

**psychosis +**

**substance  
use**

The background of the lower half of the image is a dark, textured purple. In the center, there is a faint, ethereal face with glowing blue and cyan highlights, particularly around the eyes and mouth, giving it a spectral appearance.

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## 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*
- *Anxiety and Substance Use*
- *Personality and Substance Use*

**Available at [www.ndarc.med.unsw.edu.au](http://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 symptoms of psychosis.
- It aims to:
  - Help explain why some people feel the way they do.
  - Give suggestions about things people can do to help manage the symptoms of psychosis and substance use.

## WHAT IS PSYCHOSIS?

- Psychosis is a collection of symptoms that occur together over a period of time. The most prominent symptoms of psychosis are **delusions** and **hallucinations** where a person loses touch with reality, and has trouble telling the difference between what is real and what is not. Psychosis can affect the way a person thinks, feels and behaves (see Table 1).



## WHAT IS SUBSTANCE-INDUCED PSYCHOSIS?

- Substance-induced psychosis is a form of psychosis brought on by alcohol or other drug use. It can also occur when a person is withdrawing from alcohol or other drugs.
- The most common symptoms include visual hallucinations, disorientation and memory problems.
- Symptoms usually appear quickly and resolve within days to weeks. However, the person may have another psychotic episode in the future if they use that drug again.
- While substance-induced psychosis is typically brief, alcohol or other drug use can trigger the onset of longer-lasting psychotic disorders in individuals who are predisposed to developing them.

**Table 1. Symptoms of psychosis**

Psychosis 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 psychosis.

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

### Thoughts

- Jumbled or disorganised thoughts
- Delusions — false beliefs that usually involve a misinterpretation of perceptions or experiences (e.g., thinking that someone is out to get you, that you have special powers, or that passages from the newspaper have special meaning for you)
- Hallucinations — seeing, hearing, smelling, sensing or tasting things that others cannot

### Feelings

- Confusion
- Fear
- Agitation
- Lack of interest in activities

### Behaviours

- Difficulty carrying on or keeping track of conversations
- Having trouble remembering things
- Difficulty maintaining hygiene and other daily activities
- Inappropriate behaviour (e.g., silliness, laughing inappropriately)
- Becoming angry or upset for no particular reason
- Becoming very inactive or lethargic
- Becoming completely unaware of the surrounding environment

## WHAT ARE PSYCHOTIC DISORDERS?

- There are several different types of psychotic disorders (see Table 2). Psychotic disorders are characterised based on the type of symptoms experienced and how long the person has had them. Some people experience short episodes of psychosis that last a few days or weeks. Others, such as those with schizophrenia, experience longer episodes of psychosis.
- Psychotic symptoms may also be present in people with major depressive disorder or bipolar disorder. For further information on these conditions please see the booklet *Mood and Substance Use* in this series. Psychotic symptoms may also arise from a medical condition (e.g., head injury, brain tumour).

**Table 2. Types of psychotic disorders**

### **Brief psychotic disorder**

A person with brief psychotic disorder experiences psychotic symptoms for less than one month. Symptoms are usually triggered by an extremely stressful event (e.g., death of a loved one).

### **Schizophreniform disorder**

This is when a person has symptoms similar to schizophrenia, that last more than one month, but less than six months.

### **Schizophrenia**

A diagnosis of schizophrenia is given when a person has had symptoms of psychosis for at least six months. The major symptoms of schizophrenia include delusions, hallucinations and jumbled thoughts. A person with schizophrenia might also have thinking difficulties (e.g., trouble concentrating and remembering things much more than usual); they might experience loss of motivation to perform everyday activities; they could have a significant reduction in their ability to experience and express emotions; and they might withdraw from social settings and personal relationships.

### **Schizoaffective disorder**

A person with schizoaffective disorder experiences the symptoms of schizophrenia as well as the symptoms of a mood disorder, such as depression or mania. For more information on mood disorders, see the booklet *Mood and Substance Use*.

### **Delusional disorder**

A person with delusional disorder has strong beliefs about things that could occur in real life but which are not true. For example, they might think that people are following them, or are listening in to their phone calls. These beliefs need to be present for at least one month.

## HOW COMMON IS PSYCHOSIS?

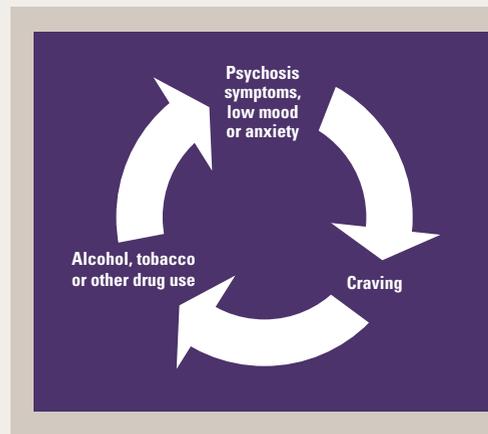
- Psychosis is not uncommon — about three in one hundred Australians will experience a psychotic episode at some point during their life. People with psychosis are much more likely to have an alcohol, tobacco or other drug problem than people who do not experience psychosis.

