VENNDALE REHABILITATION CENTRE
Postal Address: PO Box 646, Katherine, NT, 0851
Street Address: Bruce Road, Via Katherine NT, 0850
Telephone: (08) 89717199 **Facsimile:** (08) 8971 7435

VENNDALE
Rehabilitation & Withdrawal Centre

23/4/15

Mr Nathan Barrett MLA
Chair
Ice Select Committee
GPO Box 3721
DARWIN NT 0801
lcomm@nt.gov.au

RE: SUBMISSION – ICE SELECT COMMITEE

Dear Nathan,

Firstly, let me thank you and your committee on behalf of the hard working team at Venndale Rehabilitation for not only considering our submission but for opening up this much needed discussion around the most destructive and harmful drug on the streets. It is so easy to make, its available everywhere and what's worse is that it is so addictive.

Venndale would love to be a part of the solution and from the research and discussions we have had with users we have had in Venndale; the treatment that is required should be based around "Keeping people occupied with positive Employment outcomes during, at the end of their treatment" This matched with counselling, mental health support, extensive case management and education in a safe and secure environment can only yield positive results.

We don't proclaim to be experts or have had a large amount of experience with Methamphetamine / Ice at Venndale but we can share with you the stories we have heard from the clients we have admitted facing this terrible journey with a drug of which its effects are "too powerful" to ignore. Another thing that is also certain; This is service is greatly needed. Venndale is receiving multiple enquiries per week regarding the Methamphetamine Program we offer for local people who are 'hooked'

It's also important to note that as yet many of our Indigenous clients have not taken this path… yet… but the fact that supply reduction for Alcohol is being increased and the accessibility of ice is greater than cannabis it won't be too long before we find ice sweeping through remote and town communities like wild fire. The Temporary Beat Locations have had a massively positive effect on crime rates as well as the cosmetics of the town but Venndale is still full and Managing a waiting list of up to 15 clients at a time with bed dates spanning out to August now and our fear is that the harder it is to access Alcohol, the easier it is to get hooked on ice. We want to be prepared.

We fear that once the addiction to ice is cemented in these communities the cost of the product (based on its demand from its addiction) will not match the low socio-economic incomes of those addicted to the drug and this is where your troubles begin: Break and Entering / Theft, Replacing children's needs with the purchasing of drugs, Selling possessions and Prostitution will all become reality because the Centrelink income will not match the cost of Ice. Then take in to account the anger; Domestic violence resulting in death, road accidents resulting in death and damages to government and personal assets will only increase. People "coming down" off of ice are going to be very volatile and this is where we find whole houses being damaged which would be a great

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expense for the Northern Territory Government as the likelihood of getting this client to pay for the damage is low.

We have also found that there is so much use in the community, one of our staff put it best when they said *"everyone knows someone using ice in Katherine"* and with over 1 million people in Australia using the drug it's not hard to see why. It's also a very secretive drug done behind closed doors, maybe because of the shame element but from the clients who have come through Venndale there has been something that stands out to me. These people all work (they have to to support the cost of this habit) they all come from good families, many have mortgages, kids and partners and most are Non-Indigenous. We believe that this is where the shame comes in to the equations. But we also realise that most people never intended for it to get this bad.

The Australian Crime Commission have labelled Ice the most harmful and risky drug on the market and we have seen the direct evidence of this through the crimes that clients have committed while under the influence of Ice. One of our clients held a man hostage for 7 hours at a caravan park in Katherine with a knife to his throat for most of the time. Recently it was suggested that Ice was wiping the other drugs off the radar which we have also seen evidence of with our clients informing us that Cannabis is very hard to get but there is always access to the "white stuff" (Ice)

As previously stated in this letter and directly to the Northern Territory Minister for Health; Venndale and Kalano wish to play a part in this epidemic. Many Katherine people are having to go to Banyan House in Darwin simply because there is a misconception in the public that Banyan are the only "self-referral" facility in the NT (This is untrue and Venndale accepts self-referrals, and prefers self-referrals every day)

Venndale doesn't really have a reputation as a facility for Ice as the stigma of our facility is that we are designed for Aboriginal People with Alcohol problems which is in most cases the opposite demographic affected by this devastating drug.

I have been working on research and in part designing a 12 week program for Methamphetamine users here at Venndale. I have sent it out to industry experts and Departmental staff to have a look at and provide comment but haven't received much feedback. In my opinion; Venndale would need Assistance in correcting / developing the Methamphetamine program that Venndale has in progress (attached with this letter) as the times reflect Venndale' s current schedule but would be the best place to house a residential facility for the Ice users of Katherine.

An increase in technology and security would assist Venndale is being able to cater for these clients and ensure the restriction of contraband and monitoring of clients. In a recent visit to Banyan House and the Salvation Army's Sunrise Program in Berrimah we found that our service delivery doesn't vary from theirs much at all but the big difference is the security and Technology used without making the facility look like a prison. Multi-purpose technologies appeared to be instrumental in the day to day running of those facilities and Venndale would love those same abilities before introducing a Methamphetamine program and with the savings incurred from not building the Alcohol Mandatory Treatment facility a very small portion of that money could be used to introduce the following:

1. New Fencing and car parking that would separate the Public from entering the facility. Venndale is one of the only rehabs were you can enter the whole site from the road and we believe with some simple fencing and additional car parking at Venndale you will only be able to enter the facility through the front office.

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2. Electronic Key Entry for all doors that the clients would also hold cards for which acts as a tracker for all clients. This is wired to computer software that shows when room doors open during the night which would enable staff to ensure that clients are in bed and staying in their rooms at night. Aside from the client benefits it also allows Kalano Management to ensure all staff are providing the services intended.

3. Electronic card entry Front Gate.

4. Wand and Button Checks – An electronic button would be placed on all huts at Venndale that staff have to press 4 times a night which ensures that safety and monitoring of the facility occurs

5. CCTV – To use as a backup for discrepancies in the above.

6. Laser Detection – This notifies staff of Vehicles entering the area of Venndale on Bruce Road. At night time this can be very hard to monitor and sometimes our clients get visitors at very late times at night.

Implementing the above technologies would enable us to run a safe and secure facility to host any program on.

I have attached the draft program that Venndale is working on and again, we encourage the committee to accept that this is a program that we would all need to collaboratively develop but being in a safe environment, away from temptation is the first step.

We thank you again for accepting our stories and ideas but the main thing is that something is done sooner rather than later. Prevention is better than cure.

We are happy to discuss any of these points at any time.

Regards,

.....
Casey Bishop
Program Manager
Venndale Rehabilitation Centre

Kalano Community Association Inc

Venndale Rehabilitation Centre
12 Week Methamphetamine Treatment Guidelines and Work Book

Compiled by:
Casey Bishop
Program Manger
Venndale Rehabilitation Centre
For Board approval:
January 2015

VENNDALE
Rehabilitation, After Care & Outreach

WELCOME INFORMATION

VENNDALE
Rehabilitation, After Care & Outreach

ASK FOR HELP
YOU WON'T REGRET IT

08 8972 8600

Venndale Client Welcome Pack

VENNDALE
Rehabilitation, After Care & Outreach

RELAPSE PREVENTION
CASE MANAGEMENT
REINTEGRATION
AFTER CARE
OUTREACH

VENNDALE
Rehabilitation, After Care & Outreach

WELCOME TO VENNDALE

The staff of Venndale Rehabilitation Centre and the whole of the Kalano Community Association Incorporated wish to welcome you here to Venndale. One thing you must remember while you are here is:

WE DON'T CARE WHERE YOU HAVE BEEN OR WHAT YOU HAVE DONE… WE JUST CARE ABOUT WHERE YOU ARE GOING!!!

Our job is to make sure that you get the best from the treatment here at Venndale and so we would like to give you something to think about.

WHAT DO YOU WANT TO ACHIEVE???

WHAT ARE YOUR GOALS???

What do you want to achieve in the areas of:

Health and Medical
Legal
Family
Counselling
Employment / Education
Relapse Prevention
Accommodation
Finance

ALL YOU HAVE TO DO IS ASK YOUR CASE MANAGER

Enjoy your stay from Management

VENNDALE
Rehabilitation, After Care & Outreach

I acknowledge that on admission I agree to abide by all the following rules while in treatment at Venndale Rehabilitation & Withdrawal Centre and understand that if I disobey or break any of the following rules; it may result in being discharged from the program.

1. No fighting or threats of violence towards other clients or staff members.
2. No drinking or taking any Alcohol, Drugs or other prohibited substances.
3. No weekends away from the program or overnight stop outs. (extreme circumstances will be discussed as a team)
4. No leaving the premises unless in the company of a staff member on duty.
5. No overnight camping is allowed on Venndale land by friends or family.
6. No visitors under the influence of Alcohol or Drugs may enter the Venndale premises.
7. No stealing or theft
8. No gambling for money is allowed in the Venndale program
9. NO HUMBUGGING (clients or staff) for anything.
10. Participate in all Venndale Program Activities as managed by staff.
11. Anything broken by a client must be replaced.
12. Client must pay a fee of $364.00 for board, lodging and air-conditioning and allow staff to deduct this amount from Centrelink incomes.
13. Payments must be made to Kalano Community Association Inc (KCAI) every 2 weeks.
14. No smoking is allowed in indoor areas (Huts included)
15. Smoking is only allowed in Bow Shed at front of premises.
16. No unsupervised phone calls are to be made by clients
17. 2 outgoing calls and can receive as many per week between the hours of 3:00pm & 6:00pm.
18. Visitors are allowed between the hours of 8am – 4.30pm Monday to Friday or Saturday 10am – 2pm and must be prearranged prior to Saturday.
19. Visitors must be escorted onto premises from front gate and must lock vehicle and leave any possessions with Admissions Co-ordinator to be securely locked away.
20. All visitors must sign in and out at reception.
21. All visitors are to remain in either visitor's room or at the Bow Shed at front of premises.
22. All goods being brought into Venndale must be searched on arrival for prohibited items.
23. No mobile phones.
24. No pornographic material (including R18+ material)
25. Residence to be out of bed before 8 am Monday to Friday.
26. Residence must be in bed with lights out by 11pm.
27. Residence to clean, sweep and make bed in personal hut every morning.
28. Provide a urine sample or breathe analysis whenever requested.
29. Clients must wash all linen once a week.
30. Fires are not to be lit in non-designated areas.
31. Clients are not to enter or climb the water tower positioned behind the Caretakers Unit.
32. Clients must not enter the yard of the Caretaker anytime.
33. Clients must participate / obey and comply with any reasonable request or direction from Venndale staff.
34. Any property left behind will become the property of Venndale Rehabilitation Centre after 3 months.
35. Clients are not to wear clothing / apparel or carry merchandise that advertises any contraband Clients are to be supervised by Staff at all times whilst away from the Venndale Property.
36. Clients are not walk away or leave supervision whilst away from the Venndale Facility for any reason
37. Clients are NOT to enter a licensed premises at ANY time for ANY Reason
38. Clients are not permitted to purchase or introduce Televisions, DVD players, Blu-ray Players, Sound systems, Surround Sound Systems, video game consoles, Lap tops, Or portable DVD players in to areas of sleeping or recreation at Venndale. Clients may store these at Venndale under lock and key but they will not be permitted to use them whilst in treatment.
39. MP3 players may be used at Venndale but not during scheduled activities (excluding fitness) and must be turned off at 11::30 pm
40. Clients are not to ask staff to transfer / Copy / acquire media by the way of music or video in any format.

FIRE SAFETY & EVACUATION

VENNDALE
Rehabilitation, After Care & Outreach

This document is to verify that you have been made aware and understand the Procedures in the event of a fire or an incident where staff and clients are to evacuate the facility.

1. In the case of a fire or emergency clients and staff will be made aware through a series of measures. This may include a fire alarm, duress alarm or advice from Staff or Clients. Due to the location of Venndale, Kalano was advised at the time of development that there is no need for a major / master fire siren.

2. When the notification is made you will be required to follow the evacuation notices located in all major rooms and accommodation.

3. The most Senior Management on site (including Care taker) is responsible for calling 000 and a roll call / check of all staff and clients. This can be done by retrieving the hourly observations if possible.

