

**personality** +

**substance  
use**



# CONTENTS:

WHAT ARE PERSONALITY TRAITS?	1
WHAT IS A PERSONALITY DISORDER?	1
HOW COMMON ARE PERSONALITY DISORDERS?	4
WHAT CAUSES PERSONALITY DISORDERS?	4
PERSONALITY DISORDERS AND SUBSTANCE USE	4
WHEN SHOULD I SEEK HELP?	5
HOW ARE PERSONALITY DISORDERS TREATED?	5
TIPS FOR STAYING WELL	6
TECHNIQUES FOR STAYING WELL	9
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*
- *Mood and Substance Use*
- *Psychosis and Substance Use*
- *Anxiety and Substance Use*

**Available at [www.ndarc.med.unsw.edu.au](http://www.ndarc.med.unsw.edu.au)**

## WHAT ARE PERSONALITY TRAITS?

- Personality traits refer to a person's individual patterns of thinking, feeling, and behaving.
- These patterns of thinking and behaving usually begin in childhood and continue through to adulthood.
- Our personality traits make us who we are — they are what make each of us unique.
- However, personality traits can be a problem when they cause problems with relationships, education or employment, and sometimes with the law.
- If patterns of thinking, feeling, or behaving are creating lots of problems in many areas of a person's life, they may have a personality disorder.

## WHAT IS A PERSONALITY DISORDER?

- There is a wide range of personality disorders (see Table 1). All of them involve *pervasive* patterns of thinking and behaving, which means that the patterns exist in every area of a person's life (that is, work, study, home, leisure and so on).
- The most significant feature of personality disorders is their negative effect on personal relationships. A person with an untreated personality disorder often has difficulty forming long-term, meaningful, and rewarding relationships with others.
- Individuals with a personality disorder are generally not upset by their own thoughts and behaviours, but may become distressed by the consequences of their behaviours.



**Table 1.** Types of personality disorders**Paranoid personality**

A person with paranoid personality disorder is distrustful and suspicious of others, and believes that others' motives are hostile.

**Schizoid personality**

A person with schizoid personality disorder is detached from social relationships, and has a limited ability to express emotions around others.

**Schizotypal personality**

A person with schizotypal personality disorder has difficulty forming close relationships, and is very uncomfortable around others. This person might also have jumbled thoughts and behave oddly.

**Antisocial personality**

A person with antisocial personality disorder disregards and violates the rights of others, with a lack of remorse for the impact of their behaviour on others.

**Histrionic personality**

A person with histrionic personality disorder is overly emotional, and excessively seeks the attention of others.

**Narcissistic personality**

A person with narcissistic personality disorder strongly believes in their own greatness, and may behave in ways that show this. They may also seek admiration from others, and have trouble understanding the thoughts, feelings and needs of others.

**Avoidant personality**

A person with avoidant personality disorder avoids social interaction with others for fear of criticism, disapproval or rejection.

**Dependent personality**

A person with dependent personality disorder feels an extreme need to be taken care of. This may lead to a person giving in very easily, being overly clingy and afraid of separation.

**Obsessive-compulsive personality**

A person with obsessive compulsive personality disorder is extremely controlled, orderly, and perfectionistic. Their rigid attention to detail, rules and procedures may interfere with their ability to function effectively.



## HOW COMMON ARE PERSONALITY DISORDERS?

- Personality disorders are common. Approximately one in ten people have a personality disorder.
- Personality disorders are even more common among people with alcohol, tobacco or other drug problems. About half of all people with alcohol or other drug problems also have a personality disorder.
- The most common personality disorders seen among people with alcohol or other drug problems are antisocial and borderline personality disorders.
- If you have a personality disorder, you are not alone.

## WHAT CAUSES PERSONALITY DISORDERS?

- Personality disorders develop in childhood and the patterns of thinking and behaving become more ingrained as a person gets older.
- There is no single cause of personality disorders. However, there are several factors that may contribute to the development of personality disorders, such as:
  - Family history
  - Chemical imbalances in the brain
  - Life experiences (e.g., childhood abuse, neglect or separation from caregivers, growing up with parents who were over-involved or under-involved)

## PERSONALITY DISORDERS AND SUBSTANCE USE

- Sometimes people use alcohol, tobacco or other drugs to cope with negative emotions. This is often called 'self-medication'.
- Other aspects of a person's personality may also affect their alcohol, tobacco or other drug use. For example, people who have antisocial traits may use substances because it is a 'deviant' behaviour, and people who are 'avoidant' may use substances to help them cope with anxiety in social situations.
- Regardless of the reasons why people use, some find that they develop alcohol, tobacco or other drug problems because they need to drink, smoke or use greater amounts more frequently to get the effect they want.
- Some people also find that alcohol, tobacco or other drug use makes some of their problematic personality traits worse and can make difficult relationships even more complicated.

## WHEN SHOULD I SEEK HELP?

- If you believe your behaviours are a problem or if you answer yes to any of the following questions, you should seek professional assistance (see pages 15–16):
  - Do you have pervasive personality traits that cause you or others distress?
  - Do your personality traits or substance use 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 PERSONALITY DISORDERS TREATED?

