THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

A GUIDE FOR SCREENING AND BRIEF INTERVENTION FOR SUBSTANCE USE DISORDERS AT LEVEL ONE HEALTH CARE SETTINGS

Dar es Salaam, February 2010

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

A GUIDE FOR SCREENING AND BRIEF INTERVENTION FOR SUBSTANCE USE DISORDERS AT LEVEL ONE HEALTH CARE SETTINGS

TABLE OF CONTENTS

FOREWORD

The development of this screening tool is a major contribution to the control of HIV, hepatitis C and non communicable diseases, associated with alcohol abuse. This is the first tool for screening of substance use disorders, in clinical settings in Tanzania. There is strong evidence that, the use of alcohol and other drugs, impacts on the HIV and AIDS prevention and treatment in two major ways. Firstly, substance use is associated with increased sexual risk behaviour, which leads to higher rates of HIV infection. Secondly, the presence of substance use disorder, is a serious obstacle to the introduction of anti retroviral therapy (ART), because of the high risk of non adherence. This guide is therefore a very useful addition, to the array of tools for prevention and control of HIV and AIDS in Tanzania.

This guide is in line with the National Strategy for Growth and Poverty Reduction (MKUKUTA) and the vision 2025, the National Health Policy 2007, Health Sector Strategic Plan (HSSP) III 2009-2015, National Primary Health Service Development Strategy (2007-2017 -known in its Kiswahili acronym a MMAM), Mental Health Policy Guideline 2006, National Guidelines for the management of HIV and AIDS and the Non-Communicable Diseases Strategic plan- 2008.

The screening and brief intervention guide, serves two important purposes. In addition to the improved identification and treatment of drug using individuals, it will contribute to better management of the HIV and AIDS patients who need ART. Clinicians are therefore expected to set up a system for early detection, early intervention and proper referral, when addressing substance use disorders. Patients attending level one facility, may present with serious drug use problems, in combination with a physical or psychiatric illness. Whether patients are admitted or treated from home, they can benefit from screening and brief intervention, which may include referral to higher levels of care.

Brief intervention is often a two step approach, of systematic screening and few minutes of feedback and advice, on how to reduce substance consumption. Brief intervention is a structured therapy of a limited number of sessions (usually one to four) of short duration, typically 5-30 minutes. The aim is to assist an individual, to cease or reduce the use of psychoactive substance. The rationale for brief intervention is that, even if the percentage of individuals who alter their substance use, after a single intervention is small, the public health impact is substantial, considering the numbers likely to be attended at level one hospital all over Tanzania.

 Health care providers are however encouraged, to seek more information on the subject or specialist advice, in situations where this guide does not suffice.

Blandina S. J. Nyoni
Permanent Secretary
MINISTRY OF HEALTH AND SOCIAL WELFARE

ACKNOWLEDGEMENTS

This document is a product of valuable contributions made by many individuals and organizations, from within and outside Tanzania. It is not possible to mention all individual and partners, who contributed to its successful completion, but special gratitude goes to the Technical Committee members, namely, Dr Erasmus Mndeme, Dr. Norman Sabuni, Dr. Pamela Kaduri, Dr Frank Masao, Mr Mahmoud Musa, Ms. Anita Mshighati, Mr. Yovin Ivo, Ms Moza Makumbuli and Mr. Amani Msami, who devoted their time and worked tirelessly to develop the draft document. We sincerely acknowledge the generous contributions of Dr Eric Goosby, Dr Richard Needle, Dr Douglas Bruce, Ms Julia Martin, Prof. Gad Kilonzo, Dr Irene Benech, Dr Kokuhumbiya Kazaura, Dr Eva Matiko and Dr Magret Hogan, for the technical support in reviewing this guide.

We would like to extend our great appreciation to various stakeholders, in particular, the Drug Control Commission, Muhimbili National Hospital, Muhimbili University of Health and Allied Sciences, Mirembe Neuro-Psychiatry Referral Hospital, Tanzania Food and Drug Authority. Special thanks go to American People through the President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) for the financial and technical support in developing this guide.

Sincere thanks to Mr. Christopher J. Shekiondo, the Drug Control Commissioner, other staff from the Drug Control Commission and Dr Jessie Mbwambo for all the support. Finally, we thank Mr.Lusajo Gilbert, Ms Farida Abdallah and Mr. Bashiri Lyana, for the logistical support that was rendered throughout the development of this guide.

