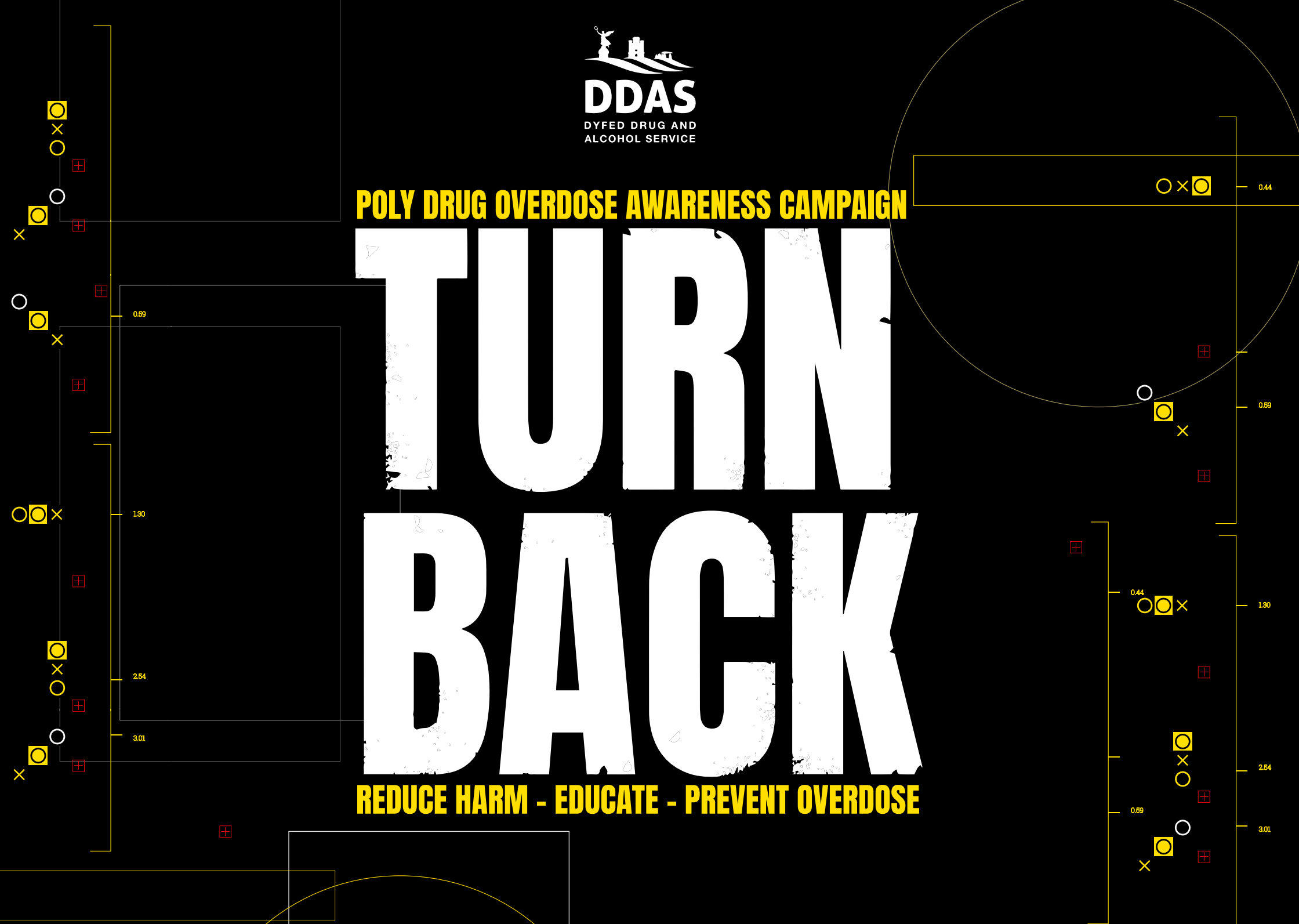


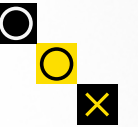


POLY DRUG OVERDOSE AWARENESS CAMPAIGN

TURN BACK

REDUCE HARM - EDUCATE - PREVENT OVERDOSE





TURN BACK is a Poly Drug Overdose Awareness Campaign developed by Dyfed Drug & Alcohol Service. DDAS aims to educate poly drug users and anyone affected by substance use by sharing information and lived experiences to reduce harm, prevent overdose and protect others. You can also contribute your experiences to help others by calling 0330 363 9997.



WHAT IS TURN BACK .CYMRU

TURN BACK is a Poly Drug Overdose Awareness Campaign.

It is designed and implemented by Dyfed Drug and Alcohol Service with support from Hywel Dda Health Board, Service Users and eminent health care and academic professionals. The goal is to raise awareness of the dangers of Poly Drug Use and ultimately instill the notion of being able to "TURN BACK" before it's too late and recognise when someone else needs to do the same.







WHAT IS POLY DRUG USE?

Poly drug use is the act of using multiple substances at the same time, including prescribed or illicit medication and alcohol. Poly drug use is very common and poses a serious risk of harm depending on the substances that are being used together.

