

mood +

**substance
use**

CONTENTS:

WHO IS THIS BOOKLET FOR AND WHAT DOES IT DO?	1
WHAT IS MOOD?	1
WHAT ARE MOOD DISORDERS?	1
WHAT IS DEPRESSION?	2
WHAT IS BIPOLAR DISORDER?	3
HOW COMMON ARE MOOD DISORDERS?	4
WHAT CAUSES A MOOD DISORDER?	4
MOOD DISORDERS AND SUBSTANCE USE	4
WHEN SHOULD I SEEK HELP?	6
HOW ARE MOOD DISORDERS TREATED?	6
TIPS FOR STAYING WELL	7
TECHNIQUES FOR STAYING WELL	10
WHERE TO GET HELP	15

ABOUT THIS BOOKLET:

This booklet is part of a series on mental health and substance use funded by the Australian Government Department of Health and Ageing.

Substance use in this booklet refers to the use of alcohol, tobacco and other drugs.

Other booklets in this series include:

- *Trauma and Substance Use*
- *Psychosis and Substance Use*
- *Anxiety and Substance Use*
- *Personality and Substance Use*

Available at www.ndarc.med.unsw.edu.au

WHO IS THIS BOOKLET FOR AND WHAT DOES IT DO?

- This booklet has been written for people who use alcohol, tobacco or other drugs who are experiencing extreme moods, like feeling really 'down' or depressed, or really 'up' or elated.
- It aims to:
 - Help explain why some people feel the way they do.
 - Give suggestions about things people can do to help manage their mood and substance use.

WHAT IS MOOD?

- Mood refers to a person's emotional state such as feeling sad, happy, angry, or excited.
- Most people experience these emotions at different times. For some people, however, these emotions can be extreme or more long-lasting.
- Extreme moods can become a problem if they start to get in the way of daily life — that is, when they interfere with work, study, or responsibilities around the home, or when they have a negative impact on relationships with workmates, family or friends.
- If a person experiences extreme moods that are affecting their daily life, they may have a mood disorder.



WHAT ARE MOOD DISORDERS?

There are two main types of mood disorders:

1. Depression
2. Bipolar disorder

WHAT IS DEPRESSION?

- Everyone feels sad or depressed from time to time, especially when faced with stress, relationship breakdowns, or disappointment. Feeling sad or depressed in these circumstances is normal, and these feelings usually only last a short time, usually hours.
- Depression is when these feelings are experienced excessively (for most of the day) or for a long period of time (two weeks or more).
- Depression can affect the way a person feels physically and emotionally, the way they think and the way they behave (see Table 1). These effects can have a severe impact on a person's life.

Table 1: Symptoms of depression

Depression can affect the way you feel emotionally and physically, the way you think, and the way you behave. This table shows some common symptoms of depression.

Have you experienced any of these symptoms? Tick (✓) the box next to the symptoms that you have experienced.

Emotions

- Feeling sad, upset, worthless, guilty or numb
- Feelings of hopelessness and despair
- Loss of interest in activities that used to be enjoyable

Physical reactions

- Tiredness or lack of energy
- Restlessness or agitation
- Having trouble sleeping
- Changes in appetite, eating habits and weight
- Loss of interest in sex

Thoughts

- Having trouble remembering things or concentrating
- Difficulty making decisions
- Having negative thoughts about yourself, others and the future
- Thoughts of suicide

Behaviours

- Withdrawing from friends or family
- Crying a lot or feeling unable to cry
- Moving or talking more slowly than usual
- Outbursts of irritability or anger

WHAT IS BIPOLAR DISORDER?

- People with bipolar disorder experience periods of elevated mood. These periods of elevated mood are called 'manic episodes' or 'mania'.
- As with depression, mania can affect the way a person feels physically and emotionally, the way they think and the way they behave (see Table 2). These effects can have a severe impact on a person's life, and are often the opposite to the effects of depression.
- Most people with bipolar disorder also experience periods of depression. In between episodes of depression and mania, the person is usually completely well.
- However, some people with bipolar disorder experience mania but do not experience periods of depression. Others experience both depression and mania at the same time.

