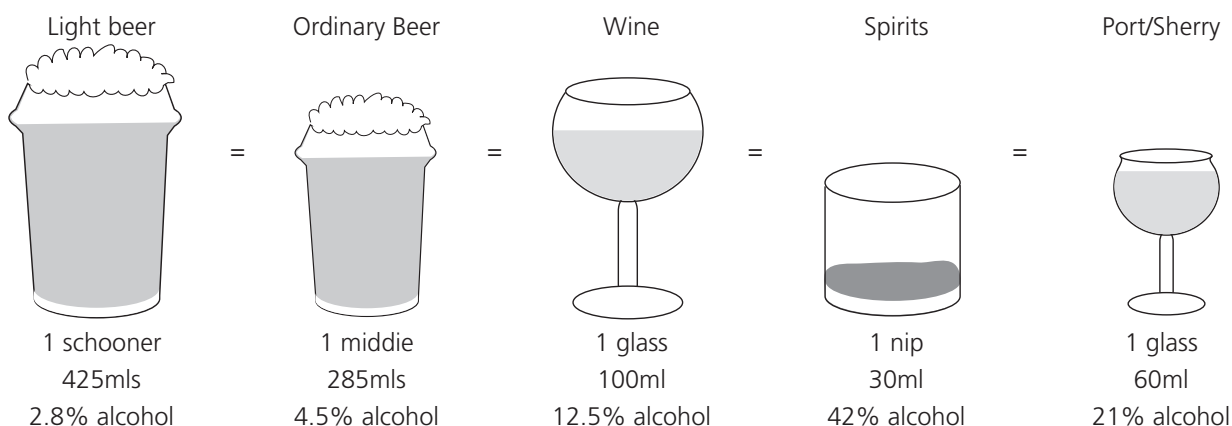


Screening tools, handouts

- Alcohol use disorders identification test screening instrument (AUDIT)
- Drug Quiz – ASSIST (Cannabis)
- Drug Quiz – ASSIST (Psychostimulants)
- Drug Quiz – ASSIST (Heroin)
- Making changes
- Minimising harm from alcohol or other drug use
- Cocaine
- Heroin
- Cannabis (Marijuana)
- Amphetamines (Speed)

Alcohol use disorders identification test screening instrument (AUDIT)

Thank you for agreeing to take part in this brief survey about alcohol. Below are some questions about your experience of drinking alcohol during the past 12 months. Please be assured that information on your drinking will be treated as strictly confidential. Please circle your answer to each question. Please see below for examples of "standard drinks".



1. HOW OFTEN DO YOU HAVE A DRINK CONTAINING ALCOHOL?

Never (0)	Monthly or less (1)	2-4 times a month (2)	2-3 times a week (3)	4 or more times a week (4)
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2. HOW MANY DRINKS CONTAINING ALCOHOL DO YOU HAVE ON ATYPICAL DAY WHEN YOU ARE DRINKING?

1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)
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3. HOW OFTEN DO YOU HAVE SIX OR MORE DRINKS ON ONE OCCASION?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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4. HOW OFTEN DURING THE LAST YEAR HAVE YOU FOUND THAT YOU WERE NOT ABLE TO STOP DRINKING ONCE YOU HAD STARTED?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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5. HOW OFTEN DURING THE LAST YEAR HAVE YOU FAILED TO DO WHAT WAS NORMALLY EXPECTED FROM YOU BECAUSE OF DRINKING?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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6. HOW OFTEN DURING THE LAST YEAR HAVE YOU NEEDED A FIRST DRINK IN THE MORNING TO GET YOURSELF GOING AFTER A HEAVY DRINKING SESSION?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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7. HOW OFTEN DURING THE LAST YEAR HAVE YOU HAD A FEELING OF GUILT OR REMORSE AFTER DRINKING?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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8. HOW OFTEN DURING THE LAST YEAR HAVE YOU BEEN UNABLE TO REMEMBER WHAT HAPPENED THE NIGHT BEFORE BECAUSE YOU HAD BEEN DRINKING?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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9. HAVE YOU OR SOMEONE ELSE BEEN INJURED AS A RESULT OF YOUR DRINKING?