Much like a game of noughts and crosses, Poly Drug use can put you 1 move away from being crossed out.

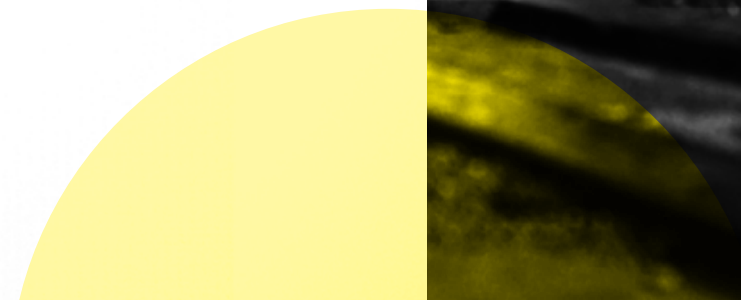
Learn to Turn Back to safety and if you do Poly Use, tread carefully.



POLY DRUG HARM REDUCTION

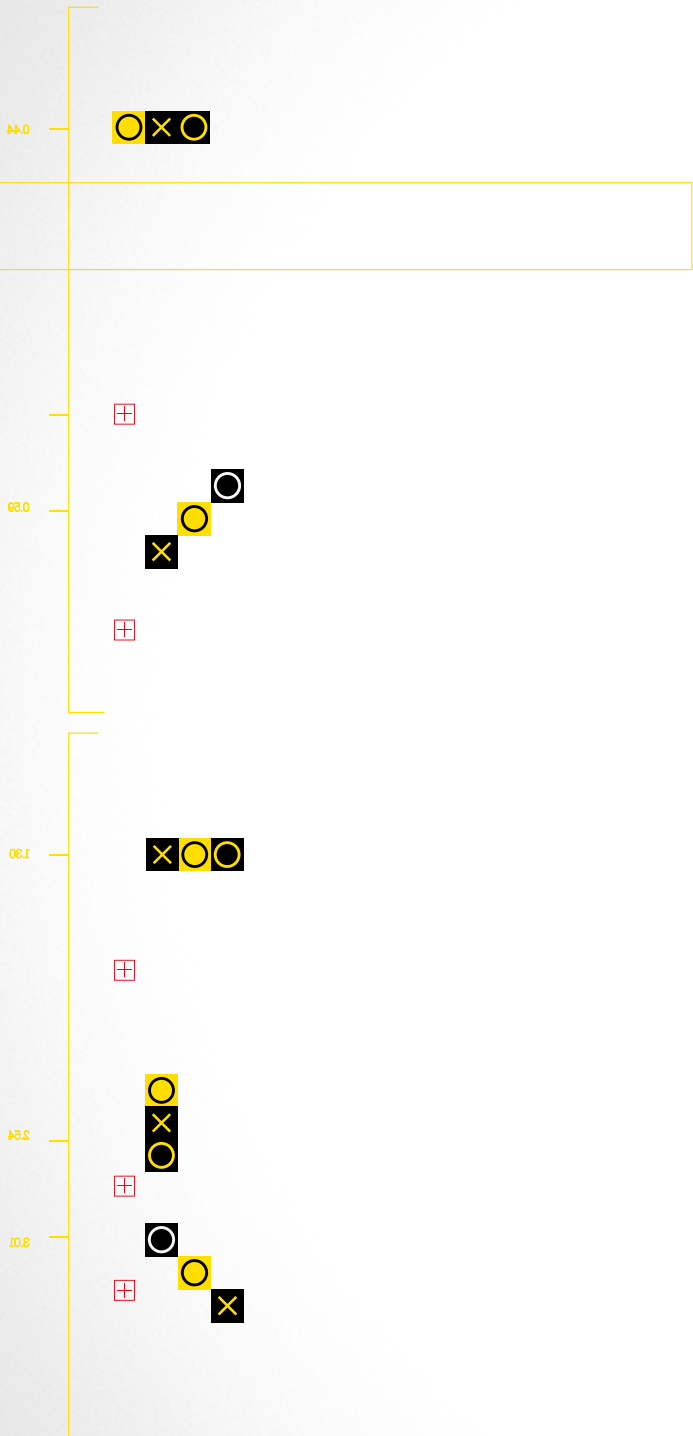
While poly drug use is not recommended, many people still choose to use multiple substances together. Harm reduction advice is information that can be given to reduce the harms caused by poly drug use. The following information can help you to make an informed decision about your substance use.

Much like poly drug use, the following section is about discovery. Safely learn about the risks and effects of substance combinations before you embark on your own experiments.



ALWAYS CARRY NALOXONE

Naloxone can be used to reverse the effects of an opiate overdose.
Get your free kit and training to save a life at spikeonabike.cymru



GO LOW AND GO SLOW

If in doubt, always remember to go low on the amount and wait for the effects.

DON'T MIX DRUGS

As a general rule, don't mix drugs. If you do, follow harm reduction advice.



