol _____

Tobacco _____

Cannabis _____

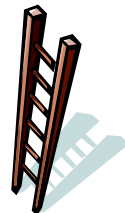
Amphetamines _____

Heroin _____

Other..... _____



Snakes or ladders?



Ups and Downs

Increase social activity

Some people find that when they are stressed or start getting early warning signs, being with others helps them. You don't necessarily have to talk about the voices- sometimes just being with someone you trust can bring relief from distressing voices.

Increase solitary activities

Instead of increasing social activity, some people with schizophrenia find that too much social activity can make them feel 'overloaded' or overstimulated which can make voices worse. Sometimes a 'time out' period can be the best remedy to get a handle on the voices. Remember that staying alone for too long with distressing voices can also make them worse, so it is important to find a balance between solitary and social activity.

Unpleasant procedures

Some researchers have found that if something painful and unpleasant happens each time a person hears voices, they will eventually hear voices less frequently. Some examples are having a rubber band round the wrist and flicking it each time they hear a voice, and imagining something unpleasant, like vomiting or nausea when the voices start up. Unpleasant procedures should **always be safe ones.**

Physical Activity

Physical activities that focus your attention like sporting activities, gardening, housework, going to a local gym can be very useful in reducing the frequency or negativity of the voices.

Vocal Activity

Using your own voice, by humming, counting under your breath, singing or repeating a mantra, seems to interfere with hearing voices. It doesn't seem to matter whether you say something loudly or softly, but the important thing is that you just use your voice.



Listening to Headphones

Listening to music, talk back commentary, or others talking through headphones can help to drown out the voices, or distract you from what they are saying.

Earplugs

Some people have found that using an earplug in one or both ears can greatly reduce distressing voices. You can buy foam earplugs from a chemist for a few dollars. Experiment with using the earplug in right or left ears, or both ears. Sometimes the voice will stop only when you take the earplugs out so experiment with this too.

Personal contract

Some people find it is easier for them to stick to their goals if they make a promise to themselves and share it with another person. Below is your own personal contract for change:



Personal Contract

I _____
am committed to achieving my personal goal or goals as detailed on the previous page. I will do all I can to work towards achieving this goal. I will ask for help and support whenever I need it and I will view any slips I make along the way as opportunities for learning about myself because **I am worth it!**

Signed _____

Witness _____

Date _____

Identifying 'risky' situations

Now you set a goal or goals for yourself, it is time to make a plan to achieve it. The first thing to do is work out your personal 'risky' situations that might lead you have a 'slip up' or use more than you intended.

Risky situations are (list your own on the lines):

- ◆ situations that have lead you to use in the past

- ◆ situations that threaten your sense of self control

- ◆ situations where you think or feel you need to use

- ◆ situations that increase the urge, cravings to use

- ◆ any situation that leads you to believe that you cannot cope without the use of alcohol/drugs
-

Once you can identify your early warning signs, you can use your strategies as soon as you experience them to hopefully prevent or minimise your voices.

It is always much easier to use positive symptom management strategies when the voices are not too distressing than when you feel they are getting out of hand. They are also more likely to work in the early warning stage than when the voices are overpowering.

There are two groups of ways to cope with symptoms: the **Doing Strategies** which involve physically doing things and the **Mind Strategies** which involve using your mind to cope with the voices.

Coping with Voices By Doing Things

Relaxation

Relaxation involves a range of things that you can do to either prevent the symptoms, so that you use it every day to avoid feeling stressed, or as a cure when you are aware of early warning signs or are in a high-risk situation.



Some examples of relaxation are progressive muscle relaxation (tensing and relaxing all the large muscle groups in the body) meditation, breathing, imagery (imagining a lovely, safe place), sleeping, taking a bath.

I can relax by: _____

Coping with mental health symptoms without alcohol or drugs

We have explored the risky situations that may lead you to drink, smoke or use other drugs. It is important to recognise these before change can happen. It is also important for those people who have mental health symptoms to be able to identify the risky situations that trigger mental health symptoms such as voices or uncomfortable feelings.

It is important to write down these triggers, because as we know, mental health symptoms often lead a person to drink or use other drugs.

It is also important to identify your **early warning signs**, which are internal bodily cues that tell you that the voices are about to return or get worse.



Some typical examples of early warning signs are feeling anxious or worried, having a headache or pressure in the head, sensation or soreness in the eyes or nose, finding it hard to concentrate, feeling down or depressed or having difficulty carrying on a conversation.

Early warning signs for uncomfortable symptoms are very individual, and there may be some from the above list that you relate to and others that you don't.

Risky situations include:

- ◆ feelings (boredom, loneliness, sadness, anger, blame, even happiness and wanting to celebrate)
- ◆ people (drug-using friends or even being alone)
- ◆ arguments and other stresses
- ◆ parties
- ◆ visiting certain people
- ◆ certain times of the day or night
- ◆ certain days like pay-day or weekends

*Once we know what our risks are we can make a plan or a fire drill and **BE PREPARED!***



My risky situations are:

Feelings _____

People _____

Stresses _____

Times _____

Using or drinking to feel good

For example, at the end of a busy week, before getting a pay cheque or benefit, holidays, a night out, celebration.

