

**Understanding**  
the mental  
health effects  
of street drugs



For better  
mental health

# The mental health effects of street drugs

## Understanding the mental health effects of street drugs

This booklet is for anyone who takes street drugs, and for those who are concerned about them. It gives a brief summary of what is known about the mental health effects of taking the most commonly used street drugs. It also gives information about what help you may expect if you use street drugs and also have mental health problems and therefore have 'dual diagnosis'.

This booklet does not discuss the effects of drugs on physical health, some of which may be life-threatening; taking different drugs together or with alcohol usually significantly increases the risk of physical harm.

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## What are street drugs?

Street drugs are substances people take to give themselves a pleasurable experience, or to help them feel better if they are having a bad time, or simply because their friends are using them. They include heroin, cocaine, cannabis, alcohol and some prescribed medicines.

All street drugs have effects on mental health: that is why people use them. They are all likely to affect the way you see things, your mood and your behaviour. Unfortunately, while they may give a short-lived burst of pleasure, or an exciting experience, many of them have longer-lasting harmful effects and, for some people, they may cause long-term mental health problems.

While a few substances discussed in this booklet are legal, the majority are illegal to possess and to supply to other people. Many drugs, which are now illegal, were originally introduced as medicines. Some of the drugs discussed are used in medicine, but are 'controlled drugs' – this means that it is illegal to possess them without a prescription written for you, and to give or sell them to anyone else; for example, this applies to most benzodiazepine tranquilisers (see p. 10).

The legal status of these drugs is more significantly influenced by the media than by scientific research, and does not necessarily reflect the degree of risk they pose to your mental health. Many street drugs may be mixed with other substances, some of which may be poisonous and increase the risk of harmful effects.

## What effect can drugs have on mental health?

The effects that drugs may have on you depend on:

- the type of drug
- the amount you take
- how often you take it
- your previous experience of it
- what you want and expect to happen
- the environment or social situation in which you take it
- your mental state.

You may react differently to the same drug at different times or in different situations. If you are used to taking a drug in the same place and in the same way, a dose which is safe in that situation may become extremely dangerous if you take it somewhere else, unexpectedly, with no preparation.

Drugs may cause symptoms that are similar to those that lead to a psychiatric diagnosis. In the worst cases, drug use may trigger serious conditions such as schizophrenia or long-term depression.

### Tolerance and withdrawal

You may become tolerant of some drugs, which means your body gets used to having them, so that you need higher doses to get the same effect.

Withdrawal effects are the body's reaction when it doesn't get a drug it has adapted to. They can be stopped, either by taking more of the drug, or by stopping using it completely; this may make you very unwell in the short term, and it may take a week or so – or sometimes much longer – to recover.

### Dual diagnosis

Some people, who have a diagnosed mental health problem, may take street drugs to help them cope with their symptoms or with the side effects of prescribed medication (although, on balance, this is likely to make your problems worse).

Others, who previously have had no mental health problems, may develop symptoms as a direct result of the drugs they have used.

If you have both mental health problems and problems with street drugs or alcohol use, you may be described as having 'dual diagnosis'.

## What are the different types of street drugs?

There are four main groups of street drugs, divided according to their major effects (or the reason people take them), plus a few substances that do not easily fit into any category.

Group	Drugs	Main effects / reasons for taking them	How they work
<b>Stimulants</b>	Caffeine, tobacco, amphetamines (amfetamines), ecstasy, cocaine, crack, mephedrone	To feel alert, less tired; lift mood	They increase brain activity by changing levels of various brain chemicals, including dopamine and serotonin
	Khat	To relax and feel elated	Interacts with the brain chemicals serotonin and noradrenaline
	Anabolic steroids	To increase stamina. But they also produce mood disturbances	Mimics the effects of testosterone
<b>Depressants</b>	Alcohol, benzodiazepine tranquillisers;	To relieve tension and anxiety; help relaxation; They also reduce concentration and self control	They increase the action of GABA, a brain chemical that dampens down brain activity
<b>Opium-related pain-killers</b>	Heroin, opium, methadone, pethidine, morphine, codeine, buprenorphine.	To reduce anxiety; produce feelings of warmth and contentment	Opiates reduce sensitivity to physical and emotional pain
<b>Hallucinogens</b>	LSD, magic mushrooms (psilocybin) ketamine, phencyclidine (PCP)	To heighten senses; have hallucinations; gain feelings of insight. They also make you feel disconnected from your surroundings	They interact with several major brain chemicals including serotonin and glutamate
<b>Others</b>	Cannabis	To relax and feel good; feel spaced out; have hallucinations	Interacts with several brain chemicals
	Solvents and glues	To feel excited; have hallucinations	Varies, depending on exact substance

## What are the effects of the different drugs?

The fact that someone is taking a particular drug doesn't necessarily mean their mental health will be affected in the way described in the following pages; nor is it right to assume that someone showing the symptoms listed here must be taking drugs.