COCAETHYLENE

(COCAINE & ALCOHOL)

When you use alcohol and cocaine a separate toxic substance called cocaethylene is formed in the body as they metabolize in the liver. Cocaethylene increases the risk of an individual experiencing strokes and cardiovascular issues and is believed to have been linked to a number of sudden deaths in users.

We would advise individuals to either use cocaine or alcohol and avoid using both together to eliminate the risks of cocaethylene poisoning.

DEPRESSANTS

(POLY USE)

Substances such as opiates, benzodiazepines and alcohol are often used together. These substances are all depressant drugs which will slow down the central nervous system (e.g lowers blood pressure, heart rate and body temperature) Using several depressant drugs together significantly increases the risk of overdose and death.

To reduce harm:

- Avoid using several depressant drugs at the same time
- Carry a Naloxone kit if using opiates*
- Avoid using alone

ALCOHOL

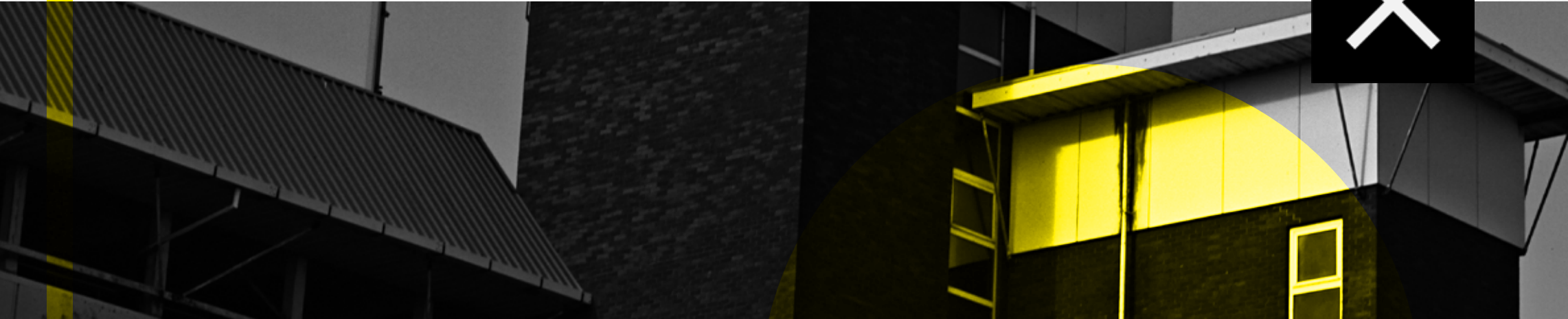
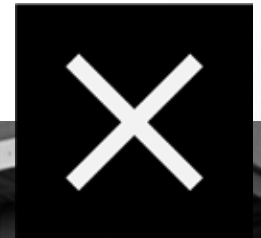
(& OPIATES)

While alcohol and opiates look, taste, and feel vastly different, both substances are central nervous system depressants which, even when used alone, can impair brain activity and slow functioning throughout several organ systems, among other things.

Unfortunately, it is common for people to abuse alcohol and opioids together to enhance the effects of each substance. Because these two substances work synergistically, there is an increased chance of toxicity and overdose.

*Naloxone is an opioid antagonist that temporarily reverses the effects of an opiate overdose. To request a Naloxone kit please visit spikeonabike.cymru

**To get tested, you can use another DDAS Service by going to itsinourblood.co.uk and booking yourself in for a DBST.



HEROIN

(& COCAINE "SPEEDBALL")

"Speedballing" is when heroin and cocaine/crack cocaine are used together. Mixing these substances is risky because heroin is a depressant and cocaine is a stimulant therefore increasing the risk of heart attack and stroke.

To reduce the harms associated with this:

- Do not use them together
- Use clean injecting equipment
- Carry a Naloxone Kit*
- Avoid using alone
- Smoke rather than inject

STIMULANTS

(& ALCOHOL)

Alcohol is often used with stimulants like MDMA, Amphetamine and Cocaine within the "club" setting. With this comes the risk of dehydration, risk of contracting blood borne viruses* and reduced inhibitions along with other physical health risks. For example, depressants (i.e alcohol) slow down your central nervous system, while stimulants speed it up; increasing the risk of heart attack and stroke.

It is advised not to mix these substances, however if you are planning to use depressants and stimulants together then follow the below advice:

- Drink small sips of water throughout
- Don't share snorting or injecting equipment
- Swallow or "bomb" to avoid damage to nasal passages
- Eat and drink before use
- Practice safe sex
- **BBV's including HIV, Hepatitis B and C.

Also, stimulants can mask the effects of alcohol meaning that people can't always gauge the level of intoxication which can result in excessive alcohol use.

DEPRESSANTS

(AND HALLUCINOGENS)

Depressants and Hallucinogens are not recommended to be used together due to their unpredictable effects. Using hallucinogens such as Ketamine, LSD and magic mushrooms with depressants like alcohol and opiates can cause dizziness, vomiting, disorientation and unconsciousness.

