



Is this guide for me and if so how should I use it?

This guide is for you if you want to think about your drinking or other drug use and see if it is causing you any harm. Perhaps it is getting out of hand or people close to you have said that you should do something about it. This guide will help you make the decision as to whether you want to reduce or stop using. It will also help you deal with cravings and high-risk situations. It includes information about managing your emotions, changing the way that you think, and improving your problem solving and assertion skills.

You can choose to work through this guide on your own. If you think you need more support you can choose to work through it with the help of your counsellor, case manager, or doctor. They can provide additional support, explanation and education around the various topics.

You can also ring the Alcohol and Drug Information Service for confidential telephone counselling and information on 1300 13 1340 (SA callers only) 8.30am to 10pm every day.

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Government of Western Australia
Drug and Alcohol Office



For more information

Alcohol and Drug Information Service (ADIS)
Confidential telephone counselling and information
1300 13 1340 (8.30am to 10pm everyday)
www.sahealth.sa.gov.au/dassa



www.ausgoal.gov.au/creative-commons



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1. WHAT IS AN ALCOHOL OR OTHER DRUG PROBLEM

Problems can arise from being intoxicated, from regular use and from being dependent.

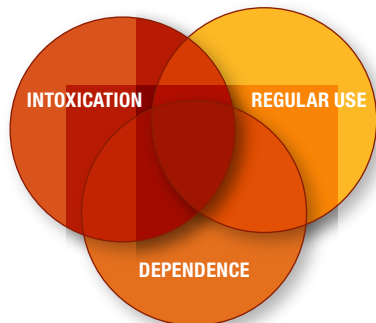
The sorts of problems that might occur are listed below.

Intoxication

- Accidents.
- Road traffic crashes.
- Legal issues.
- Domestic upset.
- Relationship problems.
- Parenting issues.
- Blood borne viruses and bacterial infections.
- Overdose and death.
- Decreased concentration.
- Conflict with others.
- Poor decision making.

Regular use

- Health problems.
- Mental health problems.
- Blood borne viruses and bacterial infections.
- Financial problems.
- Relationship problems.
- Parenting issues.
- Legal issues.



Dependence

- Withdrawal symptoms.
- Difficulty resisting use.
- Sense of compulsion to drink or use.
- Health problems.
- Mental health problems.
- Blood borne viruses and bacterial infections.
- Concentration and memory difficulties.
- Financial problems.
- Relationship problems.
- Parenting issues.
- Legal issues.

1. WHAT IS AN ALCOHOL OR OTHER DRUG PROBLEM

So what do you think?

Take time to think about patterns of use as described in this model. Now, be really honest with yourself and think about the problems you may be experiencing. List these below.

Problems of intoxication I have experienced include:

Problems of regular use I have experienced include:

Problems of dependence I have experienced include:

Think about what you just wrote for problems of intoxication, regular use or dependence. How much does each of these problems concern you? The next exercise will help you to identify the 'good' and 'not so good' reasons for your use.

2. DO I WANT OR NEED TO DO SOMETHING ABOUT MY USE?

In the columns below, write down the 'good' and the 'not so good' things about your use over the past 12 months. If someone else has said anything about your use you may need to add these to your list. You may also want to think about the effect on your health, your relationships, your work and your involvement in the legal system.

Good	Not so good (problems)

2. DO I WANT OR NEED TO DO SOMETHING ABOUT MY USE?

Having filled in the columns, think about how your life will be in six and 12 months time if you continue as you are. Write down your thoughts below.

In six months if I keep using as I am now this is what my life will be like:

In 12 months if I keep using as I am now this is what my life will be like:

Any decision you make will be influenced by how important you think it is to make the change and how confident you feel about being able to change.

If you are not sure what to do, continue to read on as you may find your use is affecting areas of your life that are important to you. If you are not confident about being able to change, this guide will help address your concerns. It will also give you strategies to increase your confidence.

3. DECISION TO REDUCE, QUIT OR CONTINUE AS YOU ARE

Once you have weighed up the 'good' and the 'not so good' reasons for your use and looked to the future, you can make one of the following decisions:

- not use as much (reduce)
- or
- not use at all (quit)
- or
- continue on as you are (stay the same).

Even if you have made a decision it will still be useful to work through this section so you understand the reasons for your decision.

Questions that can help you make your decision

- What problems are being made worse by your drinking or drug use?

- Have you solved problems arising from your use before, by reducing or stopping completely?

- How easily can you stop after you start?

3. DECISION TO REDUCE, QUIT OR CONTINUE AS YOU ARE

'Good' and 'not so good' reasons for reducing or quitting

If you're still not sure what to do, fill in the table below to help you make a decision.

Reducing		Quitting		Continuing as is	
Good	Not so good	Good	Not so good	Good	Not so good

If you decide to stop drinking or using, you may need medical assistance to safely withdraw or help manage your withdrawal symptoms. It is important you see your doctor or phone the Alcohol and Drug Information Service on 1300 13 1340 to find out about withdrawal services in your area.

4. SETTING A GOAL

Now that you have made your decision, it may help to write it down. This decision will be your new goal and you need to have a plan in place to ensure you reach it.

Think about things like supportive people or places. Do you need to avoid certain people and places that will make you feel vulnerable to drinking or using more than you plan to?

If you're not sure where to start with your plan, read on and add to this list as you go along. Even if your goal is to cut down your use, rather than stop all together, an initial period of abstinence of one to four weeks may be useful to help break some habits, give your body a rest, and get a different perspective. Do you think a period of abstinence would be a good idea for you? Is it realistic for you to do this?