Dr. Deo M. Mtasiwa
Chief Medical Officer
MINISTRY OF HEALTH AND SOCIAL WELFARE

ABBREVIATIONS

AA	Alcoholic Anonymous
AUDIT	Alcohol Use Disorders Identification Test
ASSIST	Alcohol, Smoking and substance Involvement Screening Test
ALAT	Alanine Aminotransferase
AST	Aspartate Aminotrasferase
BMI	Brief Motivational Interviewing
GGT	Gamma Glutamyl Transfarase
NA	Narcotic Anonymous
TDS	Three Times a Day
BID	Twice a day
OD	Once a day
THC	Tetrahydrocannabinol
CAGE- AID	Cut- Annoyed- Guilty-Eye – Adapted to Include Drug
CBOs	Community Based Organizations

DEFINITION OF TERMS[1]

Substance use disorders

Conditions arising from abuse of alcohol and other psychotropic drugs. Alcohol and other substances can have varied physiological and psychological effects. In the short term, the individual may perceive these effects as quite desirable. For example, the anxiety-relieving properties of alcohol, the alerting effects of caffeine and the sense of well being induced by opioids. However, prolonged and heavy usage may result in physical harm, dependency and withdrawal problems and long term psychological damage or social harm.

Psychotropic Drug

Any chemical agent whose primary or significant effect are on the central nervous system affecting the mind or mental processes

Brief Intervention

A treatment strategy in which a structured therapy of limited number of sessions (usually 1 to 4) of short duration (typically 5-30 minutes) is offered with the aim of assisting an individual to cease or reduce the use of psychotropic substance or to deal with other life issues

[1] UNODC/ODCCP, (2000) Demand Reduction: A glossary of Terms

1 BACKGROUND

Substance use is widespread worldwide and it is associated with a significant number of medical and psychological disorders including HIV infection and other STIs, social (employment, family) as well as legal problems. Despite of the obvious risks associated with use of alcohol and other drugs, substance use problems are often unidentified.

Since most of Tanzanians are believed to live within 5km from the primary health care facility, the services provided at this level can be accessed easily by the large number of people within their neighborhood. The primary care level serves as a first point of contact and entry to the health care system and therefore, it provide an opportunity for early detection of substance use disorders and early intervention. Early intervention addresses substance use related risk factors at early stage and therefore prevents progression of disorders into more serious problems such as addiction. Candidates for routine screening may include all patients attending at the primary care facilities for any other health problems.

This guide is intended to provide knowledge and skills for early identification of risk factors and problems associated with substance use and provide brief intervention and referrals by Primary Health Care Providers. It is also intended to guide Primary Health Care Providers to the medical management of substance use disorders and its related medical emergencies.

The guide is divided into two main sections. Section 1: elaborates on Screening and Brief Intervention of Substance Use Disorders; and section 2: elaborates on how to manage substance use disorders and the related medical emergency. In addition, handout for quick reference on clinical effects of r common drugs of abuse are included as an appendix.

2 SCREENING FOR SUBSTANCE USE DISORDERS

2.1 What is screening

Screening is a preliminary assessment that indicates probability that a specific condition (e.g. alcohol use) is present. It applies various procedures and techniques to capture indicators of risk. Therefore, it provides an opportunity for early detection and early intervention and it informs subsequent diagnosis.

2.2 Type of Screening Tools

Screening tools are divided into two main groups:

a) Interview and Self-administered questionnaire

There are different types of self-report screening tools in use today. Some of these are[1]:

- **CAGE;** For Alcohol users.
- **TWEAK;** For pregnant alcohol users.
- **AUDIT;** For alcohol users.
- **AUDIT-C;** For alcohol users.
- **DAST-10;** for drug users excluding alcohol and tobacco users.
- **CRAFFT;** for alcohol and other drug users.
- **ASSIST;** for alcohol and other drug users including injecting drug users.

b) Biological specimen[2]

- Breath
- Blood
- Saliva
- Urine

2.3 Screening for Alcohol

The alcohol screening tool provided here is based on the pocket guide for alcohol and brief intervention published by the National Institute on Alcohol Abuse and Alcoholism (USA). The use of a unit as a standard measure for alcohol has been purposely avoided because of the difficulty it entails in translating to our local brew measurement standard. The following are the recommended steps to follow when conducting screening for alcohol use disorders.

[1] It is not the scope of this guide to discuss all of these instruments.
[2] Screening for Biological Markers is beyond the scope of this guide

Step one

Start the screening for alcohol use disorders by asking whether your patient drinks any alcoholic beverage? If yes, proceed to the following questions: -

1. What type of drink do you take? (Gongo, Konyagi, Whisky, Brandy, other local brew, etc)
2. How many times do you drink alcohol in a week?
3. Do you drink before noon?