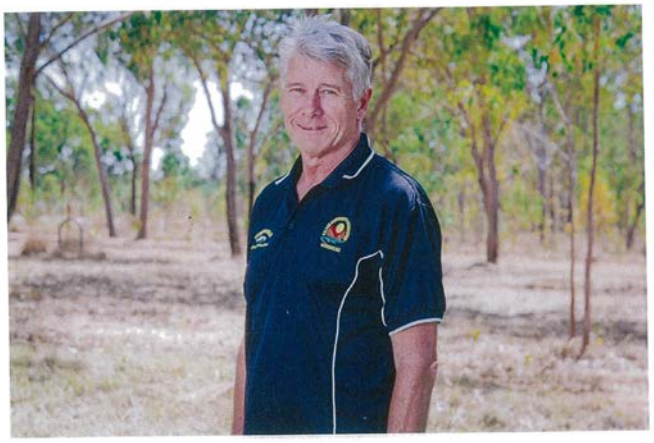
4. When evacuating; All clients and Staff are to avoid areas that are ignited or seen as dangerous.

5. When Evacuating; All clients and Staff are to congregate at the designated meeting spot.

I acknowledge / Understand that I have been shown where the emergency protocols are, where the evacuation points are and that I have to follow them at all times in the case of an emergency.

APPROVED

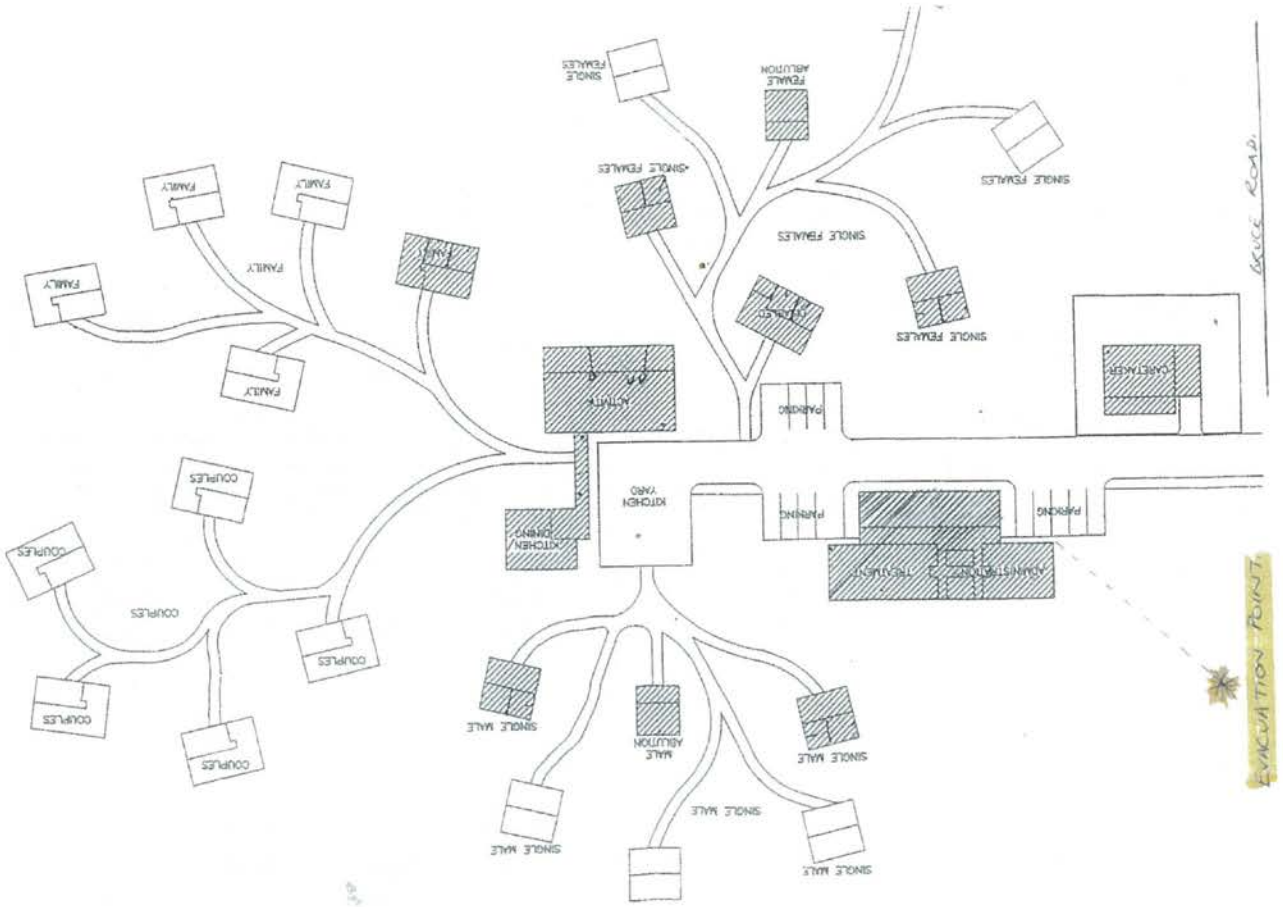
FIRE WARDEN



GERRY HUDSON

FIRE OR EMERGENCY EVACUATION

Meeting Place for all staff, clients and visitors during a Fire or Emergency in at the Front Gate of the Venndale Grounds on Bruce Road. Once all people are evacuated from the facility the dedicated Fire Warden will perform a roll call.



CALL 000 AT FIRST SIGNS OF AN EMERGENCY IF POSSIBLE

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EMERGENCY PROCEDURES

Venndale Rehabilitation
& Withdrawal Centre

FIRE ORDERS

IF A FIRE IS OBSERVED – DO NOT PANIC.

1. Ring 000
2. Report location of fire
3. Attempt to extinguish fire with an appropriate extinguisher or fire blanket.
4. Doors and windows to be closed.
5. Begin evacuation as necessary.
6. Turn off gases and power points.
7. If safe remove records

EVACUATION

1. Fire Officer (duty worker) to assemble in duty area for allocation of duties.
2. Ambulatory residents to be notified of evacuation; use of rescue techniques as required for residents (non-ambulatory).
3. Evacuate to designated areas as directed by person taking charge. Check all rooms/huts.
4. Check resident bed lists.
5. Conduct head count at the SAFE evacuation area.

BOMB THREAT

1. Keep caller talking.
2. Write/ask the following.
3. REPORT to Manager asap.
4. If possible – while caller is on the line get someone to inform the Supervisor.
5. Prepare to evacuate.
6. Open doors; windows.

Basic Rules:

- ✓ Always treat as genuine call
- ✓ Record exact information
- ✓ Do NOT panic

BOMB THREAT CHECKLIST	KEEP CALM DO NOT PANIC
Questions to Ask: 1. When will the bomb explode? 2. Where did you put the Bomb? 3. What does Bomb look like? 4. What kind of bomb is it? 5. What will make it explode? 6. Did you place the Bomb? 7. Why did you place it? 8. What is your name? 9. What is your address?	**CALLERS VOICE – note** Accent (specify) Any impediment (specify) Voice (loud, soft, etc) Speech (fast, slow etc) Diction (clear, muffled) Manner (calm, agitated) Did you recognize voice? If so…who do think it was Did caller have familiar knowledge of the area? **THREAT LANUAGE** Well spoken Incoherent Irrational Taped Message read by caller Abusive Other **OTHER (estimate)** Sex / Age of caller **CALL TAKEN** Date __/__/__ Time __ Duration of call _____ Your number _____ **RECIPIENT** Print Name _____ Signature _____
RECORD EXACT WORDING OF THE THREAT: (remember keep calm; do not panic)	

VENNDALE
Rehabilitation, After Care & Outreach

COMPLAINTS & GRIEVENCES

The premise of this policy is that staff and clients who access the service have the right to participate in dispute and grievance processes which are non-threatening, supportive, empowering, and which do not jeopardize access to service.

A grievance may involve a **wrong doing by staff or another client** and is considered grounds for a complaint. Everyone has a right for a grievance to be heard. Grievances may include problems related to harassment, discrimination, recruitment and selection or day to day disputes. The policy is to protect all parties in the interest of good relations.

Clients and/or staff have a right to:

- Have grievances resolved fairly, promptly, confidentially, without retribution.
- Be treated respectfully, listened to and taken seriously.
- Raise concerns and needs
- Be treated in a non-discriminatory and appropriate manner.

NOTE: Where grievances made by a client, or complaints are of a serious nature (ie: relating to physical, emotional or sexual abuse) the Program Manager will refer the matter to the Director without delay unless the matter directly alleges unlawful conduct by the Program Manager; in this instance the matter is to be immediately referred to the Director.

PROCEDURE

When making a grievance complaint the following action should be followed:

1. Informal discussion between two parties.
2. If still unresolved there should be an informal discussion in the presence of a third person (Program Manager) if the complaint/grievance is against a staff member.
3. Clients are encouraged to use a 'third party' advocate, if needed, to assist them through the grievance process.
4. If a resolution is not made and the complainant is dissatisfied with the outcome – they must be informed of other options:
   - They may ask for a meeting to be arranged with the Director of Kalano Community Association Inc.
   - They may put the complaint in writing to:
     Director
     Kalano Community Association Inc
     PO Box 646
     Katherine NT 0850

5. If not satisfied with either option – they may contact and lodge a complaint with:
   Health Complaints Commission
   Commissioner
   GPO Box 1321
   Canberra ACT 2601

BILL OF RIGHTS

RIGHTS: You have the right to:

1. Confidentiality of your treatment records
2. Access of your personal file information (appointment with your case manager)

3. Privacy – no information will be given out unless you agree in writing. The only time information will be released without consent is where there is a legal mandate or obligation: - Crimes Act
   - Younger Persons & Children at Risk
   - Threats to harm self or others
4. Restricted access to your file which is kept in a locked cabinet
5. Express and make decisions or actions within the house rules
6. Refuse or accept treatment
7. Be discharged without physical or psychological harassment
8. Refuse involvement with trainee / students / research
9. Expect services offered are without prejudice in regards to:
   - Culture / race
   - Gender
   - Creed / religion
   - Political affiliation
   - Sexual preference
   - Previous criminal history
10. Prompt attention involving health, medical emergencies.
11. Access to Grievance Procedures and Complaints Protocol.

RESPONSIBILITIES: You are expected to take responsibility to:

- Treat staff and other clients with respect and courtesy.
- Accept rules and boundaries of the program
- Accept consequences of your informed actions
- Actively participate in the development of your treatment and care plan.
- Conduct yourself in a positive manner and act as a role model for newcomers.
- Support staff in keeping a safe and supportive environment.
- Pay your account promptly.

RESIDENTIAL PARTICIPATION CONTRACT

I agree to follow the rules of the Venndale Rehabilitation Centre as explained and listed.

The Case Managers have explained to me and I am aware that if I do not follow the rules – I will be discharged from the program.

I agree that:

- I will behave in a positive manner.
- I will not make aggressive verbal threats or speak in a threatening manner to other clients or staff
- I will show respect to other client and staff at all times.
- I will turn personal MP3 music off at bed time.
- I will not turn the TV volume “up”
- I will follow staff directions and support the program.
- I will follow program rules as agreed on entry
- I understand that if I break any of these rules I will be discharged from Venndale program immediately

FIRE SAFETY & EVACUATION

IF YOU BELIEVE YOU WILL NEED AN INTERPRETOR

VENNDALE
Rehabilitation, After Care & Outreach

FOR ABORIGINAL CLIENTS

Aboriginal Interpreters Services (AIS)

Katherine - 89738465
Darwin - 89998353

NON ENGLISH SPEAKING

If you do require an Interpreter; Venndale is registered with The **Translation and Interpreting Services (TIS)** A section of the Australian Government, under the Department of Immigration and Border Protection.

Venndale have Registered with a Code for TIS and you can access this from the front office.

PROCESS:

1. Client would call the Immediate Phone Translation Line on 131450
2. Client would choose language and give TIS Venndale' s code
3. TIS will call Venndale and there will be a 3 way discussion.

- Please note that there are costs associated with this service of which you may incur.

EXTERNAL OUTINGS CONTRACT

I agree to follow the rules of the Venndale Rehabilitation Centre when I am participating in program outings.

