
SOUTH AUSTRALIAN SPECIALIST

ALCOHOL AND OTHER DRUG TREATMENT SERVICE DELIVERY FRAMEWORK



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Consultations strategies included:

- a project reference group of senior leaders from government and non-government specialist alcohol and other drug services, an alcohol and other drug research organisation, peer support representatives, policy makers and funding body representatives
- an online survey of specialist alcohol and other drug service providers in South Australia
- interviews with service managers and frontline staff by phone and site visits
- a workshop attended by 30 senior staff from service providers, funding bodies, lived experience representatives and policy makers
- subject experts (identified through the reference group) provided feedback on the draft document.

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- | | |
|--|---|
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| • Centacare | • Northern Health Network |
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| • DASSA Community Partnership Program | • South Australian Area of Narcotics Anonymous |
| • DrugARM Australasia (Health Options Australia) | • The Salvation Army |
| • Hepatitis SA | • Uniting Communities |
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Acronyms and Terminology

Acronyms

AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AOD	Alcohol and Other Drugs
MAP	Mobile Assistance Patrol
DASSA	Drug and Alcohol Services South Australia
SANDAS	South Australian Network of Drug and Alcohol Services
SUU	Sobering-Up Unit
AIHW	Australian Institute of Health and Welfare

Terminology

Abstinence	Abstinence in the alcohol and drug treatment setting refers to a complete cessation of the use of a substance or substances. Client goals may be to achieve abstinence or controlled use. Abstinence from alcohol and other drugs is required during participation in some AOD programs.
Addiction	Addiction is defined as a chronic, relapsing brain disease that is characterised by compulsive drug seeking and use, despite harmful consequences. However, it is not the preferred term used in the Australian alcohol and other drug treatment service sector. <i>See instead alcohol and other drug use disorder and dependence.</i>
Aftercare	Aftercare is the provision of support and/or services that occur after the conclusion of a specific alcohol and other drug treatment program. It may take the form of a peer support group, leisure activity, supported accommodation or case management. ²
Alcohol and other drug use disorders	Defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), Fifth Edition, as the general term for problematic substance use, replacing the previous terms 'substance abuse' and 'substance dependence'. Specific substances are addressed as separate use disorders (e.g. alcohol use disorder, cannabis use disorder) on a continuum of mild, moderate or severe use. Diagnosis is based on a set of behaviours related to the use of that substance that fall into four main categories: 1) impaired control, 2) social impairment, 3) risky use, 4) pharmacological indicators (tolerance and withdrawal). See Appendix 2 for diagnostic criteria. ^{3,4}
Client complexity	Refers to the level of complexity of needs experienced by a client due to co-occurring issues such as social or behavioural issues, mental illness, physical health issues, polydrug use, homelessness, legal or financial issues.
Co-morbidity	The presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder; in AOD this often refers to a mental health issue co-occurring with dependence.
Controlled-use	When a client is able to control when and how they use alcohol and drugs and moderate the amount they use, this is referred to as controlled use. This is a common goal for clients who do not wish to become abstinent.
Dependence	A phenomenon involving a cluster of physiological, behavioural and cognitive symptoms in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of dependence is the desire (often strong, sometimes overpowering) to take the psychoactive substance (which may or may not be medically prescribed), alcohol or tobacco. Dependence can have physiological and / or psychological aspects. ⁵
Lapse	An isolated occasion of returning to substance use. See also relapse.