No (0)	Yes, but not in the last year (2)	Yes, during the last year (4)
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10. HAS A RELATIVE OR FRIEND OR A DOCTOR OR OTHER HEALTH WORKER, BEEN CONCERNED ABOUT YOUR DRINKING OR SUGGESTED YOU CUT DOWN?

No (0)	Yes, but not in the last year (2)	Yes, during the last year (4)
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Add up all the points you have circled and write the Total below.

TOTAL SCORE:.....

What your score means...

If you scored 0–5 (women) 0–6 (men) then you are drinking at a “low risk” level. This means that if you continue to drink this amount in the long term there is only a minimal risk of harm and for some people the possibility of health benefits. No intervention is needed but feel free to read the handout Minimising harm from alcohol or other drug use.

If you scored 6–12 (women) 7–14 (men) then you are drinking at a “risky” level. This means that if you continue to drink this amount in the long term the risk of harm to your health is significantly increased. It is recommended that you read the handout “Minimising harm from alcohol or other drug use”. Please consider talking to a drug and alcohol counsellor to help you control, cut down or stop your drinking.

If you scored 13 or more (women) 15 or more (men) then you are drinking at a high-risk level. This means that if you continue to drink this amount there is a substantial risk of serious harm to your health in both the short and long term. It is recommended that you see a drug and alcohol counsellor, to help you control, cut down or stop your drinking. Please read the handout “Minimising harm from alcohol or other drug use”. If you are drinking 6 (women) or 8 (men) drinks or more nearly every day, then you are advised to seek medical advice before reducing your drinking, as stopping or significantly reducing your drinking suddenly, when drinking this amount can be dangerous.

Phone _____ for further advice/support

Source: World Health Organisation

Drug Quiz – ASSIST (Cannabis)

Thank you for agreeing to take part in this brief survey about cannabis. Below are some questions about your experience of using cannabis throughout your lifetime and in the past 3 months. Please be assured that information on your cannabis use will be treated as strictly confidential. We are only interested in helping you to keep safe and as well as possible. Please circle your answer to each question.

Question 1

1. During your lifetime have you ever used cannabis?	No (score 0)	Yes (score 1)
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Questions 2 – 5

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
2. In the past 3 months, how often have you used cannabis?	0	1	2	3	4
3. During the past 3 months, how often have you had a strong desire or urge to use cannabis?	0	1	2	3	4
4. During the past 3 months, how often has your cannabis use led to health, social, legal or financial problems?	0	1	2	3	4
5. During the past 3 months, how often have you failed to do what was normally expected of you because of your cannabis use?	0	1	2	3	4

Questions 6 – 8

	No Never	Yes in the past 3 months	Yes but not in the past 3 months
6. Has a friend or relative or anyone else ever expressed concern about your cannabis use?	0	2	1
7. Have you ever tried and failed to control, cut down or stop using cannabis?	0	2	1
8. Have you ever used any drug by injection?	0	2	1

Add up all the points you have scored from 1–8 then see what form of treatment is recommended for your score or level of problem. **Total Score:** _____

What your score means

If you scored 0–3 then no intervention is needed but feel free to read the cannabis handout.

If you scored 4–15 then it is recommended that you read the cannabis handout. Please consider talking to a drug and alcohol counsellor to help you control, cut down or stop your drug use.

If you scored 16–20 then it is recommended that you see a drug and alcohol counsellor to help you control, cut down or stop your drug use. Please read the cannabis handout.

If you scored 2 for question 8 then it is recommended that you see a drug and alcohol counsellor.

Phone _____ for further advice/support

Source: World Health Organisation

Drug Quiz – ASSIST (Psychostimulants)

Thank you for agreeing to take part in this brief survey about psychostimulants (e.g. amphetamine and cocaine). Below are some questions about your experience of using psychostimulants throughout your lifetime and in the past 3 months. Please be assured that information on your psychostimulant use will be treated as strictly confidential. We are only interested in helping you to keep safe and as well as possible. Please circle your answer to each question.

