

# Stimulants

## Brief Assessment

e.g. *Dexamphetamine, Ritalin®*,  
*Methamphetamine ('ice'), Cocaine*



### Worker's notes

The purpose of this tool is to provide you with a better understanding of your stimulant use.

This tool is not intended to replace a full assessment. It is designed to be used alongside other Check Tools as part of a tailored brief intervention. Please consider all risk, safety, consent and confidentiality issues before commencing. If now is not a good time, this and other Check Tools can be taken away by the person and read at a later date.

**Name:**

**Date:**

**At what age did you first try stimulants?**

yrs

**Over the past 3 months, how often have you used the following?** (please tick/select)

	Never	Once or twice only	Few times a month	Weekly	Daily or almost daily
Dexamphetamine ("dexies")					
Ritalin®					
Ice (crystal methamphetamine)					
Base methamphetamine (oily paste)					
Speed (powdered meth/amphetamine)					
Cocaine					

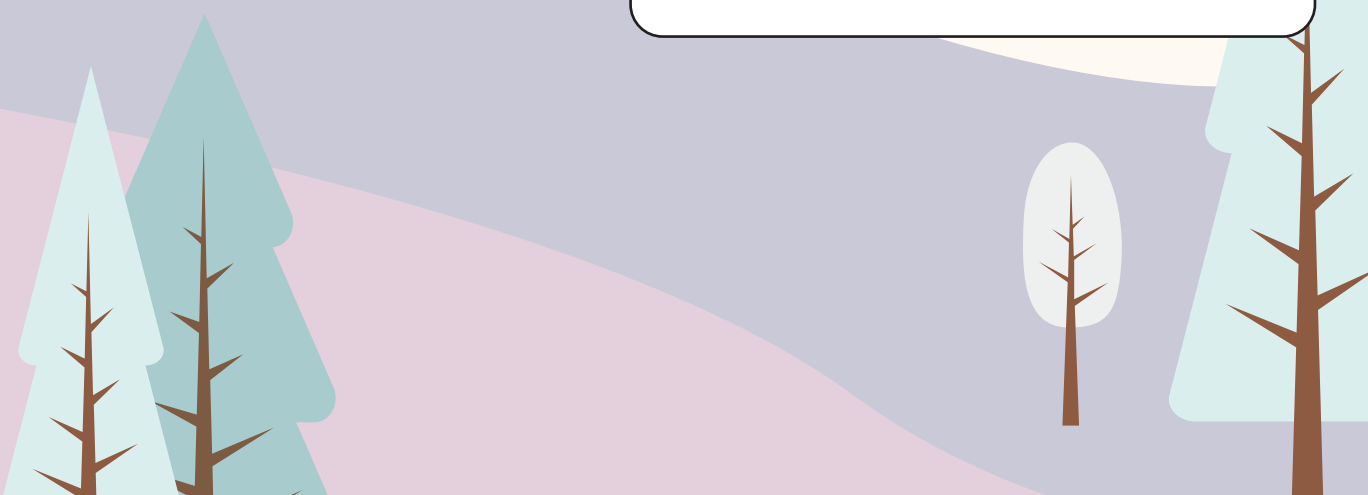
**If using Dexamphetamine or Ritalin®, are they prescribed by a doctor?**

Yes     Sometimes     No

**How are you using your stimulants?** (tick all that apply)

- Swallowing
- Snorting
- Smoking
- Injecting
- Some other way? \_\_\_\_\_

If using in more than one way, what's the most common way that you use?



## Can you describe your pattern of stimulant use in a bit more detail?

e.g. Approx how much do you use? What time of the day do you first have it / last have it? Do you use it throughout the day? Or just in one hit/go?

## Are there particular times, events, places or people that influence the way you use stimulants?

e.g. Do you use more or less on a work/non-work day or weekend/holidays? Or when you're with certain people or do/don't have children in your care (or other caregiving responsibilities)? Or when having certain thoughts or feelings? What about special occasions or anniversaries?

## Would you say your overall level of stimulant use is...

Increasing?  Decreasing?  Staying roughly the same?



**Would you like to explore your relationship with stimulants further?**  
See Check Tool 2 "Understanding your substance use"



**Would you like to make changes to your stimulant use?**  
See Check Tool 3 "Thinking about cutting back or quitting?"



**Would you like information on ways to use stimulants more safely?**  
See Check Tool 4 "Ways to reduce harms"



# Understanding your substance use



Name:

Date:

The purpose of this tool is to explore your overall relationship with substances.