Acronyms and Terminology

Relapse	A return to substance use after a period of abstinence or reduced use, often accompanied by reinstatement of dependence symptoms. See also lapse. ⁵
Harm reduction	Any strategy that reduces the harmful consequences of drug use to the individual, families and the community, usually predicated on adopting a value neutral position to the drug use itself. ⁵ Harm reduction strategies can be a significant point of engagement for otherwise difficult to access clients.
Significant others	Refers to spouses, family members, carers and friends. In Aboriginal and culturally and linguistically diverse communities significant others can include members of the wider community in which a person with a substance use issue lives.
Specialist alcohol and other drug treatment services	Services whose core purpose is to deliver alcohol and other drug treatment services.
Stepped care	Stepped care treatment starts with the least intensive intervention that is likely to be effective. Treatment is then stepped-up or down depending on client needs. Alcohol and other drug treatment can be stepped-up or down, for example by altering the frequency of counselling sessions, adjusting supports such as housing or employment, adjusting medication or moving from residential rehabilitation to community based care. ⁶
Supported referral	Contacting another service on a client's behalf to ensure an effective transition between services. It may also involve sharing the client's case notes or histories and/or attending the service referred to with the client. ⁷
Therapeutic relationship	A collaborative relationship between a client and worker based on empathy, respect, trust and unconditional positive regard, with the shared goal of overcoming the client's suffering and self-destructive behaviours. Therapeutic relationships have been shown to be a reliable predictor of treatment success. ⁵⁹
Tolerance	Tolerance refers to physical adjustment in response to repeated use of a substance, so that larger or more frequent doses are needed to achieve the same effects. The speed with which tolerance develops is a function of the interaction between the drug and the individual. Tolerance will generally develop more quickly the higher the dose or frequency of use. ^{5,58}
Withdrawal	Withdrawal is the body's response to the abrupt cessation of a substance when the person has developed a tolerance to it. Symptoms are specific to each substance and can vary from uncomfortable to fatal. ⁴

Purpose

The purpose of this Framework is to describe alcohol and other drug treatment service delivery in South Australia, with a focus on government and non-government specialist alcohol and other drug treatment services. It is not intended as a practice guideline or to replace organisational policy. It aims to reflect a consensus view across specialist alcohol and other drug treatment service providers, clients, policy makers, researchers and funders regarding current best-practice in South Australia. It is not intended as a practice guideline or to replace organisational policy.

The Framework provides information on:

- the context in which specialist alcohol and other drug treatment agencies operate, including the current prevalence of, and issues arising from, substance use in South Australia
- the foundational elements essential to the provision of best-practice, evidence-based alcohol and other drug treatment services. These include a skilled and supported workforce, models of care, quality improvement, effective governance, research and innovation, accepted practice methodologies and principles for developing and maintaining effective client relationships
- holistic, evidence-based alcohol and other drug treatment and harm reduction interventions
- the importance of collaboration and communication across all services involved in the planning, commissioning and delivery of alcohol and other drug services.

It is intended that the Framework will be a useful resource:

- for policy makers and commissioning bodies as a description of the nature and extent of specialist alcohol and other drug treatment services
- for services planning and developing alcohol and other drug programs and service models
- for communicating the purpose and defining characteristics of specialist alcohol and other drug treatment service delivery to stakeholders
- as an aid to the induction and training of individual workers
- for associated sectors to better understand the types of specialist alcohol and other drug services available within SA and how these may benefit their own clients.

Photo below: ADAC | Pt Augusta Footsteps Program



Introduction

Alcohol and other drug issues impact the health, social, and economic wellbeing of individuals, families and the whole community. Harms from alcohol and other drug use include injury, preventable diseases, mental health issues, risky behaviour, violence and other criminal behaviour. Harms also include social, family and financial problems. There are, however, effective, evidence-based treatment and harm reduction interventions available to keep individuals and the community as safe and healthy as possible.

Alcohol and other drug use occurs on a spectrum from occasional use to dependence. The cohort of people who require interventions to prevent or reduce harms differ greatly in their levels of substance use and associated social, economic and health risk factors. Treatment interventions vary accordingly to meet the individual needs of each client.

Examples of interventions include:

- screening and brief interventions in primary health care, sobering up services, after health care community and workplace settings
- acute, intensive interventions such as withdrawal management in medical inpatient settings
- short to long-term counselling and case management in community settings
- relapse prevention such as peer support groups and mentoring provided in a community setting
- medium to long-term, intensive residential rehabilitation services
- medication-assisted treatment for opioid and alcohol dependence.

