



LIFE CHANGING

# Alcohol & Other Drugs

GETTING STARTED

4

# This is Booklet 4 in the Getting Started Series.

## Getting Started is a guide for people leaving prison.

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This Booklet was last updated in January 2015. If any information has changed or you notice an error please contact Corrections Victoria on (03) 8684 6600 or email: [corrections@justice.vic.gov.au](mailto:corrections@justice.vic.gov.au)

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## Drugs & Alcohol

Many people leave prison thinking that they can stay clean. But, it can be harder than you expect when you get out.

Life can be very stressful after release. If you don't have ways of coping, it can be hard work staying clean.

If you want to avoid or control your drug or alcohol use you need a plan. The plan needs to be in place **before** your release.

If you take medication such as methadone or suboxone to control your drug use, speak to the Prison health Service about putting things in place so you can continue to get your medication after release.

Remember, there are people and services out there that can help you.



## Drug use after prison

Settling back into life after prison is tough, but it can be made worse by using or drinking heavily.

- Physical health can suffer (including the risk of catching blood-borne viruses, such as Hep C or HIV, from injecting)
- Mental health issues can be made worse, or sometimes caused by heavy use
- Relationships can suffer
- Housing and employment are harder to find and to keep

## Overdoses

Overdoses are very common after prison.

Your tolerance to drugs will be much lower than it was when you were using regularly.

When you get out, the drugs may also be stronger than you are used to or weaker. It is dangerous to double dose or mix your drugs.

## Risk of Relapse

It's important to realise things may change for you on the outside. Even if you plan to stay clean, relapses can occur.

Common triggers for relapse include:

- Meeting old friends or dealers in the drug scene
- Hanging around areas where you previously used
- Feeling bored, frustrated, angry, anxious, sad or stressed
- When things are going wrong such as no home, no money or fights with people you care about.

## Strategies for coping with D&A issues

It is important to have strategies in place **before** leaving prison. If you wait until you are released then you may have to wait a week or two for an appointment with a Drug or Alcohol support program or agency. A lot can happen in your first couple of weeks on the outside.

### **Recent changes in parole**

- Not only is it harder to have parole approved, it is harder to keep it once you are out.
- Any drug or alcohol use is likely to make it harder for you to meet your parole conditions.

### **Parole and Drug / Alcohol Use**

If your Parole Order states that you must abstain from drugs or alcohol it means you cannot use any amount. You will have to take regular drug tests (usually urine tests). Low levels of drugs will show up in your urine. They can tell the difference between methadone and heroin.

Community Corrections Officers (CCS Officer) are also very quick to spot signs that someone is using. If you are caught out, your Parole could be cancelled and you may end up back in prison.

You need to attend all your Community Corrections appointments. Organise them for a time when you will be awake and on the ball and take into account your sleeping pattern, drug and alcohol use, medication and work hours.

## Pharmacotherapy or OSTP

Pharmacotherapy is treatment with a prescribed drug that is similar to the illegal drug. It is also known as the **Opioid Substitution Therapy Program** (OSTP). Methadone is a well known example but there are other ones such as suboxone or buprenorphine.

If you are already on an OSTP, talk to the Prison Health Staff at least 3–4 weeks before your release. Ask them how you can continue your treatment on the outside.

*The Post Release Pharmacotherapy Dispensing Subsidy Program is available to people on the OSTP in prison.*

*The Department of Justice pays the pharmacist dispensing fee for you for your first four weeks after you get out.*

If you have any problems once you get out, ask your pharmacist to call the health service provider at the prison. You can also call **Directline** for support, on **1800 888 236**.

Ask the Prison Health Staff to find you a local doctor and pharmacist. They can also arrange an appointment for when you are released.

Not all doctors and pharmacies deal with methadone so you may need to travel.

**Before your release** arrange all relevant documentation including:

- Photo identification
- Your discharge summary
- A letter from the prison health provider addressed to the community prescriber, outlining your progress on the Program and the current dose
- A prescription from the doctor for methadone or buprenorphine to last until your community appointment
- Fax prescription through to the nominated chemist

*If you don't have your post prison treatment organised within 24 hours of your release, talk to the Prison Health Service.*

**On the day of release** you should receive enough medication to last at least 3 days (longer if released before a weekend or public holiday).