For any one who drinks more than twice in a week, or who drinks spirits, or drinks before noon proceed to step two to determine alcohol use disorders. For those who do not meet the above criteria provide brief advice to remain at the safe level

Step two

In the last 12 months, has your drinking caused or contributed to any of the following: -

1. Risk of bodily harm (Drinking and driving, operating machinery, swimming while drunk, etc).
2. Relationship trouble (family and/or friends).
3. Role failure (Interference with home, work or school obligations).
4. Problem with the law (Arrests or other legal problems).

If yes to one or more, your patient has alcohol abuse. In either case, proceed to step three to determine alcohol dependence

Step three

In the past 12 months, have you: -

1. Failed to cut down or stop drinking (repeated failed attempts)?
2. Shown tolerance (markedly diminished effects or markedly increased in amounts)?
3. Shown signs of withdrawal?
4. Kept drinking despite of knowledge of negative consequences?
5. Spent a lot of time than was intended drinking?
6. important socio-occupational activities are given up because of substance use?

If yes to three or more, your patient has alcohol dependence

If your patient meets criteria for abuse but not dependence, provide a brief intervention.

If your patient meets criteria for dependence, provide a brief intervention and referral to alcohol dependence treatment.

2.4 Screening for Other Drug Use Disorders

This guide recommends the use of Drug Abuse Screening Test (DAST-10) because it is simple to use, uses very little time to complete and can be used for both adults and young people. The following is the reproduction of the DAST-10:

Drug Abuse Screening Test—DAST-10

Patient's Name _____ Date _____/_____/_____

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months. In this case "drug abuse" means the use of prescribed medications/drugs in excess of the physician directions OR any non-medical use of controlled drugs (cocaine, heroin, cannabis, valium and others EXCEPT alcohol or tobacco).

These questions refer to the past 12 months		**No**	**Yes**
1	Have you used drugs other than those required for medical reasons?	0	1
2	Do you abuse more than one drug at a time?	0	1
3	Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes".	0	1
4	Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5	Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No".	0	1
6	Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7	Have you neglected your family because of your use of drugs?	0	1
8	Have you engaged in illegal activities in order to obtain drugs?	0	1
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

SCORING THE DAST-10

Score point for each question answered ''yes,'' except for Question 3 for which a ''NO response'' receives 1 point

TOTAL SCORE _____/10

Interpreting the DAST-10

Score	Degree of Problems Related to Drugs use	Meaning of the score for current pattern of use	Suggested Action
0	No problems reported	No risk of health and other problems	Feedback, preventive advice
1 - 2	Low Risk Level	Low risk of health and other problems for the current pattern of use	Feedback, Brief Intervention and reassess at a later date
3 - 5	Moderate level	Moderate risk of health and other problems	Feedback, BI and Referral for further assessment and/or psychosocial support
6 - 10	Substantial level/High risk level	High risk of health and other problems	Feedback, BI, Referral for drug dependence treatment

3 PREVENTIVE ADVICE AND BRIEF INTERVENTION

3.1 Preventive advice

If someone has no real risk on health or other problems from alcohol or other drug use, consider having a discussion about safe levels of use and the likely risk for future problems. You may begin the discussion by saying "your screening results shows that you are unlikely to have a substance use disorder. However, people with any history of substance use can be at risk of adverse consequences and developing a disorder especially in times of stress or if they have just started to use recently. It is impossible to know in advance whether or not a person will become addicted. As your health provider, I encourage you to stop using alcohol because of the likely risk that you may have in future. But if you find out that you will not able to stop, then I advise you to use it responsibly and avoid using other drugs of abuse".

3.2 Brief Intervention

The term 'brief intervention' means a set of measures that takes very little time usually 5 to 30 minutes of screening, feedback, brief counselling and education usually three to five sessions. The goal of a brief intervention is to reduce the risk of harm that could result from the continued use of substances. It mainly targets patients who are visiting the health facility for any other health problems but not specifically for substance use problems.

Components of brief intervention include:

- Providing feedback
- Developing discrepancies
- Options, goal setting and strategies for change

Component 1: Providing feedback

- ***Providing Score results;*** Read out the score to the patient.
- ***Meaning of score results;*** Depending on the type of drug/drugs used provide the consequences of continued use.
- ***Giving advice on t***he best option in the situation *e.g. "The best option is to stop the use of drugs or reducing drinking*".