- I will stay in the boundary areas as designated by workers
- I will not use any telephones while on the outing
- I will not use any alcohol or drugs while in the program
- I will sign out and in when leaving the Venndale Program
- I will be breathalysed on return to Venndale Program.
- I will have any goods searched for prohibited items on return to Venndale Program
- I understand that if I use alcohol or drugs or break any of the rules I will be discharged from Venndale program.
- I will not leave the supervision of a Staff Member whilst away from the Venndale Facility
- I will not enter a licensed premises while on an outing / away from Venndale

AUTHORITY TO TEST

The following information to be provided by the Admissions Co-ordinator to a client on entry to the program and client to be advised of service requirements for alcohol and urine testing.

a) Testing policy must be approved by the Kalano Council and KCAI Director.
b) The authorized staff member to ensure the client has completed the "Authority to Test for Alcohol and Other Drugs" form on admission. (see attachment to this policy)
c) The signed copy of "Authority to Test" form must be placed in the client file
d) The above requirement does **not** apply to random urine/ breath testing.
e) After admission (and completion of detoxification) if a client records positive to a breath or urine test – i.e.: test indicates the blood concentration has a level of licit or illicit substance present, the client will be discharged from the program.

f) When an elevation "spike" is returned for a client THC level the Program Manager to be informed immediately. The laboratory will be contacted by the Program Manager (or authorized duty worker) for determination of outcome.

g) Clients who have been referred from the Diversion Program (Alcohol Court or CREDIT) will be advised on admission of the service mandate to notify of test results inline with the Venndale funding agreement.

h) If a court report is requested by a client, the court report shall state "Venndale Rehabilitation and Withdrawal Centre conducts random urinalysis testing; the clients urinalysis and alcohol breath test results have been consistent with policies of the program"
In the event a client has been discharged from the program after a positive result (having previously returned a negative result) the client court report shall state "Venndale Program conducts random urine analysis testing; the clients urine and or breath tests have been inconsistent with the policies of the program".

AUTHORISED CONSENT TO CONDUCT BREATH AND URINE TESTING

I understand any refusal to provide a breath or urine sample within one hour when directed by an authorized person will result in immediate discharge from the Venndale program. I understand results of the test maybe provided to other agencies in line with external authorized consent. I have been informed that I have the right to "revoke all prior authority to exchange confidential information "and I have been advised of possible consequences if I choose to revoke any legal authority.

I have be explained to and understand any refusal to provide a breath or urine sample (within one hour) when directed by an authorized Venndale staff member will result in **immediate** discharge from the Venndale program.

I understand results of the test may be provided to other agencies in line with external authorized consent. I have been informed that I have the right to "revoke all prior authority" to exchange confidential information.

I have been advised of possible consequences if I choose to revoke any prior legal authority.

TALENT RELEASE

PERMISSION TO PUBLISH STORIES, PICTURES, PHOTOS & VIDEO

(Release of Information)

I, the undersigned, hereby give permission for Venndale Rehabilitation & Withdrawal Centre to use our pictures, collective group statements and individual work for the purposes of sharing with other Venndale clients and agencies in line with Venndale funding agreements.

The purpose of sharing is for assisting others who also share the same journey of wanting to change their relationship with alcohol and drugs. We want to share our story so that we can help others.

I understand that this material may be shared with other agencies and clients within Australia and overseas for the purposes of sharing our stories with other people experiencing alcohol and drug misuse issues. The material cannot be used in any other context other than helping us to make our stories stronger and to help others on the same journey.

Photographs are a form of personal information. In accordance with the NT Information Act, the National Privacy Principles and Information Privacy Principles; Venndale requires Staff to be aware of the privacy principles and to use the photograph permission agreement when dealing with photographs of any current or former client.

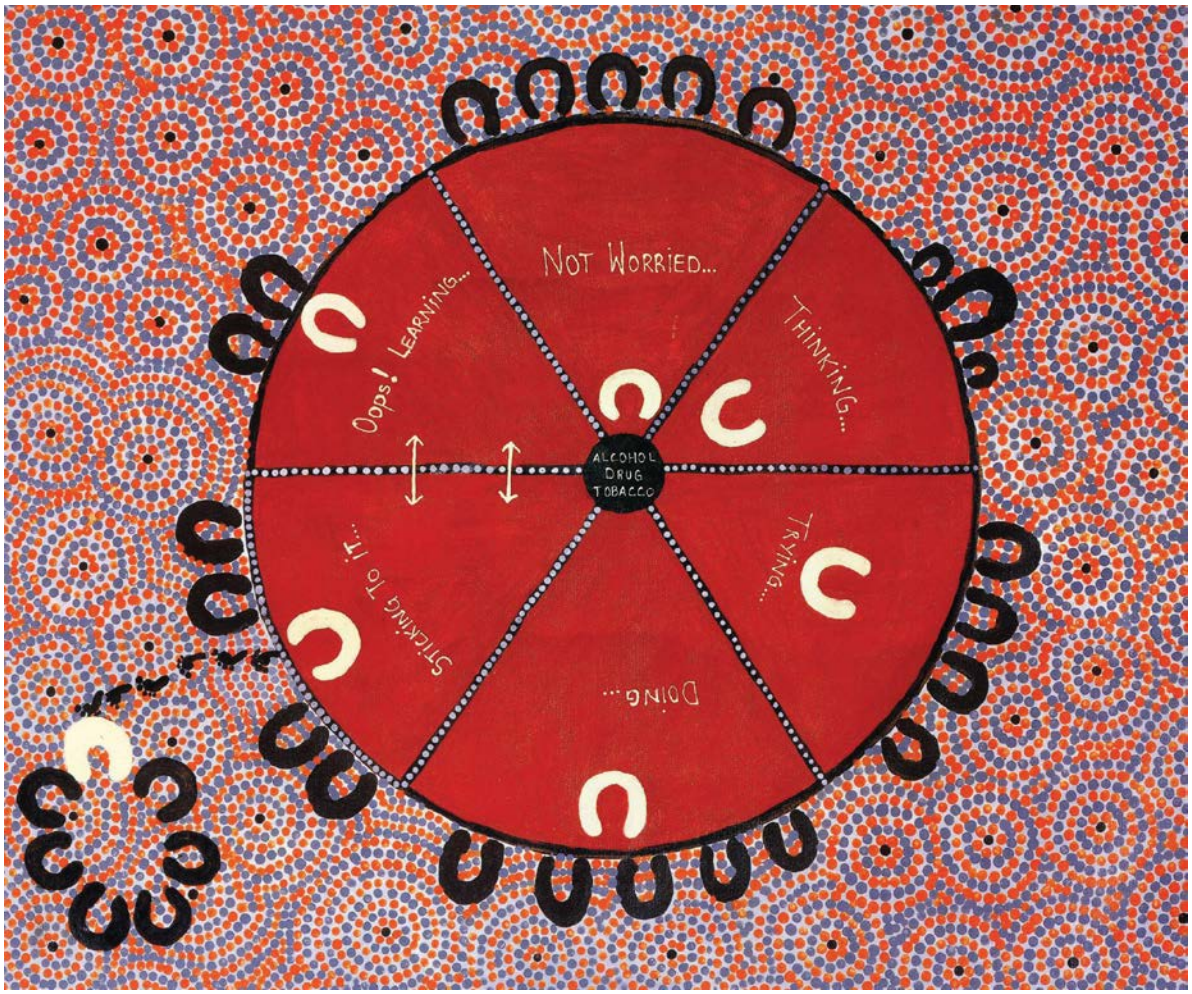
VENNDALE
Rehabilitation, After Care & Outreach

AIMS OF THIS POLICY:

1. To make sure people are aware of when their photo is being taken, what it will be used for, where it will be stored, and who to contact at Venndale regarding the photo and its use.
2. To record contact details so people can be sent a copy of the photo or publication if they wish.
3. To record contact details in case there is a need to access or use the photo in the future.
4. To record a statement regarding the photograph, that it can only be used for the agreed purpose. (this document is the agreement)
5. To provide people our contact details in case they need to contact us in the future regarding the use of the photograph.
6. I understand that this agreement enables Venndale to use any of the above mentioned when dealing with the Media in any form.

MODEL OF CHANGE

MODEL OF CHANGE
Prochaska and Diclemente



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Prochaska and Diclemente
Stages of Change Model

Stage of Change	Characteristics	Techniques
Pre- contemplation	Not currently considering change "Ignorance is bliss"	Validate lack of readiness Clarify: decision is theirs Encourage re-evaluation of current behaviour Encourage self-exploration, not action Explain & personalise the risk
Contemplation	Ambivalent about change "sitting on the fence" Not considering change within the next month	Validate lack of readiness Clarify: decision is theirs Encourage evaluation of pros & cons of behaviour change Identify and promote new, positive outcome expectations
Preparation	Some experience with change & are trying to change, "testing the waters" Planning to act within 1 month	Identify and assist in problem solving re obstacles Help client identify social support Verify that client has underlying skills for behaviour change. Encourage small initial steps
Action	Practicing new behaviour for 3-6 months	Focus on restructuring cues and social support Bolster self-efficiency for dealing with obstacles Combat feelings of loss and reiterate long term benefits
Maintenance	Continued commitment for sustaining new behaviour post 6 months to 5 years	Plan for follow-up support Reinforce internal rewards Discuss coping with relapse
Relapse	Resumption of old behaviours "fall from grace"	Evaluate trigger for relapse Reassess motivation & barriers Plan stronger coping strategies

THE MOST IMPORTANT QUESTION IS:

WHAT DO I DO WHEN I FINISH VENNDALE???

AFTERCARE

Venndale Reintegration and After–care program

A phased re-integration program is available for clients to access when they complete six weeks of the program. Clients are encouraged to consider and discuss after-care and transition plans with our Reintegration and Aftercare Manager, who works with the client to design an individualized program to cover the client's specific needs.
We offer an Aftercare facility in Katherine East, where modern units are available with support style living, where accountability and continuing training is offered and treatment is continued.
The transition period (3-6 months) encourages residents of the program to assume greater personal responsibility and tools are given to help them develop a sense of self-worth and self-confidence in decision making and independent living. Clients are assisted in finding work, gaining work experience and often work during this stage of the program. In a hope to stabilize our clients within their community, we work with the client, other agencies and local members of their community, endeavoring to give them every possible opportunity to develop and live a healthy lifestyle and be a positive member of their community

DO YOU WANT A JOB???

We **Will** Help You……

Just speak to your Case Manager

ASSESSMENT

POLICY
Venndale Alcohol and Other Drugs Substance Abuse Rehabilitation Centre, a program of Kalano Community Association Inc. in line with a harm minimisation approach – ensures all clients are provided with a safe, secure, supportive therapeutic environment.

1. PHONE ASSESSMENT / INITIAL ASSESSMENT

Self / Assisted Referral (not a legal representative or prison)

To have a client assessed for suitability and a prospective bed date at Venndale Rehabilitation Centre the client and or referrer must contact the Venndale service via telephone (08 89728600) asking for the Admissions Coordinator and or Admissions Team. The may also request a telephone assessment by emailing venndale@kalano.org.au

The telephone assessment will be conducted within 24 hours of the request and the following process takes effect from this point:

- Recognition of prior admissions / acknowledgment of any (if any) restrictions or banning from the Venndale Program
- An assessment of all answers given will take place by the Admissions Staff and one of the delegated Managers.

- Risk of withdrawal / Harm will be eliminated / identified
- Suitability will be offered and conveyed to client and or referrer
- Bed date will then be offered

From this point: The Admissions policy takes over. Please see the Admissions Policy

Legal Representatives – Solicitors / Legal Aid / Probation and Parole / Prosecutions

To have a client assessed for suitability and a prospective bed date at Venndale Rehabilitation Centre the client and or referrer must contact the Venndale service via telephone (08 89728600) asking for the Admissions Coordinator and or Admissions Team. The may also request a telephone assessment by emailing venndale@kalano.org.au

The Legal Representative is then required to fax or email the prospective client's criminal history to the Venndale admissions team for consideration.

The telephone assessment will be conducted within 24 hours of the request and the following process takes effect from this point:

- Recognition of prior admissions / acknowledgment of any (if any) restrictions or banning from the Venndale Program
- An assessment of all answers given will take place by the Admissions Staff and one of the delegated Managers.
- Risk of withdrawal / Harm will be eliminated / identified
- An assessment of the clients criminal history will take place to identify that the prospective client has not been convicted of any sexual offences and or Murder
- Suitability will be offered and conveyed to client and or referrer
- Bed date will then be offered

From this point: The Admissions policy takes over. Please see the Admissions Policy

2. MENTAL STATUS

Psychoactive drugs affect cognition, emotions and behaviour. Depending on the particular drug, they can, for instance:

- induce confusion,
- disorientation
- perceptual disturbance
- euphoria
- agitation/aggression
- repetitious behaviour

3. WITHDRAWAL

Withdrawal from psychoactive drugs can also adversely affect mental functioning; for example; hallucination, paranoia, agitation or dysphoria may occur. Some intoxication and features of withdrawal are similar, for example; confusion, disorientation and hallucinations are features of acute alcohol, solvent intoxication as well as benzodiazepine (ie: valium, serepax etc) withdrawal.