### Stimulants

#### **Amphetamines; methylamphetamine (crystal meth)**

*Short-term effects:* Amphetamines increase attention and alertness and reduce tiredness. They make you feel energetic and confident.

*Long-term effects:* as the drug is eliminated from your body, you may feel drowsy, anxious, depressed, and irritable. Amphetamines may also cause a psychotic reaction, with paranoia, especially if you already have a diagnosis of mental health problems.

*Withdrawal:* symptoms include tiredness and depression.

The effects of crystal meth are similar to crack cocaine (see p. 8) but longer lasting. The acute effects include agitation, paranoia, confusion and violence.

#### **Ecstasy (MDMA – Adam; MDEA – Eve)**

*Short-term effects:* causes release of serotonin, making you feel happy and relaxed. It also causes release of oxytocin, a hormone involved in childbirth and social bonding, which produces feelings of empathy, openness, caring and emotional closeness to others.

*Long-term effects:* markedly reduces the amount of serotonin stored in the brain. This causes depression, which is difficult to treat, because it does not respond to antidepressants. After heavy use, you may also experience loss of confidence, shakiness, anxiety and confusion. Jitteriness and teeth clenching; panic attacks after repeated use; hallucinations and paranoia after repeated high doses.

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### Cocaine, crack cocaine

Cocaine comes in two forms: cocaine powder which is snorted, and crack cocaine which is smoked. Both forms can be injected.

*Short-term effects:* initially you feel wide-awake, energetic and confident. These effects are short-lived, which means that people tend to take them repeatedly, over a number of hours. Regular users may experience depression, anxiety, panic attacks, and paranoia. High doses may cause hallucinations and delusions, depression and suicidal thoughts.

*Long-term effects:* Cocaine can make existing mental health problems worse. Long-term use causes irreversible brain damage, in particular to the areas of the brain which control judgment and planning. This is one of the reasons why cocaine addiction is hard to treat, as the part of the brain needed to make rational decisions is no longer able to function properly.

*Dependency and withdrawal:* Cocaine is very addictive. The brain adapts to it, so that increasing doses are needed to create the same effect. Dependency may cause loss of energy, psychosis, depression, and akathisia (a feeling of intense restlessness also associated with antipsychotic medication).

Cocaine is often mixed with other substances – in some cases purity is as low as 5 per cent. If you combine cocaine with alcohol, they produce a very poisonous third substance, cocaethylene, which has been associated with a 25-fold increase in sudden death.

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**Mephedrone** (do not confuse with methadone – see p. 12)

*Short-term effects:* increases levels of dopamine, serotonin and noradrenaline in the brain, causing over-stimulation. Its main adverse effect is agitation, with hallucinations (hearing and seeing things and also strange touch sensations) and paranoid delusions. It may also cause you to grind your teeth.

In some people it may cause depression and suicidal feelings. All of these are more likely if you already have mental health problems, and you may still get the hallucinations and delusions even if you are taking antipsychotic medication

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### Khat

Khat is a green, leafy plant that has been chewed in East Africa for thousands of years. It is similar to alcohol in that it produces relaxation and aids socialisation, and people may go to khat houses (mafreshi) in a very similar way to going to the pub. And, as with alcohol, problems come with over-use, leading to financial problems, an inability to work, loss of self-respect, relationship problems and so on.

*Short-term effects:* it can make you feel elated and energetic; you can't sleep and may not feel like eating.

If you take a lot, you may hear voices and become paranoid. Afterwards you may be tired, depressed, anxious and irritable.

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### Anabolic steroids

Anabolic steroids are taken to increase muscle bulk and enhance sporting performance.

The possible adverse effects on mental health are aggression, dramatic mood swings, confusion, sleeping problems, depression and paranoia; these subside after stopping the steroids.

*Dependence:* if you have become psychologically dependent on them, you may become lethargic and depressed, even after you stop taking them.

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### Other stimulants

Caffeine and nicotine are both stimulants.