Make considerations of the following when suggesting possible options:

For Alcohol

- If the patient is pregnant, is dependent on alcohol, has medical condition that can be exacerbated by alcohol use, or takes medication that could interact with alcohol, recommend abstinence
- Otherwise, if the patient is neither dependent to alcohol nor pregnant or medically sick or use any prescribed medication, recommend safe limit and reinforce other harm reduction strategies like drink and driving

For Other Drugs

- Recommend quitting instead of simply cutting back.

- ***Shifting responsibility for change;*** Clearly stating that the responsibility for change belongs to the patient However, health care provide will be there to assist on needs

Component 2: Developing Discrepancies

- ***Eliciting patient's concern about the score;*** patient's feeling about their score. E.g. *"What are your thoughts about your scores?"*

- ***Exploring good and not-so-good things about drug use/alcohol use*** to determine pros and cons of substance use. Also, explore the patient's goals and values to identify discrepancies between the patient's values and their current substance use. For example, ask: *"What are the most important things in your life goal and how they may be affected by substance use?"*

- ***Elicit the change talk by exploring the potential consequences of change or no change;*** Ask the patient to imagine the worst consequences of not changing or the best consequences of changing.

- ***Summarise the observed discrepancies:*** **e.g.** *"OK, so on the one hand, you have mentioned a lot of good things about getting drunk – you have a great time at parties, you are not so inhibited around your friends, everyone thinks you are the life of the party. But on the other hand, you have missed a lot of class time, your grades are suffering, and school is very important to you."*

Component 3: Options, goal setting and strategies for change

- ***Determine the readiness to change:*** "*Now that we discussed about your substance use, how important for you is the change?"*[3] For responses 1 and 2 go back to component 2 and for responses 3 and 4 continue to the next step

[3] Responses may be 1. Not at all, 2. Low 3. Medium, 4. High

- ***Explore possible change options:*** Allow the patient to identify possible options and supplement with additional possible options for change. The questions can be *"what do you think can be done?"* for additional options you may say *"can you also consider these options like ...?"*

- ***Help in setting goals for change:*** The goal must be SMART (Specific, Measurable, Achievable, Realistic and Time bound). Example, *"my goal is to cut back to _____ drinks _____ times per week in a month time."*

- ***Confidence for change:*** Explore the confidence level of the patient by asking *"how confident are you that you could succeed in reaching goal?"* (Levels of confidence; Not confident, slightly confident, Confident, Very confident). Explore factors for the patient confidence level.

- ***Strategies for achieving the goal;*** Help the patient to identify actions to maintain the goal and prevent relapses; possible strategies include avoiding risky situations and environments, engaging in alternative activities such as sport, attending self-help groups such as AA/NA. Also include strategies for enhancing the confidence level.

4 REFERRALS AND FOLLOW-UPS

4.1 Refer patients as appropriate

Screening technique does not provide a diagnosis of substance abuse or dependence, Therefore, patients with moderate and high risk should be referred for a full assessment. For low risk patients such as pregnant women, past injecting drug users, use your clinical judgement to determine whether additional assessment is necessary. Send screening results to all providers who will receive referrals. If nearby treatment resources are not available, consider providing self-help group contact information or any other available drug dependence services

4.2 Follow-up appointments

Schedule a follow-up appointment with 1-2 weeks for moderate, high and selected low risk patients to see whether they followed up with the referral and if they adhered with the set goals and strategies. In this follow-up visits determine the following:

- Whether the patients followed through with the referral
- Make additional brief intervention for patients who did not attend referral
- Make additional referral for those who missed referral
- Obtain records of assessment/or treatment for patients who attended referral/or treatment
- Determine whether the patient has reduced or abstained from use
- Encourage change for those who maintained the goal and /or set up new change goals.

4.3 Continuing support

Annual re-screening is indicated for moderate and high risk patients and any other patients who report any drug use at baseline and for any other patients who you remain concerned. Make targeted recommendations and referral for patients accordingly.

5 EMERGENCY MANAGEMENT OF COMMON SUBSTANCE MISUSE/ABUSE

Emergency management of substance misuse/abuse is designed for individuals who:

a) Are at risk of severe withdrawal symptoms,

b) Are incapacitated by substances,

c) Have a chemical dependence and condition that require acute care.

d) Are intoxicated and are experiencing a situational crisis related to homelessness, potential domestic violence or abuse, disorderly conduct, or other conditions requiring immediate placement in a short-term controlled residential or inpatient setting,

Minimum services include monitoring of withdrawal symptoms and vital signs, motivational counselling, assessment, and placement. The following is a brief outline of signs and symptoms as well as management of intoxication/overdose and withdrawals of commonly used substances in Tanzania.