Information about the time of the last drink/dose aids the assessment process. In general intoxication occurs shortly after the consumption of the substance and lasts from a few hours up to 48 hours, depending on the biological duration of the drug.

Onset of withdrawal also depends on the duration of action of an individual drug. Withdrawal states usually emerge at least 6 hours after the last dose (e.g. heroin). Withdrawal from long acting drugs (e.g. valium) may not appear until 2 or more days have elapsed since last dose.

If a client is admitted to the Venndale Program who appears to be withdrawing or at risk of withdrawal as determined by the Admissions or Management team then a phone call must be made to the referrer and or a Primary Health advisor for advice. It is recommended that in the case of a client withdrawing that Venndale and the admitting staff member makes a request to the Katherine Hospital to accept this client and treat them in hospital through withdrawal when they will release the client to Venndale.

4. ASSESSMENT CRITERIA

Assessment criteria for participation in the withdrawal and/or rehabilitation program requires that clients must be over 18 years of age and have a primary dependence on any of the following drugs:

- Alcohol (risk assessment – low level risk of seizure/health complications)
- Cannabis
- Narcotics/Heroin
- Amphetamine / Methamphetamine
- Methadone (20 mgs/4 mls or less for medicated detoxification)
- Poly drugs
- Benzodiazepine (over 20 mgs daily for more than 4 weeks for medicated detox)

A client may also be assessed under the following special conditions:

- That he or she is concerned or in danger of relapsing
- That he or she is admitting themselves to the treatment facility to support another client whom is known to the said person as a defacto or marital partner. This will also apply to any person who is in a carer's role.

5. RISK FACTOR: ALCOHOL / BENZODIAZEPINE PROBLEM WITHDRAWAL

CLINICAL MANAGEMENT

If a client is admitted to the Venndale Program who appears to be withdrawing or at risk of withdrawal as determined by the Admissions or Management team then a phone call must be made to the referrer and or a Primary Health advisor for advice. It is recommended that in the case of a client withdrawing that Venndale and the admitting staff member makes a request to the Katherine Hospital to accept this client and treat them in hospital through withdrawal when they will release the client to Venndale following a successful withdrawal.

Venndale are able to manage a pharmacology withdrawal during admission.

ASSESSMENT OF LEVEL OF INTOXICATION / CHANCE OF WITHDRAWAL

The following information is required to assess the level of intoxication and presenting danger or risk of withdrawal for the client: clinical intervention to determine:

- Has client been drinking in past 24 hours?
- When (time) of last drink? How long ago?
- What did they drink? Beer; Wine; Spirits; Cask; Can; Quantity
- How much? Half drunk; Full drunk; Falling down; Pass out (or standard drink levels)
- Have other drugs been used? Prescribed; over the counter; illicit drugs
- Have used central nervous system depressant drugs (methadone; opioids; benzo's)?
- Have been involved in any violence recently or had a fall or accident?
- Risk? Any thoughts of hurting self or others? Suicide ideation; action plan?

- Have they been sick lately? Hospitalized?
- Any known medical illnesses? Epilepsy; Diabetes; Asthma; Liver; Heart; Kidney etc
- Seizure risk in past? Horrors?

6. RISK ALERT – Appearance of Intoxication

If client appears, sounds more intoxicated (eg: slurring) than information indicates then assess for:

- Head injury
- Other serious illness
- Other drug use and interaction
- Overdose from a combination of alcohol with another depressant drugs such as sleeping tables, painkillers (eg: panadeine forte) or illicit drugs such as heroin).

The Venndale residential AOD Substance Abuse service employs a harm minimization approach and gives equality to all prospective client applicants and therefore ensures a safe and supportive environment with the following information and restrictions to enhance therapeutic outcomes.

7. RESTRICTIONS AND OTHER CONSIDERATIONS FOR ASSESSMENT

1. **Dual Diagnosis:** see Dual Diagnosis and Assessment, Treatment & Care Policy
2. **Pregnancy:** pregnant clients in first trimester (less than 13 weeks) must be referred to medical services to complete detoxification (see Pregnancy Policy).
3. **Violent/Sex Offenders** (see Violent/Sex Offenders History Policy)
4. **Pre-Existing Medical conditions** (see Existing Medical Conditions Policy)

8. REPORTS: DUAL DIAGNOSIS (Co-morbidity)

To better understand the needs of a prospective client with history of psychiatric, mental health (dual diagnosis/co-morbidity) – the Admissions Officer will inform the client (and referrer) of requirement for information and reports to be provided (faxed) to Venndale; the reports will be reviewed at the next clinical team meeting. The client is to be informed, where possible, of the outcome of the clinical meeting the following working day after the meeting has been conducted.

Reports and information to include:

- Full clinical antecedent history
- Diagnosis (category/classification)
- Clinical features (clinical management plan)
  - age of onset
  - course
  - impairment
  - complications
- Medication (history; 1st prescribed; compliance; current)
- Stability – current status

During the admissions process and throughout Case Management; if the possibility of a dual diagnosis issue is identified the staff working with the client are to refer the client to the Wurli Wellbeing / Social and Emotional service. Referral forms are provided in the Client pack.

ADMISSIONS

POLICY

Venndale Rehabilitation Centre, a program of Kalano Community Association Inc ensures that a client accessing the service is provided with a safe, warm and welcoming atmosphere on arrival. The client-centred model of treatment and care is utilized to promote positive outcomes.

PROCEDURE

1. ADMISSION - ASSESSMENT

On arrival the Admissions Officer will greet and welcome the new client, introduce self and other staff members; the client will be shown into the Admissions Officers office, made comfortable and advised the admission process will take approximately 1½ hours to complete. The duty worker will:

A. Worker <u>MUST</u> wear gloves during this process
B. Courteously request family members to depart premises to commence admission.
C. Offer family members referral for support; advise of telephone contact opportunity/times.
D. Family members to be escorted from premises.
E. Ask the clients to enter the shower with a spare change of clothes, handing their existing change of clothes out the door to worker, Client then is to shower and return to Admission Office
F. Offer client light refreshment (while process is being conducted) eg: tea/biscuit
G. Visually assess the client's health and mental state (note if client upset/agitated/confused)
H. Document any physical issues (eg: bruises, black eye etc)
I. Note if client appears intoxicated or affected by a substance (eg: slurring; eyes red).
J. If the client presents in a drug affected manner or is intoxicated – contact the Clinical Manager for a determination if the admission process will continue.
K. Ensure that no other client has access or is present in the duty office during the admission process.
L. Admissions Officer to inform client of mandatory reporting and legal obligation as a 'health worker' in relation to: Children and Young Persons Care and Protection Act (1998) & Crimes Act
M. Inform client and client's family of 'Privacy and Confidentiality' rights. In the interests of confidentiality – a client is to be informed their files may be subpoenaed by the courts.
N. Explain admission documentation to the client and record client responses to the 'field' questions on the forms.
O. Re-phrase the question if there is any confusion in the client's response.
P. Provide client with a copy of' Rights and Responsibilities form to view.
Q. Read aloud the form to the client and clarify client's understanding.
R. Read and explain 'Rules' of program.
S. Read and explain 'Contracts' of participation.
T. Request client authorise and sign 'Personal Item Search' form and explain procedure.
U. Ask client to remove any sharps, contraband, medications, mobile, phones from luggage.
V. Explain to client that personal items which will be returned on completion of treatment.
W. Provide information on location of washing machines.
X. Any sharps, injecting equipment must be placed in (yellow) sharps containers for disposal.
Y. Any illicit substances (eg: drugs) or medications (non-prescribed or out-of-date) must be confiscated for disposal by the Clinical Manager (see Medication Management Policy).

<u>NOTE:</u> Under no circumstances are any illicit and Volatile Substances petrol, paint, glue, alcohol or alcohol based products or sprays (eg: perfumes, aftershave, mouthwash, spray deodorants etc to be returned to a client.

At the completion of the admission process, advise the client of program activities and provide a copy of the Client Welcome Pack and inform who their assigned Case Manager is (introduce if possible). Escort client to the allocated Bedroom and introduce to other bedroom occupants/residents. Escort the client around the premises and show:

- Client kitchen/recreation room
- Movie Room
- Art Room
- Learning Room
- Dining Room
- Toilets/Laundry
- Sports Centre
- Garden Nursery

Admissions Staff is to Record all details in the client progress notes and appropriate communication books. (See Admission Checklist)

2. RE-ADMISSION

It is the policy of Venndale Rehabilitation Centre that 'unlimited' admissions to the service are available for clients who fulfil the admission criteria and who have not had their admission status 'restricted' due to health/medical or behavioural reasons.
Clients who are excused from the Venndale program in an organised process but wish to return will partake and agree to a written contract with the facility. This will be designed on a needs basis and be tailored to each client individually.

Any client who is asked to leave the facility or absconds from the facility without notification will be unable to reapply for admission for a period of 6 weeks. The time frame of 6 weeks prevents clients with legal obligations from being readmitted to Venndale as punishment for absconding from Venndale.

A client who seeks admission after being 'involuntarily' discharged due to behavioural reasons will be reviewed by the team at the closest Staff Meeting (held weekly) to determine future 'readmissions status' (see Readmission Policy). Decisions where threats of violence or manipulations and distraction were evident will be made based on individual assessment. If staff or client are placed in a position where they are threatened or intimidated by the said client they will not be re-admitted.

3. RESTRICTION/EXCLUSION CRITERIA

A multidisciplinary clinical team meeting will be held to review prospective applications – and a determination if the 'program is able to support the client needs' will be recorded in the meeting minutes. (see Restriction Policy)

4. ADMINISTRATIVE PROCEDURES - WHITEBOARD

The Admission Officer after completion of the client admission is to record details on whiteboard columns in the main duty office:

- Client name
- Referral – Pathway
- Admission Date
- Exit Date
- Case Manager Name

The Admissions Worker to confirm details of previous admission to the service; to ascertain the suitability of a client returning to the service.

Client progress notes and all communication books are to be completed as per policy.

VENNDALE

Rehabilitation, After Care & Outreach

TREATMENT OUTLINE

TREATMENT OUTLINE

Below is an approximate outline of your time at Venndale for the next 12 weeks during this Methamphetamine Residential Rehabilitation program. The days listed below refer to BUSINESS DAYS so Saturdays and Sundays do not count unless stipulated. If you arrive on a Friday; this is Day 1 and Monday would become day 2.