Question 1

1. During your lifetime have you ever used psychostimulants?	No (score 0)	Yes (score 1)
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Questions 2 – 5

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
2. In the past 3 months, how often have you used psychostimulants?	0	1	2	3	4
3. During the past 3 months, how often have you had a strong desire or urge to use psychostimulants?	0	1	2	3	4
4. During the past 3 months, how often has your psychostimulants use led to health, social, legal or financial problems?	0	1	2	3	4
5. During the past 3 months, how often have you failed to do what was normally expected of you because of your psychostimulant use?	0	1	2	3	4

Questions 6 – 8

	No Never	Yes in the past 3 months	Yes but not in the past 3 months
6. Has a friend or relative or anyone else ever expressed concern about your psychostimulant use?	0	2	1
7. Have you ever tried and failed to control, cut down or stop using psychostimulants?	0	2	1
8. Have you ever used any drug by injection?	0	2	1

Add up all the points you have scored from 1-8 then see what form of treatment is recommended for your score or level of problem. **Total Score:** _____

What your score means

If you scored 0–3 then no intervention is needed but feel free to read the Cocaine and Amphetamine handouts.

If you scored 4–15 then it is recommended that you read the Cocaine and Amphetamine handouts. Please consider talking to a drug and alcohol counsellor to help you control, cut down or stop your drug use.

If you scored 16–20 then it is recommended that you see a drug and alcohol counsellor to help you control, cut down or stop your drug use. Please read the Cocaine and Amphetamine handouts.

If you scored 2 for question 8 then it is recommended that you see a drug and alcohol counsellor.

Phone _____ for further advice/support

Source: World Health Organisation

Drug Quiz – ASSIST (Heroin)

Thank you for agreeing to take part in this brief survey about heroin. Below are some questions about your experience of using heroin throughout your lifetime and in the past 3 months. Please be assured that information on your heroin use will be treated as strictly confidential. We are only interested in helping you to keep safe and as well as possible. Please circle your answer to each question.

Question 1

1. During your lifetime have you ever used heroin?	No (score 0)	Yes (score 1)
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Questions 2 – 5

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
2. In the past 3 months, how often have you used heroin?	0	1	2	3	4
3. During the past 3 months, how often have you had a strong desire or urge to use heroin?	0	1	2	3	4
4. During the past 3 months, how often has your heroin use led to health, social, legal or financial problems?	0	1	2	3	4
5. During the past 3 months, how often have you failed to do what was normally expected of you because of your heroin use?	0	1	2	3	4

Questions 6 – 8

	No Never	Yes in the past 3 months	Yes but not in the past 3 months
6. Has a friend or relative or anyone else ever expressed concern about your heroins use?	0	2	1
7. Have you ever tried and failed to control, cut down or stop using heroin?	0	2	1
8. Have you ever used any drug by injection?	0	2	1

Add up all the points you have scored from 1-8 then see what form of treatment is recommended for your score or level of problem. **Total Score:** _____

What your score means

If you scored 0–3 then no intervention is needed but feel free to read the heroin handout.

If you scored 4–15 then it is recommended that you read the heroin handout. Please consider talking to a drug and alcohol counsellor to help you control, cut down or stop your drug use.

If you scored 16–20 then it is recommended that you see a drug and alcohol counsellor to help you control, cut down or stop your drug use. Please read the heroin handout.

If you scored 2 for question 8 then it is recommended that you see a drug and alcohol counsellor.

Phone _____ for further advice/support

Source: World Health Organisation

Making changes

You have been given this sheet because you have discussed your alcohol or drug use with a health worker. After you have completed the exercise below, you'll be clearer about your use of alcohol or other drugs and whether or not you may have problems in this area.

Have a go at doing this brief exercise and after you have finished you may want to speak to a drug and alcohol counsellor.

Positive things about using alcohol tobacco or other drugs e.g. helps me to relax	Negative things about using alcohol tobacco or other drugs e.g. fights with my loved ones
Positive things about changing e.g. I will have more energy and feel proud	Negative things about changing e.g. Feeling shy around other people

Some other things you may want to consider at this stage include:

- "What do your loved ones think about your alcohol/drug use"?
- "How long do you think you can use alcohol/drugs before you start to do damage"?
- "If you were to do something, what do you think you could do or might do"?

Phone _____ for further advice/support

Source: Adapted from *Treatment Approaches for Alcohol and Drug Dependence: An Introductory Guide* by Tracey J. Jarvis, Jenny Tebbutt and Richard P. Mattick, NDARC UNSW.