Type of substance	Intoxication/Overdose		Withdrawal	
	Signs/Symptoms	Management	Signs/Symptoms	Management
Alcohol	• Slurred speech • In coordination • Unsteady gait • Nystagmus • Impairment in attention or memory • Stupor or coma[1]	**Treat as critically ill patient:** • Attention must be paid to airway, breathing and circulation • Monitoring of vital signs such as blood pressure, temperature, respiratory rate and pulse rate four hourly. • Monitor glucose blood levels and manage accordingly by giving intravenous fluids like 5 % dextrose and normal saline • Urgent referral in case of difficulty in breathing, blocked airway and persistent low blood pressure	**Acute** ß Tremor ß anxiety and agitation ß Sweating ß nausea and vomiting ß Headache ß sensory disturbances hallucinations **Sub acute (Delirium Tremens):** • Severe agitation • Gross tremulousness • Global confusion • Disturbances in consciousness • Disorientation • Hallucinations (visual and/or tactile or auditory) and illusions. • Other symptoms include – fever, profuse sweating, hypertension, tachycardia and vomiting).	Diazepam: Day 1: Loading dose 10-20mg four hourly. (Maximum of 60mg). Day 2: 10mg qid (maximum 40mg); Day 3: 10mg tds (maximum 30mg); Day 4/5: 10mg bd (maximum 20mg); Day 6/7: 10mg nocte (maximum 10mg). In case the patient presents with features of Delirium Tremens refer urgently to next level of care. Vitamin B complex tid. Supportive care:
Heroin	• Pinpoint pupils, • "Nodding off," • Drowsiness or coma, • Sweating • Slurred speech • Impairment in attention or memory • Perceptual disturbances	As above	• Yawning • Lacrimation, • Mydriasis • Diaphoresis • Rhinorrhea, • Sneezing • Tremor • Piloerection, papillary dilatation, • Diarrhea • Vomiting • Dysphoric mood • Sweating • Anorexia and nausea • Abdominal pain or cramps • Hot and cold flushes • Joint and muscle pain or twitching • Insomnia • Drug cravings • Restlessness / anxiety	• Reassurance and supportive care • Information • Hydration and nutrition • Medications to reduce severity of somatic complaints o Antiemetic: Promethazine (12.5-25mg bid). o Analgesic: Diclofenac Sodium (75mg IM Stat and 50mg bid). o Sleep disturbance: Diazepam(5-20 mg for 5 nights). pharmacotherapies[2]

Type of substance	Intoxication/Overdose		Withdrawal	
	Signs/Symptoms	**Management**	**Signs/Symptoms**	**Management**
Benzodiaze-pines	• Significant maladaptive behavioural or psychological changes that developed during, or shortly after, benzodiazepine use including: • Inappropriate sexual behaviour • Aggression • Mood changes, • impaired social functioning • Slurred speech • Uncoordinated movement • Nystagmus • Impairment of attention, judgement and memory • Stupor or coma	• As above	• Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100b/minutes) • Increased hand tremor • Insomnia • Nausea or vomiting • Transient visual, tactile, or auditory hallucinations or illusions • Psychomotor agitation • Seizures/convulsions	• Apply similar plan to Alcohol withdrawal management using diazepam • Tapering off diazepam dosage should be extended to about 6 to 12 weeks duration unlike in alcohol management which takes only one week • Urgently refer when symptoms are severe (convulsions/ stupor/coma etc).

Type of substance	Intoxication/Overdose		Withdrawal	
	Signs/Symptoms	**Management**	**Signs/Symptoms**	**Management**
Cannabis	• Maladaptive behavioural or psychological changes developing at least within 2 hours of cannabis use: such as : o impaired motor o coordination o euphoria, o anxiety, o sensation of slowed time, o impaired judgment, o social withdrawal • Red eyes (conjunctiva injection) • Short-lived increase in appetite • Dry mouth • Tachycardia • Others such as perceptual disturbances e.g hallucinations	• Uncomplicated intoxication rarely requires any treatment. • If a patient is potentially dangerous might have to be detained until the intoxication clears. • If a patient with panic during intoxication, calming down may be required either by *talking* or give diazepam 10 - 20 mg stat dose. • If psychotic, and troubling, may be treated with. Haloperidol, 3- 4.5 mg a day, for a maximum of 2 weeks.	• Psychological craving may be the only symptom in many situations. Others may be: • Mild anxiety, • Irritability, • Insomnia, • Decreased appetite, • Sweating • Restless and a fine tremor.	• No specific pharmacotherapy for managing cannabis withdrawal or relapse • Psychological cravings may be managed by simple counselling and advice

