

Course Overview Recognise the warning signs of substance abuse Physical and psychological impact of substance abuse and the associated risks Understanding Mental Health First Aid for Substance abuse Providing assistance and gaining support

Before we get started:

Today's discussions may raise sensitive issues.

- Please be respectful and supportive to others
- Feel free to take a break / take time out of the room: just let the person next to you know if you are OK.





• At any given time, one in five employees is likely to be experiencing a mental health condition.



Mental Health Awareness – Colleagues

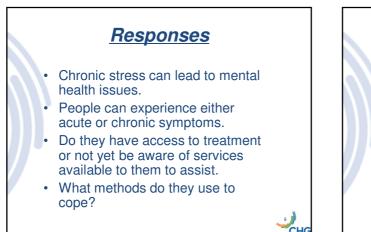
We know our colleagues well and can often identify when their behaviour changes
We are therefore uniquely positioned to observe

and approach them to discuss our observations and their impact

Responses to Stress

Destructive

- Impulsive behaviours / aggression
- Relationship issues
- Stop feeling / or over sensitive
- Poor Work Attitude / performance
- Excessive Use of Substances such as Alcohol and Drugs



What is a Mental Disorder?

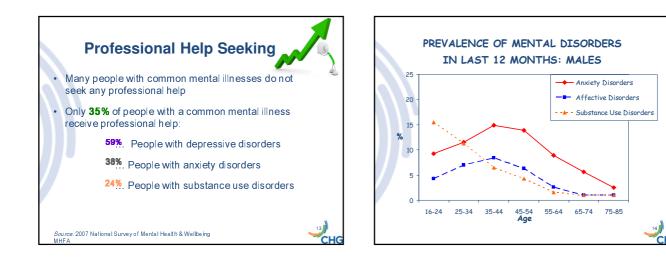
A mental disorder is a diagnosable illness which causes major changes in a person's thinking, emotional state and behaviour, and disrupts the person's ability to work and carry on their usual personal relationships.

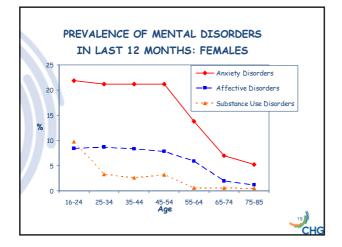
Substance Abuse Disorder

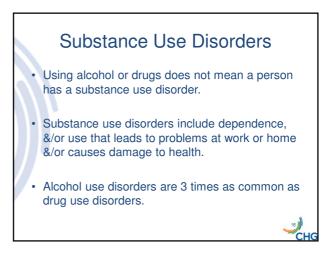
- Not just alcohol or other drugs
- Occurs when the substance abuse causes adverse affects on a person's life
- Represents approximately 5.1% of the population aged over 16 in any one year.
- The median age of onset is 18 years of age
- Often occurs with mood, anxiety, depression and even psychotic disorders.

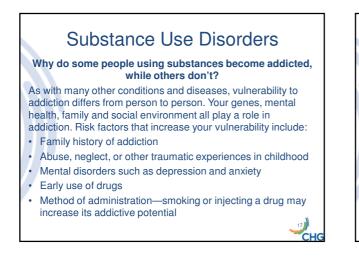


Another 0.5% people have a psychotic disorder in any one year.					
Any Common Mental Disorder	17.6	22.3	20.0		
Any Substance Use Disorder	7.0	3.3	5.1		
Any Mood Disorder (including depression)	5.3	7.1	6.2		
Any Anxiety Disorder	10.8	17.9	14.4		
	% MALE	% FEMALE	% TOTAL		

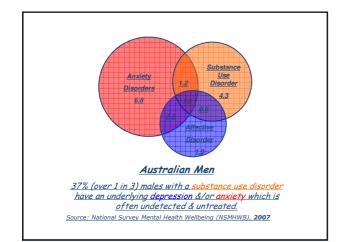


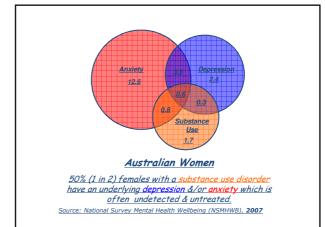






Substance misuse also frequently occurs with depression and anxiety disorders. People may be trying to self medicate with alcohol to "drown their sorrows" or to "chill out" (relax). However, it is also now believed that ongoing alcohol misuse can cause depressive or anxiety symptoms.