## 1. Does your substance use cause you any concerns with your...

### Physical, mental or emotional health?

e.g. Illness, injury, poor sleep, unhealthy eating, bad teeth/gums, feeling sad/worried/stressed/paranoid/shame, etc.

### What about your relationships/kinship?

e.g. Loss of connection or troubles/worries with family, partners, friends, children, parenting issues etc.

### What about your lifestyle?

e.g. Work, school, money, housing, caregiving responsibilities, chores, hobbies, goals etc.

### What about legal concerns?

e.g. Contact with police, debts/fines, court, loss of driver's licence, parenting arrangements, child protection / youth justice involvement etc.

## 2. Does your substance use cause you any concerns with your...

### Connection to your community?

(including religion/faith)

### What about your connection to Country, or the place you are originally from?

### What about your culture?

(including cultural responsibilities)

### Is there anything else?

e.g. Embarrassing or harmful incidents or events (making a fool of yourself, regretting sex, getting into fights, getting ripped off, passing out, losing phone/wallet/purse etc.)

### 3. How much do you spend on substances?

*TIP: Average out how much you spend on a heavy session or a "big night out" across the week or month (including if it's your shout on pay day)*

You may need a calculator for this section:

Per week \$  (enter a dollar amount)

Per month \$  (multiply the weekly number by 4)

Per year \$  (multiply the monthly number by 13 to equal 52 weeks)

Space for calculations

After buying substances, do you find that you have enough money left over for daily expenses? e.g. food, rent, transport, bills (please tick)

Always     Mostly     Sometimes     Rarely     Never

Is there anything else other than substances that you would like to spend this money on?

### 4. This next question is about whether you could be physically or psychologically dependent

Over the past 3 months... (tick all that apply)

- Have you experienced cravings or urges to drink/use?
- Have you felt anxious or worried if you did not have it?
- Have you felt like you needed more to feel the same effects?
- Have you tried to cut back or stop but couldn't?
- Have there been times where you haven't managed to do what was expected of you at home, school or work because of your substance use?

And how soon after waking up do you first drink/use?

If you ticked any of the boxes above, or if you start drinking/using soon after waking up, it could be a sign that you are dependent on (or 'addicted' to) the substance.



## 5. So where are things at for you right now?

On a scale of 1-5, how worried are you about your substance use? (please tick)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not worried at all				Very worried

Would you like to cut back or quit one or more substances?  Yes  Unsure  No (go to question 6)

Can you specify which substance/s here?

If you're thinking about cutting back or quitting, how confident are you that you can make these changes? (please tick)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not confident				Very confident

## 6. Do you have any worries or concerns about what would happen if you cut back or stopped your substance use?

## 7. So where to from here?

We could... (please tick)

- Talk about some ways to stay safer? (see Check Tool 4: "Ways to reduce harms")
- We could talk about ways to cut back or quit? (see Check Tool 3: "Thinking about cutting back or quitting?")
- We could talk about both?
- We could talk about another substance?
- Or you're okay for now... If so, would you like to arrange a follow up appointment?  Yes  No  Unsure

Date/time:

Also, is there someone else you feel you can talk to about your substance use if you felt you needed to?

Name or service:

Thanks for your honesty. You can take this tool away with you to refer back to in the future.



# Thinking about cutting back or quitting?



Name:

Date:

Firstly, what would you like to change about your substance use?

You're making a change because...

The people who could support you are... (think about family and friends as well as professional support workers)

The things which might make it hard to reach your goal/s are...

Some strategies to help you reach your goal/s are...

e.g. Avoiding things, places or people who make you think about drinking/using, putting your money in a secure account, monitoring your cravings/unplanned use in your phone, reconnecting with people who don't drink/use...

## PLEASE NOTE:

Cutting back or quitting can be easy for some people and hard for others. You may experience withdrawal symptoms – things like having difficulty concentrating, being irritable, feeling anxious, sick or having cravings.

Sudden withdrawal from daily/heavy use of certain substances – especially alcohol and benzos – can cause serious medical problems such as seizures. In these instances, follow a structured, gradual reduction plan created with a medical professional (which may include specific withdrawal medications). There are also effective longer-term substitution medications available for some substances (e.g. opioids).

If you experience a sudden and/or significant change in mood or see, feel or hear things that are not real when withdrawing from a substance, please seek immediate help by calling triple zero '000' or going to your nearest hospital emergency department.

The following page lists some useful craving management strategies you might like to try.