Goal

I am going to:

The most important reasons I want to achieve my goal are:

Things that may stop me achieving my goal are:

4. SETTING A GOAL

Things I can do to overcome these barriers are:

The ways other people can help me are (name the person and how they can help):

The first thing I will do to achieve my goal will be:

I will know when I have achieved this goal because:

If you have tried to change in the past you will be aware that it may be difficult to reach your goal if you are not prepared for dealing with cravings and high-risk situations. Whether this is your first attempt or whether you have attempted to reduce or quit in the past, it will be worth reading on and learning about strategies to manage your cravings and deal with high-risk situations.

If you have decided to reduce, then read the next section 'Reducing use' first. If your decision is to quit, move on to the section on 'Coping with cravings.'

5. REDUCING USE

If you decided to cut back then keeping a diary is helpful.

Using a diary

You can monitor your use by keeping a record. Your diary shows you just what is happening and when and where change is taking place. The diary also makes it easier for you to spot your high-risk situations like when you use too much or are very tempted to use. An example is shown below.

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday	Lunch with best mate John, at local pub	\$40	Alcohol	8 schooners	Found it difficult not to drink as celebrating John's new job. Felt pressured to join in.
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Weekly diary pages have been included in the back of this booklet for you to use.

5. REDUCING USE

Using your diary

- Keeping a diary can help you keep track of what you are doing.
- Write in it when you are using or feel like using. This will help you see changes.
- Your diary will give you an idea of how much money you spend.
- If you like, review your diary with your counsellor.
- Put a cross against high-risk times when you used more than you meant to or had a strong urge to use.
- Read and think about what you have written to help you keep on track.

Setting guidelines for use

If your goal is to reduce, you will need some guidelines like these:

- How many days a week will I drink/use?
- How much will I have on these days?
- How many non-using days will I have each week?
- How much will I use in a week?
- In what high-risk situations will I avoid any use?

My guidelines are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Whether you have decided to reduce or quit, the next section applies to you. It is about helping you to manage any cravings you experience.

6. COPING WITH CRAVINGS

Cravings are very common, especially when you first decide to change your behaviour. Over time they become less frequent and less intense. Cravings are often associated with your high-risk situations or triggers. It is normal when you get a craving to struggle between wanting to use and wanting to stick to your goal. 'Delay', 'Distract', calling your 'Supports', reminding yourself of the 'Consequences' of using and 'Self Talk' are some helpful, healthy strategies to deal with cravings. If you're keen to learn more about these strategies then read on.

Delay

Cravings/urges are like waves that tend to peak and reduce over a 45-minute period. They build up to a point and then they come down. Urge surfing is being able to delay your decision to use, to ride the urge out and to remind yourself that it will decrease. You can do this by delaying the decision about using for one hour. Don't try to decide whether or not you are going to use as this will only make you more anxious. During this time it is helpful to remind yourself about why not using is important to you and engage in a behaviour that is consistent with your life goals.

After a hour ask yourself "Why don't I want to use?"

6. COPING WITH CRAVINGS

Distract

The more you think about your craving, the more you feed it and the bigger it becomes. It is helpful to distract yourself by doing something else. Here are some suggestions. You can add to the list:

- Visiting a supportive friend
- Reading
- Watching TV
- Gardening
- Walking

- _____
- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____

If you find distraction is not working then you may choose to engage in a mindfulness exercise. This involves noticing how your body is being affected. You can notice how the craving increases in intensity, peaks and then decreases. You can notice what your thoughts are about. You can breathe into the craving and make room for it. More about this in the later section 'Mindfulness'.

Supporters

A supporter is someone you can trust and feel comfortable with such as a friend, a family member or someone in the community. Once you have chosen your supporter, you will need to let them know what will be most helpful for you if you call them in distress. For example you may need them to remind you why you changed your use and encourage you to continue. You may choose to ask them simply to listen to you or have them distract you from your craving. It may also be helpful to give your supporter this guide to read.

When choosing your supporter ask yourself the following questions:

6. COPING WITH CRAVINGS

- Can you tell them about your use and your decision?
- Do they drink or use other drugs?
- Are you sure that they will not offer you any alcohol or other drugs?
- Are they able to be available when you need them?
- Have they helped you effectively in the past when you needed help?

List your supporters

6. COPING WITH CRAVINGS

Consequences

Remind yourself of the reasons you have decided to change. Sometimes when you are experiencing a craving it can be difficult to remind yourself of the problems of using. Therefore write up the reasons why you want to change and place them where they are easily visible. It may be helpful to copy these reasons onto a small card that you can put in your wallet and carry around as a helpful reminder.

Why I want to change my using

Self talk

Self talk is how you talk to yourself. When you are experiencing a craving you can often make it bigger than it is through your self talk eg "This is so bad! I can't cope! I need to drink/use." During this time you can also be hard on yourself and use negative self talk. "I am so weak I cannot cope without using. Everyone is right I cannot do this. I am a failure for wanting to use." This type of self talk is unhelpful and can lead to you drinking or using.

When you are experiencing a craving, check out your self talk and make sure it's positive and helpful.



6. COPING WITH CRAVINGS

Write down some of your self talk. Ask yourself if it's positive and helpful or negative and unhelpful.

Good, positive self-talk can be really helpful as long as it's realistic. For example, you could say things to yourself such as: "I am having a craving however, I was able to get through the last craving and will get through this one."

"Even though I am really tempted, I have done really well and have been abstinent for 12 days."