They can also suppress breathing and heart functions. The risk of choking on your vomit is particularly high when using alcohol and Ketamine together. To reduce the harms if using depressants and hallucinogens:

- Avoid unfamiliar surroundings
- Be aware of activities that could cause injury e.g cooking, making hot drinks, taking baths
- Have someone trusted to act as a "sitter"
- Use a small amount first to test the strength
- Eat small amounts prior to use
- Drink small sips of water throughout

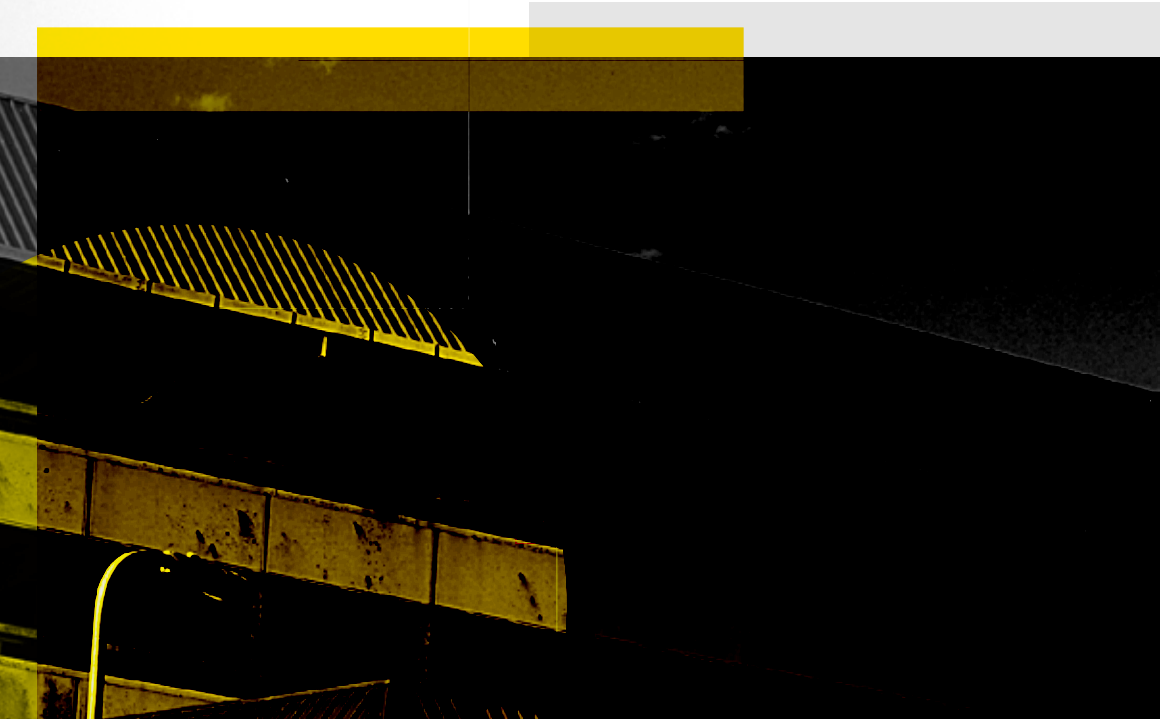
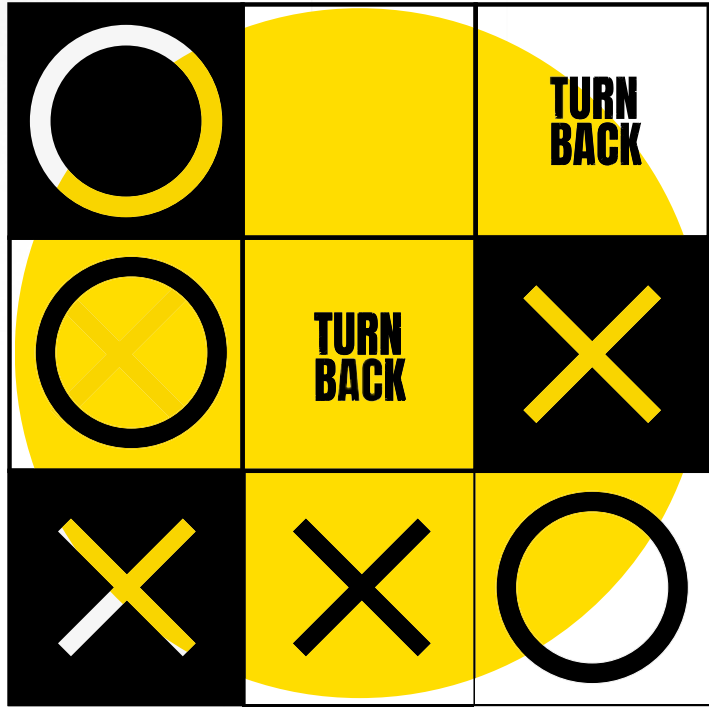
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LEISURE AMUSEMENT

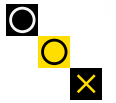


FAQS

FIND OUT MORE



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3.01

I am using with friends, sometimes we buy together and share. Is this ok?

Being out with friends creates an atmosphere of safety and trust which is a great protective factor when going out and using substances in a social setting. It is important to remember though that everyone's tolerance is different, and using in rounds or sharing will often lead to getting more intoxicated than intended.