Table 2. The symptoms of mania

Have you experienced any of these symptoms? Tick (✓) the box next to the symptoms that you have experienced.

Emotions

- Elevated mood
- Exaggerated self-esteem
- Agitation

Physical reactions

- Talking more or talking more rapidly
- Decreased need for sleep
- Increased energy

Thoughts

- Racing thoughts
- Easily distracted
- Difficulty concentrating
- Impaired judgement

Behaviours

- Increase in goal-directed activity (e.g., at work or socially)
- Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., buying sprees, sexual indiscretions, dangerous driving)

HOW COMMON ARE MOOD DISORDERS?

- Mood disorders are very common. Approximately 6% of Australians experience mood disorders each year. Females are more likely than males to experience a mood disorder.
- Depression is the most common mood disorder, with around one in twenty, or 5%, of Australians experiencing it each year.
- Bipolar disorder is less common, with approximately 1% of Australians experiencing it each year.
- Mood disorders are even more common among people who have alcohol, tobacco or other drug problems. Over 17% of people who have an alcohol or other drug disorder have depression, and over 4% have bipolar disorder.
- If you have a mood disorder, you are not alone.

WHAT CAUSES A MOOD DISORDER?

- There is no single cause of mood disorders. However, there are several factors that can contribute to the development of a mood disorder such as:
 - A family history of depression or mood disorders
 - Chemical imbalances in the brain
 - Life experiences (e.g., stress)
 - Significant life events (e.g., child birth, menopause, bereavement)
 - Alcohol or other drug use

MOOD DISORDERS AND SUBSTANCE USE

- Sometimes people use alcohol, tobacco or other drugs to cope with their depressive or manic episodes. This is often called 'self-medication'.
- While alcohol, tobacco or other drug use may provide short-term relief from depression or mania, in the long-term, it can actually make them worse. These symptoms can also be heightened when people are craving alcohol, tobacco or other drugs, or when they are coming down or withdrawing from alcohol, tobacco or other drugs.
- This can lead to a cycle where the person's mood and alcohol, tobacco or other drug use feed off each other (see Figure 1). Some people find that they develop alcohol, tobacco or other drug problems because they feel that they need to drink or use greater amounts more frequently to cope with their moods.

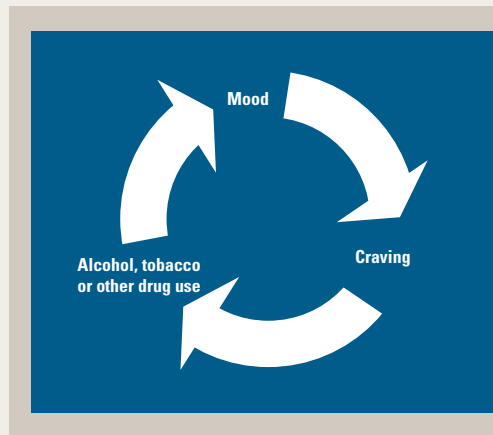


Figure 1: Cycle of mood, cravings, and alcohol, tobacco or other drug use

What happens to your mood when you reduce or stop drinking, smoking or using? Do you notice any changes?



What happens to your alcohol, tobacco or other drug use when your mood is low? What happens to your use when your mood is elevated?

WHEN SHOULD I SEEK HELP?

- If you believe your moods are a problem or if you answer yes to any of the following questions, you should seek professional assistance (see pages 15–16):
 - Are your symptoms very distressing?
 - Do they interfere with your home, work, study, relationships or social life?
 - Do you use alcohol, tobacco or other drugs to cope?
 - Have you thought about harming yourself or others?

HOW ARE MOOD DISORDERS TREATED?

- Mood disorders can be treated effectively. Both psychological therapy and medication can help people affected by mood disorders.
- Often by learning how to better manage their moods, a person can learn how to better manage their substance use.