Minimising harm from alcohol or other drug use

The safest way to minimise harm from many drugs is to not use the drugs. Following are things for you to think about before using alcohol, tobacco or other drugs:

- Use alcohol or drugs in a safe place with trusted people.
- Ask friends or partner to always call an ambulance if you become ill or overdose.
- Don't mix different drugs as this increases the risk of overdose and death.
- Maintain an otherwise healthy lifestyle—good diet, exercise, sleep etc.
- Drink plenty of fluids like water while using substances to help keep yourself well hydrated.
- Don't drive a car or boat or operate machinery, including household machines, after or while using substances.
- Be informed about substance use by obtaining accurate information and health education resources.

Alcohol

- Take Thiamine (Vitamin B1) 100mg tablets every day.
- Fill in and score the survey Alcohol use disorders identification test screening instrument (AUDIT) (ask the nurse for one of these) and follow the recommendations.
- Set a limit and count drinks.
- Try to have drinks in standard drink size glasses.
- Have a non-alcohol spacer (e.g. water or soft drink) between alcoholic drinks.
- Eat before drinking.
- Plan ahead—catch a taxi, stay overnight, arrange a non-drinking driver.
- Try low-alcohol alternatives such as light beers.
- Quench thirst with water or soft drinks.
- Avoid topping-up your drink—keep your own glass.
- Avoid drinking in rounds or "shouts".
- Avoid salty snacks.
- Drink one sip at a time, and put the glass down in-between each sip.
- Buy your own drink and do not leave it unattended.

- Don't drink your drink if it tastes funny, different or more bitter than usual.
- If you are with someone who may have a drink that has been spiked: stay with your friend; alert bar staff; seek medical help; and notify police.
- If you are drinking six (women) or eight (men) drinks or more nearly every day, then you are advised to seek medical advice before reducing your drinking, as stopping or significantly reducing your drinking suddenly when drinking this amount can be dangerous.
- Be aware of low risk drinking levels.
- Avoid drinking while pregnant.
- Have two alcohol-free days per week at minimum.

Drinking patterns and levels of risk

There are enormous variations in levels and patterns of drinking, from not drinking at all, drinking at levels ranging from low to high risk, as set out in the following tables.

- *Low risk* levels define a level of drinking at which there is only a minimal risk of harm. At this level, there may be health benefits for some of the population.
- *Risky levels* are those at which risk of harm is significantly increased beyond any possible benefits.
- *High risk* drinking levels are those at which there is substantial risk of serious harm, and above which risk continues to increase rapidly.

Short-term health consequences

MALES on any one day			
Low risk	Risky	High risk	Acute harm—risks from excessive drinking on a single day
up to 6 on any one day, no more than 3 days per week	7 to 10 on any one day	11 or more on any one day	Harms to physical health: <ul style="list-style-type: none"> ■ risk-taking behaviour, accidents, falls, injury and death, as consequences of the brain's reduced control over reaction time, coordination, thinking and speech, and—at highest levels—all systems of the body, leading to unconsciousness ■ some types of heart problems and stroke, by affecting heart rate, blood pressure and blood flow ■ gut irritation and diarrhoea ■ inflamed pancreas ■ sexual problems. Harms to mental health <ul style="list-style-type: none"> ■ suicidal behaviour ■ interacting with stress in some situations ■ aggravating sleep disorders.
FEMALES on any one day			
up to 4 on any one day, no more than 3 days a week	5 to 6 on any one day	7 or more on any one day	

Long-term health consequences

MALES on an average day			
Low risk	Risky	High risk	Chronic harm—risks from regular excessive drinking
up to 4 per day	5 to 6 per day	7 or more per day	Harms to physical health: <ul style="list-style-type: none"> ■ cirrhosis of the liver ■ cancer, especially of the mouth, throat and oesophagus ■ range of diseases affecting the heart and blood, and including stroke and hypertension ■ problems with the nerves of the arms and legs ■ harm to the unborn baby ■ sexual problems, especially male impotence.
MALES overall weekly level			
up to 28 per week	29 to 42 per week	43 or more per week	
FEMALES on an average day			Harms to mental health <ul style="list-style-type: none"> ■ alcohol dependence ■ problems with memory and reasoning ■ alcohol related brain injury.
up to 2 on per day	3 to 4 per day	5 or more per day	

Commonwealth Department of Health and Ageing, *National Alcohol Strategy, A Plan for Action 2001 to 2003-04*.