Write down some accurate and helpful self talk statements that you would like to use.

Once again, if you find it difficult to change your self talk you may want to engage in a mindfulness exercise. This involves acknowledging your self talk and noticing what you say to yourself. Notice your responses to your self talk. Notice if your tension increases or decreases in response to your self talk.

As mentioned previously, in order to reach your goal you will need to plan for high-risk situations. In the next section you will learn how to identify your high-risk situations and learn strategies to deal with them.

7. IDENTIFYING AND MANAGING HIGH-RISK SITUATIONS

High-risk situations are those situations that are linked to your use. These can be internal (emotions such as being bored, stressed, frustrated) or external (such as places, people, or situations).

Think about the last few times when you used ... and when you did not. What is the difference between these occasions?

Write down your 'high risks' below, and rate them from 1 to 10 where 10 means highest risk.

My high-risks (internal and external)	Rate the risk (1 = low-risk to 10 = highest risk)
Feeling bored	8 (high-risk)

Managing high-risk situations

Rather than waiting until you are under pressure, work out beforehand some ways of coping. You'll feel more in control if you have prepared for a difficult situation.

There are various ways in which you can manage high-risk situations. Two useful strategies are problem solving and asserting yourself. These are described in this chapter. Other strategies that can help include challenging unhelpful thoughts, mindfulness, relaxation and grounding, all of which are described later in this guide.

7. IDENTIFYING AND MANAGING HIGH RISK SITUATIONS

Problem solving

Below are five steps to follow when you are attempting to solve a problem. Always problem solve by writing things down. Focus on one problem at a time.

1. Identify the problem

Eg you have been invited to a friend's party where there will be lots of alcohol and other drugs.

2. Brainstorm all solutions. Write down even those that may seem crazy or impractical

- Not go to the party.
- Prior to the party let your friend know that you are not using.
- Go to the party early and leave early.
- Take your own low-alcohol drinks to the party.
- Go to the party and say "no" to alcohol and other drugs when offered.
- Make an excuse. For example refuse to use as you are driving.

3. Weigh up the costs and benefits of each solution. Think what is likely to happen if you try each one

Go to the party early and leave early	
Costs (Negatives)	Benefits (Positives)
Miss the last part of the party	Leave the party before problems start
Party not going when you arrive	Get a chance to talk to the host
Won't have as much fun	Arrive home feeling good
Might feel socially awkward	Wake up feeling good about yourself the next morning

7. IDENTIFYING AND MANAGING HIGH RISK SITUATIONS

4. Choose the best solutions

Once you have looked at the costs and the benefits of each solution, you need to choose those that are best for you. Choosing solutions does not necessarily mean that you choose the ones that have the most positives and the least negatives. You need to choose what you think will be best for you based on what is important to you.

Example choice: Prior to the party let your friend know that you are not using.

5. Put a plan in place

- Make a call to your friend and let them know you have stopped using.
- Ask your friends for their support whilst at the party. This may involve them not offering you any alcohol and other drugs and reminding you of why you have given up.
- When you are feeling uncomfortable at the party and wanting to use, chat to your friend.

If this does not work out, look at what happened and try to identify new solutions.

Note: It is worth remembering that life will inevitably throw temptations at you. The strategies and confidence you have developed from other situations can help you to problem solve in an unexpected situation. Dealing with high-risk or unexpected situations gets easier with practice!

Assertion

One good way to control your use is to be able to say “no”. Assertion is a skill that helps you to act in line with your values and goals. It involves standing up for yourself and expressing your feelings, thoughts and opinions openly and honestly. It is important not to be aggressive or interfere with other people’s rights.

If you have always said “yes” in the past it can be hard to say “no” for the first time. But once you have taken the plunge it will get easier and you will feel good about yourself.

7. IDENTIFYING AND MANAGING HIGH RISK SITUATIONS

A simple “No thanks, I don’t feel like drinking” is effective.

Or you can say

“No thanks, I am cutting down.”

“No thanks, I’m having a rest for a while.”

If others keep encouraging you to use, ask yourself why. Maybe they feel more comfortable about their own use when you join in with them.

You may find yourself in situations where you do not have to directly say “no” to alcohol or other drugs but have to say “no” to situations that may lead to you using.

When being assertive, it is best to:

- use a calm, firm voice
- speak at a steady, even pace
- use direct eye contact
- keep it simple
- state your needs, feelings, opinions and thoughts clearly
- use ‘I’ statements, eg:
 - “I feel _____ (taking responsibility for your feelings)
when you _____ (stating the behavior that is a problem)
because _____ (what you object to in the behavior or its results)
I’d appreciate it if _____ (offering an alternative to the behavior)”
- state your position, the reason for your decision and acknowledge what the other person has said.

There may be times when you have worked really hard to reach your goal by managing your cravings and planning for high-risk situations yet you still end up using. The next section discusses what you can do when you find yourself in this situation.

8. MANAGING A SLIP

Giving up can be difficult and many people slip up (lapse) at some point. Lapsing does not mean that you have failed or need to go back to drinking or using. Use it as a sign that you need to take action and assess the reasons why you used and get back on track.

Think about what happened that led to you lapsing (situations, feelings, people).

Given what you now know about this lapse, what could you have done differently?

8. MANAGING A SLIP

What will you do differently in the future? You may need to revisit the section on handling high-risk situations.

If your use is getting out of control, get help. Speak to your supporter, counsellor, doctor or contact the Alcohol and Drug Information Service on 1300 13 1340.