Psychological therapy

- Psychological treatments usually involve therapy that is focused on changing unhelpful patterns of thinking, behaviours and beliefs.
- Cognitive behaviour therapy (CBT) is commonly used in the treatment of depression and bipolar disorder, and has the best evidence of improving these conditions. CBT is also effective for managing substance use, so treatment can often be combined to target both a person's mood and substance use problems. This type of therapy is aimed at changing patterns of thinking, behaviours and beliefs.
- If you're interested in seeing a psychologist, your GP can help you by preparing a mental health plan, and referring you to an appropriate psychologist.

Medication

- Medication may be helpful alongside psychological therapy. Anti-depressant medication in particular can help depressive feelings, restore normal sleep patterns and appetite, and reduce anxiety. Mood stabilisers can also help balance out the mood swings people experience with bipolar disorder.
- Medications can be helpful in managing your moods; however, some people experience unpleasant and distressing side effects. In most instances there is a choice of medication available, but it may take time to establish which medication is best suited to your needs. Tell your doctor about any side effects that are distressing you.

Interactions with alcohol, tobacco or other drugs

- It is very important that you follow your doctor's instructions when taking any medication that has been prescribed to you.
- Before being prescribed medication, it is important to tell your doctor about your alcohol, tobacco or other drug use so that they may give you the best possible care. Alcohol, tobacco and other drugs can interact with some prescription medications, and this interaction may alter the effectiveness of the medication. Mixing prescribed medications with alcohol or other drugs can also have dangerous consequences including overdose and possibly death.
- If you use alcohol, tobacco or other drugs and are on medication, let your doctor know if you are planning to stop using alcohol, tobacco or other drugs. When you stop drinking, smoking or using, the blood concentrations of other medications can also be affected. The doctor may need to adjust the dose of your medication.

TIPS FOR STAYING WELL

There are a number of things you can do to look after yourself:

- **Recognise early warning signs.** Warning signs are signals that you may be more likely to experience an episode of depression or mania. You may recognise that you are changing in how you think, act or feel. Some common warning signs for depression include wanting to stay in bed longer or having trouble sleeping, skipping meals or eating unhealthily, having difficulty concentrating, feeling irritable or stressed, and wanting to spend a lot of time alone or feeling teary. Early warning signs of mania include not sleeping well, jumbled or multiplied thoughts, a sense of urgency towards your goals, feeling very energetic and much more impulsive than usual for you, and feeling agitated or emotionally out of control. You can learn to identify your warning signs by thinking about the signs and symptoms you experienced when you became unwell in the past.
- **Take care of yourself.** Make sure you eat healthily and get regular exercise. Symptoms of depression can lead to stress and anxiety, and exercise can help reduce these by giving you an outlet for the stress that has built up in your body.
- **Plan to do something you enjoy each day.** This doesn't have to be big or expensive, as long as it is enjoyable and provides something to look forward to that will take your mind off your worries.

What are some things that you like to do that are pleasant or enjoyable?



- **Take time out from stress.** Stress and anxiety can make any problem seem worse. Try to reduce stress and anxiety by giving yourself time away from things that cause these feelings. You can use techniques such as *controlled breathing* or *mindfulness* (these techniques are described on pages 10–12), or any other activity you find enjoyable (e.g., reading, listening to music, going for a walk). These techniques can also help you manage your cravings or urges to use alcohol, tobacco or other drugs.
- **Avoid or limit your use of alcohol, tobacco or other drugs.** Alcohol, tobacco and other drugs can intensify your moods. It is recommended that no more than two standard drinks should be consumed each day (for further information refer to the Australian Drinking Guidelines). Avoid high doses of substances, and risky drug taking behaviour, such as injecting drug use. Take regular breaks from drinking or using, and avoid using multiple different types of drugs. If you have been drinking, smoking or using regularly it can be difficult to cut down. The activities listed on pages 10–14 of this booklet may help you cope with your cravings and urges to use.
- **Take medication as prescribed.** Avoid mixing prescribed medication with alcohol, tobacco or other drugs, as this could have dangerous consequences, such as making prescribed medication ineffective or increasing the effects of alcohol or other drugs.

TECHNIQUES FOR STAYING WELL

The activities and techniques on the following pages can be used to help you manage your depression or mania symptoms and to control cravings to use alcohol, tobacco and other drugs. You can also use them every day as part of a general plan to stay well. While many people find the techniques on the following pages useful, they don't work for everyone. Do not use them if you find them distressing or unpleasant — it is important to find what works best for you.