Illicit drugs

- Buy heroin from a regular, trusted dealer in order to be more certain of its strength—try a small “test” dose before using to gauge the strength and likely effect before using the whole amount to avoid accidental overdose or a “dirty deal” where the drug is contaminated with other substances.
- If using after a break from heroin/opioid use, tolerance will be low—use less than you used previously in order to test tolerance and reduce the risk of overdose.
- Fill in the survey **ASSIST** (Alcohol, Smoking and Substance Involvement Screening Test)—ask the nurse for one of these
- Only use new needles and syringes with small bore to protect skin and veins.
- Do not share injecting equipment (i.e. needles, tourniquets, syringes, spoons, filters or water for mixing drugs) due to the risks of transmission of blood-borne viruses like HIV AIDS and hepatitis C.
- Avoid becoming too hot when using drugs such as ecstasy.
- Mix powders with sterile water and filtering solution before injecting.
- Avoid using alone.
- Always wash hands and immediate environment (table or bench top) before and after injecting self or someone else and when handling injecting equipment including tourniquets, swabs.
- Always inject into a vein and rotate injecting sites to avoid tissue and vein damage.
- Avoid injecting into neck, groin, breast, feet, and hand veins or into infected areas.
- Do not inject into swollen limbs even if veins appear to be distended.
- Safely dispose of all used injecting equipment.
- Do not take more than one drug.
- Don't mix drugs including prescribed medication, alcohol, herbal preparation, naturopathic or homoeopathic preparations, caffeine and antidepressants.
- Trying to counterbalance one drug with another does not work and taking more drugs, to do this is likely to

place the person at greater risk of toxic overdose and intensify the ‘come-down’ period.

- Avoid using caffeine, such as guarana and other caffeine-based drinks due to risk of dehydration.
- Avoid using alcohol with GHB due to the potentiation (increased) of depressant effect, which may lead to overdose.

Overdose prevention

- Never use drugs alone.
- Do not use opioids (e.g. heroin and morphine) with other drugs, especially central nervous system depressants such as benzodiazepines and/or alcohol.
- Buy heroin from a regular, trusted dealer in order to be more certain of its strength—try a small “test” dose before using.
- If using after a break from heroin/opioid use, tolerance will be low—use less than you used to in order to test tolerance and reduce the risk of overdose.

Cocaine

What cocaine does to you depends on...

...how much you take; the type of cocaine you take; your height and weight; your general health; your mood; your past experience with cocaine; whether you use cocaine on its own or with other drugs; whether you use alone or with others, at home or at a party, etc.

Immediate

When you have a small amount of cocaine, the effects can last from a few minutes to a few hours. You may: feel good and confident; be excited or upset; take more risks than usual; be less hungry; feel alert and energetic; feel aggressive; want to have sex.

Effects on your body may include that your heart beats faster; your body temperature rises; the pupils in your eyes become bigger; you move more quickly than usual.

Large amounts

If you take a large amount of cocaine you might: get headaches; feel dizzy; feel restless; become violent or aggressive; find it hard to concentrate; lose interest in sex; not feel like doing anything; have chest pain; have a heart attack; have convulsions (fits); overdose; have psychosis—a serious psychological problem when you hear voices, imagine things, get frightened that others want to hurt you.

Long term

If you use cocaine often and for a long time you may: become dependent/addicted to it; become aggressive, violent or have more arguments than usual; have relationship, work, money, legal or housing problems.

The way a person takes cocaine over a long time can also cause some problems

- Snorting cocaine can lead to nosebleeds, sinus problems and damage inside the nose
- Injecting cocaine with used or dirty needles or other equipment makes you more likely to get infected with hepatitis C, hepatitis B and/or HIV, get blood poisoning (septicaemia) and skin abscesses (sores with pus).