STAGE 1 – Information and Settling in

DAY	TASKS TO BE COMPLETED	SIGN CLIENT	SIGN CASE MANAGER
1	*On the first day of admission to Venndale Rehabilitation Centre you MUST have been to a Primary Health Clinic (Wurli) to have received clearance from the Doctor to attend Venndale. This includes receiving any medications you require as well as Centrelink Medical Certificate.* *You will be admitted by the Venndale Admissions coordinator and your belongings and person (pockets etc) will be searched. You will also be presented with this Manual that will be brought to every session and contains your reflection as well as activities and tasks.* *You will be issued and introduced to the Case Manager who will be beside you throughout this journey.* *You will be shown to your room and introduced to the other clients and staff* *You will have a daily question to answer in this book in the Daily Questions Section*		*Admissions sign also*
2	*You will meet with your Case Manager to go through and complete a rough draft of your Individual Treatment Plan (ITP) and Goals.* *You will also discuss possible referral agencies that you can work with if required. This includes Mental Health, Counselling, Sexual Health, Children and Families etc.* *You will have a daily question to answer in this book in the Daily Questions Section*		
3 – 10	*You will follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. After Lunch you will partake in the Methamphetamine Activities in this book – You must have Activities 1 – 6 completed by the end of your eighth day.* *You have reflection Homework / Daily*		

	Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break. *You will work with your Case Manager and by yourself on your goals in your down time. This time can also be spent on Journal Writing and or Manual Work on the Venndale Grounds.*		
11-19	*You will follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. After Lunch you will partake in the Methamphetamine Activities in this book – You must have Activities 7 - 12 completed by the end of your eighth day.* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break.* *You will work with your Case Manager and by yourself on your goals in your down time. This time can also be spent on Journal Writing and or Manual Work on the Venndale Grounds.*		
20-28	*You will follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. After Lunch you will partake in the Methamphetamine Activities in this book – You must have Activities 13 - 18 completed by the end of your eighth day.* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break.* *You will work with your Case Manager and by yourself on your goals in your down time. This time can also be spent on Journal Writing and or Manual Work on the Venndale Grounds.*		

STAGE 2 – Life and Work Readiness

DAY	TASKS TO BE COMPLETED	SIGN CLIENT	SIGN CASE MANAGER
29	*You will continue follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. You are encouraged to assist other clients where and if you can.* *After Lunch you will meet with your Case Manager to set Goals and an ITP in preparation for what you will do when you leave Venndale. This must be completed on your first day of stage 2.* *You and your Case Manager will also start your resume which will be a work in progress document – the aim is to build your resume with information as you go. Sourcing reliable referees is a goal of this task.* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break.* *You will work with your Case Manager and by yourself on your goals in your down time.*		*Admissions sign also*
30-38	*You will continue follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. You are encouraged to assist other clients where and if you can.* *You will work with your Case Manager to source workshops, groups, training and or education that you could do to make yourself more work ready and or a better person. (add to your resume)* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break.* *You will work with your Case Manager and by yourself on your goals in your down time*		

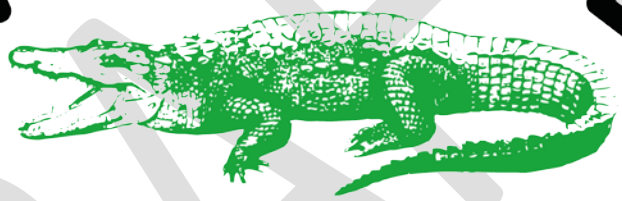
39-47	*You will continue follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. You are encouraged to assist other clients where and if you can.* *You will work with your Case Manager to source workshops, groups, training and or education that you could do to make yourself more work ready and or a better person. (add to your resume)* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break.* *You will work with your Case Manager and by yourself on your goals in your down time*		

STAGE 3 – Discharge, Reintegration and Solutions Planning

DAY	TASKS TO BE COMPLETED	SIGN CLIENT	SIGN CASE MANAGER
48 - 50	*You will continue follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. You are encouraged to assist other clients where and if you can.* *After Lunch you will meet with your Case Manager to devise a plan for work experience where you will be trusted to leave the facility (sign external outings contract) to partake in WORK EXPERIENCE* *You must keep a daily log for this in your Daily Questions in the Daily Questions sections.* *The work experience times will be 10am – 3pm and you will be transported to and from Venndale daily to participate.* *You and your Case Manager will continue to look for Full Time Paid Employment.* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this*		*Admissions sign also*

	daily. If you have not completed it you must do in your Lunch Break. *You will work with your Case Manager and by yourself on your goals in your down time.*		
51-80	*You will continue follow the Venndale Schedule to a point. You will participate in the morning fitness and medication from 7am – 8:30am* *Between 8:30am and 9:00am you will get yourself ready for wood and collect your lunch from the kitchen and present at the main office to sign out to leave by 9:30am at the latest.* *10am – 3pm WORK EXPERIENCE* *You and your Case Manager will continue to look for Full Time Paid Employment.* *You must keep a daily log for this in your Daily Questions in the Daily Questions sections.* *You have reflection Homework / Daily Question in this book also that must be completed and answered every day. Your Case Manager, Assistant Program Manager and Program Manager will ask to see this daily. If you have not completed it you must do in your Lunch Break.* *You will work with your Case Manager and by yourself on your goals in your down time.*		
Week before leaving	*You will continue follow the Venndale Schedule that is provided to you in this manual. You will sit in on the AOD Relapse Prevention classes that show great methods for relapse prevention even if you are not a drinker. You are encouraged to assist other clients where and if you can.* *You will have the following questions answered by your final day:* *WHERE WILL YOU LIVE?* *WHERE ARE YOU WORKING?* *IF NOT WORKING HOW YOU WILL CONTINUE TO FIND WORK?* *DO YOU KNOW WHAT TO DO IF YOU ARE GOING TO RELAPSE?*		
Last Day	*You will complete Discharge Summary and Interview and collect your certificate and allow us to celebrate your completion with you. You will then be transported safely to your arranged location.*		

VENNDALE



Rehabilitation, After Care & Outreach

ACTIVITY SESSIONS

ACTIVITY 1
WHAT IS METHAMPHETAMINE

Welcome to the first activity of the Methamphetamine Treatment Program at Venndale Rehabilitation Centre, a program of the Kalano Community Association. Now we understand that if you have reached this point in your life that you are using and are aware of what Methamphetamine Drugs are but it is very important that we look at the different amphetamine drugs on the streets.

Keep in mind some of your fellow clients may have only ever used one form of Methamphetamine so it is important that we discuss how Methamphetamine is presented on the street:

AMPHETAMINES are a group of substances that are mostly synthetic (not organic / man made) that have the effect of stimulating the Central Nervous System (Nerve tissues that control the actions of the body) they can be injected, snorted, smoked or ingested orally.

The term Amphetamines is normally used to refer to a group of amphetamine-related drugs including amphetamines and methamphetamine. In Australia amphetamines are almost entirely methamphetamine and Venndale will use the wording **"METHAMPHETAMINE"** for this reason. Amphetamines have a variety of uses whereas Methamphetamine drugs are used mainly for recreational reasons.

The term "Crystal Meth" or "Ice" refers to a high purity, smokeable form of Methamphetamine. Other forms include "Base" or "Speed"

The table below shows us the different characteristics of the various amphetamine based drugs.

METHAMPHETAMINE	**POWDER** *(Speed)*	**BASE**	**CRYSTAL METHAMPHETAMINE**
STREET NAME	*Speed, Goey, Wizz, Velocity*	*Paste, Point, Pure, Wax*	*Ice, Shabu, Crystal, Crystal Meth*
APPEARANCE	*Fine or Course Powder*	*Sticky, waxy or oily form of damp powder paste*	*Crystal or Course crystalline powder*
COLOUR	*Can be white, pink, yellow, orange or brown*	*Often has a yellow or Brown Tinge with a strong odour*	*Usually translucent or white, may have a green, blue or pink tinge*
HOW IT'S USED	*Usually snorted, ingested or injected*	*Usually injected or swallowed but can be smoked or snorted*	*Usually injected or smoked but can be snorted or swallowed*

It is important when recovering from methamphetamine use to identify what the Good and Not so Good things were when you were using. For this activity; Venndale wants you to use the lines page following this page to document the following information:

1. What were the **GOOD** things about using methamphetamine? What did you enjoy?
2. What were the **NOT SO GOOD** things about using? What didn't you enjoy
3. Once you have completed tasks 1 and 2 we would like you to document an example or how the Not So Good things made you feel? Tell us about a LOW point in your life caused by methamphetamine use.

REFLECTION TASK 1
THE GOOD AND NOT SO GOOD

ACTIVITY 2
THE BODY, THE MIND & THE LONG TERM EFFECTS

Below is a table that shows the effects of LOW and HIGH doses of Methamphetamine use on you body and the mind. Your Case Manager will go through this with you and following that discussion we will discuss the long term effects of Methamphetamine use.

METHAMPHETAMINE	LOW DOSE	HIGH DOSE
BODY	• *Increases in Blood Pressure* • *Sweating* • *Palpitations (Heart skips)* • *Chest Pain* • *Shortness of Breath* • *Headaches* • *Tremor* • *Hot and Cold Flushes* • *Increases in Body Temperature* • *Reduced Appetite*	• *High Blood Pressure* • *Rapid or Un-Normal Heart Action* • *Seizures* • *Cerebral Haemorrhage* • *Jaw Locked and Teeth Grinding* • *Nausea / Vomiting*
MIND	• *Euphoria (Happy feeling)* • *Elevated Mood* • *Sense of Wellbeing* • *Increased Alertness* • *Increased Concentration* • *Reduced Fatigue* • *Increased Talkativeness* • *Improved Physical Performance*	• *Confusion* • *Anxiety or Agitation* • *Performance of repetitive motor performance* • *Impaired Motor and Cognitive performance* • *Aggressiveness, Hostility and Violent Behaviour* • *Paranoia including Paranoid Hallucinations* • *Common Delusions including being monitored by a hidden electronic device or the feeling of bugs under your skin.*

THE LONG TERM EFFECTS OF METHAMPHETAMINE USE

Continual abuse of Methamphetamine could lead to the following long term effects:

- Weight Loss and Malnutrition
- Neurological Changes including memory loss and dizziness
- Menstrual Problems including; Pain, Irregular periods and absent periods
- Seizures
- Dependence (need the drug to feel normal)
- Poor Cognitive Functioning in dependent user; highly dependent user show poorer performances when their mind is tested or they have to make decisions.
- Loss of Memory and No Concentration
- Extreme Mood Swings, Anxiety and Paranoia
- Delirium and Depression
- Psychotic Symptoms including perceptual distortions, hallucinations and delusions
- Chronic Sleeping Problems
- Loss of social Networks
- Loss of Family
- No control of your own life.

REFLECTION TASK 2
WHAT COULD I LOSE?

Below; list all the things you could lose in your life if you continue to use, Also list how losing these things would effect you (You should include what you have already lossed)

ACTIVITY 3
TYPES OF METHAMPHETAMINE USE

Methamphetamine is used by a wide cross-section of Society and its use is not limited to any particular group. There are several distinct patterns of use, which are also seen in other drug users.

In most cases we all started somewhere and the flowing description of methamphetamine users is common to how a person goes from trying methamphetamine once to becoming a full blown dependent addict. We will discuss our stories and reflect at the end of this session:

EXPERIMENTAL USE

Experimental methamphetamine use generally occurs in late adolescence/early adulthood and is typically short lived. Experimental use is usually motivated by curiosity to experience new feelings / moods or as a result of peer pressure or the desire to fit in.

RECREATIONAL USE

Recreational methamphetamine use usually occurs in social settings. The amount and duration of use may vary depending on the occasion and the person. Recreational use is perceived as enjoyable with a few negative consequences or effects on social functioning. Methamphetamine is frequently used on a recreational basis where user limits their use to the weekend or special occasions.

CIRCUMSTANCIAL USE

Circumstantial Methamphetamine use occurs when specific tasks have to be performed that may require a large amount of work, concentration, alertness and endurance. Examples of this include long distance driving or shift work. Circumstantial use may also serve a specific function such as suppressing appetite and promoting weight loss.

INTERMITTENT OR BINGE USE

Intermittent or Binge use occurs when methamphetamines are used intensively for a long period of time, anywhere from two to ten days with significant breaks between use.

REGULAR USE

Regular use is characterised by frequent, habitual use and is often accompanied by a physical and / or physical dependence syndrome. For regular users, methamphetamine plays a significant role in their day to day life and may impair or impact on health, physiological or occupational functioning

Approximately 3% of users will use on a regular basis. This is often in the context of poly drug use, where methamphetamines may be used in combination with other drugs such as alcohol, cannabis (Ganja) or other psycho-stimulant drugs such as ecstasy

POLY-DRUG USE

Poly-drug use is very common amongst Methamphetamine users, with alcohol, cannabis and other psycho-stimulant drugs (ecstasy) being the most frequently used drugs in combination with methamphetamine. Users may do this to enhance or prolong the high of the methamphetamine or to assist with unpleasant side effects or “come-down”

REFLECTION TASK 3
YOUR STYLES OF USE?

Below; Describe the first time you used. How you got your drugs, where you were, how you took it, how it felt, what else happened (DO NOT DOCUMENT NAMES)

Tick which styles of Methamphetamine use you have fitted and we will verbally reflect after you have answered

EXPERIMENTAL USE	
RECREATIONAL USE	
CIRCUMSTANCIAL USE	
INTERMITTENT / BINGE USE	
REGULAR USE	
POLY-DRUG USE	

ACTIVITY 4
COPING WITH CRAVINGS AND LAPSES

MONITORING CRAVINGS

When your time in residential treatment has come to an end you will need the strategies and skills in place, ready to deal with cravings and Temptations. Temptation and Cravings can happen at any time and don't necessarily require other people to be involved.