APPENDIX A: CONSEQUENCES OF ALCOHOL AND OTHER DRUG ABUSE

	Regular excessive alcohol use is associated with:
Alcohol	• Hangovers, aggressive and violent behaviour. • Accidents and injury. • Reduced sexual performance, premature ageing. • Deformities and brain damage in babies of pregnant women. • Digestive problems, ulcers, pancreas disease, high blood pressure. • Anxiety and depression. • Relationship difficulties, financial and work problems. • Difficulty remembering things and solving problems. • Stroke, permanent brain injury, muscle and nerve damage. • Liver disease. • Cancers, suicide. • Alcoholism.

	Regular use of cannabis is associated with:
Cannabis	• Problems with attention and motivation. • Anxiety, paranoia, panic, depression. • Decreased memory and problem solving ability. • High blood pressure. • Asthma, bronchitis. • Psychosis in those with a personal or family history of schizophrenia. • Heart disease and chronic obstructive airways disease. • Cancers. • Dependence. • Poor memory capacity. • Increased risk for violation of law. • Violent behaviours.

	Regular use of Opioid is associated with:
Opioid	• Itching, nausea and vomiting • Drowsiness • Constipation, tooth decay • Difficulty concentrating and remembering things • Reduced sexual desire and sexual performance • Relationship difficulties • Financial and work problems, violations of law • Tolerance and dependence, withdrawal symptoms • Overdose and death from respiratory failure • Infectious diseases such as HIV and Hepatitis B and C. • Violation of laws, e.g. steeling. • Dependence. • Injecting related problems (see appendix B).

	Regular use of cocaine is associated with:
Cocaine	• Difficulty sleeping, heart racing, headaches, weight loss. • Numbness, tingling, clammy skin, skin scratching or picking. • Accidents and injury, financial problems. • Irrational thoughts. Mood swings - anxiety, depression, mania. • Aggression and paranoia • Intense craving, stress from the lifestyle • Psychosis after repeated use of high doses • Sudden death from heart problems • Infectious diseases such as HIV and Hepatitis B and C. • Dependence.

	Regular use of sedatives is associated with:
Sedatives	• Drowsiness, dizziness and confusion • Difficulty concentrating and remembering things • Nausea, headaches, unsteady gait • Sleeping problems, anxiety and depression • Tolerance and dependence after a short period of use. • Severe withdrawal symptoms • Overdose and death if used with alcohol, opioid or other depressant drugs. • Dependence.

APPENDIX B: INJECTING DRUG USE

Injecting drugs is associated with increased risk of harm
This harm can come from:

- The substance
  - If you inject any drug you are more likely to become dependent.
  - If you inject amphetamines or cocaine you are more likely to experience psychosis.
  - If you inject heroin or other sedatives you are more likely to overdose.
- The injecting behaviour
  - If you inject you may damage your skin and veins and get infections.
  - You may cause scars, bruises, swelling, abscesses and ulcers.
  - Your veins might collapse.
  - If you inject into the neck you can cause a stroke.
- Sharing of injecting equipment
  - If you share injecting equipment (needles & syringes, spoons, filters, etc.) you are more likely to spread blood borne virus infections like Hepatitis B, Hepatitis C and HIV.

Injecting Risk reduction strategies

- It is safer not to inject
- If you do inject:
  - Always use clean equipment (e.g., needles & syringes, spoons, filters)
  - Always use a new needle and syringe
  - Don't share equipment with other people
  - Clean the preparation area
  - Clean your hands
  - Clean the injecting site
  - Use a different injecting site each time
  - Inject slowly
  - Put your used needle and syringe in a hard container and dispose of it safely
- If you use stimulant drugs like amphetamines or cocaine the following tips will help you reduce your risk of psychosis.
  - Avoid injecting and smoking.
  - Avoid using on a daily basis.
- If you use depressant drugs like heroin the following tips will help you reduce your risk of overdose.
  - Avoid using other drugs, especially sedatives or alcohol, on the same day
  - Use a small amount and always have a trial "taste" of a new batch
  - Have someone with you when you are using.
  - Avoid injecting in places where no-one can get to you if you do overdose.
  - Know the telephone numbers of the ambulance service.