Ways I can handle this and prevent a slip include.

- ◆ Asking for support to help me
- ◆ Deciding not to drink / use and sticking to it
- ◆ Telling myself I don't need to use to feel good
- ◆ Being prepared with non-alcoholic drinks / food
- ◆ Doing healthy things that I like that make me feel good
- ◆ Other _____

Testing your self-control

For example, the thought that one drink / one use of the drug won't hurt, or that maybe things are different now. I may be able to stay in control.

Ways I can handle this and prevent a slip include.

- ◆ Reminding myself why I wanted to change in the first place
- ◆ Reminding myself that cravings don't last
- ◆ Remembering how things got out of control last time
- ◆ Other _____

Planning to avoid risky situations

•Social pressure

Being offered alcohol/drugs by others, being in an environment in which people are drinking/using, times of celebration are all high risk.

Ways I can handle this and prevent a slip include.

- ◆ Asking for support from friends to help me
 - ◆ Practicing saying 'no thank you'
 - ◆ Avoiding risky places / people
 - ◆ Removing myself from risk if I feel I can't cope
 - ◆ Make a joke out of it (have 3 responses ready!)
 - ◆ Other _____
-

•Conflict in a relationship

For example, an argument with a partner or house mate, family conflict, problems at work.

Ways I can handle this and prevent a slip include.

- ◆ Asking for support from friends and family to help me
 - ◆ Blowing off steam in healthy ways (eg. walks, punching bag, time out)
 - ◆ Talking about problems and not bottling them up
 - ◆ Removing myself from arguments
 - ◆ Other _____
-

Days _____

Environments _____

Other _____



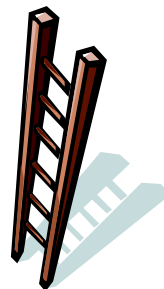
Coping with risky situations

Now you know what your risky situations are, it is time to think about all of the skills that you have to deal with them when they come up!

We often think that we are not very good at coping with difficult situations, but EVERYBODY has a bag full of coping skills although sometimes we have forgotten.

There is a whole range of ways we can cope or deal with risky situations. These include:

- ◆ avoiding places, people, situations in the early days of our change
- ◆ stop, breathe and think before we act
- ◆ ask for help from our support people
- ◆ use other ways to relax other than drinking/using
- ◆ being prepared for risks ahead of time
- ◆ practice saying 'no thank you'
- ◆ distract yourself with things that you enjoy



Every time you use a coping skill it's a step up the ladder!

Other ways of dealing with urges or cravings is by using the three D's:

D**elay:** As we said, urges only last a few minutes, so delay using for a minute at a time until it passes.

D**istract:** Distract yourself with some other activity that competes with the energy of the craving. Go for a brisk walk, breathe deeply, dig the garden, whatever feels right for you, just **DO IT!**

D**ecide:** Decide not to use for those few minutes. Think of all of the things that you don't like about using. Cravings only remind you of the good things about using, so challenge those thoughts and remember all the reasons why you decided to change in the first place. **Write it on a card and keep it with you always.**

I will stick to my goals because:

Coping with cravings to use

Now you know what your coping skills are and the ones you want to learn, you can now use some of these to cope with the uncomfortable cravings or urges to drink, smoke or use other drugs.

It is important to know that cravings or urges to use, though uncomfortable, are only thoughts or feelings and **cannot hurt you!** Cravings only last 10–20 minutes at the most, and **YOU CAN** push through it and not drink or use if you believe you can.

Some people think of cravings as a wave that builds up, peaks and crashes and then is over. You are the surfer, surfing your urge or craving to use. Imagine the craving as a wave next time it happens, time it if you like, and see how it builds up and just fades away.

Be an urge surfer:

You can do it!



My coping skills

The coping skills that I have now are:

1.

2.

3.

4.

5.

6.

7.

8.

The coping skills I would like to learn are:

1.

2.

3.

4.

5.

6.



Avoidance of risk

A good initial plan for people who are starting off with change is to avoid the risky situations we have explored. This may seem obvious but some people go to the pub after only a few days of not drinking and think that will-power alone will stop them from having a drink.

It is important to remember that will-power does not equal skill-power, and a person who places themselves at risk without the skills and tools to deal with the risky situation will frequently find themselves having a slip or relapse.

In the early stages of your change avoidance of obvious risks is important. For example, avoid the places where you used, the people who supplied you, the people that you used with (if you can) etc.

Avoidance of risky situations is recommended while you develop the skills required to manage these situations in the future. Avoidance is not recommended as a long-term plan though, as it is impossible for you to avoid risk all the time. Also, avoidance of *situations* is possible, but avoidance of feelings is not. You will be taught ways to deal with thoughts and feelings later in the booklet.

In the early stages of my change I will avoid:

until I have learned the skills to deal with these people/ places/ events/ situations.



Snakes or ladders?