We would advise that you obtain your own substances and keep to your own pace where possible. Its important to remember that sharing with friends can bring about dangerous risks.

First time users of a substance my have lowered tolerance and should be discouraged from indulging too much.

Comparatively, people with a higher tolerance may be spurred on to use at higher levels and introduce more substance types to "keep the pace": this should also be discouraged. The key point is to reduce the harm by reducing the amount being used; ultimately reducing risk of overdose.

I am using multiple substances most weekends, am I at risk of overdose?

Many people use multiple substances at the weekend, particularly young people. There is a risk of overdose when using multiple substances at the same time, whether you are mixing between the same substance groups or not (i.e depressants and depressants, or depressants and stimulants etc). We would always advise against using any substances together, but if you plan to use click here for harm reduction advice for specific drug groups. If you plan to use opiates, ensure you carry a Naloxone kit.

No one knows about my substance use so I use alone. Is this risky?

Yes it is risky to use substances alone; if something goes wrong or you accidentally overdose there is no one around to offer help or to phone an ambulance. It's safer to use substances with someone you trust or to let someone know what you are planning to use substances so that they can offer support.



Someone I know/love is using multiple substances, what support is available to them?

A concerned other is someone who is affected by a loved one's substance use. Discovering that your closest friend, relative or partner is using substances can elicit a number of feelings and emotions, fear, anger and confusion. If your loved one is using multiple substances, it's important for them to have the correct information and ideally seek help and guidance from a support service to reduce the overall risks and potential harm to themselves and others. Many services offer an open access where they can informally call in to talk with a professional. Without judgement, a worker will help to identify goals, plan how to achieve them and maintain through recovery.

My child is using multiple substances, what can I do?

This can be very worrying, it's important to remember that help is available for you and your child. If you discover that your child is using substances, we can provide free harm reduction advice and materials aimed at children and young adults. DDAS can also offer help in the form of concerned other support for you. A concerned other is a person that is affected by a loved one's substance use and is looking for advice and support. DDAS provide a safe place for you to discuss your concerns, increase your understanding of the effects of substances and receive ongoing support from professionals that are trained to support you and your child.

I am addicted to using one or more substances, what are the long term effects?

Using multiple substances increases stress on your organs namely the brain, liver and heart. Long term use can also lead to physical and psychological dependence which may make it harder to reduce or stop using substances in the future. If you are worried about your use or would like some advice about how to reduce/stop safely, contact your local substance use service (For Dyfed residents, please call 0330 363 9997).



I am using multiple substances daily. What harm could I be causing?

If you find yourself using everyday then maybe it could be time to look at reducing the harm you are doing to yourself. Everyday use usually follows a pattern, whether that be self-medicating trauma, escaping reality, bingeing, numbing pain, battling ongoing mental health issues, escaping violence. There are innumerable reasons people use multiple substances; reducing the amounts of different substance types can help clarity in identifying and addressing underlying triggers for use. Looking to the future can cement your progress and build up recovery capital to strengthen your resolve against a relapse.

When I use cocaine and MDMA together, I notice that my heart beats really fast. Is this normal?

Cocaine and MDMA are both stimulants which means they speed up the central nervous system (increases blood pressure, heart rate and body temperature) Using these substances together puts significant pressure on your heart which can increase the risk of heart attacks and strokes. To reduce harm, avoid mixing these substances. If you feel unwell when using then seek medical attention. [Click here for more harm reduction advice.](#)

I am using multiple substances most days of the week, what are the risks?

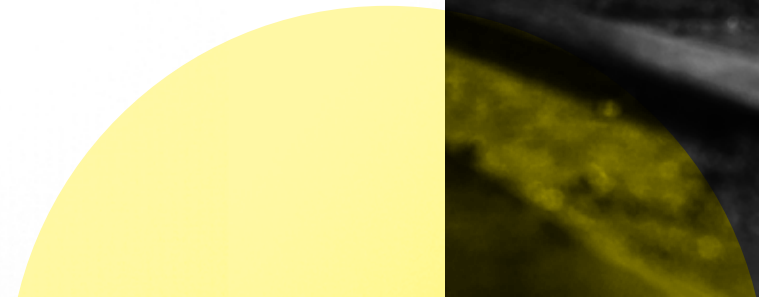
When using multiple substances throughout the week its important to consider your life around your substance use. Are you working daily and/or driving? Are you caring for children or siblings under the age of 18? Are you a fulltime carer for a vulnerable adult? All of these questions should be considered and answers to each can be reasons to stop or make changes to your current use.





TRUE STORY TESTIMONIAL

The following testimonial was submitted to our campaign anonymously. If you resonate with the following story, please get in touch with us and speak about your feelings.



My first experience with drug use was around the age of 17. Me and some friends started smoking weed on occasion and at first it was fun; we'd all get the giggles, camp out and hotbox the tents and sometimes our cars. Then that sort of got out of control and it came to a point where I could not sleep or function without smoking a joint or hitting the bong. There was never any peer pressure from my mates, but the suspicion in the house was more than evident. The skunk got stronger and stronger and there was no way to mask the smell. Parents weren't impressed to say the least, but never really addressed it.