## WHAT CAUSES PSYCHOSIS?

- The causes of psychosis are not fully understood. However, it is likely that a combination of factors lead to the development of psychosis or psychotic disorders, including:
  - A family history of psychosis or psychotic disorders
  - Chemical imbalances in the brain
  - Life experiences (e.g., stress, traumatic events, illness)
  - Alcohol or other drug use

## PSYCHOSIS AND SUBSTANCE USE

- As mentioned in the section of this booklet on substance-induced psychosis, alcohol or other drug use (or withdrawal) can trigger a psychotic episode.
- People who have experienced a substance-induced psychotic episode are at high risk of experiencing another psychotic episode in the future if they use that drug again.
- People who have experienced psychosis tend to be particularly sensitive to the effects of drugs and can experience negative effects even at very low levels of use.
- Sometimes people with psychotic disorders use alcohol or other drugs to help them cope with their symptoms of psychosis. This is often called 'self medication'. While this may provide some short-term relief from symptoms, alcohol and other drug use can make a person's existing symptoms worse. In addition, some people find that they develop alcohol or other drug problems because they use greater amounts more frequently to cope with their psychosis.
- This can lead to a cycle where psychosis symptoms and alcohol or other drug use feed off each other (see Figure 1).



**Figure 1:** Cycle of psychosis symptoms, cravings, and alcohol, tobacco or other drug use

**What happens to your symptoms of psychosis 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 you are experiencing symptoms of psychosis?**

**Aside from using alcohol, tobacco or other drugs, what are some other things you can do to distract yourself from your symptoms of psychosis (e.g., going for a walk, listening to music, reading a book, watching TV and so on)? Are there situations where your psychotic symptoms don't seem so bad?**

## WHEN SHOULD I SEEK HELP?

- Early intervention is very important in the treatment of psychosis. The sooner a person gets treatment, the less likely they are to develop a long-term psychotic disorder.
- If you believe psychosis may be a problem for you, or if you answer yes to any of the following questions, you should seek professional assistance (see pages 15–16):
  - Have you experienced hallucinations or delusions?
  - 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 PSYCHOTIC SYMPTOMS TREATED?

- Effective treatments are available. Both psychological therapy and medication can help people affected by psychosis.

### Psychological therapy

- Psychological treatments usually involve hands-on support and guidance which is aimed at teaching you about the early warning signs of psychosis. Treatments are also aimed at stress management and anxiety, relaxation training, employment programs, social and living skills training and family education, as well as drug and alcohol programs. These treatments will also encourage you to keep healthy and get plenty of exercise.
- 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. There are many different types of medication, which include anti-psychotic and anti-depressant medications.
- Medications can be helpful in managing your psychotic symptoms; 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 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:

- **Recognise early warning signs.** Early warning signs of psychosis include not sleeping well, feeling more anxious, stressed or fearful than usual, hearing or seeing things, and feeling 'strange'. If you experience these symptoms, it is important that you seek professional help to reduce the risk of developing long-term psychosis.
- **Take care of yourself.** Make sure you eat healthily and get regular exercise. Exercise can help 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 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?**

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- **Make time for rest and relaxation.** Stress and anxiety can make any problems seem worse. Try to 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 your psychotic symptoms. 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.
- **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.
- **Seek support.** Everybody needs support. Talk to family members or friends that you trust about your feelings, or write them down in a diary. The services listed at the end of this booklet may also be useful.
- **Plan to do something each day that brings a sense of achievement.** Often everyday tasks like washing, cleaning, paying bills or returning phone calls, tend to pile up when a person is going through a hard time. This can become overwhelming as the pile gets bigger and bigger. By just choosing one of these activities to do each day, you can prevent things piling up, which can help you feel a bit more in control of your life. The flow-on effect can be a real sense of achievement (or relief) that this activity has been completed.
- **Monitor your emotions.** Try keeping track of your emotions and psychosis symptoms in a diary. Write down how you have felt at different times of the day. When were your symptoms highest? When were your symptoms lowest? What were you doing and what were you thinking at those times? When did you have cravings to use alcohol, tobacco or other substances? How much sleep did you have each night? Keeping a diary of your symptoms and emotions can help you learn the patterns between the way you feel, the things you do and the way you think.

**What strategies do you find help manage your psychotic symptoms?**

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## TECHNIQUES FOR STAYING WELL

The activities and techniques on the following pages can be used to help you manage your psychotic 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.

- 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?**

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## 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?**

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## 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) 3236 2414** 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 &amp; 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 &amp; 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:

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



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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)