- Effective treatments are available. Both psychological therapy and medication can help people with personality disorders.
- The type of treatment depends on the type of personality disorder.

### Psychological therapy

- Psychological treatments usually involve therapy that is focused on coping with negative emotions, learning how to interact with people in different situations, understanding and changing underlying beliefs that may contribute to some maladaptive personality traits, and managing self-harm and suicidal behavior.
- Some of the most common psychological treatments are cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT).
- 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.

### Cognitive behaviour therapy (CBT)

- CBT is a psychological treatment where a person works with a therapist to look at their patterns of thinking (cognition) and acting (behaviour). Once negative thinking patterns can be identified, a person can make changes to replace them with ones that promote good moods, more realistic thoughts, and better coping skills. This type of therapy also encourages a person to participate in activities they previously enjoyed, and increase activities that give them pleasure or a sense of achievement.



### **Dialectical behaviour therapy (DBT)**

- DBT is a type of psychological therapy that focuses on changing behaviour. DBT helps a person develop skills which can help them remain grounded, in control of their body and mind, cope with interpersonal conflict, deal with stressful situations and retain control of their emotions. In this way, DBT is a type of therapy that teaches skills for coping with feelings, which can then affect a person's behaviours.

### **Medication**

- Medication may also be helpful alongside psychological therapy. The type of medication depends on the personality disorder, but might include anti-depressants, mood-stabilisers, or anti-psychotic medications.
- Medications can be helpful in managing your emotions; however, some people experience unpleasant and distressing side effects. In most instances there is a choice of medication, 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, so 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:

- **Take care of yourself.** Make sure you eat healthily and get regular exercise. Exercise provides 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 something 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?



- **Make time for rest and relaxation.** Stress and anxiety can make any problems seem worse. It is important to try and reduce stress and anxiety by giving yourself time to rest and relax. You can use techniques such as *controlled breathing*, *progressive muscle relaxation*, or *mindfulness* (these techniques are described on pages 9–12), or any other activity you find relaxing (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 some problematic personality traits. 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 9–14 of this booklet may help you cope with your cravings and urges to use.



## TECHNIQUES FOR STAYING WELL

The activities and techniques on the following pages can be used to help you manage your personality symptoms and as well as any 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.

- 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.



## Progressive Muscle Relaxation

Progressive muscle relaxation involves tensing and relaxing different muscle groups one after the other. It helps to reduce physical and mental tension. A full session of relaxation takes about 15 to 20 minutes.

- 1 Sit in a comfortable chair in a quiet room.
- 2 Put your feet flat on the floor and rest your hands in your lap.
- 3 Close your eyes.
- 4 Do the controlled breathing exercise for three minutes.
- 5 After three minutes of controlled breathing, start the muscle relaxation exercise below.
- 6 Tense each of your muscle groups for 10 seconds, then relax for 10 seconds, in the following order:
  - » **Hands:** clench your hands into fists, then relax
  - » **Lower arms:** bend your hands up at the wrists, then relax
  - » **Upper arms:** bend your arms up at the elbow, then relax
  - » **Shoulders:** lift your shoulders up, then relax
  - » **Neck:** stretch your neck gently to the left, then forward, then to the right, then backwards in a slow rolling motion, then relax
  - » **Forehead and scalp:** raise your eyebrows, then relax
  - » **Eyes:** close your eyes tightly, then relax
  - » **Jaw:** clench your teeth, then relax
  - » **Chest:** breathe in deeply, then breathe out and relax
  - » **Stomach:** pull your tummy in, then relax
  - » **Upper back:** pull your shoulders forward, then relax
  - » **Lower back:** while sitting, roll your back into a smooth arc, then relax
  - » **Buttocks:** tighten your buttocks, then relax
  - » **Thighs:** push your feet firmly into the floor, then relax
  - » **Calves:** lift your toes off the ground, then relax and
  - » **Feet:** gently curl your toes down, then relax
- 7 Continue controlled breathing for five more minutes, enjoying the feeling of relaxation.

## 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

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

### ACT:

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

### NSW:

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

### NT:

Alcohol & Drug Information Service:	<b>(08) 8922 8399</b> or <b>1800 131 350</b>
Crisis Line:	<b>1800 019 116</b>
Northern Territory AIDS & Hepatitis Council:	<b>(08) 8953 3172</b>

### QLD:

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

### SA:

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

### TAS:

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

**VIC:**

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

**WA:**

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

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

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





© 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 978-0-7334-3045-9

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

Personality traits refer to a person's individual patterns of thinking, feeling, and behaving. Our personality traits are what make us unique.

Personality traits can become problematic when they cause problems with relationships, education or employment, substance use and sometimes with the law. This booklet aims to help you manage difficulties you may be having in these areas.

Other booklets in this series and further information on mental health and substance use are available at [www.ndarc.med.unsw.edu.au](http://www.ndarc.med.unsw.edu.au)