On the following page there is a single page document that can help you when you are in unsupported living. Today we are going to fill it out fictitiously to make sure that you are aware on how to maximise its purpose.

When you experience cravings you need to document it on the following page and consider the following as each point may assist you to avoid cravings next time:

1. **Where were you** when you had your cravings or felt the temptation to use? The location may be a trigger. Alcoholics are known to feel like drinking when they are in certain locations. In Australia; being at a sporting event may trigger the desire to drink as drinking alcohol motivates the cravings and desire to smoke. You need to know if the same thing is happening in relation to your Methamphetamine use.

2. **Who were you with?** You may have been told as a kid that if you hang around with the wrong crowd you might get in to trouble? The same applies for drug users; if you associate with drug users there is every chance that you will use to. Remember the saying "Rubbish in Rubbish Out". When you have a craving make sure you document who you are with. It may be telling you something.

3. **Did any significant events happen?** Certain events are known to trigger drug use. Things like anniversaries of a family member's death, a funeral or even a celebratory event like a party where sometimes Alcohol and Drug use is associated. Note if there was a significant event at the time of your craving as it will assist you to prepare yourself next time the same issues arise.

4. **What were you thinking?** Thoughts are a very common trigger for cravings. The thoughts you have will control your emotions which may entice you to crave the need to feel good in times of diversity. Sad thoughts may trigger cravings as a solution. Document what you were thinking and it will help you to progress with cravings.

5. **How were you feeling?** As stated above… If you were feeling bad your body may be searching for ways to feel good. You may think back to times when you felt so good while using and specifically what it felt like to be high. This is all a part of craving. You need to document how you were feeling as it will help you understand what emotions trigger cravings to use.

6. **What did you actually do?** – Make sure you document what you did. If ou succeeded it will assist you to deal with this issue next time. If you were unsuccessful it will help you know what NOT to do the next tie you have cravings.

Remember when you leave Venndale you should maximise the table on the following page. If you don't have a blank template; find some paper and a pen and start documenting it like I have above. It does not have to be in a table at all. Try and keep it all in the one book.

After a while you will have a very resourceful book of tips on how to cope with cravings:

REFLECTION TASK 4
COPING WITH CRAVINGS AND LAPSES

WHERE WERE YOU	WHO WERE YOU WITH	DID ANY SIGNIFICANT EVENT HAPPEN	WHAT WERE YOU THINKING	WHAT WERE YOU FEELING	WHAT DID YOU DO

ACTIVITY 5
CRAVING FACTS

Here are the Facts on Cravings:

1. Cravings / Urges to use are a natural part of modifying Methamphetamine use. This means that you are no more likely to have any more difficulty in altering you methamphetamine use than anybody else does. Do not allow this to be an excuse, you are no different to the next person.

2. Understanding cravings will help you overcome them.

3. Cravings are a result of long term Methamphetamine use and can continue long after quitting. So, people with a history of heavier use will experience stronger cravings. Your ability to alter use is no different to others but your cravings may be more or less intense than others.

4. Cravings can be triggered by people, places, things, feelings, situations or anything else that has been associated with your using in the past. You may have used in a room with blue paint and now being in a room with blue paint gives you urges.

5. Think of a craving in terms of a wave at the beach. Every wave / craving starts off small and builds up to its highest point but then it will break and flow away.

6. Each individual craving rarely lasts beyond a few minutes… It will pass.

7. Cravings will only disappear if they are not strengthened or reinforced by using. Using 'occasionally' will only keep your cravings alive. To reduce cravings you must remain abstinent. Think of cravings as a stray cat; if you keep feeding it; it will keep coming back.

8. Each time a person does something rather than use in response to a craving, the craving will lose its power. The peak of the Cravings will become smaller and smaller the longer you abstain. The waves will be further apart and slowly cease. This is known as craving extinction.

9. Abstinence from Methamphetamine is the best way to ensure the most rapid and complete extinctions of cravings.

10. Cravings are the most intense in the early parts of quitting and cutting down but people may continue to experience cravings for the first few months and sometimes even years after quitting.

11. Each craving will not always be less intense than the previous one. Be aware that sometimes, particularly in response to stress and certain triggers, the peak can return to the maximum strength but will decline with the stress subside.

How will you deal with Stress? What coping mechanisms will you employ to deal with cravings? On the following page we are going to discuss options for when you experience cravings. Think hard about your life and what you enjoy; elaborate on these things and work out how they can be used to keep yourself occupied and cope with cravings.

For example; if you have a dog or kids. How will you involve them in plans for you to remain occupied that minimise your stress and negative emotions to NOT trigger cravings? This list can be referred to when you have cravings:

REFLECTION TASK 5
WHAT / WHO CAN YOU USE TO COPE WITH CRAVINGS

WHAT	HOW CAN THIS HELP

ACTIVITY 6
THE 3 'D's OF COPING WITH CRAVINGS

During this session we will discuss the 3 Ds of coping with strategies. The 3 D's are DELAY, DISTRACT & DECIDE.

DELAY – You need to avoid emotional triggers, particularly during the early phase of reducing or ceasing your use. However, this may not stop the cravings all together. When a craving does come **DELAY** the decision to use for 1 minute at a time or longer if you can manage. During this time you need to keep saying to **yourself "I will not act on this craving right away I will DELAY my decision to act on this craving for …. Minute**". This will help you break the habit of immediately using when you have cravings. This allows you to have a win over the craving and places YOU in charge.

DISTRACT – Once you have delayed the decision to use you will need to distract yourself from the thoughts of using. You will need to generate some ideas for strategies to use as a *distraction technique* such as going for a brisk walk, exercising, listening to music or calling a support person. It the activity for today we need to write a lit of things you will do to distract you from the cravings. These examples need to be instant and something that you can do straight away and you don't have to complete a series of tasks to your distraction. For example; don't write down fishing if you have no car and the water is an hour from your house. You also need to enjoy your distractions.

DECIDE – After the craving has passed you need to revisit the reasons why you wanted to stop using in the first place. Maybe you could refer back to reflection task 2 in this book and look at the list of things you will lose or have lost because of your use. You need decide there and then not to use again and make yourself congratulate yourself and celebrate the fact that you have not given in to something that after-all is just a FEELING or a THOUGHT

POSITIVE TALK

When applying the 3D's for your cravings you need to remain **POSITIVE** and remind your self of the short-term nature of the cravings. Remember you are going to live for many more years and the cravings will only take up a very small amount of that time (like a needle in a hay stack)

It is important to minimise the catastrophe by remaining positive and continuously using positive affirmations either out loud, in your head or by writing them down:

1. THIS FEELING WILL PASS
2. I CAN COPE WITH THIS
3. I DON'T HAVE TO ACT ON THIS
4. IT WILL GO AWAY BY ITS SELF
5. DELAY / DISTRACT / DECIDE

It is even a good idea to have the above words written and displayed somewhere at all times

REFLECTION TASK 6
10 Distractions and Positive Thinking

NUMBER	DISTRACTION
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

POSITIVE TALK - Write down 4 Positive Sentences that help you beat the cravings

NUMBER	POSITIVE SENTENCES
1	
2	
3	
4	

ACTIVITY 7
THE BREAKING THE RULE EFFECT

The **"Breaking the Rule"** effect is an unhelpful thought that might happen if you notice your mood is getting low, you may start to feel stressed, anxious or run down. All of these can lead to the chance that you may have cravings to drink or use drugs. You may even relapse and use again.

The **"Breaking the Rule"** effect is like a voice or the 'devil on your shoulder' that comes in and says "hey, I knew you couldn't do this, here you are back at square 1" The voice gives you permission to fall back in to your old habits of use, thinking and behaving.

BUT – if you know about the Breaking the Rule effect you can be ready for it when it happens. When you notice this effect happening try the following steps:

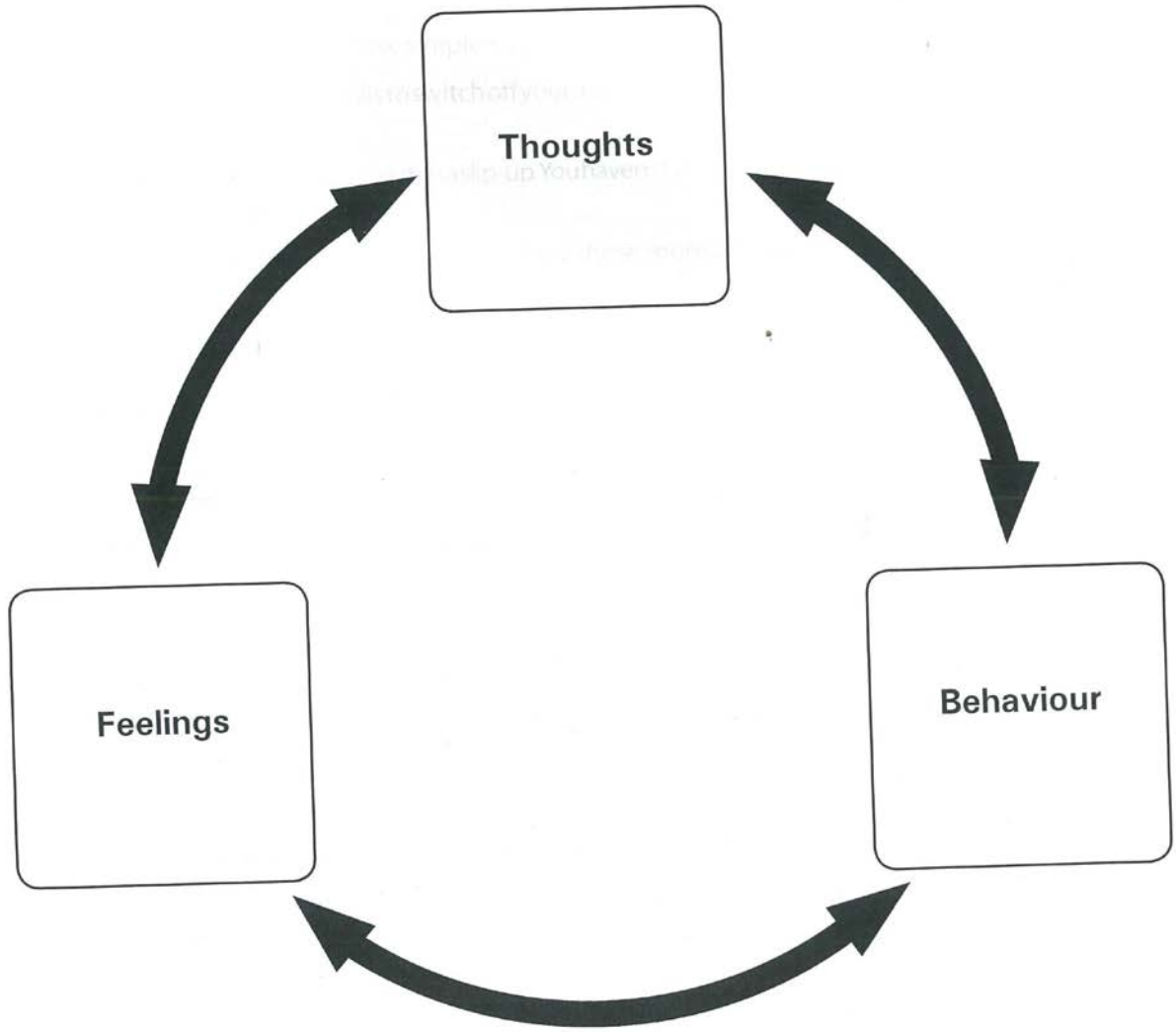
1. RELAX – Switch off your Automatic Pilot and concentrate on the moment. Let everything else wait as preventing relapsing is your main priority.
2. Remind yourself that its not uncommon and many people have slip ups. You have not failed completely and you are not back to square 1.
3. If you notice yourself breaking the rules; try these more helpful thoughts instead. You may even want to write these down where you can see them any time.

BREAKING THE RULE EFFECT	MORE HELPFUL THOUGHTS
I've blown it, I may as well keep on using	I've just had a slip up and I will stay on track
I knew I wouldn't be able to stop	I have been able to make a change… This is only a slip up and I will keep on trying
I've messed up already, so I might as well keep going	I've just made a mistake and I can and will learn from it and get back on course
None of the therapy worked and I am back at square 1	This is only a change in my mood, I can handle this. I just need to handle each moment as best as I can.