If you miss your OSTP dose or make trouble at the pharmacy, they can kick you off the program.

There are 4 specialist pharmacotherapy services located across Melbourne. These services will work with you if are having trouble finding a GP. For more information contact **Directline**, **1800 888 236**

### **Post-Release Services:**

If you have a drug and alcohol condition on your Parole or Community Corrections Order then you will be referred for community-based drug and alcohol treatment. A prison officer or your CCS Officer will arrange for an assessment and this will take place either in prison or shortly after you leave. This assessment is called a COATS assessment and it is undertaken by the Australian Community Support Organisation (ACSO) Community Offender Advice and

Treatment Services (COATS). COATS arrange treatment for you in the community.

If you are on straight release, ACSO also has the StepOut Program. StepOut is an intensive post-prison drug treatment service. Speak with your prison case officer about a referral to StepOut.

Always check with support services about confidentiality. You will have to sign a release of information form for Parole but not everything needs to be reported back. Ask them what they will pass on and what they will keep private.

There are many Drug and Alcohol Services in the community but most will have waiting times.

## Community Support Services

To get a referral or information about local Drug & Alcohol services contact **Directline**,  
**1800 888 236**

Some of the options are:

### **Residential Rehabilitation programs**

Residential drug rehab programs can be useful if you lose control of your drug use and need 24 hour support. They provide a roof over your head and treatment for drug or alcohol dependence. However, you need to be serious about staying clean. Most residential rehab programs will kick you out if you use.

### **Withdrawal (detox) programs**

It's usually quicker to get into a non-residential detox program than a residential one. The wait can still be a week or more. There are different ways to detox, some easier and slower, some quicker but more difficult.

## **NA (Narcotics Anonymous) and AA (Alcoholics Anonymous)**

NA and AA meetings can help you cope with the temptation to drink or use. They work better if you go regularly and find a good meeting.

NA and AA meetings are based on the 12-step model. This means you have to admit you are an alcoholic or a drug addict and be committed to abstinence (not drinking or using at all). You can still go to meetings if you relapse, but you must aim to give up altogether.

## **Drug and Alcohol Counselling**

Seeing a D&A Counsellor regularly can be a really good idea. Even when you feel you're coping, a counsellor can help you stay focused.

D&A counselling can help with:

- Support
- Motivation
- Working out a safety plan
- Understanding your drug use patterns
- Developing relapse prevention strategies

D&A counsellors do not:

- Tell you not to use drugs
- Judge you if you stuff up things or don't go according to plan

They understand most people need a few chances to stay clean and are there to help you.

### Harm Reduction Techniques

If you do start to use again you should try to limit the danger to yourself and others.

Harm reduction techniques can help to reduce the risk of overdose or other negative effects.

### **DON'T mix drugs**

- Mixing **amphetamines** with other stimulant drugs (such as **cocaine**, **ice** or **ecstasy**) increases the stimulant effects and places enormous pressure on the heart and body, which can lead to stroke.
- If you're mixing **ice**, be aware:
  - Cannabis has been shown to increase psychotic symptoms in some individuals, particularly those with schizophrenia.

- Heroin can cause respiratory depression and cardiac failure and might dull the effects of heroin increasing the risk of overdose.
- Using **cannabis** to help ‘come down’ from stimulant drugs can cause reduced motivation, bad memory, mental health problems and dependency on both drugs.
- Mixing **buprenorphine** with other depressant drugs (such as alcohol, sleeping pills or **benzos**) increases the depressive effects and can stop your breathing and result in coma and death.
- Drinking **alcohol** with other drugs can be unpredictable and could cause:
  - Cannabis: nausea, vomiting, panic, anxiety and paranoia.
  - Ice, speed or ecstasy: more risky behaviour, body under great stress, overdose more likely.
  - GHB or benzos: decreased heart rate, overdose more likely.

- Ice can increase blood pressure, placing greater burden on the heart and disguise the effects of alcohol, increasing the risk of alcohol poisoning

Other important strategies:

- Use clean, sterile equipment
- Do not share **any** of your equipment
- Only buy from someone you know
- Use in a safe place with people you trust
- If you haven't used for a while make sure you start with a small dose – it doesn't take long for your tolerance levels to go down
- Don't use on your own (in case you overdose)

If it's new gear, you are alone or have recently taken other drugs, then halve your dose.