*Dependence:* Nicotine is far more powerfully addictive. Stopping smoking usually causes irritability, restlessness and depression.

## Depressants

### Alcohol

Alcohol is the most toxic of the commonly used drugs, but moderate use is not usually a problem.

*Short-term effects:* initially you feel relaxed and more sociable, but alcohol is essentially a depressant, and as this effect sets in you may be tempted to drink more in order to recreate the pleasant effects. Large amounts tend to make people uninhibited and aggressive.

*Long-term effects:* if you become addicted to alcohol, you may use it as an escape, or as a means of coping with difficulties. If you drink a lot over a long period, you may find it difficult to form new memories, so that you cannot remember recent events; you may not be able to think clearly; and may you have difficulty with problem solving and concentrating. You can recover from these problems if you stop drinking.

*Dependency and withdrawal:* alcohol withdrawal causes sweating, anxiety, trembling and delirium (which may include confusion, disorientation and hallucinations). Note: If you are addicted, it is very dangerous to stop drinking suddenly.

### Benzodiazepines

Benzodiazepines work by helping to calm the brain down. They are prescribed for anxiety and as sleeping pills. Regular street drug users may take them illegally if they can't get their usual drug; when they want to add to the effects of other similar drugs, such as alcohol or opiates; or to treat the effects of stimulants, including ecstasy or amphetamines, or to help with stopping smoking.

*Short-term effects:* they relieve tension and anxiety and make you feel calm and relaxed, while allowing you to still think clearly. Sometimes they may have the opposite effect and make you feel agitated, hostile and aggressive.

*Dependency and withdrawal:* they should only be prescribed for short-term use, because it is very easy to become dependent on them, and withdrawal

may be very difficult. Withdrawal symptoms include sleeping problems, anxiety, shaking, irritability, nausea, vomiting, and heightened senses.

## Opium-related pain-killers

### Heroin (diamorphine)

The main effects of heroin are pain relief, and euphoria – but also depression.

*Short-term effects:* It causes a rush of pleasure, followed by a calm, warm, dreamy contentment. Some people become very drowsy; others may be very talkative. It may also cause loss of appetite, insomnia and lethargy.

*Long-term effects:* Long-term use can lead to physical and mental health problems, as you lose your appetite, become apathetic and stop paying proper attention to safety and hygiene. As heroin is a painkiller (prescribed as diamorphine), after long-term use, you may experience generalised pain when the level of drug in your system drops.

*Dependency and withdrawal:* Heroin causes no serious mental health problems, but it is extremely addictive, leading to craving and severe physical withdrawal symptoms. The craving often comes to dominate users' lives, leading to serious social problems including crime. The withdrawal symptoms are very unpleasant, but not life-threatening. They may last for up to ten days, but can make you feel unwell for several months.

You are very likely to become 'tolerant' of the drug, which means you need to take more of it to achieve the same effect, and obtaining and taking the drug begins to take over your life, with many social consequences. Many drug treatment programmes are geared to helping people who are addicted to heroin and other opioid drugs.

People don't always become dependent, and some regular users show no symptoms of addiction.

**Naltrexone** is a prescribed drug that eliminates the positive experiences associated with opioid use. If you are being treated for heroin addiction, naltrexone may be prescribed to help you stay off it.

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### **Methadone and buprenorphine**

Heroin addiction is often treated with methadone or buprenorphine, which are both prescribed as heroin substitutes, endorsed by NICE (the National Institute for Health and Clinical Excellence).

**Methadone** has similar effects to heroin, but they are milder and longer lasting, so it stops you going through withdrawal, and also doesn't give you the initial high. Changes of mood, hallucinations, restlessness and decreased libido are side effects listed in the information leaflet for this drug.

**Buprenorphine** (trade name Temgesic) is less sedating than methadone, and so may be preferable if you are in employment, or if you drive. Depression, loss of libido, hallucinations and other psychotic symptoms, and feelings of detachment are listed among the side effects of this drug.

### **Hallucinogens**

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#### **LSD (Lysergic acid diethylamide)**

LSD is a synthetic drug that was first made in the 1940s. It causes random and sometimes frightening effects which may be delayed.

*Short-term effects:* these include feelings of detachment from your surroundings, an altered sense of space and time, and hallucinations. You may have feelings of insight, mysticism and spirituality.