REFLECTION TASK 7
10 Distractions and Positive Thinking

Below; Document one of the lowest points during your using. This can refer to an event where you were out of control, or a low point in your life in general (Do not use names)

ACTIVITY 8
THINKING FEELING DOING



In this exercise we discuss how Thoughts, Feelings and Behaviour can all be associated with each other and knowing how to harness and control these Thoughts, Feelings and Behaviours will go a long way in achieving sobriety.

For example: Your thoughts can make you feel a certain way and behave in a certain way but your behaviour and make you think certain ways and feel a specific way. I hope that makes sense?

In today's activity we are going to document how these can all work in together and what you will do when confronted with these issues.

For Example; I may have thoughts of relapsing and using again, now we have to work out how this will make us feel and what our potential behaviours will be. This could mean you feel anxious or angry which could make your behaviour erratic and cause you to become aggressive… Then we need to discuss what we will do to fix that.

REFLECTION TASK 8
Thoughts Feelings Behaviour

THOUGHT:

FEELINGS	**BEHAVIOUR**

HOW WILL I DEAL WITH THIS?

FEELING:

BEHAVIOUR	**THOUGHTS**

HOW WILL I DEAL WITH THIS?

BEHAVIOUR:

THOUGHTS	**FEELING**

HOW WILL I DEAL WITH THIS?

ACTIVITY 9
IDENTIFYING UNHELPFUL THOUGHT PATTERNS

People with depression and anxiety tend to 'read into' situations in ways that are often quite negative. These thought patterns can lead to stronger feelings of depression and anxiety, and often result in cravings to use alcohol or other drugs.

Do you have any of the following unhelpful thought patterns?

Are you a **'black and white thinker'**?

- Are things either all good or all bad – with nothing in-between? (no balance)
- Do you think that because something has gone wrong once, it will always go wrong?
- Do you have strict rules about yourself and your life? For example, do you think that in order to be good at something, you must do it perfectly or not at all?
- If things don't work out perfectly, do you feel hopeless and like you have failed completely?
- For example: 'If I fail partly, it is as bad as being a complete failure', or 'If a person is not a complete success, then life is meaningless' or 'I never get what I want so it's foolish to want anything'.
- Have you ever thought: 'Even if I use once this week, I'm a failure so why bother' or 'I can't change, so it's pointless trying at all'?
- Do you believe that in order to be a good person, everybody must like you all the time? Do you ever think: 'People will probably think less of me if I make a mistake' or 'if a person I love does not love me, it means I am unlovable'?
- In thinking about your depression, do you think things like 'Either I'm depressed or I'm completely happy – there is no in-between' and 'I'm a bad person – there is nothing good about me'?

Do you **'jump to negative conclusions'**?

- Do you automatically draw a negative conclusion about something more times than not?
- Do you sometimes act like a 'mind reader'? That is, you think you can tell what another person is really thinking, often without really checking it out or testing it.
- Do you do a bit of 'fortune telling'? That is, you believe that things will turn out badly and are certain that this will always be the case. For example: 'Things just won't work out the way I want them to' or 'I never get what I want so it's stupid to want anything' or 'There's no use in really trying to get something I want because I probably won't get it'.
- In thinking about your alcohol or drug use, do you believe: 'I'll never be able to change my drinking/drug using. It'll never be any different.'

Do you **'catastrophise'**?

1. Do you tend to give too much meaning to situations, particularly negative ones?
2. Do you convince yourself that, if something goes wrong, it will be totally unbearable and intolerable? For example: 'If I get a craving, it will be unbearable and I will be unable to resist it'.
3. If you have a disagreement with someone, do you think: 'That person hates me, doesn't trust me, they'll never talk to me again.'

Are you a **'personaliser'**?

- Do you blame yourself for anything unpleasant that happens?

- Do you take a lot of responsibility for other people's feelings and behaviour, and often confuse facts with feelings? For example: 'My brother has come home in a bad mood, it must be something that I have done' or 'I feel stupid, so I am stupid'.
- Do you often put yourself down or think too little of yourself, particularly in response to making a mistake. Do you often find yourself thinking things like: 'I'm weak, stupid, ugly' or 'I'm an idiot'.

Are you a **'should/ought'** person?

- Do you use 'should', 'ought' and 'must' when you think about lots of situations? This thinking could make you feel guilty if you don't do the things you 'should'.
- 'Shoulds', 'oughts' and 'musts' quite often set a person up to be disappointed, particularly if these thoughts are unreasonable. Do you set unrealistic expectations for yourself or other people? For example: 'I must not get angry' or 'He should always be on time'.
- 'Shoulds', 'oughts' and 'musts' may make you feel angry if you feel others are not doing what they should, ought or must. Do you find yourself getting

REFLECTION TASK 9
Which Unhelpful Thoughts do I have?

Below; Pick one of the above that best represents you and give YOUR STORY. Document where you have had these unhelpful thinking patterns and how it could have been helped.

ACTIVITY 10
ANALYSING UNHELPFUL THOUGHTS

Following on from the last lesson we want to find ways to Analyse Unhelpful Thoughts and especially find ways to assist you to remember and realise that just because you think it, doesn't mean you have to do it.

Situation	Thoughts	Feelings		Which unhelpful thought is this?*	Does it fit the facts?	What is another explanation?	Feelings now
Sitting at home, bored, nothing to do	*I should be out doing something, but I've got nothing to do, nobody to do it with, life sucks*	*Sad, angry, useless, worthless*	This is just a thought	*Jumping to negative conclusions Personalising Shoulds/oughts*	*Not really – I've got some friends but they are at work, & I do have some things to do that I like*	*My depression is telling me I don't have anything to do. It would be nice if I had someone to do stuff with, but I can choose to do something myself and still enjoy it.*	*A bit happier, a bit more in control, a bit more motivated, worthwhile*
			I am not my thoughts				

ACTIVITY 11
SEEMINGLY IRRELEVANT DECISIONS

For this activity we need to reflect… We need to think of a time where we relapsed in ANYTHING… it could be Methamphetamine use, quitting smoking, drinking or even a diet. Now consider and answer the following questions:

REFLECTION TASK 11
SEMINGLY IRRELEVENT DECISIONS

What led to the relapse?
What stopped me from recognising the Signs?
What would have been the lower risk decision?
WRITE A PLAN NOW… to deal with these irrelevant decisions in the future, what will you do?

ACTIVITY 12
PLEASANT ACTIVITIES

1. In the pleasant activities column, list the activities that you enjoy doing, or used to enjoy doing, that don't require the use of Methamphetamines.

2. In the achievement activities column, list the activities you have to do. Make sure the list is concrete (eg looking after my children, bathing them, making dinner, etc)

3. Go to the Reflection Task on the next page: Activity record and schedule the things you have to do, then schedule the things you like to do. Make sure you schedule something pleasant every day, even if it is a brief activity.

PLEASANT ACTIVITIES (Things I Enjoy)	ACHIEVEMENTS (Things I Have To Do)

REFLECTION TASK 12
PLEASANT ACTIVITY RECORD

	MONDAY *Pleasant Activities*	**TUESDAY** *Pleasant Activities*	**WEDNESDAY** *Pleasant Activities*	**THURSDAY** *Pleasant Activities*	**FRIDAY** *Pleasant Activities*	**SATURDAY** *Pleasant Activities*	**SUNDAY** *Pleasant Activities*
7-8AM							
8-9AM							
9-10AM							
10-11AM							
11-12PM							
12-1PM							
1-2PM							
2-3PM							
3-4PM							
4-5PM							
5-6PM							
EVENING							

ACTIVITY 13
REFUSAL SKILLS

For this activity we are going to look at how to SAY NO…We are going to decide who will offer you drugs and what you will say to them:

TIPS FOR RESFUSING METHAMPHETMINES

- Say NO first and assertively (not aggressively)
- Make direct eye contact
- Tell the person you are no longer using
- Ask the person to stop offering methamphetamine
- Don't leave the door open for future offers (eg, 'not right now thanks' or 'I'll think about it')

PEOPLE WHO MAY OFFER ME DRUGS	WHAT I'LL SAY TO THEM

ACTIVITY 14
RELAPSE PREVENTION PLAN

Below is boxes for you to document your answers but firstly; discuss this will your Case Manager and you can both work together to come up with the answers for these problems and solutions:

Early warning signs for Relapse?

Anticipated High Risk Situations

How will I cope with these situations?

What will my REWARD be for coping appropriately?

Coping strategies in an Emergency

Additional Skills Required?

How to get them?

ACTIVITY 15
PRACTICING SAFE DECISION MAKING

Work with your Case Manager to answer the below sheet hypothetically to show you how you can use this once unsupported.

Practice monitoring decisions that you face during the course of a day, both large and small and what you would consider safe and risky alternatives for each… We have included an example:

DECISION	SAFE ALTERNATIVE	RISKY ALTERNATIVE
I work on Eastside and walk down the main street to get to work from South Side. I walk past 2 hotels but on the other side of the road.	*I could walk down Railway Tce or 1st Street so as not to walk past the hotels and I won't be tempted.*	*To continue to walk along the main street past the hotel*

ACTIVITY 16
ALL PURPOSE COPING PLAN

Remember that running into problems, even crises, is part of life and cannot always be avoided, but having a major problem is a time to be particularly careful about relapse

If I run into a high-risk situation:

I will leave or change the situation.

1. Safe places I can go:

2. I will put off the decision to use for 15 minutes. I'll remember that my cravings usually go away in
   _____ Minutes and I've dealt with cravings successfully in the past.

3. I'll distract myself with something I like to do:

Good Distractions:

4. I'll Call my emergency numbers of people who don't use and want to help me:

Name:	Number:
Name:	Number:
Name:	Number:

5. Then remind yourself of your successes to this point (abstaining, rehab completed, employment sourced etc)

6. Challenge your thoughts about using with positive thoughts

ACTIVITY 17
PROBLEM SOLVING

When you are faced with a problem in the future, you can apply this worksheet to deal with it. It applies for any problem. Please fill this out hypothetically with your Case Manager to see how it can be effective.

1. Recognise the problem
2. Identify and specify the problem
3. Consider various approaches to solving the problem
4. Select the most promising approach
5. Assess the effectiveness of the approach
6. If ineffective, select another approach and assess

Identify the problem in detail

What are the possible solutions

The best solution seems to be?

Did this work? What was the effectiveness?

ACTIVITY 18
SUPPORT PLAN

WHATS MY GOAL	WHO IS TO BE CONTACTED *Include Phone Number*	WHEN WILL THE CONTACT BE MADE	WHAT SERVICES WILL I REQUEST	OUTCOME
GOAL 1				
GOAL 2				
GOAL 3				
GOAL 4				

VENNDALE

Rehabilitation, After Care & Outreach

DAILY QUESTIONS

HOME WORK 1

DAILY QUESTIONS - HOMEWORK 1

The theory of the Daily questions is to get you to document and remember the **POSITIVES** of the Venndale Program. We believe that you will retain what you enjoyed. We would like you to document below what you found the most useful and the most enjoyable of today.

DAY	WHAT THE MOST USEFUL TODAY	WHAT DID YOU ENJOY THE MOST
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83		
84		

VENNDALE

Rehabilitation, After Care & Outreach

DAILY ACTIVITIES

HOME WORK 2

DAILY ACTIVITIES - HOMEWORK 2

In your own time – please complete one of these each WEEK. If you get them all completed please see your Case Manager for more.

AFTER HOURS ACTIVITY 1

WHAT'S MORE IMPORTANT TO ME THAN GROG?

WHAT GOOD IS VENNDALE DOING FOR ME?