My cannabis use continued as I went through higher education. In addition there was the student culture of 'Freshers' week and binge drinking on the regular. I wasn't too keen on it really, but soon started combining weed and booze and half the time I'd pull a whitey. It was also around this time that me and my friends started going to gigs and raves and festivals and I was willing to try anything

and everything. MDMA was the first and for a while it was a 'go-to' for a long night out or few nights at a festival. Cocaine and ketamine soon followed in addition to NOS balloons and the occasional valium at the end of a night. Psychedelics also came into play one summer and I've always had a soft spot for them. I don't think that will ever change.

It's kind of funny in hindsight. We all had some absolutely wonderful times and experiences, mostly intangible and full of youthful ignorant bliss. Until it wasn't.

After university the guilt and shame I felt from my self-destructive behaviour and basically not communicating with my family very well over the past 3 years got to me when I moved back home at 22. I had a melt down and confessed (even though they knew all too well) about my cannabis use. That was enough at the time. If I'd have admitted to all the other substances as well, I think I would have been evicted and I wasn't in the position to continue doing them in rural Wales. I went to see my GP who prescribed me Diazepam 2mg tablets to be used as

required. It turned out I enjoyed those more than the weed.

I've always had a bit of a strange, on and off relationship with benzos and other downer drugs. Over the years I've used them at parties or after-parties as a way to switch off; and also, a 10-month binge on Xanax whilst in a troublesome relationship. All we did was do party drugs on the weekend and spend our weeks off it on Xanax without realising how it would affect us both mentally and cognitively. I was a walking corpse for those 10 months. I was also unaware of how to dose with them, and being from the web it was impossible to determine whether or not they were legit or even if the dose labelled on the pressed pill was at all accurate.

One day it sort of clicked and I decided I wanted to get off them, my partner did not so that was the end of that. I went cold-turkey without knowing or researching any of the potential risks of doing that. But fortunately, I came out unscathed. I didn't touch any drugs for about three years after that.

So now I thought my days of taking drugs was over. I still dabbled in Magic Mushrooms and the occasional drink with friends. Maybe an edible on special summer days. I felt like I had some form of control for the first time in a while.

Then one night I went out for a friend's birthday, it was very casual, and I wasn't expecting anything out of the ordinary. But after we went out for food and drink's we went back to my friends' house and suddenly there is cocaine being offered and I thought to myself, why not? I haven't touched anything for a while, one night won't hurt.

Little did I know that this would lead me down a slippery slope and getting connected with a dealer who could get me

pretty much anything I wanted, cocaine, ketamine, MDMA, LSD and Xanax to name a few.

It was slow at first, I would buy a couple at a time and use them on my days off, maybe have a drink or two and relax. That was nice, but it quickly escalated over the next couple of weeks and months and my habit was getting out of hand. I wasn't coping well mentally, and self-medicating seemed like the only option at the time. I was afraid of telling my doctor about it. I was also drinking a lot more than usual. Some nights I'd come home and pour myself a pint of wine and wash down some pills to knock myself out. I just wanted some form of escapism.

The Xanax began to become a big problem and I would regularly experience blackouts and a complete lapse of memory of what I had done, especially when combined with drink copious amounts of alcohol. I was also experimenting with all the other drugs the dealers could offer me, minus the MDMA. I couldn't cope with the come-downs and not being able to sleep for days on end.

I think a seriously low point in my life is when I spent the day in work doing a 12 hour shift, getting home and buying a few bottles of wine and asking my guy if he had any xans. He was sold out. I asked for a gram of ketamine as a compromise and spent my birthday drinking and railing ketamine on my own. No friends, no family. Just me and the drugs. It was fucking depressing. I started to self-harm with a scalpel blade.

Shortly after this incident I found a website where I could get a variety of prescription drugs delivered to my door. No more going out and meeting dealers, I was becoming increasingly antisocial and isolated, agoraphobia was starting to set in, and this suited me perfect. The Xanax came to a halt, (although I would still buy other things from said dealer on occasion). And I was buying large quantities of diazepam, zopiclone, lorazepam and pregabalin. I experimented with them all, but the ideal combination was diazepam and pregabalin. I can't really explain the feeling it gave me, I guess it was like a hug. And I think that's really what I needed.

Now I was set in a pretty poor habit of going to work, coming home, and using them to sleep. I was eating handfuls of them on my days off and drinking quite heavily at the same time. This would lead to black outs and me not knowing what I did for the last 18 hours or more. I was out of control and finding new ways to indulge myself. I found a more effective way of getting the pregabalin capsules into my system by cutting them in half and sniffing the powder from inside, which on reflection sounds absolutely vile. But it gave me an instant high and instant pain relief, which made the self-harm all the more easier.