You may feel you can fly and put yourself in serious danger. Some people have accidentally killed themselves under the influence of LSD and related drugs. People may have 'good' or 'bad' 'trips', at different times. A bad trip can give you acute anxiety and panic. Afterwards you may get flash-backs of bad trips, when you feel they are happening to you all over again. The user's own intentions, and other people's suggestions, can influence the experience, so friendly reassurance can help someone on a bad trip. If you already have a diagnosis of schizophrenia, LSD is very likely to make your symptoms worse. It may also cause you to recall unpleasant memories.

*Long-term effects:* there is no evidence of long-term damage, though some people, who were prescribed LSD in the 1960s and '70s to help recover repressed thoughts and feelings during psychoanalysis, reported that their mental health had been damaged by it and they had never recovered. This may be associated with the whole treatment method and the way it was applied at that time, and not simply the use of LSD.

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#### **Psilocybin/psilocyn (magic mushrooms)**

The effects of magic mushrooms are similar to LSD (see above). Hallucinations may be quite pleasant and non-threatening but may also be very frightening.

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#### **Ketamine and phencyclidine (PCP)**

Ketamine and PCP are anaesthetics, mainly used in animals.

*Short-term effects:* poor concentration, changed perception of surroundings – things not looking right or not feeling right; feeling stuck in your chair, and feelings of being out of touch with reality and with your surroundings; delusions, paranoia, dream-like states, feeling you have no thoughts. The symptoms may be confused with schizophrenia.

A bad trip may make you violent, suicidal or likely to harm yourself.

*Long-term effects:* difficulty thinking clearly; depression. PCP may also cause long-lasting psychosis.

*Dependence and withdrawal:* you are more likely to become dependent on PCP than ketamine, and more likely to have withdrawal symptoms, including depression and sleeping a lot.

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### **Other drugs**

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#### **Cannabis (marijuana, hemp, hashish, grass, skunk)**

Cannabis has effects which mimic stimulants, depressants and hallucinogens. Many people take cannabis as a way of relaxing and getting high. The effects will depend largely on your expectations and mood, the amount taken and your situation.

**Short-term effects:** a pleasurable state of relaxation, talkativeness, bouts of hilarity and feeling excited by the things you see, hear and feel. People often feel hungry.

Low doses have more of a depressant effect, while high doses can distort your perceptions, and make you forgetful. If you are anxious, depressed or have not used cannabis before, and you take a high dose, you may become very distressed and confused.

In some people, cannabis may trigger psychotic experiences (hallucinations and other experiences which others don't share). The reasons that some people get these while others do not are genetic, and also associated with the strength of the cannabis used. The psychotic experiences may stop once the effects of cannabis have worn off, but in some cases cannabis seems to trigger a long-lasting illness that may be diagnosed as schizophrenia.

**Long-term effects:** Psychotic illness in some people. Some people may develop depression as a result of using cannabis as teenagers.

## Solvents

Solvents, glues, gases and aerosols are used mainly by a small percentage of young people, usually only for a short period.

**Short-term effects:** The effects are similar to getting drunk, including feeling dizzy, unreal, euphorically happy, and less inhibited. The effects can also include 'pseudo-hallucinations', which you know are not real.

Repeated 'sniffing' can cause a hangover effect, making you pale, very tired, forgetful and losing concentration.

**Dependence:** Tolerance and dependence may develop over a long period of time, but only for a minority of young people.

## What if I have dual diagnosis?

If you have a mental health problem and you also have problems with taking street drugs, you may be described as having 'dual diagnosis'.

There is no standardised treatment for dual diagnosis, because it includes a large number of possible problems, and involves both substance misuse services and mental health services. If you have this combination of problems you may have a lot of additional difficulties, which aren't medical, psychological or psychiatric.

### Additional problems

You may develop physical health problems associated with drug misuse, such as alcoholic liver disease, hepatitis B or C, or HIV. Sometimes you may be involved in criminal activity, such as theft to support an illegal drug habit, or disorderly behaviour while under the influence of drugs or alcohol. In addition to the illegal behaviour itself, this may make you less likely to keep appointments or engage with health services.

## What help can I get?

The different agencies that may help you, include mental health services, drug and alcohol services, housing agencies, criminal justice systems, welfare departments, social services, leisure facilities and community care.

The Department of Health *The Dual diagnosis good practice guide* states that if you have severe mental health problems and problematic substance misuse, the people mainly responsible for your treatment should be the mental health services, rather than the substance misuse team.