(c) CHG 2015. Intellectual Property Rights. www. chg.net.au



Alcohol and the Body-Long Term

Damaged heart muscle, Hallucinations, Fits, Heart damage, High blood pressure, Stroke, Liver damage, Cancers of digestive system, Sexual impotence and reduced fertility, Increased breast cancer risk, Brain damage, Concentration and memory problems, Confusion, Blackouts, Stroke, Muscle weakness, Loss of muscle tissue, Hepatitis, cirrhosis, liver cancer, Lung infections, Flushed and bruised skin, Nerve damage, Inflamed pancreas, Intestinal and stomach bleeding and ulcers, Impaired coordination and balance.

Type of disorder	Males	Females	Persons
Alcohol	9.4%	3.7%	6.5%
Cannabis	2.7%	.8%	1.7%
Stimulants	.3%	.1%	.3%
Sedatives	.4%	.4%	.4%
Opioids	.2%	.2%	.2%
Any Substance use disorder	11.1%	4.5%	7.7%

_	
	Warning Signs of Commonly
	Abused Drugs
•	Marijuana: Glassy, red eyes; loud talking, inappropriate laughter followed by sleepiness; loss of interest, motivation; weight gain or loss.
1	Depressants (including Xanax, Valium, GHB): Contracted pupils; drunk-like; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness.
•	Stimulants (including amphetamines, cocaine, crystal meth): Dilated pupils; hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; weight loss; dry mouth and nose.
•	Inhalants (glues, aerosols, vapours): Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; lots of cans/aerosols in the trash.
•	Hallucinogens (LSD, PCP): Dilated pupils; bizarre and irrational behaviour including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.
•	Heroin: Contracted pupils; no response of pupils to light; needle marks; sleeping at unusual times; sweating; vomiting; coughing, sniffling; twitching; loss of appetite.

CHG

Cannabis (marijuana)

- Only about 2% of the population have a cannabis problem of abuse and dependence
- More than twice as likely to suffer from an anxiety disorder or depression
- More than three times the risk of suffering from psychotic symptoms
- Adolescents using cannabis are more likely to suffer from depression, conduct problems, drinking & other drugs
- There is an association between cannabis use and schizophrenia.
- The more frequent the use of cannabis, the greater the risk of diagnosis of schizophrenia over the next 15 years

Amphetamines Amphetamines belong to the category of stimulant drugs and have the temporary effect of increasing energy and apparent mental alertness. A particular mental health risk is amphetamine psychosis or "speed psychosis" which involves symptoms similar to

schizophrenia. The person will recover as the drug

wears off but are vulnerable to further episodes of

psychosis if the drug is used again.

Ecstasy

- Ecstasy is a stimulant drug which also has hallucinogenic properties
- Risk of adverse reaction in hot crowded conditions where some extreme cases can result in death
- When coming off ecstasy, users often experience depressed mood
- Considerable evidence has shown that the long term effect of ecstasy use can cause damage to the nerve cells in the brain that use a chemical messenger called serotonin

Heroin

- Heroin is a type of opioid. Opioid drugs also include morphine, opium and codeine
- Heroin produces short-term feelings of euphoria and wellbeing but has a high risk of creating dependence
- Most people who are dependent on heroin have associated problems such as depression, alcohol dependence and criminal behaviour
- Heroin users are also at high risk for suicide



Physical warning signs of drug abuse

- Bloodshot eyes, pupils larger or smaller than usual
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain
- Deterioration of physical appearance, personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination

Common Signs and Symptoms of Drug Abuse

- Behavioural signs of drug abuse
- Drop in attendance and performance at work or school
 Unexplained need for money or financial problems. May
- borrow or steal to get it.
- Engaging in secretive or suspicious behaviours
- Sudden change in friends, favorite hangouts, and hobbies
 Frequently getting into trouble (fights, accidents, illegal activities)

Common Signs and Symptoms of Drug Abuse

- Psychological warning signs of drug abuse
- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appears fearful, anxious, or paranoid, with no reason



- Speak up. Talk to the person about your concerns, and offer your help and support, without being judgmental. The earlier addiction is treated, the better. Don't wait for your loved one to hit bottom! Be prepared for excuses and denial by listing specific examples of your loved one's behaviour that has you worried.
- Take care of yourself. Don't get so caught up in someone else's drug problem that you neglect your own needs. Make sure you have people you can talk to and lean on for support. And stay safe. Don't put yourself in dangerous situations.
- Avoid self-blame. You can support a person with a substance abuse problem and encourage treatment, but you can't force an addict to change. You can't control your loved one's decisions. Let the person accept responsibility for his or her actions, an essential step along the way to recovery for drug addiction.