Controlled Breathing Exercise

Have you noticed sometimes that you're breathing too fast? Stress can affect your heart rate and breathing patterns.

A relaxed breathing rate is usually 10 to 12 breaths per minute.

Practise this exercise three to four times a day when you're feeling stressed or anxious so that you can use this as a short-term coping strategy.

- 1 Time the number of breaths you take in one minute. Breathing in, then out is counted as one breath.
- 2 Breathe in, hold your breath and count to five. Then breathe out and say the word 'relax' to yourself in a calm, soothing manner.
- 3 Start breathing in through your nose and out slowly through your mouth, in a six-second cycle. Breathe in for three seconds and out for three seconds. This will produce a breathing rate of 10 breaths per minute. In the beginning, it can be helpful to time your breathing using the second hand of a watch or clock.
- 4 Count to yourself.
- 5 Continue breathing in a six-second cycle for at least five minutes or until the symptoms of over breathing have settled.
- 6 After practising this exercise, time the number of breaths you take in one minute. Practise the controlled breathing exercise each day before breakfast, lunch, dinner and bedtime. Use the technique whenever you feel anxious. Gradually, you'll be familiar enough with the exercise to stop timing yourself.

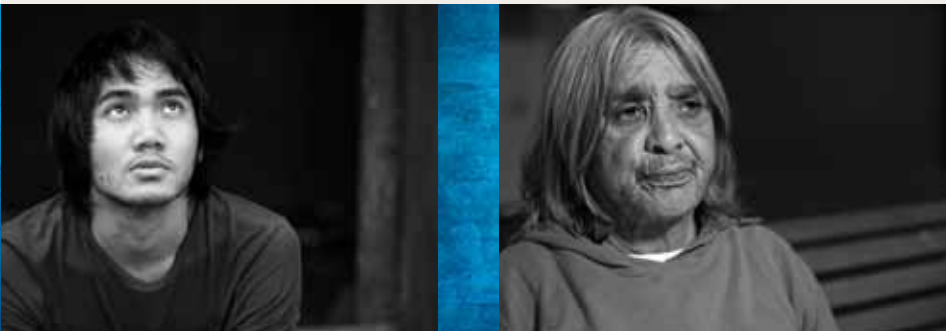
Mindfulness

Mindfulness is a technique that helps you focus on your internal or external environment, without being distracted or concerned by what surrounds you. Mindfulness can be applied to any task that you do, such as doing the washing up, or brushing your teeth for example. This particular activity is to show you how to use mindfulness skills to pay particular attention to a routine activity (walking). This technique might seem difficult to start with, but if you practise, it will become easier.

- 1 First, find a place where you can walk up and down without worrying about who might see you. It doesn't matter where you are, as long as you can take about 10 steps.
- 2 Stand in a relaxed posture with your feet pointing straight ahead and your arms hanging loosely by your sides. Look straight ahead.
- 3 You will practise walking like it is the first time you have ever walked. Start walking and while you are walking, practise paying attention to all the physical and other sensations that occur — sensations that you probably would not normally be aware of. Start by bringing your focus to the bottoms of your feet, noticing what it feels like where your feet contact the ground. Feel the weight of your body transmitted through your legs and feet to the ground. You may like to flex your knees slightly a couple of times to feel the different sensations in your feet and legs.
- 4 Next, transfer your weight onto the right foot, noticing the change in physical sensations and your legs and feet as your left leg 'empties' of weight and pressure and your right leg takes over as support for your body.
- 5 With the left leg 'empty', allow your left heel to rise slowly from the floor, noticing the change in sensations in your calf muscles as this happens. Allow the entire left foot to lift gently off the floor until only your toes are still in contact with the ground. Slowly lift your left foot completely off the floor and move your left leg forward, noticing the physical sensations in your feet, legs and body change as your leg moves through the air.
- 6 Place your left heel on the ground in front of you and allow the rest of your left foot to make contact with the floor. As this happens, notice the changes in physical sensations that occur as you transfer the weight of your body onto your left foot from your right foot. Allow your right foot to 'empty' of weight.