The framework for specialist alcohol and other drug treatment service delivery is shaped by a number of factors. These include national and state policies, research and evidence-informed practice, state-wide commissioning by state and federal funding bodies, collaboration across the government and non-government services, and collaboration between the sectors and services that contribute to alcohol and other drug treatment service delivery.

Specialist alcohol and other drug treatment services

This document describes the framework for agencies whose core purpose is delivering alcohol and other drug treatment services. In this document they are referred to as 'specialist alcohol and other drug treatment services' to differentiate them from the agencies that provide alcohol and other drug treatment as part of their mix or general services.

Government and non-government specialist alcohol and other drug treatment services play a central role in ensuring the needs of clients with substance use issues are met by:

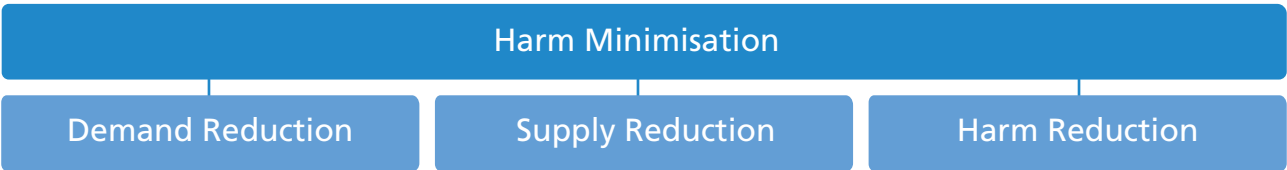
- providing services for all client populations (including sub-populations such as Indigenous, culturally and linguistically diverse, youth etc.)
- providing diversity of choice for clients by delivering alcohol and other drug treatments and supports utilising different service models and settings
- employing a trained and skilled specialist alcohol and other drug workforce
- providing services that meet client needs, from low-level interventions to treatment for severe dependency and complex needs
- providing harm reduction interventions that keep individuals and the general population as safe as possible
- partnering with research and evaluation organisations to evaluate treatment effectiveness and innovative approaches.

Context

Federal and State Policies

The National Drug Strategy 2017-2026⁸ maintains harm minimisation as Australia’s overarching approach to prevent and minimise the health, social and economic consequences of substance use on individuals, families and the community. Harm minimisation has been the cornerstone of Australian drug policy since the adoption of the first National Drug Policy in 1985. This approach is informed by a significant body of evidence and has been widely commended internationally.

Harm minimisation comprises three pillars: **supply reduction** strategies to reduce availability of alcohol and other drugs, **demand reduction** strategies to prevent uptake, delay onset of use or reduce consumption and **harm reduction** strategies to reduce health and social impacts of substance use. Alcohol and other drug treatment services fall under the demand reduction and harm reduction pillars.



Sub-strategies to the National Drug Strategy provide further direction and context for specific issues. They are the National Ice Action Strategy⁹, National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014-2019¹⁰, National Alcohol and other Drug Workforce Development Strategy 2015-2018¹¹, and the National Tobacco Strategy 2012-2018.¹² The National Alcohol Strategy 2018-2026 is in draft stage and due for release in 2018.