9. LIFESTYLE CHANGES

Changing your use may mean changing your lifestyle and setting new goals.

When setting goals remember to ask yourself:

- Is this an important goal?
- Is it achievable?
- Will it improve my quality of life?

When setting goals remember to write down:

- what your goal is
- how you plan to achieve it
- when you are going to start and when you hope to reach your goal.

Remember some goals may be long term and in order to reach these goals you may need to set short-term goals. To keep you on track, it is helpful to regularly review your goals. When you have achieved your goals set new ones.

Changing any aspect of your behaviour can be difficult. We know that people who are more successful in changing their behaviour use short-term goals to help them plan ahead and be prepared.

It is important that your goals are SMART. This means that they are:

S=specific

M=measurable

A=achievable

R=realistic

T=timely

For example, your goal may be to drink in a less harmful way. You decide to do this by drinking two to three (full strength) beers on a drinking day instead of six. For you this is a really clear (specific and measurable) goal that you will be able to achieve (achievable and realistic) over the next four weeks (timely).



9. LIFESTYLE CHANGES

My goals with regard to my drinking or other drug use are:

To make your goals SMART, work through the following:

My target (specific) is:

I will be able to keep track of this (measurable) by:



9. LIFESTYLE CHANGES

I will know this is working for me (achievable and realistic) because:

I will do this for at least weeks (timely):

I will review how I have gone over the past weeks:

9. LIFESTYLE CHANGES

It is important to also plan goals around alternative activities. Think about what activities you may enjoy and work out a plan to fit them into your life. The following are some ideas (you don't have to do them all):

Physical activity

Goal

SMART plan

Review

Recreational activity

Goal

9. LIFESTYLE CHANGES

SMART plan

Review

Education/work
Goal

SMART plan



9. LIFESTYLE CHANGES

Review

Family/friends/relationships

Goal

SMART plan

Review

9. LIFESTYLE CHANGES

Spiritual
Goal

SMART plan

Review

10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

Explaining thoughts

How we see or think about something and our beliefs can influence the way we feel and behave. Our thoughts are often automatic and outside our awareness. We can have helpful, unhelpful and neutral thoughts. Unhelpful thinking can often lead us to feeling distressed, anxious, sad or angry. It can also result in us behaving in unhelpful ways.

The following example will show how our thoughts can affect the way we feel and behave.

Situation

After six days of abstinence you have a drink or use.

Helpful thinking

"I have slipped this week and used. However I have done really well not to use for the past six days and I will be able to get myself back on track."

Feeling

- Determined.
- Proud.
- Happy.

Behaviour

- Identify the reason why I slipped
- Put a plan in place to ensure that I manage the situation differently next time
- Stop using.

Unhelpful thinking

"I used today after six days of being abstinent. I am weak, I am a failure, and I am stupid. This is pointless."

10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

Feeling

- Sad.
- Guilty.
- Frustrated.
- Angry.

Behaviour

- Continue using.
- Give up trying to change.

Unhelpful thinking styles

From time to time, we engage in unhelpful thinking styles. Have a look at the list below and mark off the unhelpful thinking styles that you engage in.

All or nothing

This is thinking in extremes, either something is all good or all bad.

Black or white thinking. There is no shade of grey.

"If I have one argument with my child then I am a bad parent."

Mental filter

Interpreting events based on what has happened in the past.

"I can't trust people, they only let you down."

Over generalisation

This involves taking a past negative incident and expecting the same to happen in the future.

Look out for words such as 'always', 'I never' and 'everyone'.

"I never get things right."

"I always lose."

"Everyone thinks I am an idiot."

10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

Catastrophising

Exaggerating the impact of events. Imagine the worse case scenario.

"I am never going to be able to find a job. I am going to become homeless and starve to death."

Mistaking feelings for facts

People are often confused between feelings and facts. It is important to be able to differentiate between these, no matter how strong the feelings are.

"I feel like a failure so therefore I am a failure."

Magnification and minimisation

You magnify the good qualities in others and minimise your good qualities.

"I am not clever, I was just lucky when I did well in the test."

Should and must

Living in the world of the 'shoulds', 'oughts' and 'musts' is one of the most common thinking errors. Thinking this way results in feelings of guilt, shame and failure when directed at yourself, and anger when directed at others.

"I should always put others before me."

Personalising

People frequently blame themselves for any unpleasant event and take responsibility for someone else's feelings and behaviours.

"It's all my fault, I must have done something wrong."

Jumping to conclusions

We jump to conclusions when we engage in mind reading.

Your friend yawns when you are telling them something very important to you and you start thinking, "She's bored, she thinks I am droning on."

10. NOTICING AND CHANGING UNHELPFUL THOUGHTS



Changing unhelpful thinking styles

Once you have identified your unhelpful thoughts you will need to know how to change them. Use the A to F below to help you.

Activating event or the situation. What is the situation?

Beliefs. What were your thoughts when the event was occurring?

Consequences. What were the consequences of the event? How did you end up feeling and what did you end up doing?

Disputing the automatic unhelpful thoughts. Recognising that what you automatically think might not actually be the case.

Explanation that better explains the situation. Now that you have disputed your automatic thought, write down your new helpful thought.

Forging ahead. Continue to move ahead, it may take some time for your helpful thoughts to become automatic.

The first step in changing thoughts is to increase our awareness of our thoughts. This can be done by keeping a daily diary. An example is shown below.