Mindfulness continued

- 7 Repeat this process with the right foot. First lift your right heel off the ground, then the rest of your foot, and move it slowly forward, noticing the changes in physical sensations that occur throughout this motion.
- 8 Keep repeating this process as you slowly move from one end of your walk to the other, being aware of the particular sensations in the bottoms of your feet and heels as they make contact with the floor, and the muscles in your legs as they swing forward.
- 9 Continue this process up and down the length of your walk for about 10 minutes, being aware as best you can.
- 10 Your mind will wander away from this activity during your 10 minutes of practice. This is normal — it's what minds do. When you notice this has happened, gently guide the focus of your attention back to the sensations in your feet and legs, paying particular attention to the contact your feet have with the floor. This will help you stay in the present moment, concentrating on what is happening now, rather than worrying about the past or the future.
- 11 To begin with, walk more slowly than usual, to give you a better opportunity to practise this exercise. Once you feel comfortable with the exercise, you may like to experiment with different speeds of walking. If you are feeling agitated, you may like to start off walking fast, with awareness that this is what you are doing, and then slow down naturally as you begin to settle.
- 12 Try to work this activity into your daily routine — practise when you are walking to the bus, or to the shops, or around the house.



Coping with Cravings

The easiest way to cope with cravings or urges to use alcohol, tobacco or other drugs is to **try to avoid** them in the first place. This can be done by reducing your exposure to craving triggers (e.g., getting rid of drugs and fits/pipes in the house, not going to parties or bars, reducing contact with friends who use, and so on). Sometimes cravings can't be avoided, and you need to find ways to cope with them.

Cravings are time-limited, that is, they usually last only a few minutes and at most a few hours. Rather than increasing steadily until they become unbearable, they usually peak after a few minutes and then die down, like a wave. Every wave/craving starts small, and builds up to its highest point, before breaking and flowing away.

Cravings will occur less often and feel less strong as you learn how to cope with them. Each time a person does something other than use in response to a craving, the craving will lose some of its power. The peak of the craving wave will become smaller, and the waves will be further apart.

Below are some things for you to try out, to cope with the symptoms of cravings. Put a tick (✓) in the box next to those things you think you could do.

Eat regularly, even when you don't feel like it.

Drink plenty of water — especially when you get a craving.

Instead of drinking, smoking or using, **drink water or chew gum**.

Use '**Delaying**' and '**Distraction**' when your craving is set off. When you experience a craving, put off the decision to drink or use for 15 minutes. Go and do something else like go for a walk, read, listen to music, or do the dishes etc. This will help you to break the habit of immediately reaching for alcohol, tobacco or other drugs when a craving hits. You will find that once you are interested in something else, the craving will go away.

What are some things you could do to distract yourself?

Coping with Cravings continued

- Use the **relaxation** and **deep breathing** techniques described earlier to cope with a craving once it is set off. If a craving develops in response to stressful situations, relaxation techniques and deep breathing exercises are really useful.
- Ride out the craving by 'urge surfing'**. Form a picture in your mind of a wave at the beach. This is a craving wave, and remember that the craving wave will build up to its highest point, and then fall away as it rolls into shore. Picture the craving wave building up, getting ready to break, see it break, see the foam form, and see the wave fade away as it rolls into shore. Now, picture yourself riding the wave, surfing the craving wave into shore. You don't fall off, you don't get dumped and churned around, just picture yourself calmly surfing the craving wave into shore.
- Talk to someone**, perhaps a friend or family member, about craving when it occurs.
- Use **positive self-talk**. Tell yourself that cravings only last about 10 minutes. Tell yourself 'this feeling will pass'. You will find that the urges and cravings themselves will be easier to deal with. Say to yourself, 'yes, this feels pretty bad, but I know it will be over soon'.
- Challenge and change your thoughts**. When experiencing a craving, many people have a tendency to remember only the positive effects of using drugs and often forget the negative consequences of using. Remind yourself of the benefits of not using and the negative consequences of using. This way, you can remind yourself that you really don't feel better if you have 'just one drink' and that you stand to lose a lot by drinking, smoking or using.