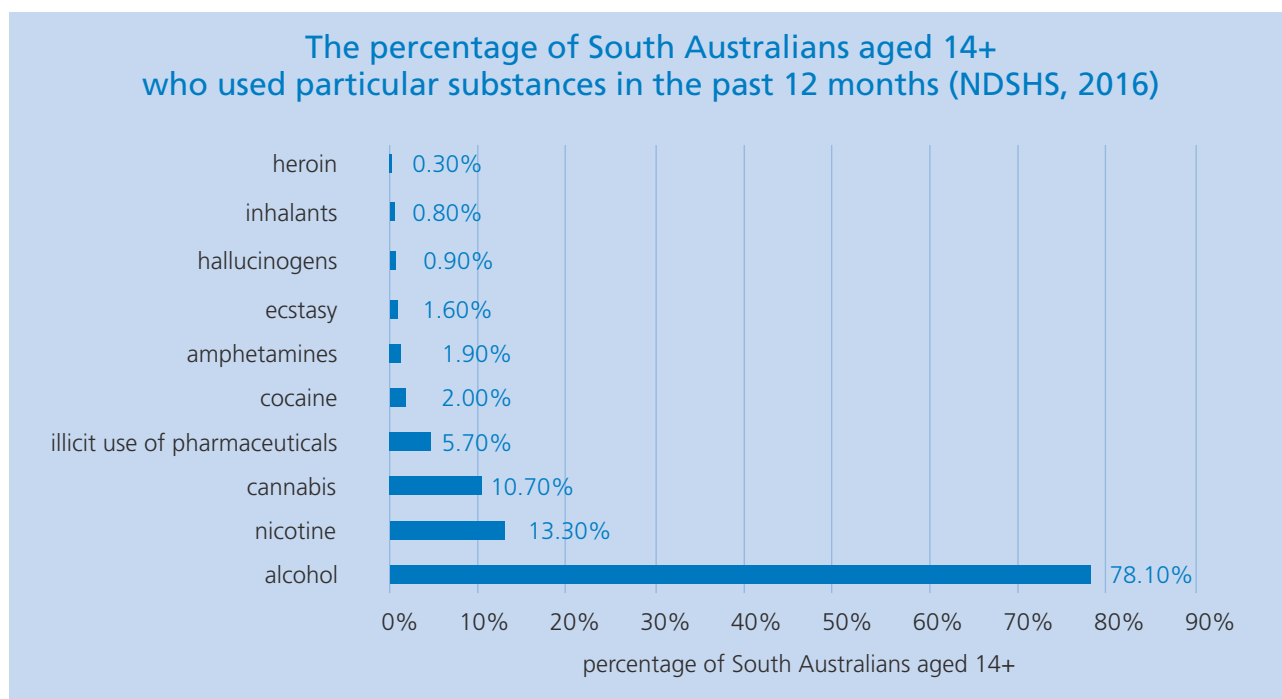
The South Australian Alcohol and Other Drug Strategy 2017-2021¹³ is a whole-of-government strategy led by a partnership between South Australia Police and SA Health. The Strategy provides a framework for whole-of-government actions and recognises the importance of partnering with the non-government sector and engagement with the community throughout the process of policy development, implementation and service delivery. This strategy supports the positive, collaborative relationship between Drug and Alcohol Services South Australia and non-government alcohol and other drug treatment service providers.

Stigma

Substance dependence is a chronic health condition that disproportionately affects disadvantaged and marginalised populations. Illicit drug dependence is the most stigmatised health condition in the world, and alcohol dependence the fourth most. It is common to see moralistic or sensationalist views demonising people who are dependent on alcohol and/or other drugs in the media and society. This stigmatisation and associated discrimination adds barriers such as stress and shame that prevent people from seeking treatment.^{14,15} See Appendix 3 for a guide to using non-stigmatising language.

Substance use in South Australia

The table below indicates the percentage of the population who use alcohol or other drugs^{16,17}.



Trends in population substance use

The prevalence of different substances used in the community changes over time, influenced largely by availability and price. Recent trends are discussed below.

Nicotine

Tobacco use causes more deaths than any other substance with nicotine being the most common secondary drug of concern.¹⁸

Alcohol

Alcohol remains the most common principal drug of concern in treatment. Levels of drinking which lead to harm have been trending upwards in older people (50+) and young women (18-35 years). Conversely, decreases have been seen in teenagers and the general population.^{18,19,20}

Cannabis

Cannabis use has remained relatively stable in recent years and prevalence was 10.7% of the general population in 2016.²¹

Methamphetamine

The number of people using methamphetamine has remained low (1.9% in 2016).¹⁶ However, the most commonly used form of the drug is now crystal methamphetamine, which is the most potent form (use is up from 38% in 2010 to 78.7% in 2016). This has led to an increase in harms and people seeking treatment.^{22,53,54}