Activating event	Belief – Unhelpful thought	Consequences
My friend yawns while I'm talking to her.	She's bored, she thinks I'm droning on. I'm such a boring person when I'm not drinking. I need to drink to be interesting.	Feel inadequate, hopeless about giving up drinking, decide to have a drink.

10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

You might want to write your own example of a situation that caused you distress or ended with a lapse below:

Activating event	Belief – Unhelpful thought	Consequences

Disputing:

The next step is to dispute unhelpful thoughts.

- Write down an unhelpful thought.

- What is the evidence that my thought is true?



10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

- Is there any evidence against my thought?

- Are there facts that I am ignoring or overlooking?

- What other explanations could there be?

- How realistic are my thoughts/beliefs?



10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

- In what other ways can I view the situation?

- How would others view the situation?

- What is the likelihood of this happening?

- Is it helpful for me to think this way?

10. NOTICING AND CHANGING UNHELPFUL THOUGHTS

Alternative Explanation:

After disputing your unhelpful thought, write down your alternative explanation and any new helpful thoughts.

Forging ahead:

As new similar situations arise, remind yourself of your alternative explanations and new helpful thoughts.



11. MINDFULNESS

Previously we learned about unhelpful thinking styles and ways to change your thinking. However, it can often be difficult to control our thoughts and challenge them. If you are finding this difficult and are noticing that the more you try to control your thoughts, the worse they are getting, then learning mindfulness skills may be useful.

Mindfulness is about bringing your attention to the present and being in the moment rather than being caught up in your thoughts. We can be mindful of both our thoughts and feelings. Being mindful of our thoughts means being aware of them and recognising that they are not truths. Being mindful of our feelings means noticing our feelings and accepting them. Mindfulness is not about avoiding or getting rid of feelings or thoughts. It's about being able to live with your feelings and untangle yourself from your unhelpful thoughts. As you learn to do this, you may learn that some thoughts and feelings are easier to live with than you thought they were. Learning to live with disturbing thoughts and feelings means you will have less need to block them out with alcohol and other drugs.

Mindfulness of thoughts

We all have thoughts in which we put ourselves down. For example "I am not good enough". Most of us try to block out these thoughts, but they keep coming back. A mindful approach involves accepting that the thoughts will keep coming up, but creating distance from them. In this way, we become less entangled with the thoughts and are less likely to beat up on ourselves.

11. MINDFULNESS

Take note of some of your thoughts and write them down below.

Eg I am not good enough

In front of the thought add the words 'I am having the thought that ... I am not good enough.'

Notice what happens

Now add the following words 'I notice I am having that thought that ... I am not good enough.'

Notice what happens

Storyteller

You can create distance by identifying the theme/story of your thoughts and then naming the story. For example, 'here we go again – here is the life sucks story.'

11. MINDFULNESS

Write down the names of your stories.

Taking your thoughts less seriously

Use humour to distance your thoughts.

For example, 'Thanks mind, how very informative.'

Musical thoughts

If you are musical, another way to create distance with our thoughts is to sing the thought to a tune of any song you know.

11. MINDFULNESS

Mindfulness of feelings

The following exercise is to learn how to be mindful of your feelings rather than struggling with them or trying to avoid them. Use mindfulness for feelings that are uncomfortable and distressing, but not when your feelings are overwhelming. If your feelings are overwhelming it may be better to use grounding.

- As you breathe deeply, scan your body and notice what you are feeling. If there is something that feels uncomfortable, don't try to change it. Instead just observe it, notice everything about it. Where is it located in your body? Where does it start? Where does it stop? If it had a colour, what colour would it be? If it had a shape, what shape would it be? Does it move? Does it have a temperature? Is it opaque or transparent? Heavy or light? Notice where it is most intense and where it is weakest.
- Breathe slow, deep breaths into the feeling.
- Now breathe slow, deep breaths around the feeling, creating space around the feeling so that it can be there more comfortably.
- Just allow the feeling to be there.
- Once you have done this, scan your body again and see if there is another uncomfortable feeling. If there is carry out the above steps again.
- To finish this exercise, expand your awareness to everything you can feel in your body, then notice everything you can hear, then everything you can see.

12. RELAXATION

Relaxation is useful when you are feeling stressed or anxious, but it is good to practice at other times so you remember to use it when you need to.

There are many different types of relaxation. The two most common types of relaxation are deep breathing and progressive muscle relaxation.

Benefits of relaxation

- Can help you to stop and notice your thoughts and feelings.
- Helps you to challenge unhelpful thinking.
- Promotes good health.
- Decreases your heart rate and blood pressure.
- Decreases your levels of stress and anxiety.
- Helps you listen to your body.
- Helps you sleep.

Guidelines for practice

- You should practise relaxation regularly, even if you are not feeling stressed, overwhelmed or anxious. This will mean that when you are feeling these emotions you have already mastered these skills and will be able to use them more effectively.
- Get yourself in a comfortable position.
- Try not to try. Rather observe your body, as the more you try to relax the more difficult it will be.
- If you feel sleepy, open your eyes, unless you are using relaxation to help with sleep problems.

12. RELAXATION

Deep breathing

Deep breathing can be used at any time or place. When you are stressed, you will notice your breath becomes shallow and irregular and your chest feels tight. Deep breathing means breathing deeply into the bottom of your lungs before slowly breathing all the air out again (it can help to imagine breathing into your lower belly). This will allow your chest to loosen and your whole body to relax.

Try the following exercise

- Place your hands, fingers linked, just below your ribs.
- Breathe deeply into the bottom of your lungs for a count of five. Your fingers should separate a little.
- Breathe out fully for a count of five.
- Repeat this breathing pattern five times.