- Injecting cocaine over a long time can result in:
 - Blocked blood vessels (caused by the things sometimes mixed with cocaine) leading to serious damage to the body's organs such as the liver, heart, etc.
 - Inflamed blood vessels and abscesses (sores with pus)
 - A person picking at their own skin, sometimes resulting in serious damage that needs skin grafts (operations) to heal.
- Smoking freebase cocaine (crack) can cause breathing difficulties, a long-term cough, chest pain and lung damage.

Overdose

Overdose of cocaine can happen to anyone. Even small amounts may cause overdose with some people who have an especially strong reaction to it.

When a person overdoses, it may cause faster, irregular or weak heartbeat; breathing problems; heart failure; bleeding blood vessels in the brain; death.

Mixing cocaine with other drugs

People who use cocaine sometimes take other drugs at the same time to try to cope with some of the things cocaine does to the body. Some people take drugs such as minor tranquillisers (pills like Valium), alcohol, marijuana or heroin to help them sleep.

This can make you dependent on several drugs at once. For example, some people need cocaine each day to get them going and minor tranquillisers each night to get to sleep. This type of dependence can lead to many serious physical and psychological problems.

Mixing different drugs can also make you more likely to overdose.

Cocaine and pregnancy

Using cocaine when you are pregnant may increase the chance of losing your baby before it is born, having your baby too early and other problems. Babies of cocaine-using mothers tend to weigh less (small babies can be sicker babies) and may get withdrawal symptoms from their mother's cocaine use. Your baby may also have a heart attack or a stroke in the womb. Little is known about the long-term effects on the child as it grows.

Cocaine and driving

Cocaine can make you feel more confident when you drive. This can make you take dangerous risks and have accidents. It is illegal to drive under the influence of drugs, including cocaine. Penalties include losing your licence, a fine and/or jail.

Tolerance and dependence

Anyone can develop a “tolerance” to cocaine. Tolerance means that you must take more of the drug to feel the same effects you had previously with lower amounts.

“Dependence” on cocaine means that it takes up a lot of your thoughts, emotions and activities. Dependence on cocaine can lead to a variety of health, money, legal, work and relationship problems.

Withdrawal

People who are dependent on cocaine may find it very hard to stop using or cut down because of withdrawal symptoms. These can include the following—please tick the box if you have any of these signs:

- Wanting cocaine very badly (cravings)
- Shaking
- Tiredness and weakness
- Long but disturbed sleep
- Muscle pain
- Wanting to kill yourself
- Deep depression (feeling very down or sad)
- Hunger
- Feeling angry or upset
- Vomiting
- Feeling sick

These symptoms are usually fairly short-lived and most withdrawing people don't need medication. However, if you are worried about withdrawal, contact your doctor or Drug and Alcohol Service. If you are in hospital let the nurse know about these symptoms.

Source: NSW Department of Health

Heroin

What heroin does to you depends on...

... how much you take; how pure the heroin is; your height and weight; your general health; your past experience with heroin; whether you use heroin on its own or with other drugs; whether you use alone or with others, at home or at a party etc.

Immediate effects

Makes you feel really good; makes physical pain disappear; makes you feel nauseous or wanting to vomit; makes the pupils in your eyes get smaller (“pinpoint pupils”); makes your breathing become slow and shallow; causes constipation; makes you feel sleepy (“on the nod”).

Longer term effects

You may overdose (have too much heroin—the longer you use heroin, the more likely you are to overdose); you may get constipated; get damaged veins from injecting a lot in the same site; get skin abscesses (sores with pus); you may lose your appetite or get sick from the lack of healthy food; have your menstrual period at the wrong time or not at all (women); find it difficult to get pregnant (women); find it difficult to get an erection (men); get pneumonia—a serious lung disease; have heart and lung problems; get tetanus—a disease caused by infection through the places on your body where you inject.

The way a person uses heroin can also cause some problems

Street heroin is usually mixed with other things. Therefore, it is hard to know how strong the heroin is and this can lead to accidental overdose or death.

Injecting heroin with used or dirty injecting equipment makes you more likely to get infected with HIV, hepatitis B or C, get blood poisoning (septicaemia) and skin abscesses (sores with pus). So that you don't get these problems, DO NOT SHARE fits (needles and syringes), spoons, water, filters, alcohol swabs or tourniquets.

Overdose

Overdose of heroin (“dropping”) is very common and can happen to anyone. Even small amounts of heroin may cause some people to overdose, for example, new users or those who started using again. This can happen after even a short time of not using.