Cocaine

Cocaine use has been increasing incrementally since 2004, reaching 2% in 2016. It is now the second most commonly used illegal drug in Australia after cannabis. Its use in South Australia remains below the national average and less than methamphetamine.¹⁶

Pharmaceutical opioids

The misuse of prescribed opioid medication and over-the-counter (OTC) codeine is low but there are indications that it is increasing across Australia and globally. In South Australia, illicit use of pharmaceuticals (excluding OTC codeine) increased from 3.3% (2013) to 5.5% (2016). Since February 2018, products containing codeine are only available via prescription in Australia.^{16,22}

New psychoactive drugs

The term new psychoactive substances (NPS) refers to synthetic drugs designed to mimic illicit drugs such as cannabis, cocaine and methamphetamines. The use of NPS often leads to severe toxicity and hospitalisation. The United Nations Office of Drugs and Crime Early Warning Advisor monitors, analyses and reports on NPS.^{22,23} Their prevalence remains low in South Australia.

Commissioning bodies

Statewide planning, commissioning and monitoring of alcohol and other drug treatment services in South Australia is the responsibility of the following agencies:

- Drug and Alcohol Services South Australia (SA Health)
- The Australian Department of Health, and the Adelaide and Country SA Primary Health Networks (on behalf of the Australian Department of Health)
- The Department of Prime Minister and Cabinet (for Indigenous-specific services)

Further alcohol and other drug treatment services for specific client groups are commissioned by the Australian Department of Veteran Affairs, Australian Defence Force, State Department of Communities and Social Inclusion, and Australian Department of Social Services.

Service providers

South Australian specialist alcohol and other drug treatment services, whose core purpose is treating substance use issues, are provided by:

Service providers	Service focus
SA Health	Providing inpatient and outpatient services for clients with medical complexities, including health comorbidities. Providing a consultancy and liaison function to hospitals and primary care. Providing a telephone and online information service.
Non-government organisations	Independent community based organisations who usually receive funding from government to deliver services. Some NGOs are AOD-specific and some are larger organisations with specialist AOD services within them. They provide services that cater to the needs of client populations as commissioned. There are currently approximately 43 NGOs providing AOD treatment in SA.
Not-for-profits	Another term for NGOs but usually refers to organisations that do not receive government funding. The term may also refer a non-profit division of a for profit organisation. Commonly, these organisations provide peer support programs or faith-based rehabilitation programs.
Private hospitals	Private hospital patients, usually with private health insurance.
Private services	Rehabilitation services for fee-paying clients. Unlike publicly funded and hospital services they are not required to be quality assured or deliver evidence-based treatment but may do so.

A range of health and community services also provide alcohol and other drug interventions as part of their general services. These include:

- general practitioners and other primary health care services
- hospitals (emergency and specialist units)
- mental health providers
- family and child protection workers.

The workforce

Delivery of alcohol and other drug treatments requires people with specific alcohol and other drug knowledge in a wide range of professions including:

Human service professionals

- counsellors
- case-managers
- alcohol and other drug workers
- peer-support workers and volunteers
- social workers
- Aboriginal and Torres Strait Islander health workers

Health professional

- general practitioners
- addiction medicine specialists
- nurses
- pharmacists
- psychologists
- psychiatrists
- allied health workers

Qualifications range from vocational Certificate IV in Alcohol and Other Drugs through to post-graduate qualifications in social work, psychology, nursing, addiction medicine, psychiatry and other medical specialties.

Mission, Objectives and Principles

Mission Statement

South Australian specialist alcohol and other drug treatment services work collaboratively to efficiently deliver effective, evidence-based alcohol and other drug early intervention, harm reduction and treatment services that improve the health and quality of life for individuals, families and communities.

The Mission Statement, Objectives and Principles underpin and inform practice and service delivery in South Australia. They were identified through consultation with South Australian specialist alcohol and other drug treatment service providers, researchers, policy makers, people with lived experience and representatives of state and federal health departments

Objectives

While each person will have individual goals, the primary objectives of alcohol and other drug treatment are that:

- clients are able to abstain from, reduce the level of use or achieve controlled-use goals for alcohol and other drugs
- lapse and relapse frequency and severity are reduced or prevented altogether
- support is provided to the 'significant others' of people who use alcohol or other drugs
- harms to clients, their families and the community arising from substance use are minimised.