You may be anxious about discussing your use of street drugs with your doctors or keyworker, but your treatment is likely to be more successful if they understand the full extent of your problems. For example, they may be less likely to prescribe antipsychotic medication if they know that your symptoms may have been caused by a street drug. It is best to explain as much as you can about your circumstances, so that they can make a



full assessment of your needs, including social needs such as housing, employment, and benefits, and refer you for help with these.

### NICE recommendations

NICE (the National Institute for Health and Clinical Excellence) has produced guidance on psychological treatments and social help for people with substance misuse problems, and also on treatment for people with psychosis and substance misuse. Both of these emphasise that **treatment must be person-centred and take into account your individual needs and preferences, as well as your cultural background and any special needs you may have.**

NICE has also produced guidance on treating heroin addiction with methadone, buprenorphine and naltrexone (see pp. 11-12), suggesting you should also receive talking therapies as well as medication (see opposite). For other drug problems, medication is not used.

NICE emphasises the important of having a good keyworker who should coordinate your care plan and build a good therapeutic relationship with you, discussing your options with you, so that they can provide you with the help you need. **The treatments recommended by NICE are 'motivational interviewing' and 'contingency management', which aim to encourage you to stop taking street drugs.**

### Motivational interviewing

The aim of this is to help you decide what to do about your drug use and to follow up the decisions you make. You may be offered one or two sessions.

### Contingency management

Under contingency management, you may be offered incentives, such as shopping vouchers, to encourage you to stay off drugs; you will have to agree to urine or saliva testing to be part of this programme.

You and your keyworker will need to agree what incentives you will use so that you do have a real benefit from taking part in this programme. You should receive the agreed incentive, provided consistently and as soon as possible, after you have done whatever you have agreed. Your keyworker should take into account what you have found helpful and unhelpful in the past, and what your preferences are.

### Talking treatments

If you have depression or anxiety associated with your drug use, you may be offered psychological therapies, such as cognitive behaviour therapy (CBT). Couples therapy may be provided if both you and your partner use street drugs. (See Mind's booklets *Making sense of cognitive behaviour therapy* and *Understanding talking treatments*.)

### Medication

Medication is unlikely to help with mental health problems that are directly caused by your use of alcohol or street drugs. For example, if you experience psychosis as the result of taking a street drug, antipsychotic drugs may not be effective, and SSRI antidepressants are not effective for treating depression caused by using ecstasy.

**But if you already had a diagnosis of a mental health problem before you started using other substances, you may be prescribed drugs to treat it.** These may interact with any street substances you take, causing adverse effects (see p. 18).

You may be offered medication if you are trying to come off heroin (see 'Methadone and buprenorphine' on p. 12).

### Self help

You may find self-help groups useful. They may help you to talk about your mental health problems with other people who are having similar experiences; for example, at a local Mind group. If you are trying to come off street drugs or alcohol you may find groups that follow the 12-step principle helpful (see Alcoholics Anonymous or Narcotics Anonymous under 'Useful contacts' on pp. 20-21).

### Other social needs

One of the biggest problems for people with a dual diagnosis is finding somewhere to live. Many housing agencies and supported housing trusts will not accept drug users. However, a number of housing associations and trusts have begun to provide suitable supported schemes. (See Mind's online booklet *The Mind guide to housing and mental health*.)

You may also need help with benefits, legal advice and general health care. It's important to put these in order of priority. [Your basic human needs need to be met and you need to be in a safe environment before you can start to look at your psychological problems.](#)

If you have been in contact with the criminal justice system in association with your use of drugs, you should still be offered the same sorts of treatments. If you are in prison, you may be offered a 'therapeutic community', developed to help people with drug problems in a prison environment.

## Do psychiatric drugs and street drugs affect each other?

When two or more drugs are taken at the same time, they are likely to interact with one another, so that one drug changes the effect of the other. One or both of them may become toxic, or their effects may be decreased or increased. Your age, weight, genes, general health and liver or kidney function will make a difference to the way the drugs work, but it is possible to predict what the interactions are likely to be. The following are some of the known interactions.

- The antidepressants called MAOIs (monoamine oxidase inhibitors) – phenelzine, isocarboxazid and tranylcypromine – interact with many substances to cause very dangerous effects including high blood pressure, chest pain, neck stiffness, rigid muscles, flushing, vomiting and severe headache.
- The antidepressant moclobemide (a reversible MAOI) could interact with stimulants.
- If chlorpromazine is taken together with amphetamines, the effects of one or both can be reduced.
- Lithium and carbamazepine may reduce the effects of cocaine.
- Lithium blocks the effects of amphetamines.
- At very high doses, ketamine reduces respiration rates, and this effect will increase if it is taken with other sedatives.
- Taking alcohol with most types of antidepressants and antipsychotics increases the sedative effects.