Are there other things you do that help you cope with cravings?

WHERE TO GET HELP

The best place to start is to **see a doctor**. They can provide you with further information and a referral to an appropriate health professional. The organisations below may also be useful.

Talking with trusted **family members or friends** can also be very helpful. Your support network can assist you in making decisions, help you access services, and give you vital support through your recovery.

National

Family Drug Support:	1300 368 186
Lifeline:	13 11 14
Quitline:	13 78 48
SANE Helpline:	1800 187 263

ACT:

Alcohol & Drug Information Service:	(02) 6207 9977
Canberra Alliance for Harm Minimisation and Advocacy:	(02) 6279 1670

NSW:

Alcohol & Drug Information Service:	(02) 9361 8000 or 1800 442 599
NSW Users and AIDS Association:	(02) 8354 7300 or 1800 644 413

NT:

Alcohol & Drug Information Service:	(08) 8922 8399 or 1800 131 350
Northern Territory AIDS & Hepatitis Council:	(08) 8953 3172

QLD:

Alcohol & Drug Information Service:	(07) 3837 5989 or 1800 177 833
QLD Injectors Health Network:	(07) 3620 8111 or 1800 172 076
Queensland Intravenous AIDS Association:	(07) 3620 8111

SA:

Alcohol & Drug Information Service:	1300 131 340
South Australian Voice in IV Education:	(08) 8334 1699

TAS:

Alcohol & Drug Information Service:	(03) 6230 7901 or 1800 811 994
Tasmanian Council on AIDS, Hepatitis & Related Diseases:	(03) 6234 1242

VIC:

Alcohol & Drug Information Service: (03) 9416 1818 or 1800 888 236
 Harm Reduction Victoria: (03) 9329 1500
 Victorian Drug Users Group: (03) 9329 1500

WA:

Alcohol & Drug Information Service: (08) 9442 5000 or 1800 198 024
 Western Australia Substance Users Association: (08) 9321 2877

There are also some **helpful websites** which give information and guidance. Here are some:

Anxiety Online: www.anxietyonline.org.au
 Australian Centre for Posttraumatic Mental Health: www.acpmh.unimelb.edu.au
 Australian Drinking Guidelines: www.alcohol.gov.au
 Australian Drug Information Network: www.adin.com.au
 Beyondblue: www.beyondblue.org.au
 Black Dog Institute: www.blackdoginstitute.org.au
 Clinical Research Unit for Anxiety and Depression: www.crufad.unsw.edu.au
 Drug information and advice: www.saveamate.org.au
 Drug information and research: www.druginfo.adf.org.au
 Drug information, services, information and shared stories: www.somazone.com.au
 Dual Diagnosis: Australia and New Zealand: www.dualdiagnosis.org.au
 Family Drug Support: www.fds.org.au
 Headspace: www.headspace.org.au
 HIV, sexual health and drug information for lesbian, gay, bisexual and transgender communities: www.acon.com.au
 Mental Illness Fellowship: www.mifa.org.au
 Quitnow: www.quitnow.info.au
 Reach Out!: www.reachout.com.au
 SANE: www.sane.org





© National Drug and Alcohol Research Centre 2011

This booklet was produced by the National Drug and Alcohol Research Centre. It was written by Katherine Mills, Christina Marel, Amanda Baker, Maree Teesson, Glenys Dore, Frances Kay-Lambkin, Leonie Manns and Tony Trimmingham. Thank you to everyone who was involved in developing this booklet.

Designed and typeset by Peta Nugent

ISBN 978-0-7334-3046-6

This booklet is part of a series on mental health and substance use funded by the Australian Government Department of Health and Ageing.

This booklet has been written for people who use alcohol, tobacco or other drugs who are experiencing extreme moods, like feeling really 'down' or depressed, or really 'up' or elated.

It aims to:

- Help explain why some people feel the way they do.
- Give suggestions about things people can do to help manage their mood and substance use.

Other booklets in this series and further information on mental health and substance use are available at www.ndarc.med.unsw.edu.au