Secondary objectives of alcohol and other drug treatment are to improve the health and psychosocial functioning of clients, including:

- improved physical and mental health
- improved self-efficacy, confidence and resilience
- better communication skills
- stronger, healthier connections with family and community
- improved housing or living environment
- reduced recidivism for people engaged with the justice system
- improved employment and educational engagement
- ongoing connection to post-treatment support to minimise the likelihood of relapse.

Principles

1. Client-focused

The wellbeing of the client and the whole community is at the centre of all we do.

2. Harm minimisation

Alcohol and other drug treatment services provide interventions to minimise the harms caused by substance use and associated stigma to individuals, families and the community.

3. Evidence-based and cost effective

Treatment methodologies are underpinned by evidence-based research and are designed to make the best use of available resources.

4. Collaboration and the provision of coordinated care

Providing holistic and coordinated care to clients requires collaboration between the various service providers, funders and stakeholders.

5. Qualified and experienced workforce

The workforce consists of qualified staff with specialist knowledge appropriate to their roles. Peer roles for people with lived-experience of alcohol and other drug issues also form a valuable part of service teams.

6. Respect for culture and diversity

Services strive to meet the unique needs of clients taking into account culture, age, gender, sexual identity, religion, spirituality, location, comorbidities or complexity of needs.

7. Involvement of clients, significant others and community members

The active involvement of past and present clients, significant others and community members in service planning and delivery leads to more accessible, effective services and improvements in health outcomes.

8. Support for family and significant others

Family, friends and carers are often negatively impacted by the substance use of a loved one. They are provided with support services and included in treatment where appropriate.

9. Therapeutic relationships

Therapeutic relationships contribute significantly to successful outcomes. They are characterised by personal awareness, trust, respect, safety, authenticity, acceptance, empathy, and collaborative agreement.

10. Accessible services

Accessible services are welcoming, safe, timely, confidential, affordable, located in areas of need and include outreach, telephone and online service where appropriate.

11. Child safe and family sensitive practice

Services consider the client's parental responsibilities, the needs of their children and relationships with other family members as part of treatment.

Quality Treatment Services

Specialist alcohol and other drug treatment services ensure their services are high quality, meet client and community needs and are evidence-based by participating in national and statewide workforce development initiatives and by developing strategies, service models, policies, and procedures informed by:

Evidence: Alcohol and other drug research organisations and experts produce journal articles and books and present at conferences and seminars. Research findings are translated into evidence-based clinical guidelines and training for health professionals and human service professionals delivering alcohol and other drug treatments.

Principles: Alcohol and other drug treatment service principles are embedded in work practices and workplace culture.

Accreditation: There are currently no national quality standards specifically for alcohol and other drug treatment services. However, services maintain accreditation with relevant health, community service, quality and continuous improvement standards. Examples of these include QIC Health and Community Service Standards, Australian Service Excellence Standards National Standards in Mental Health Services, Australasian Therapeutic Communities Association Standard, ISO 9001:2015, and various clinical care standards.

Local knowledge: Specific information unique to each service's location and client group is utilised to develop specific responses to meet localised need through consultation with clients, their families, carers and the community.

Staff expertise: Staff expertise and knowledge is used to form service responses. Clinical supervision, worker wellbeing and professional development all contribute to quality service delivery.

Recent **national workforce development** (2008-2017) has included capacity building to effectively identify and respond to co-occurring mental illness and substance misuse.²⁵ The outputs have included training for many alcohol and other drug workers, revised clinical guidelines, resources and online training available at: <https://comorbidityguidelines.org.au/>



Photo above left: Pt Augusta Council MAPS staff with van.



Photo above right: Salvation Army residential service fitness coaching.

Photo right: Army Sobering Up Unit beds.