# Looking after yourself during cravings

A craving is a strong desire or urge to use a substance. This might be an unpleasant physical sensation, such as a taste in your mouth, tight chest or stomach tension. It could also be a strong emotion, such as feeling anxious or panicked, or having racing thoughts.

## Cravings are normal, however there is good news!

They are not constant – they will pass. They lose their power over time. Just like a stray cat, they stop coming back when you don't feed them. Here are some strategies below which you might find helpful.

### The 3 D's can help you deal with stress or cravings...

#### DELAY

If you can delay the decision to drink or use for 5 minutes, or half an hour, a craving can eventually pass on its own.

#### DISTRACT

It is easier to delay the decision if you are doing something to distract yourself (e.g. playing a game on your phone, eating, going for walk, listening to music, watching TV etc).

#### DEEP BREATHING

Breathing and other relaxation techniques can help you to stay calm during a craving.



## Self-awareness



Mindfulness is a strategy that has been found to help with cravings by redirecting attention and memory away from the sensation. It is a way of helping your mind to focus on the present.

**If you want to learn more, speak to a counsellor, join a group or download an app.**

## Urge surfing

Urge surfing is another strategy. With this technique, you don't fight the craving – instead you focus on it.

**STEP 1** Begin by noticing where you feel the craving (e.g. in your mouth, chest or stomach). Name it. Say to yourself "this is a craving, and it will pass."

**STEP 2** Next, notice yourself breathing in and out, keeping your eyes open or closed, whichever feels more comfortable.

**STEP 3** Now think of your craving as a wave at the beach, starting off small and building to a peak, then eventually breaking and flowing away.

**STEP 4** Imagine yourself surfing these waves the way a surfer would successfully ride a wave at the beach.

**STEP 5** Continue to picture this until the intensity of the craving passes.



## Other common causes of cravings



**HALTS** and ask yourself if you feel...

- Hungry/thirsty?
- Angry?
- Lonely?
- Tired?
- Sad/stressed/sick?

Try and minimise being in any of these states as much as possible.

### REMEMBER...

- Cravings are a normal part of changing substance use. Like a muscle, each time you practise a new skill you will gain more strength and confidence. Remember to ask yourself each time: "What did I learn from coping with that craving that will help me in the future?"
- Find ways to remind yourself of the reasons why you made the change in the first place (e.g. photos, screensavers, messages, mantras).
- Finally, remember to celebrate your achievements, even small ones (such as saying no or using less, cooking a meal, exercising - nothing is too small!) all the way through to big ones such as reconnecting with family or friends, or re-engaging in study or work.

### It might also help to...

- Catch up again to discuss your progress
  - See a doctor or other health professional, such as a specialist alcohol and drug worker.
- REMEMBER:**
- Help is available
  - Treatment works
  - People can make successful changes around their substance use.

- If you are trying to quit, sometimes it can take a few attempts. Learn from any slip-ups and keep going.

**WHERE TO GO FOR MORE HELP...** Call the National Alcohol and Other Drug Hotline for free, confidential, 24-hour telephone counselling, advice and referral. **Phone 1800 250 015**

**Congratulations!** You now have a plan. Take this tool with you to refer back to at any time.



Consumers and / or carers provided feedback on this publication

# Stimulants

## Ways to reduce harms



### Firstly, a few key things to know about stimulants...

- Stimulants work by causing a large release of 'dopamine', which is the brain's pleasure chemical.
- Using stimulants over long periods of time depletes the brain's natural stores of dopamine, causing people to feel flat, sad and unmotivated.
- They impact sleep and appetite, which your body needs to function well.
- If you use stimulants regularly you're likely to build a tolerance quickly, meaning you will need more and more to feel the same effects.

### It's important to know that there is no safe level of non-prescribed stimulant use.

The following questions refer to non-prescribed stimulant use only.

Would you try any of these strategies below? (or maybe you do them already?)	Yes	Maybe	No
Setting limits on how much you will use each day/week/month?			
Choosing a time to use stimulants that least impacts daily tasks/responsibilities or likelihood of lost sleep?			
Getting advice from a trusted peer before trying a new substance or batch?			
If using a new non-pharmaceutical batch, trying a little bit first then waiting before having more?			
Eating healthily including fruit, vegetables and protein-rich foods like meat and eggs?			
Eating before using, and have healthy foods that are easy to swallow ready and available (such as fruit, soups, yoghurt, smoothies, cereal + milk etc) for after you have used?			
Staying hydrated by drinking water and limiting your alcohol intake?			
Having someone around (or someone you could quickly contact) if you find yourself in trouble who is able to get help in an emergency?			
Having regular breaks to allow your body and mind to rest and recover?			
Maintaining good personal hygiene including regular showering and teeth-brushing?			
If you have stimulants and/or drug equipment at home, storing them safely out of reach of children and pets?			
If injecting, making sure you have your own sterile equipment?			
Staying connected to a supportive network (i.e. people who positively encourage you and do things other than use)?			