I was deeply depressed and numb at the same time and began self-harming more often after using pregabalin; mostly because it was easier to do so when I couldn't feel. It was never anywhere obvious. It would be cutting my upper arms and my stomach with a razor blade or scalpel, depending on what was available at the time. It felt like a release, and I would enjoy watching the blood coming out and then cutting it again deeper and harder. I thought I deserved it. This became a habit as well, almost a

routine. Come home, shower, eat and sniff my drugs and wash it down with alcohol and then self-harm and eventually pass out.

One of my friends saw me one day at work and asked if I was okay. And for once I didn't mask my emotions, I'd eaten maybe 6 or 7 valium and 3 pregabalin that morning before even leaving the house. I told them I didn't care if I died anymore, I wanted to die. They told me to go to the hospital immediately. Which I did, I was glad to not be there anymore but shitting myself about going to the hospital as well. I felt like I was wasting the doctors time, that other people were actually sick or physically broken and felt so much shame and guilt about going there. I went home first and ate more diazepam before going to the hospital. I spoke to a triage nurse that day, but I can't really recall what they said. I think they inspected the cuts and asked some questions but it's all very foggy. I can remember them telling me that a mental health nurse would be calling me early the next day. I was exhausted and can't remember what I did that night when I got home from hospital.

I awoke the next day, knowing I wasn't going to be going back to work and with pretty low expectations of the day. I can't remember the exact number, but I ate a large amount of diazepam and pregabalin with my morning coffee and cigarette and waited in bed for the nurse to call. They asked me what I had taken that day so far and I think I gave them a more accurate estimation of what I had taken, and they told me to go to the hospital immediately for fear of overdose. I knew the waiting time would be long, so I packed a book, a bottle of water, some warm clothes. I ate more diazepam, had a cigarette, and went to the hospital. I think I was there from 11am until 2am the next day. They did a number of tests, none of which I can recall the results of and examined the wounds I had across my arms, stomach and chest. They asked me why I had done it; I told them I deserved it.

There was a long wait once they had taken my blood for examination and during that time, I managed to run home, still with the needle they used to take my blood and sniffed 2 pregabalin and ran back to the hospital. Luckily, I didn't miss my name being called. Luckily, I didn't waste the doctors and nurse's time. I vaguely remember seeing the mental health nurse later that night and they asked me if I had any intention of killing myself. And to be honest I was so off it at the time I answered no. I didn't want to stay in the hospital on a drip all night. They discharged me and told me to speak to my GP tomorrow.

The next day my GP asked me if I had anywhere else to go. Fortunately, I did. The GP wrote a letter to release me from my housing contract on grounds of intentional or unintentional suicide. I waited to sober up and drove back home when I felt like I could. I am lucky I had somewhere else to go.

It took me a month after initially seeing the local GP for an emergency appointment to refer myself to DDAS. It was the best thing I could have done. They asked me to start recording how much I was using, what I was using and my mood before, during and after. Those first few months are still very foggy, but when my worker told me the amount of diazepam, I had ingested in the past 7 days; I think the number was around 120-140 10mg tablets alongside double digits in pregabalin that I realised how much of a problem I had. I wasn't drinking much now I had moved out, but those first few months I was so stubborn and comfortable in being wrecked all the time. I would barely leave the house. I couldn't answer the phone, it took me months to go out and see friends.

Then one day it clicked when I was advised to buy a 7-day pill box and put into it a set amount for each day, which I think at the time was 10 diazepam and 2 pregabalin a day that I realised the amount of pills I was putting into my system. The visual motive was now there and although I would have days where I would fall into old habits and slip up and self-harm, eventually it got to a

point where I was actually able to process my emotions that I had been masking for so long. That was tough.

Confronting your emotions after you have suppressed them for such a long time is difficult, but I guess understanding why I had been suppressing them and why I had been self-medicating instead of seeking actual medical attention came to light the less I used. My worker helped me develop tools to use to resist my urges. I would eat multiple packs of sweets a day. I tried and still do meditate. I started to go out more and meet new people and catch up with friends in the area that I hadn't seen in ages.

Initially I had been referred to a local counselling charity at the beginning of my treatment. But after just 3 sessions they told me they could no longer continue my sessions as my behaviour and mood was so erratic and unpredictable. That was a real bummer; being told by a psychiatrist that they cannot treat you because of the extent of your problems.

With the help of the DDAS team and my drug worker we slowly managed to get the number of drugs ingested per week for me to actually receive medical/ mental health support. They fought for me to access this for which I am forever grateful. The team has also helped boost my confidence and I regularly attend drop in events and coffee mornings and still utilise my coping strategies when my urges come on strongly.

I don't feel like I am the right person to be giving advice on how people should or should not use drugs. Drugs are designed to make you feel better. I would however advocate for more social awareness on the drug issues in Wales and would highly advocate harm reduction strategies and safe places for people to get their drugs tested so that even if it is an illicit substance, at least they can have piece of mind knowing it is what they think it is.

To anyone reading this I hope you can find the help and support that you need. Trust me it is an incredibly hard thing to do. To give up that one thing that gets you up in the morning. But slowly you will start to see a difference. You are worth it and you deserve this life."

GET HELP SUPPORT IS AVAILABLE

If you feel any of the harm reduction in this document speaks to you and you feel you need help, make your next move a positive one.