Progressive muscle relaxation

Progressive muscle relaxation involves tensing and relaxing the various parts of your body.

Getting ready

- Find a quiet comfortable spot.
- Take off your shoes.
- Make sure you are warm or cool enough.
- When doing this exercise you can focus on a spot in the room or you can close your eyes.
- As you are doing the exercise take note of the sensations in your body.
- Compare the tense feeling to the relaxed feeling.
- Focus on what you are doing.
- If your thoughts are wandering bring them back by focusing on your breathing.

12. RELAXATION

Progressive muscle relaxation

- Take three deep breaths, exhaling slowly each time, imagine the tension draining out of your body.
- Clench your fists. Hold for 10 seconds before releasing and feel the tension draining out of your body (for 15 seconds).
- Tighten your biceps (upper arms) by drawing your forearms up towards your shoulders and make a muscle with both arms. Hold, then relax.
- Tighten your triceps (the muscles underneath your upper arms) – by holding out your arms in front of you and locking your elbows. Hold, then relax.
- Tense the muscles in your forehead by raising your eyebrows as high as you can. Hold, then relax.
- Tense the muscles around your eyes by clenching your eyelids shut. Hold, then relax. Imagine sensations of deep relaxation spreading all over your eyes.
- Tighten your jaws by opening your mouth so widely that you can stretch the muscles around the hinges of your jaw. Hold, then relax.
- Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back. Hold, then relax.
- Take deep breaths and focus on the weight of your head sinking into whatever surface it is resting on.
- Tighten your shoulders as if you are going to touch your ears. Hold, then relax.
- Tighten the muscles in your shoulder blades. Hold, then relax.
- Tighten the muscles of your chest by taking a deep breath. Hold, then relax.
- Tighten your buttocks by pulling them together. Hold, then relax.
- Squeeze the muscles in your thighs (top part of your legs). Hold, then relax.
- Tighten your calf muscles (bottom part of your legs) by pulling your toes towards you. Hold, then relax.
- Tighten your feet by curling them downwards. Hold, then relax.
- Mentally scan your body for any left over tension. If any tension remains, repeat the exercise for those muscles groups.
- When you are at the end of your relaxation exercise gently stretch your muscles and keep your movements slow and gentle.

13. GROUNDING

When you are overwhelmed with cravings, emotional or physical pain, you need a way to detach so that you can gain control over your feelings and stay safe. Grounding is a strategy that ‘anchors’ you to the present. It involves detaching yourself from cravings and emotional or physical pain by focusing on the outside world rather than what’s going on inside you. Remember that pain is a feeling; it is not who you are. When you get caught up in it, it feels like you are your pain, and that is all that exists.

Guidelines for using grounding

- You can do grounding any time, any place, anywhere, and no one has to know.
- Use grounding when you feel too much (overwhelming emotions and memories), too little (numb, dissociated, or spaced out), when you are faced with a trauma trigger, enraged, or craving to use. Grounding puts healthy distance between you and these negative feelings.
- Focus on the present, not the past or future.
- Grounding is not the same as relaxation. Grounding is much more active, focuses on distraction strategies, and is intended to help extreme negative feelings. It can be more effective than relaxation for some problems.

Grounding activities

Try some of the activities below when you are not very distressed to see what suits you, then practice them so you remember to do them when you are feeling overwhelmed. You may also have things you already do to calm yourself when you are feeling very distressed. Add these to the list below.

- Name and look at five things that you can see.
- Name and smell five things that you can smell.
- Name and touch five things that you can touch.
- Name and listen to five things you can hear.
- Name and taste five things you can taste.

13. GROUNDING

- Touch objects around you, say their names, and explore them using your five senses.
- Look at a painting on the wall and describe everything you can see in great detail.
- Look out the window and describe everything you can see outside in great detail.
- Describe an everyday activity in great detail, such as how you cook a particular meal.
- Make encouraging statements to yourself, such as: “You can do this”, “Just hang in there”.
- Think of a place where you have felt calm and peaceful: remember everything about it, using all your senses.
- As you breathe, on the exhale say something calming such as “Relax, it’s ok”.
- Rub nice smelling hand cream slowly into your hands and forearms.

14. ALCOHOL

If alcohol use is a problem for you, then this section may be helpful. If you are not overly concerned about your drinking it may still be worth reading this section.

The following can be used as a guide to help you keep track of your standard drinks.



1.1

285ml Full Strength
4.8% Alc. Vol



0.8

285ml Mid Strength
3.5% Alc. Vol



1.4

375ml Full Strength
4.8% Alc. Vol



1

375ml Mid Strength
3.5% Alc. Vol



0.8

375ml Low Strength
2.7% Alc. Vol



1.4

150ml Average
Restaurant Serving of
White Wine
11.5% Alc. Vol



1

100ml Standard Serve
of White Wine
11.5% Alc. Vol



0.9

60ml
Standard Serve
of Port
18% Alc. Vol



7.5

750ml Bottle of
White Wine
12.5% Alc. Vol



19.5

2 Litres
Cask White Wine
12.5% Alc. Vol



1

30ml High Strength
Spirit Nip
40% Alc. Vol



1.5

375ml Full Strength
Pre-mix Spirits
5% Alc. Vol



1.2

330ml Full Strength
Ready to Drink
5% Alc. Vol



2.6

660ml Full Strength
Ready to Drink
5% Alc. Vol



22

700ml High Strength
Bottle of Spirits
40% Alc. Vol

14. ALCOHOL

What is a standard drink?