Heroin and pregnancy

Using heroin during pregnancy can affect both the mother and her unborn child. Heroin-dependent women are more likely than other women to: lose their baby during pregnancy; have their baby too early; have their baby born dead; pass on infections such as hepatitis B or C or HIV/AIDS; have health and social problems during pregnancy and childbirth. It can be medically dangerous for a heroin dependent pregnant woman to stop or reduce using heroin. It is much safer to stabilise on a methadone program.

Mixing heroin with other drugs

You are more likely to overdose if you use heroin at the same time as other drugs, especially alcohol or minor tranquillisers (pills like valium). Mixing other drugs with heroin can also cause other physical and mental problems.

Heroin and driving

Heroin slows down the workings of your brain and your body, so it may make you drive dangerously. It is illegal to drive under the influence of drugs. Penalties include losing your licence, a fine and/or jail.

Tolerance and dependence

Anyone can develop a “tolerance” to heroin or other drugs. Tolerance means that you must take more of the drug to feel the same effects you used to have with smaller amounts.

“Dependence” on heroin means that it takes up a lot of your thoughts, emotions and activities. You spend a lot of time thinking about using heroin, looking for heroin, using it and getting over the effects of using it. You also find it difficult to stop using or control how much you use. Dependence can lead to a variety of health, money, legal, work and relationship problems.

Withdrawal

People who are dependent on heroin may find it very hard to stop using or cut down because of withdrawal symptoms. These can begin to occur only a few hours after last using heroin. Symptoms include the following. Please tick the box if you have any of these signs:

- Feeling restless
- Low blood pressure
- Yawning

- Goosebumps
- A runny nose
- Stomach and leg cramps
- Crying
- Diarrhoea
- Wanting heroin very badly (cravings)

If you are worried about withdrawal, contact your doctor or Drug and Alcohol Service. If you are in hospital let the nurse know about these symptoms.

Source: NSW Department of Health

Cannabis (Marijuana)

The effects of marijuana will depend on how much you take; how strong the marijuana is; how the marijuana is taken (joint, one/bong, food); your size, weight, health; your mood; your experience with marijuana; whether marijuana is taken with other drugs; whether you are alone or with other people, at home or at a party.

If you take a large amount of marijuana, you may: feel confused; be restless; feel excited; see or hear things which are not there; feel anxious or panicky; feel distant or separate from reality.

Marijuana can also cause problems with...

...remembering things, thinking clearly, ability to do things like drive or operate machines. These symptoms usually disappear when the effects of marijuana wear off.

Long-term effects

An increase in the risk of getting bronchitis, lung cancer and other diseases of the respiratory system; a decrease in motivation; a decrease in concentration, memory and ability to learn new things; a decrease in sex drive; a decrease in sperm able to work in men; irregular menstrual cycles in women; some people may have psychological effects and these are more likely if the person already has a schizophrenic condition.

Mixing marijuana with other drugs

It can be dangerous to mix marijuana with alcohol or other drugs (prescribed or non prescribed). This is because the effects of marijuana can become stronger.

Marijuana and pregnancy

It is not wise to use any drugs during pregnancy. Marijuana passes from the mother to her baby through the placenta. There is some evidence that women who smoke marijuana may give birth to smaller babies. Smaller babies can be sicker babies. Other studies show that newborn babies of women who smoke marijuana may have trouble sleeping.

Marijuana and driving

Marijuana makes it more difficult to drive safely. If a police officer suspects marijuana or other drugs, then you can be arrested and taken to a hospital for a blood and urine test. This will show whether there is marijuana or

any other drug in your body.

Dependence

Physical dependency on marijuana can develop. This means that you may experience withdrawal symptoms if you stop or suddenly cut down. Marijuana withdrawal symptoms usually consist of the following. Please tick the box if you have any of these signs:

- Headaches
- Depression
- Anxiety/restlessness
- Loss of appetite
- Difficulties in sleeping
- Irritability/anger
- Nausea

If you are worried about withdrawal, contact your doctor or Drug and Alcohol Service. If you are in hospital let the nurse know about these symptoms.