Treatment Service Delivery in South Australia

Treatment data

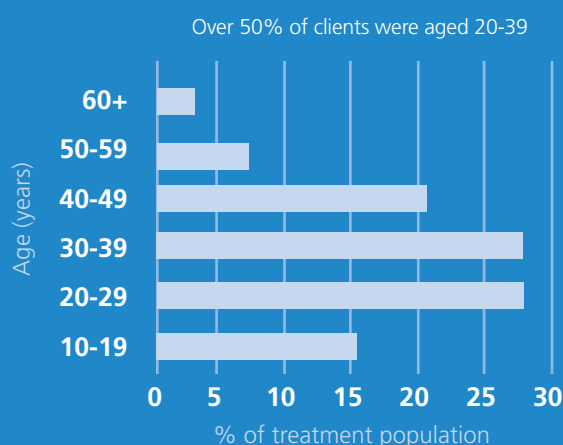
The data below was collected from specialist alcohol and other drug services via the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) 2015-2016,²⁶ and opioid pharmacotherapy providers via the National Opioid Pharmacotherapy Statistics Annual Data 2016.²⁷

Specialist alcohol and other drug publicly funded service delivery, 2015-2016

Please note: ATOD NMDS includes the majority of publicly funded AOD treatment services. However, this data does not include publicly funded AOD services provided by: hospitals, prisons, primary healthcare, Indigenous-specific services, health promotion services, or agencies whose sole function is prescribing or providing dosing services for opioid pharmacotherapy.

76 programs were provided to 11,430 clients

2 in 3 clients were male



1 in 7 clients were Aboriginal or Torres Strait Islander

Opioid pharmacotherapy service delivery (June 2016 snapshot day)

3010 people received opioid substitution treatment: 991 from public prescribers; 1635 from private prescribers; and 231 from correctional facility prescribers.

2 in 3 clients were male

The median age of clients was 43

1 in 10 clients were Aboriginal or Torres Strait Islander

The most common drug of concern was heroin

2 in 3 clients were treated with methadone

Common comorbidities for clients

polydrug use	45% ¹⁸
mental health issues	63% ²⁸

The most common main treatment types were:

Assessment only*	43%
Counselling	23%
Withdrawal management	16%
Residential rehabilitation	5.4%

The most common main drugs of concern in treatment were:

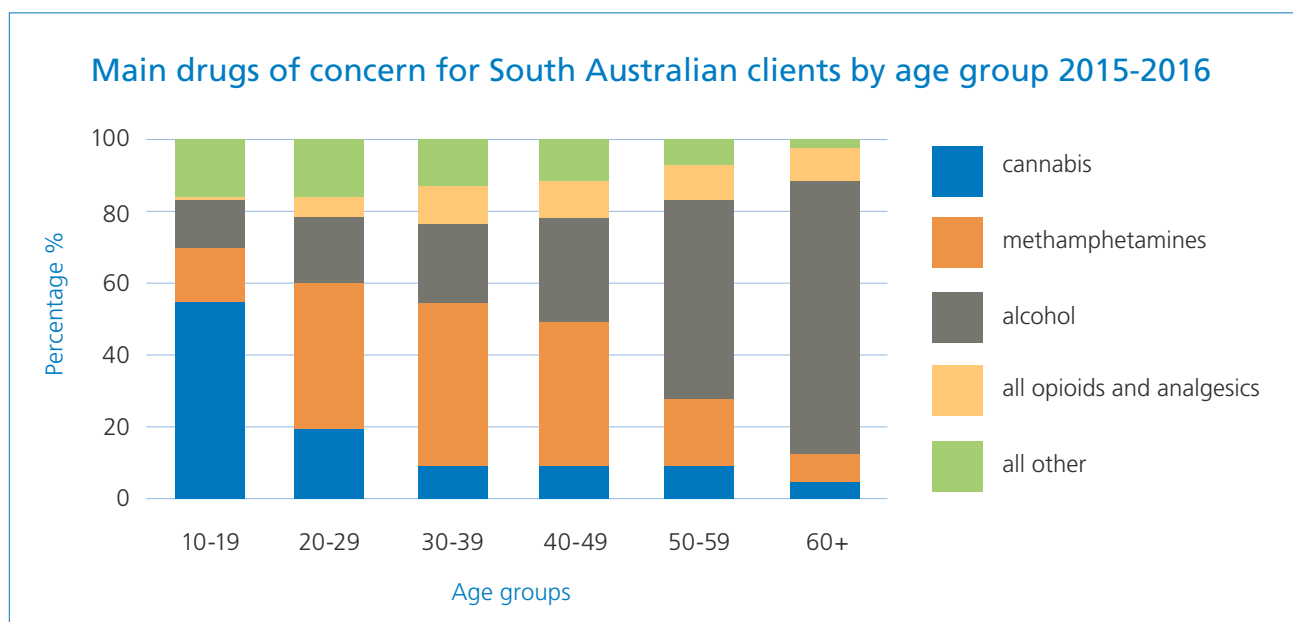
Amphetamines	36%
Alcohol	28%
Cannabis	17%