Make sure you and those around you know what to do in the event of an overdose. You can do a first aid course in prison so you can respond better if needed. The next section of this booklet tells you how to help in an emergency.

## Signs of drug overdose

There are heaps of signs and symptoms that might happen when someone overdoses and everyone responds differently. It depends on things like which drug is taken, the amount taken and the person's state of health.

An easy way to check for overdose is the **4 Hs**:

- **H**ot
- **H**eat
- **H**ead
- **H**ave a fit

Generally symptoms of a drug overdose may include:

- nausea
- vomiting
- abdominal cramps
- diarrhoea
- dizziness
- loss of balance
- seizures (fitting)
- drowsiness
- confusion
- breathing difficulties/  
not breathing
- internal bleeding
- hallucination
- visual disturbances
- snoring deeply
- turning blue
- coma

There are ***no immediate signs*** for an **ice overdose** but the signs are fast when they come. They eventually lead to a heart attack or stroke; and death can occur suddenly and unexpectedly. As well as the above, look for:

- Aggressiveness
- Changes in heart rhythm
- Confusion
- Fast breathing
- Fever
- Fits
- Trouble sitting still
- Muscle pains
- Shakiness
- Passing out

Less severe signs of an overdose on ice include sweating profusely, rapid breathing, increased heart rate, and dilated pupils.

You are unlikely to overdose on just **benzos** but:

- a large amount may cause sleepiness
- a very large amount may cause:

- Slow, shallow breathing
- Unconsciousness or coma
- Death (more likely when taken with another drug)

### What to do in the event of an overdose

A quick response can save lives. If you think someone has overdosed, talk to them and try to get them to respond.

If they don't respond call **000** and ask for an ambulance immediately. You don't need credit on your mobile to call **000**. If you have no network coverage your phone will display what number to use.

**Remember these steps:**

- 1 Call 000**
  - 2** Stay with the person until the ambulance arrives
  - 3** Ensure they have enough air, keep crowds back, open windows and loosen tight clothing
  - 4** If the person is unconscious, turn them on their side to prevent choking
  - 5** If they are not breathing, give mouth-to-mouth resuscitation and if there is no pulse, apply CPR (the ambulance workers can instruct you over the phone)
  - 6** Provide the ambulance officers with as much information as you can: what drugs were taken and how much and how long ago it happened
  - 7** Ambulance officers are not obliged to involve the Police but they may if the overdose results in death or if they feel threatened or at risk.
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## Harm Reduction when Injecting

Sharing injecting equipment puts you at risk from blood-borne viruses such as Hepatitis B and C and HIV. Injecting equipment includes the needle, syringe, swab, tourniquet, spoon and filter.

To help prevent the spread of infection:

- Wash your hands with soap and water before and after injecting
- Make sure all your equipment is new and sterile (swabs, water, spoon, tourniquet, filter and fit)
- Don't share any part of your equipment, even a tourniquet
- If used, sterile equipment is impossible, at least make sure your equipment is as clean as possible
- Use sterile alcohol swabs to clean the spoon and the injecting area
- Clean up any blood with a tissue and soapy water
- Throw away old swabs and filters – don't reuse them

- Always dispose of your used fit in a ‘sharps’ disposal bin – it’s best to rinse your fit in clean water after you use it
- Always put the cap back on to protect others.

### Cleaning fits

You should always use a new fit. There is no completely safe way to clean a used syringe. However, if you are going to share a needle, you should clean it as follows:

- 1** Draw clean water up into your syringe and flush it out again. Repeat until no trace of blood is visible. Use fresh water each time.
- 2** Take the syringe apart and soak in a container of full strength bleach for at least two minutes. If you can’t soak it, fill it with bleach and shake it for at least 30 seconds (count slowly), then flush it out again. Repeat this at least once.

- 3 Re-fill the syringe with clean water and flush out again to rinse the bleach out of the syringe. Repeat this flushing procedure at least six times.

If you don't have bleach, at the very least follow the above procedure using soapy water. This won't kill everything, but it is better than nothing. Remember that even bleach is not guaranteed to eliminate the risk of infection.

