

## Where to seek help

In an emergency, call 000.

Your chain of command is a primary resource that can provide advice, referral and support.

Other than in an emergency situation, contact your local ADF Medical Centre or Psychology Section. Navy personnel can seek help through their divisional system, local Alcohol and Drug Program Advisor (ADPA) or can directly contact their local Alcohol and Drug Program Coordinators.

## Mental Health Resources

**Local Medical Centres** Your local medical officer can provide immediate assistance and referrals as required.

**Psychology Support Section** All Psychology Support Sections offer after-hours, critical incident support through the local Duty Officer/Officer of the Day.

### Defence Community Organisation

<http://intranet.defence.gov.au/dco/> or [www.defence.gov.au/dco/](http://www.defence.gov.au/dco/)

The DCO provides services 24 hours a day, 7 days a week all year round including public holidays. During normal business hours the first point of call is the Duty Social Worker or Military Support Officer. Outside these core hours and on Public Holidays, calls should be directed to the National Welfare Coordination Centre (NWCC) on 1800 801 026 or if calling from overseas +61 2 93594842.

**Chaplains** There are Chaplains connected to all units in Australia who can provide support and appropriate referrals.

### The Family Information Network for Defence (FIND) (1800 020 031)

FIND is a phone service that provides easy access to personnel information on matters of everyday interest and concern. It is a confidential service that is available to every Service person and family anywhere in Australia.

**Lifeline (131 114)** If you, or a friend, need to talk to someone about a problem immediately, you can call Lifeline for the cost of a local call.

**Veterans and Veteran's Families Counselling Service (VVCSS)** This service is available to veterans of all deployments and their families. VETLINE – 24 hour emergency line (1800 011 046).

**ADF Mental Health Strategy All-hours Support Line (ASL)** The ASL is a confidential telephone triage support service for ADF members and their families that is available 24 hours a day, 7 days per week. (1800 628 036) (FREECALL within Australia) and (61 2 9425 3878) (outside Australia)

### Australian Defence Force Mental Health Strategy (ADFMHS)

Defweb Address <http://intranet.defence.gov.au/dsg/sites/dmh/>  
Internet Address [www.defence.gov.au/health/DMH/i-dmh.htm](http://www.defence.gov.au/health/DMH/i-dmh.htm)  
Email [DMH.mentalhealth@defence.gov.au](mailto:DMH.mentalhealth@defence.gov.au)



Australian Government  
Department of Defence

# ADF Mental Health Strategy ECSTASY RELATED DRUGS (ERDs)

be  
well

work  
well

live  
well

## What are ERDs?

'Ecstasy Related Drugs (ERDs)' is the collective term for a wide range of substances that are most often used in entertainment venues, including clubs, bars, parties and dance events (raves). Some of the drugs included under this heading are ecstasy, ketamine, GHB, speed, crystal, cocaine and LSD.

The term 'Ecstasy Related Drugs' is often used interchangeably with the terms 'club drugs' or 'party drugs'.

**All of these drugs are illegal and are potentially dangerous**

## What will happen to me if I am found to be using ERDs?

The ADF has a **ZERO Tolerance** policy on the use of illicit drugs by its members. As a deterrent measure the ADF conducts ongoing random drug testing of a minimum of 10% of members per annum. The length of time illicit drugs remain in a person's body ensures that those persons taking illicit drugs will return a positive test, days to weeks after they have taken the drug.

Under the Defence Instruction (General) Personnel 15-2, use of illicit drugs by members of the ADF will usually lead to disciplinary and/or administrative action to terminate the member's appointment or initiate discharge proceedings.

Additionally, drug use not only threatens your career and financial well-being but also affects your families' security. Illicit drug use also impacts on your mates as they are often seen as also being guilty by association if you are caught using illicit drugs.

## What will happen to me if I self refer for using ERDs?

Self-referral is a once only opportunity. It enables those members who feel they may be dependent on a prohibited substance or who have had previous prohibited substance involvement, to access timely and appropriate treatment.

Under Defence Instruction (General) Administrative 45-2 health care professionals are obligated to report illicit drug use that is not already known to the chain of command.

A request for self-referral does not prevent a Service authority from administratively terminating an appointment or discharging a member. However, Service authorities may consider self-referral favourably when considering discharge or retention action. This will also depend on whether the member:

- is assessed as substance dependent
- fails to demonstrate abstinence from involvement with prohibited substances
- fails to demonstrate potential for future effective service
- is assessed by a psychologist or psychiatrist as being likely to relapse or to have developed a long term psychiatric illness.

## Where to get more information

Accurate and up-to-date information on ERDs can be obtained from the following websites:

Australian Drug Information Network ([www.adin.com.au](http://www.adin.com.au))

Australian Drug Foundation ([www.adf.org.au](http://www.adf.org.au))

National Drug & Alcohol Research Centre ([www.ndarc.med.unsw.edu.au](http://www.ndarc.med.unsw.edu.au))

## What are the health risks?

The greatest risk associated with use of ERDs is that they can often contain very different ingredients, even in pills and tablets that look the same. These drugs are made in backyard laboratories, using dangerous chemicals and unhygienic equipment. They are cut with similar looking substances such as talcum powder and can therefore be quite dangerous. What you take may be different from what you think you are taking. The branding or packaging of these illicit drugs is no guarantee of quality or consistency between one batch of drugs and another. For example, it is still common for tablets marketed as ecstasy (i.e. MDMA) to actually be compressed methylamphetamine tablets with additives such as ketamine, caffeine, LSD, clonazepam or a combination of these drugs. The majority of ecstasy tablets seized in Australia often contain little or no MDMA.

The health risks from taking these drugs include death, heart attack, brain haemorrhage, fits, short or long term psychiatric illness, anxiety, suicidal thoughts, moodiness, depression, fear, sudden violent behaviour and harm to an unborn child if used during pregnancy. These effects can be further complicated as a consequence of mixing them with other drugs including alcohol.