Source: NSW Department of Health

Amphetamines (speed)

Effects

What speed does to you depends on how much you take and how pure it is; your height and weight; your general health; your mood; your past experience with speed; whether you use speed on its own or with other drugs; whether you use alone or with others, at home or at a party, etc.

Immediate

When you take a small amount of speed, the effects can last from a few hours to a few days. You may: feel very good and confident; feel alert and energetic; be excited or agitated; talk a lot; feel aggressive; feel anxious or panicky; take more risks than usual.

Effects on your body may include that your heart beats faster; you breathe faster; you feel less hungry; your blood pressure rises; the pupils in your eyes get bigger; you move more quickly; it is hard to sleep

If you take a **large amount of speed** you might get headaches; feel dizzy; feel restless; shake; have irregular breathing; have a very fast or irregular heartbeat; become pale; feel very powerful or better than others; become hostile or aggressive; have psychosis—a serious psychological problem where you hear voices, imagine things, fear that others want to hurt you.

Long term

Often become violent for no reason; get sick more often because your body can't resist disease properly; be upset or depressed; have periods of psychosis; have relationship, work, money, legal or housing problems.

The way a person takes speed over a long time can also cause some problems

- Snorting speed can lead to nosebleeds, sinus problems and damage inside the nose.
- Injecting speed with used or dirty needles or other equipment makes you more likely to get infected with hepatitis C, hepatitis B and/or HIV, get blood poisoning (septicaemia) and skin abscesses (sores with pus).
- Injecting speed over a long time can result in:
 - Blocked blood vessels (caused by the things sometimes mixed with speed) leading to serious damage to the body's organs such as the liver, heart etc.
 - Inflamed blood vessels and abscesses (sores with pus)

- Injecting speed also increases the risk of becoming dependent on the drug and of getting other health problems.

Overdose

Overdose of speed can happen to anyone. Even small amounts may cause overdose with some people who have an especially strong reaction to it.

Mixing speed with other drugs

People who use speed sometimes take other drugs at the same time to cope with some of the things speed does to the body. Some people take drugs such as minor tranquillisers (pills like valium), alcohol, marijuana or heroin to help them sleep.

This can make you dependent on several drugs at once. For example, some people need speed each day to get them going and minor tranquillisers each night to get them to sleep. This type of dependence can lead to many serious physical and psychological problems.

Mixing different drugs can also make you more likely to overdose.

Tolerance and dependence

Anyone can develop "tolerance" to speed. Tolerance means that you must take more of the drug to feel the same effects you used to have with lower amounts.

"Dependence" on speed means that it takes up a lot of your thoughts, emotions and activities.

Dependence on speed can lead to a variety of health, money, legal, work and relationship problems.

Withdrawal

People who are dependent on speed may find it very hard to stop using or cut down because of withdrawal symptoms.

These can include:

- Tiredness
- Being 'nervy' or restless
- Hunger
- Feeling angry or upset
- Feeling anxious
- Long but disturbed sleep

- Feeling irritable
- Deep depression (feeling very down or sad)
- Wanting speed very badly (cravings)

These symptoms are usually fairly short-lived and most withdrawing people don't need medication. However, if you are worried about withdrawal, contact your doctor or Drug and Alcohol Service. If you are in hospital let the nurse know about these symptoms.

Source: NSW Department of Health

Amphetamines and pregnancy

The health risks of amphetamine use during pregnancy have not been clearly established. However, a history of use (especially IV use) should be considered as a high-risk pregnancy. Use during pregnancy is associated with higher rates of obstetric complications (spontaneous abortion, miscarriage and placental abruption). If amphetamines are used close to the birth, the baby may be born affected and have agitation and be overactive. There are only limited reports of neonatal abstinence syndrome, however, the need for medication for withdrawal has not been reported.

A mother who wishes to breastfeed should be supported unless she is using regularly and is unstable. Women who rarely use or binge use should be informed of the risks and provided with information on minimising harm to their baby, for example:

- Express and discard milk after psychostimulant use.
- Do not breastfeed for 24 hours after amphetamine or cocaine use.
- Do not breastfeed for 24-48 hours after using ecstasy.

For further information, refer to the *National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn*. (March 2006) http://www.health.nsw.gov.au/pubs/2006/ncg_druguse.html