A standard drink is a term used to indicate the alcohol content of a drink. A standard drink contains 10 grams of pure alcohol. Because there are no common glass sizes used in Australia, many drinks contain more than one standard drink. The label on an alcohol drink container will tell you the number of standard drinks in the container. This will help you count your drinks and keep you drinking at a low-risk level.

How much is too much?

National guidelines for drinking alcohol have been developed for all Australians (2009). The guidelines can help you to stay at low-risk of alcohol-related harm in the short and long-term.

Remember:

- How much you drink is your choice.
- There is no amount of alcohol that can be said to be safe for everyone.

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime

- For healthy men and women, drinking no more than two standard drinks on any day reduces the risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking

- For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Guideline 3: Children and young people under 18 years of age

- For children and young people under 18 years of age, not drinking is the safest option.

Guideline 4: Pregnancy and breastfeeding

- Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

14. ALCOHOL

For women who are pregnant or planning a pregnancy, not drinking is the safest option.

For women who are breastfeeding, not drinking is the safest option.

Drinking is not recommended if you:

- Are on medication.
- Have a condition made worse by drinking (eg high blood pressure or alcohol dependence).
- Are about to engage in activities requiring a degree of skill or risk (driving, flying, water sports, operating machinery).

So what are the health risks?

These guidelines are based on the most current and best available research that says:

- The health risks are about the amount you drink, so 'the more you drink the higher the risk'.
- Drinking can affect your health, causing damage to the liver and the brain, heart disease, high blood pressure and many cancers.
- Drinking may also increase your risk of injury, road accidents, violence, falls and accidental death.

What are the differences for men and women?

There is little difference for men and women at low levels of alcohol use.

However, at higher levels of consumption:

- Over a lifetime, the risk of disease increases more quickly for women and the risk of injury increases for men.
- On a single occasion, at the same level of alcohol use, women may have higher blood alcohol levels but men have a higher risk of injury.

There is no level of alcohol use that can be guaranteed to be completely 'safe' or have 'no risk'. These guidelines on alcohol use will enable you to keep your risk of harm low.

14. ALCOHOL

Helpful hints

These tips will help you reduce your drinking no matter what your goal is:

- Slow down your drinking, sip don't gulp.
- Put your glass down between sips and concentrate on taking each drink slowly.
- Count your drinks.
- Keep plenty of non-alcohol or low-alcohol drinks handy for yourself and friends.
- Eat when you drink, it slows alcohol absorption into your bloodstream.
- At hotels or pubs, try to avoid drinking in rounds.
- Start drinking later than usual and leave earlier.
- Practise saying "no" to top ups. If you finish your drink before it is refilled you will find it easier to keep track.
- Have a spacer – a non-alcohol drink between alcohol drinks.
- Keep busy with non-drinking activities.
- Make non-drinking friends.
- Declare at least two alcohol-free days a week.

List below any other tips you can think of:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

14. ALCOHOL

Reward yourself

Making changes to your drinking such as cutting down requires motivation and willpower. Many people feel they deserve a reward for all their hard work. Give yourself some positive self talk every time you:

- Get through the day.
- Cope with a high-risk situation.
- Succeed in maintaining your drinking goals each week.

Chart your progress. When you deserve it, give yourself a reward. The challenge may be to avoid rewards linked to drinking or putting yourself into high-risk situations that may lead you to not keeping your drinking goals.

Examples of rewards could include: buying a new book, CD or something that you have always wanted, getting a hair cut, going to the beach, going to the gym or going on a holiday.

My rewards for making changes to my drinking are:

15. OTHER DRUGS

If other drug use is your concern then this section may be useful for you or people you may know.

Overdose prevention

The best way to avoid overdose is not to use drugs at all, however as some people choose to use drugs, the following can help to decrease their risk of accidental overdose and death.

- Avoid mixing drugs with alcohol or medications.
- Avoid using opioids with other depressant drugs, (such as alcohol, methadone, suboxone or benzodiazepines).
- If you haven't used in a while e.g. leaving detention or withdrawal management programs, ceasing pharmacotherapies, (e.g. Methadone, suboxone, naltrexone), then try a much smaller amount first.
- If you are unsure how pure the drug is, try a small amount first.
- Avoid sudden increases in the amount of drug you use.
- Be aware that changing your method of use e.g. from smoking to injecting, or injecting for the first time, can increase your risk of overdose.
- Avoid using alone. If you need some privacy, let people know where you are and what you have taken so they know to check on you.
- Don't leave anyone to 'sleep it off'. Check on them regularly to make sure they are ok.
- Be aware that if you have health issues such as hepatitis C, a high temperature, or other health conditions, this may alter the way your body responds to drugs and may increase your risk of overdose.
- Avoid buying drugs from unknown sources.
- Carry a mobile phone with you in case of an emergency. If you or someone you know gets into difficulties call an ambulance on 000 (Triple Zero)
- If you use opioids, ensure you have some naloxone (a drug which reverses opioid overdose) with you and that you and others around you know how to use it. Naloxone can be prescribed by a doctor or purchased at a pharmacy over-the-counter. For more information on Naloxone go to www.sahealth.sa.gov.au and search 'Naloxone' or 'Opioid Overdose'.

15. OTHER DRUGS

Signs that someone may need help

Opioids: these signs may indicate that a person is at risk of overdose which can result in death. The signs may occur individually or in combination. If you think someone is experiencing opioid overdose, call an ambulance by dialing 000 (Triple Zero).