Other interactions may occur and it is very important to remember this. Don't be afraid to ask your doctor or pharmacist about any concerns you have.

Also see Mind's booklets: *Making sense of antidepressants*, *Making sense of antipsychotics*, *Making sense of lithium and other mood stabilisers*, *Making sense of sleeping pills and minor tranquillisers*, *Making sense of coming off psychiatric drugs*.

## How can friends and family help?

*This section is for friends and family who want to help someone they know with a mental health problem who also uses street drugs or alcohol.*

If your friend or relative has mental health problems and also takes street drugs or alcohol it can be very difficult to know how to help them. You may feel certain you know what is best for them and wish to tell them what they should be doing. This is unlikely to help.

However, you can be very helpful if you support them in making the most of whatever services they are using. If they agree, you may be able to go to meetings with their keyworkers and doctors, which can be useful for them as well as for you, to help them provide the most suitable care. The NICE guidelines suggest that if you are involved in your friend's or relative's care in this way, they should be shown a copy of the record of the meetings and what you have said.

If your friend's or relative's use of drugs or alcohol or their mental health problems cause serious concern, so that you are afraid they may be putting their life or those of other people at risk, you can contact your local social services and ask for them to be assessed under the Mental Health Act. It is important to be aware that this may lead to them being compulsorily admitted to hospital and treated without their consent.

If they are taking part in a treatment programme, such as contingency management (see p. 16), you may have a very useful role in encouraging them to stick to the agreement and meet their targets. You may also help them by listening openly if they want to talk, and joining them in activities they enjoy.

## Useful contacts

### Adfam National

tel. 020 7553 7640

web: [www.adfam.org.uk](http://www.adfam.org.uk)

Support and information for relatives, families and friends of those with drug problems

### Alcoholics Anonymous

tel. 0845 769 7555

web: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

Support groups using the 12-step programme

### British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 0161 797 4484

web: [www.babcp.com](http://www.babcp.com)

Provides details of accredited therapists

### British Association for Counselling and Psychotherapy (BACP)

tel. 01455 883 300

web: [www.itsgoodtotalk.org.uk](http://www.itsgoodtotalk.org.uk)

Online list of local practitioners

### Club Drug Clinic

web: [www.clubdrugclinic.com](http://www.clubdrugclinic.com)

For those concerned about their use of recreational drugs

### Cocaine Anonymous UK

web: [www.cauk.org.uk](http://www.cauk.org.uk)

### Drugscope

tel. 020 7940 7500

web: [www.drugscope.org.uk](http://www.drugscope.org.uk)

Aims to reduce drug-related risk.

Provides drug information

### web: [www.dualdiagnosis.co.uk](http://www.dualdiagnosis.co.uk)

Website for nurses which includes information for service users

### Families Anonymous

tel. 0845 1200 660

web: [www.famanon.org.uk](http://www.famanon.org.uk)

Self-help groups run by and for families and friends of those with a drug problem

### Marijuana Anonymous

web: [www.marijuana-anonymous.co.uk](http://www.marijuana-anonymous.co.uk)

Helps with problem cannabis use

### Narcotics Anonymous

web: [www.ukna.org](http://www.ukna.org)

Help for people who have problems with street drugs

### National Treatment Agency for Substance Misuse

web: [www.nta.nhs.uk](http://www.nta.nhs.uk)

Special health authority set up to help people with problems with drug addiction

### National Institute for Health and Clinical Excellence (NICE)

web: [www.nice.org.uk](http://www.nice.org.uk)

Guidelines for treatment and promoting better health

### Turning Point

tel. 020 7481 7600

web: [www.turning-point.co.uk](http://www.turning-point.co.uk)

National network of services for people with drug, alcohol and mental health problems or learning difficulties

## Notes

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## Further information

Mind offers a range of mental health information, covering:

- diagnoses
- treatments
- wellbeing

Mind's information is ideal for anyone looking for further information on any of these topics.

### **For more details, contact us on:**

tel. 0844 448 4448

email: [publications@mind.org.uk](mailto:publications@mind.org.uk)

web: [www.mind.org.uk/shop](http://www.mind.org.uk/shop)

fax: 020 8534 6399

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web: [www.mind.org.uk/donate](http://www.mind.org.uk/donate)

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# Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.



For better  
mental health