*Needle and Syringe Programs can provide clean fits, as well as information and education about how to inject safely. For your nearest NSP call **Directline** on 1800 888 236.*

### Other Harm Reduction Strategies

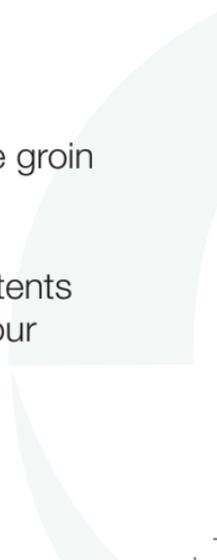
- The effects of stimulants may last up to **8–24 Hours**, and then you will experience exhaustion, mood swings and depression. **The safest option is not to drive.**
- Make sure that you get some sleep after you use stimulants to help manage your exhaustion.

- It is safer to snort or swallow drugs rather than smoking or injecting.
- Families can be involved in helping to keep you safe. Make sure they have the information that they need to help you manage your drug use.

### Other dangers

Even with new syringes, if you don't inject properly you place yourself at risk of bruising, 'dirty hits', blood poisoning or abscesses (collections of pus under the skin).

To reduce harm to your body:

- Alternate your injecting sites to avoid damaging your veins
  - Injecting into the wrong place can be extremely dangerous (especially in the groin or neck)
  - Don't use cigarette filters to filter your drugs and don't inject pills or the contents of gel caps – these can all damage your veins and heart
- 

The above are only some basic tips. Speak with your drug and alcohol worker or Directline about the safest methods.

### Drug and Alcohol Services

These services provide general info and advice as well as crisis support. If they can't help you they will tell you who can.

#### **Directline 1800 888 236**

<http://www.health.vic.gov.au/aod/directline.htm>

Directline provides a free, confidential, and anonymous round-the-clock counselling, information & referral line. Services include:

- Immediate counselling & support, including crisis intervention
- Support in dealing with the impact of drug use on the family
- Assistance in developing strategies to deal with alcohol or drug problems
- Information about how to reduce the harm associated with drug use, including details of local Needle Syringe Programs

- Referrals to relevant support services throughout Victoria, including OSTPs, rehab, support and counselling services

### **Harm Reduction Victoria 9329 1500**

<http://hrvic.org.au/>

HRV also operate The Pharmacotherapy Advocacy, Mediation and Support (PAMS), a state-wide telephone service that can help you if you have a problem with your methadone or buprenorphine (Suboxone and Subutex).

Call **PAMS** on **1800 443 844**

Information and education to current injecting drug users (IDU), ex IDU and carers.

### **Smoking Quitline 13 78 48 or (03) 9635 5588**

<http://www.quitnow.gov.au/>

Gives advice to help people stop smoking.

### **Narcotics Anonymous (03) 9525 2833**

<http://na.org.au/>

Call them to find your nearest group meeting.

**Alcoholics Anonymous 1300 22 22 22**

<http://www.aa.org.au/>

Call them to find your nearest group meeting.

**Youth Substance Abuse Service (YSAS)  
1800 458 685**

<http://www.ysas.org.au/>

Drug and alcohol information and support for young people (12–21 years old). Support is available on the YSAS hotline free 24 hours a day.

**Support for Families and Friends:**

**Family Drug Line 1300 660 068**

They offer support, information and referrals for people who have a loved one that is misusing drugs or alcohol.

They are available Monday to Friday, from 9am to 9pm.

**Al Anon and AlaTeen****1300 ALANON (1300 252 666)**

<http://www.al-anon.org/>

Al Anon is a form of group support for relatives and friends of alcoholics.

AlaTeen is for young people who have been affected by someone else's drinking.

Call them to find your local support group.



## Other Supports:

### **Lifeline 13 11 14**

<https://www.lifeline.org.au/>

Counsellors are available 24 hours a day to talk to you about any issues that you have.

### **Victorian Association for the Care and Resettlement of Offenders (VACRO)**

Provides a range of support and referral options for ex prisoners and offenders **03 9605 1900**

<http://www.vacro.org.au/>

### **Australian Community Support Organisation (ACSO) 03 9413 7000**

<http://www.acso.org.au/>

Provides a range of support and referral options for ex prisoners and offenders. Operates the COATES and StepOut programs.





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