When You Suspect Someone Has a Drug Problem Don't:

- Attempt to punish, threaten, bribe, or preach.
- Try to be a martyr. Avoid emotional appeals that may only increase feelings of guilt and the compulsion to use drugs.
- Cover up or make excuses for the drug abuser, or shield
- them from the negative consequences of their behaviour.
- Take over their responsibilities, leaving them with no sense of importance or dignity.
- Hide or throw out drugs.
- Argue with the person when they are high.
- Take drugs with the drug abuser.
- · Feel guilty or responsible for another's behaviour

5 Myths About Addiction

MYTH 1:

Overcoming addiction is a simply a matter of willpower. You can stop using drugs if you really want to.

Prolonged exposure to substances alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.

5 Myths About Addiction

MYTH 2:

Addiction is a disease; there's nothing you can do about it.

Most experts agree that addiction is a brain disease, but that doesn't mean addicts are helpless victim. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments.

5 Myths About Addiction

MYTH 3:

Addicts have to hit rock bottom before they can get better.

Recovery can begin at any point in the addiction process—and the earlier, the better. The longer substance abuse continues, the stronger the addiction becomes and the harder it is to treat. Don't wait to intervene until the addict has lost it all.

5 Myths About Addiction

MYTH 4:

You can't force someone into treatment; they have to want help.

Treatment doesn't have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.

5 Myths About Addiction

MYTH 5:

Treatment didn't work before, so there's no point trying again.

Recovery from addiction is a long process that often involves setbacks. Relapse doesn't mean that treatment has failed or that you're a lost cause. Rather, it's a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

Active Listening

- Really trying to understand
- Being able to look from another's point of view
- Allow the person to make their own decision and manage the problem in their own way
- Make no moral judgement
- Pay attention
- Allow long pauses so someone can speak don't be afraid of silence.

Professionals Who Can Help

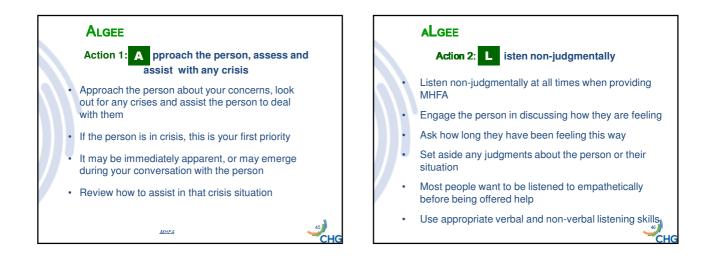
- General Practitioners
- Psychologists
- Psychiatrists
- Allied health professionals
- Counsellors
- Mental health nurses
- Case managers
- MH FA

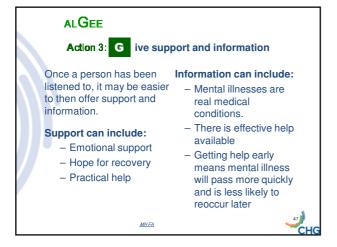














(c) CHG 2015. Intellectual Property Rights. www. chg.net.au

What if the person doesn't want help?

 Try to find out if there are some specific reasons why, eg concern about cost, not liking the doctor, being sent to hospital

- Offer reliable information (pamphlets, books, websites) which may help them to see that seeking help is a good idea
- Continue to encourage them to seek or accept professional help
- However, do not threaten, lecture, nag or use guilt to change their mind; this may damage your relationship with them and make it hard for them to approach you again in the future
- Let the person know you are prepared to talk when they are ready
- If their symptoms become severe, you may need to seek assistance for them against their wishes



Helpful Contacts • APS Psychologist Referral Service: 1800 333 497 or see APS Psychologist Referral Service: • Kids Help Line: 1800 551 800 or visit www.kidshelpline.com.au • Lifeline: 13 11 14 or visit www.lifeline.org.au • Emergency 000 • ACIS 13 14 65 • CARL 13 14 78