#### Sleep

Know when it's time to take a break from using. If you can't sleep, try to have some downtime. Be careful using too much alcohol, opioids or benzos (sleeping pills) to help you sleep as there is a risk of overdose from these drugs once the stimulant wears off.



#### Mind your head

Some people who use stimulants can experience anxiety, low mood or feel 'scattered'. Another effect of stimulant use can be strange or paranoid thoughts or hallucinations. Pay attention to your body, mind and emotions and take a break if you notice any of these effects, which usually resolve after having some rest or sleep.

If you experience intense or persistent paranoia and/or hallucinations, seek immediate help by calling triple zero '000' or going to your nearest hospital emergency department.



#### Do you use cannabis while on stimulants?

Be careful. For some people, cannabis use can increase feelings of anxiety or paranoia or make psychotic symptoms worse.



#### Do you use regular medications?

Sometimes stimulants can affect how these medicines work. Check the medicine packet and/or ask your doctor.



#### Practice safe sex

Carry and use condoms and access regular STI testing, especially whenever you start having sex with a new partner.



## Stimulants and driving

Whilst stimulants can decrease levels of tiredness and fatigue, they can also impair your coordination, including how well you judge distance and speed. It is also illegal to drive under the influence of illicit or unprescribed stimulants.

Roadside drug tests can detect methamphetamine in your saliva for up to 2 days after use, and cocaine up to one day after use, noting that factors such as how much you've taken, potency and your body's metabolism can affect whether or not you return a positive result.

When withdrawing or 'coming down' from stimulants, you are more likely to feel tired, fatigued, anxious and irritable, which can reduce your ability to drive safely.

## Are you pregnant, breastfeeding or parenting?

Using any substance when planning a pregnancy, pregnant, or while breastfeeding can affect your baby's body and brain development. Talk to a medical professional for advice.

Substance use can affect your children and others around you. Ensure your children remain safe and supervised at all times. Make a plan prior to using and be prepared for the hangover/comedown in advance.

**N.B. Sleeping with a child in the same bed while under the influence of substances can be particularly dangerous.**

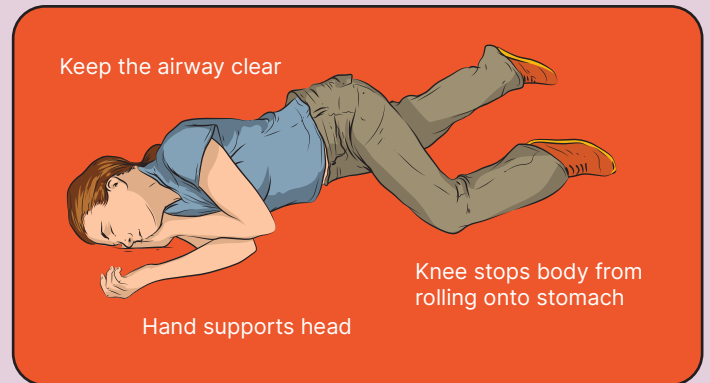
## Responding to a stimulant overdose

Signs of a stimulant overdose include:

- Severe headaches
- Chest pain / difficulty breathing
- Unsteady walking
- Nausea and vomiting
- Tremors, spasms or seizures
- Feeling very agitated or panicky
- Seeing or hearing things that aren't really there

If this occurs, seek assistance immediately by calling triple zero (000) and ask for 'AMBULANCE'. If someone is unconscious and breathing, turn them on their side in the recovery position. If they are not breathing, perform CPR if you are able to and wait with them until help arrives.

Unfortunately, there's no way to reverse a stimulant overdose, unless treated/sedated by medical professionals. The effects have to wear off over time.



**What would be signs that your stimulant use is becoming more of a problem? When would you know it's time to take a break and/or seek help?**



# Unplanned substance use recording tool



Name:

Date:

Use this tool to track any unplanned substance use from week to week to help better understand when, where and why it happens.

**My aim for this week:**

- Change or reduce my substance use (please describe):
- Not use any substances at all

Date/day	Did you have cravings? Y/N	How much used? (e.g. \$/volume)	The situation (place/time/people) related to the unplanned use?	What happened? What did I learn about myself? And what could I do differently next time?