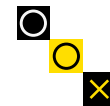
Dyfed Drug & Alcohol Service

0330 363 9997

Learn to Turn Back to safety and if you do
Poly Use, tread carefully.



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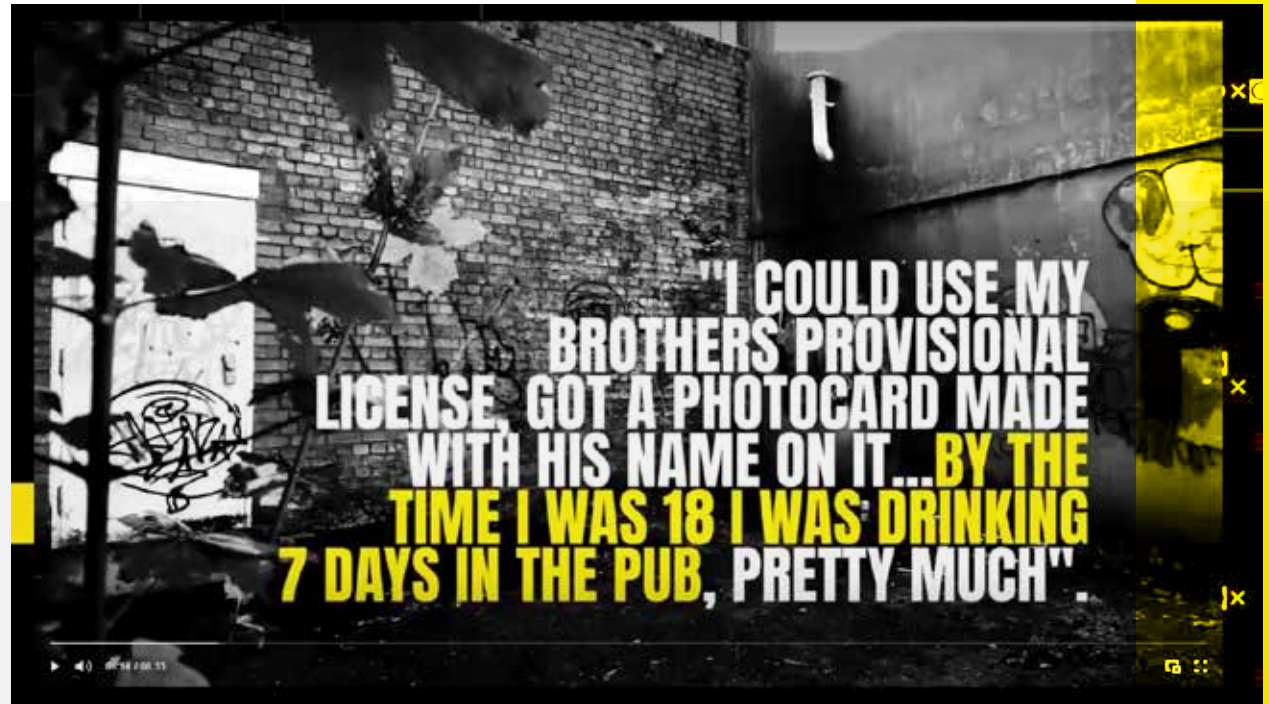


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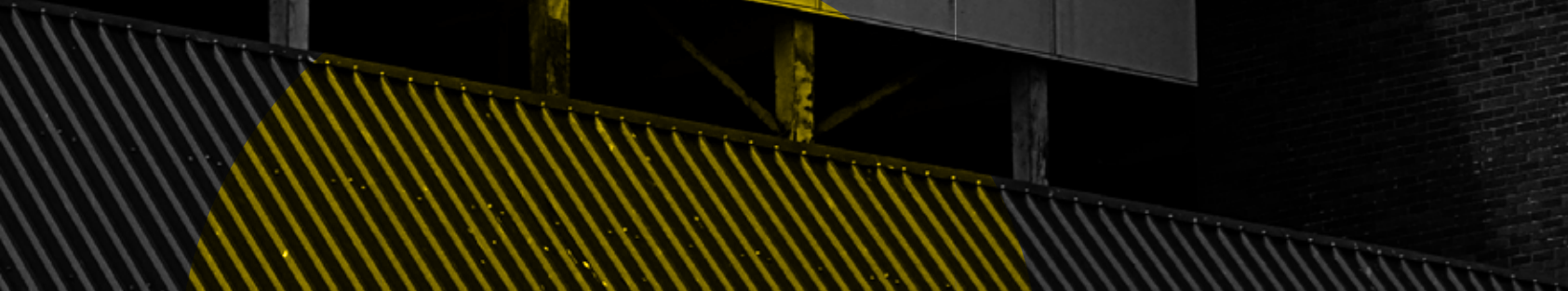
SEE MORE AT [TURNBACK.CYMRU](https://turnback.cymru)

"Tread Carefully" is an interview with an individual who describes their history with alcohol, cocaine, poly drug use and overdose.

Visit turnback.cymru/gallery to watch, listen and read more real stories that might just change your mind about your own poly drug use.









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