Opioids

- Nodding off
- Deep sleep
- Snoring and gurgling
- Slow and shallow breathing or not breathing at all
- Cannot wake the person
- No response
- Blue lips, fingernails and/or toenails
- Pin-prick or 'pinned' pupils.

If you know someone who uses opioids it can be helpful to learn first aid and to obtain naloxone and understand how to use it. For information on opioid overdose prevention and response, including how to administer naloxone go to www.sahealth.sa.gov.au and search for 'Naloxone' or 'Opioid Overdose'.

Amphetamine-type stimulants

Amphetamine toxicity is a serious medical conditions which can result in physical and mental health symptoms that require medical treatment. Untreated, amphetamine toxicity can result in heart failure, seizures, coma, or death. If you think someone is experiencing amphetamine toxicity call an ambulance by dialling 000 (Triple Zero).

Signs and symptoms of amphetamine toxicity can include:

- Anxiety
- Agitation
- Paranoia
- Overheating - increased body temperature

15. OTHER DRUGS

- Rapid pulse
- Chest pain
- Disorientation - confusion
- Severe persistent headache
- Uncoordinated movements
- Psychosis - delusions, hallucinations
- Rapid breathing
- Seizures

For more information on reducing drug-related harms talk to an alcohol and other drug worker or contact the Alcohol and Drug Information Service (ADIS) on 1300 13 13 40 or visit www.sahealth.sa.gov.au.

What to do if someone loses consciousness

Please note: the following information is not a substitution for first aid training.

Try to remain calm, and follow the Australian Resuscitation Council Action Plan:

- D - Danger
- R - Response
- S - Send for help (call Triple Zero 000)
- A - Airway
- B - Breathing
- C - Cardio pulmonary resuscitation
- D - Defibrillation.

Step by step

- Check for Danger to yourself, bystanders and casualty.
- Check for a Response to identify if the person is conscious or unconscious. No response indicates that the casualty is unconscious and it is important to get help as quickly as possible.

15. OTHER DRUGS

- If no response, Send for help (call Triple Zero 000) for an ambulance, or if there are bystanders, ask them to make the call.
- Check the Airway is clear.
- If foreign matter is present, place the person in the recovery position. This involves carefully moving the person's leg and shoulder and rolling them away from you until they are on their side, with the hip and knee of their top leg bent at right angles, then gently tilting their head back to open their airway. Now gently pull down the person's jaw and using two fingers scoop any obstruction out of the mouth. Carefully return them onto their back.
- Check Breathing for up to 10 seconds. Placing your face close to the person's face, look, listen and feel for the rise and fall of the chest. (Note: two normal breaths required within 10 seconds).
- If the person is not breathing, commence Cardio Pulmonary Resuscitation (CPR) by performing 30 compressions and two breaths (30:2) and repeat until you hand over to medical aid, the person begins to breathe and move or you are too exhausted to continue.
- If an Automated External Defibrillator (AED) is available commence Defibrillation by following the instructions on the AED. Take care not to touch the casualty when a shock is being delivered. Otherwise paramedics will provide defibrillation if required.
- For opioid overdose administer naloxone.
- Check for responsiveness and breathing as you go.
- Once the person shows signs of life (breathing and movement) place in recovery position and check every two minutes until medical assistance arrives.
- When ambulance arrives with appropriate equipment, defibrillation will be administered if needed.
- Do not stop CPR until instructed to do so by the ambulance officers.

15. OTHER DRUGS

Blood Borne Viruses

Blood borne viruses (BBV) are those viruses that are transmitted from the blood of one person to the blood of another person. These include hepatitis B, C and HIV. Sharing equipment, including needles or syringes, spoons, water and tourniquets, increases the risk of contracting blood borne viruses. Engaging in safer practices when using can help to reduce the risk of contracting or spreading blood borne viruses. Hepatitis B and HIV can also be spread sexually

Vaccination is available for hepatitis B. If you are concerned about the possibility of having acquired a BBV infection, you should see your doctor who can provide testing and hepatitis B vaccination. There are no vaccines available for hepatitis C or HIV, but your doctor or case manager can advise you of treatment available for both hepatitis C and HIV.

PEP is a 28 day course of antiretroviral medications which can prevent HIV infection following an exposure to HIV. HIV PEP must be started within 72 hours of the risk exposure and effectiveness is considered to be greater when PEP is started as soon as possible.

The South Australian HIV PEP hotline 1800 022 226 is available 24 hours a day to triage any member of the public who believes they may have been exposed to HIV.

Pre-exposure prophylaxis (PrEP) is the use of antiretroviral medications to prevent HIV transmission. Clinical trials from around the world have demonstrated the safety and efficacy of PrEP at reducing HIV transmission among people at medium to high-risk of acquiring HIV. For Australian residents with a current Medicare card, HIV PrEP is subsidised by the Pharmaceutical Benefits Scheme. Eligible Australians with a prescription for PrEP from their doctor or sexual health clinic may access PrEP from a community pharmacy. For other access options, see the SA Health PrEP webpage.

For your nearest Clean Needle Program site call:

Alcohol and Drug Information Service (ADIS) on 1300 13 1340

8.30am to 10pm every day

or visit www.sahealth.sa.gov.au/dassa and search for Clean Needle Program.

For information and support on Hepatitis B or C call: (08) 8362 8443 or 1800 437 222 or go to www.hepatitissa.asn.au.

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
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Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
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Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

16. WEEKLY DIARY

	When, where, who with	Money spent	Substance used	How much	Thoughts/feelings
Monday					
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