AFTER HOURS ACTIVITY 2

METH QUIZ

TICK THE BOX THAT RELATES TO YOU

1 HOW OFTEN DO YOU USE?

- ☐ Occasionally - Once or twice per month. (1)
- ☐ Once a Week. (2)
- ☐ More than once a week. (3)

2 WHEN YOU DRINK… HOW MUCH DO YOU DRINK AT A TIME?

3 WHEN YOU USE… DO YOU LOSE CONTROL?

- ☐ Never
- ☐ Sometimes
- ☐ Most Times

4 DOES YOUR FAMILY KNOW YOU USE?

- ☐ No
- ☐ Yes but don't know how much I drink
- ☐ Yes they know everything

5 HAVE YOU EVER GOT IN TO A FIGHT WHEN USING

- ☐ No
- ☐ Sometimes
- ☐ Most Times

7 HAVE YOU EVER BEEN DRUNK AND HAD SEX WITH SOMEONE WHO IS NOT YOUR PARTNER?

- ☐ Never sex but kissing and touching
- ☐ No
- ☐ Yes I have

8 HOW DO YOU GET HOME AFTER USING?

- ☐ I Drive or my family or mates drive me home
- ☐ I Drive if I am under 0.05
- ☐ Taxi or walk

AFTER HOURS ACTIVITY 3

IF I USE WHEN I GET OUT – WHAT COULD HAPPEN?

AFTER HOURS ACTIVITY 4

DENIAL ACTIVITIES

1. WHAT HAVE BEEN SOME OF YOUR EXPERIENCES WITH DENIAL???

☐ I never took my Drug Problem seriously

☐ I believed my family and friends were not affected by my using

☐ I believed I could control my using / I had a handle on it

☐ I was only hearing what I wanted to hear

☐ I thought this could never happen to me

☐ Other???

2. WHAT HAPPENED THAT RESULTED IN YOU BREAKING THROUGH DENIAL???

☐ I got arrested

☐ I Hurt somebody else (partner / family / friends)

☐ I had no money, no food, no personal items

☐ Police Always looking for me / knocking on my door

☐ Other

AFTER HOURS ACTIVITY 5

MISSING WORDS QUIZ

SAY _____ TO ALCOHOL AND DRUGS

ALCOHOL & DRUGS CAN MAKE PEOPLE _____

METHAMPHETAMINE HURTS MY _____

METHAMPHETAMINE HURTS MY _____

METHAMPHETAMINE MAKES ME _____

WHEN I'M HIGH I END UP IN _____

METHAMPHETAMINE MAKES ME LOSE MY _____

METHAMPHETAMINE MAKES ME FORGET ABOUT ME _____

I SPEND ALL MY _____ WHEN I USE.

METHAMPHETAMINE MAKES MY _____ SAD

USING TOO MUCH MAKES ME _____

METHAMPHETAMINE MAKES MY BODY _____

_____ CAN ELP MY METHAMPHETAMINE PROBLEMS

_____ CAN HELP ME TALK ABOUT MY METHAMPHETAMINE PROBLEMS

AFTER HOURS ACTIVITY 6

TELEPHONE NUMBERS OF SUPPORT MOB FOR YOU! (fill in the gaps)

TYPE	NAME	PHONE
FRIEND		
NEIGHBOUR		
RELATIVES		
PEOPLE TO CARE FOR YOUR KIDS		
ALCOHOL & DRUG MOB	Venndale	08 89717099

TYPE	PHONE
HOSPITAL	08 89739211
MENTAL HEALTH	08 89738724
CORRECTIONS MOB	08 89738743
NT POLICE	13 14 44
VENNDALE REHAB	08 89717099
EMERGENY (Police Fire Ambulance)	Call 000
ORMONDE HOUSE	08 89721956
WOMENS CRISIS CENTRE	08 89721332
CHILDRENS SERVICES	08 89738600

DOMESTIC VIOLENCE MOB	08 89739664
MY LAWYER @ NAAJA	08 89721133
COURT HOUSE	08 89738692
COMMUNITY PATROL	08 89722086
KATHERINE FLOOD HOTLINE	1800 500 070

AFTER HOURS ACTIVITY 7

BIGGEST MOB WORRIES

WORRY - 1	**HOW WILL I DEAL WITH THIS?**
WORRY - 2	**HOW WILL I DEAL WITH THIS?**
WORRY - 3	**HOW WILL I DEAL WITH THIS?**
WORRY - 4	**HOW WILL I DEAL WITH THIS?**

AFTER HOURS ACTIVITY 8

WHEN I LEAVE VENNDALE, I WILL……

ILLUSTRATION:

AFTER HOURS ACTIVITY 9

1. IDENTIFYING YOUR GUILT: I have felt guilty about???

□ Not Spending enough time with my Partner
□ Not Spending enough time with my Children and Family
□ Letting my children see me at my worst (drunk)
□ Breaking too many rules / Lores / Laws
□ Having an Affair with another person
□ Getting jealous for my partner
□ Assaulting my Partner / Domestic Violence
□ Stopped Playing Sport / Hobbies / Hunting & Fishing
□ Family Breakdown / Relationship Break-Ups
□ A Family member or Friend died
□ My own Alcohol and Drug Problems
□ Hurting someone while I was intoxicated
□ OTHER????

2. What are the better ways I can deal with my guilt:

AFTER HOURS ACTIVITY 10

IDENTIFYING / RESOLVING SHAME

1. **Things I have done while HIGH that make me or my family shame?**

2. **Things my younger family have seen me do while HIGH that they see as normal NOW?**

AFTER HOURS ACTIVITY 10

IDENTIFYING / RESOLVING ISOLATION

1. **What could happen if I don't talk about / communicate my problems?**

2. **Who can I talk to about certain problems in Katherine?**

AFTER HOURS ACTIVITY 12

SOLUTIONS FOCUSSED

If you are offered Methamphetamine or you are offered you Ganja - What can you do to avoid this Situation?	
If you are driving past your dealers house and it makes you want to use.. What could you do to fix this situation?	
If you really feel like using; what could you do to avoid it.	
If you slip up and use again what are you going to do?	

AFTER HOURS ACTIVITY 13

Now its time to write a 'mock' letter to one of your friends of family. In this letter the clients need to acknowledge the following:

a. Who they are writing too
b. How life is with this person when there is no DRUGS involved
c. What DRUGS made you do
d. What Venndale is teaching you about DRUGS
e. How it will be between you 2 from now on
f. Why are they important

TO……..

AFTER HOURS ACTIVITY 14

1. **What are some NEGATIVE ways that you have expressed your anger in the past?**

2. **What are ways to resolve your anger / do when angry? Or what could have been done differently?**

AFTER HOURS ACTIVITY 15

WHY ME???

1. **Imagine that you are old and wise and do not USE any more: Your children or Grand Children are doing what you do now… They get high, get in to fights, get arrested and go to Jail…. Write down in the below box what you would tell them about their drug and or Ganja problem. You could even imagine you worked at Venndale and were explaining why they use to them?**

ABOUT VENNDALE:

Venndale Rehabilitation and Withdrawal Centre is a 12 week residential rehabilitation program run by Kalano Community Association and is located 35km south of Katherine.

Our holistic case management with 1 on 1 sessions as well as group sessions will support clients in their journey to overcome alcohol and other drug related harm and the impact on their lives, their families and their communities.

HOW TO BE ASSESSED:

Please call 89728600 for a telephone assessment anytime.

Anyone can refer to Venndale such as yourself, family member, friend, lawyer, doctor or workmate.

Once you have been assessed as suitable, you will be required to go to Wurli Wurlinjang Health Clinic (or your community clinic) for a complete health check on the day of your booking.

CONTACT DETAILS

A Bruce Rd, Katherine NT 0850

PO Box 1019, Katherine NT 0851

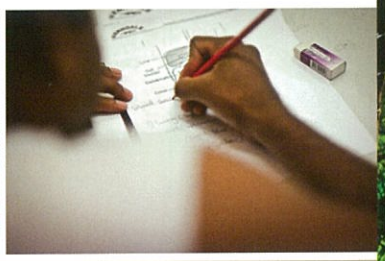
P (08) 8972 8600

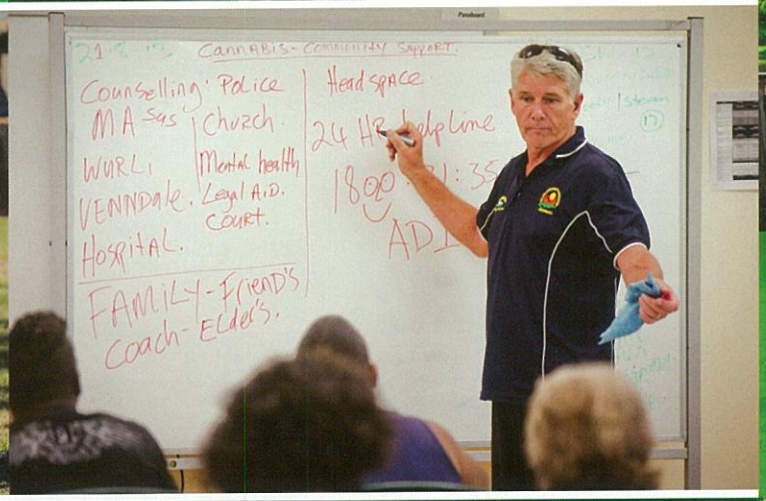
F (08) 8971 7435

E admissions@kalano.org.au

Office Hours

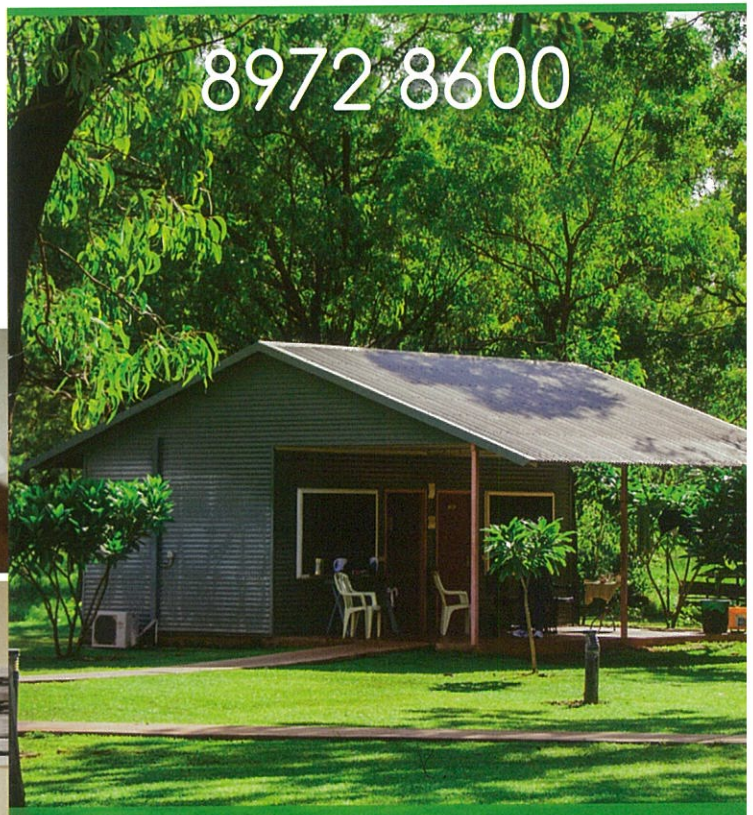
8am – 4.30pm, Monday to Friday





VENNDALE

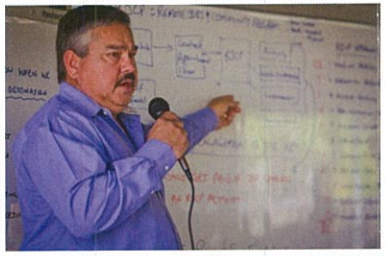
Rehabilitation, After Care & Outreach



RELAPSE PREVENTION
CASE MANAGEMENT
REINTEGRATION
AFTER CARE
OUTREACH

PROVIDES ASSISTANCE WITH:

- Centrelink Requirements
- Medical Professionals
- Employment Seeking
- Housing
- Obtaining Identification
- Dept of Justice – Community Corrections
- Family support, referrals, liaison with other agencies



SERVICES INCLUDE:

- 12 week residential recovery program
- Aftercare program
- Alcohol And Drug Education
  - Relapse Prevention
  - Healthy Lifestyles
  - Life Skills
- 1 On 1 AOD Counselling
- 24 hour Care and Support
- Fitness & Exercise Program
- Reintegration and Discharge Program
- Access To
  - Emotional Counselling
  - Anger Management
  - Positive Parenting Program
- Weekly Fishing Trip

ASK FOR HELP TODAY... YOU WONT REGRET IT.

Keep in mind: The Venndale Transitional After Care Facility

VENNDALE OUTREACH: 0428 258 711
VTAC: 89723419
MANAGER: 0488261267