*Both the high number of treatment episodes categorised as assessment only, and the main drug of concern being methamphetamine is attributed to the utilisation of the Police Drug Diversion Initiative in SA.



Photo above: Family Drug Support meeting

The graph below shows that cannabis and methamphetamine are the most common drugs of concern for young clients whereas alcohol and opioids are more problematic for older clients.²⁹



Groups experiencing disproportionate levels of alcohol and other drug risks and harms

A number of groups in the community experience higher levels of ill-health and disability due to alcohol and other drug use than others (see list below). They are also generally disadvantaged or marginalised and face specific barriers to accessing treatment.^{8,10,14} There are specialist alcohol and other drug treatment services that aim to meet the needs of these groups via standalone services and/or integrated approaches.

- Aboriginal people
- people with mental health conditions
- culturally and linguistically diverse populations
- rural and remote communities
- young people
- people identifying as lesbian, gay, bi-sexual, transgender, intersex or queer
- people with alcohol and other drug issues who are pregnant or have dependent children
- people engaged with the justice system.

Alcohol and Other Drug Treatment and Interventions

People access alcohol and other drug services for a range of reasons. They are often motivated by issues which impact them directly, such as health, relationships or finances. They may also be encouraged by family and friends or coerced by law enforcement. The motivation for accessing treatment will influence the type of service and the interventions offered, as these are individualised to each person's circumstances. This section describes the components of comprehensive alcohol and other drug treatment.

Alcohol and other drug treatment services

The table below attempts to map key alcohol and other drug treatment services across early intervention, secondary and tertiary interventions. It also attempts to locate these service types against changing levels of substance-related harm. For example:

- general practitioners and telephone advice lines are available to people at any time
- withdrawal management and residential rehabilitation are only suitable options for people who have established substance use disorders, and
- emergency hospital services provide acute, intensive treatment to people who require immediate medical attention.

PREVENTION & EARLY INTERVENTION				INTERVENTION		MAINTENANCE / AFTERCARE			
“Harm has not yet occurred”				“Harm is occurring”		“Mitigating further harm”			
Health promotion & universal prevention	Selective (at risk)	Indicated (high risk)	Secondary prevention	Standard intervention	Complex / intensive intervention	Maintenance / Stabilisation	Continuing care	Exit / universal healthcare	
				General Practitioners					
				Telephone and Online Advice Lines					
				Clean Needle Program					
				Parent, Carer and Family Service					
				Counselling and Case Management					
				Public Intoxication Services (MAP, SUU)					
				Assertive Outreach Services					
					Peer Support / Mutual Aid Programs				
					Pharmacotherapies				
					Withdrawal Management				
					Residential Rehabilitation & Therapeutic Communities				
						Specialist & Emergency Hospital Services			
statewide service and workforce development programs									
statewide policy and systems management									

Table adapted from the Queensland Alcohol and Other Drug Treatment Service Delivery Framework.¹

Elements of effective treatment

The following table details the elements of effective alcohol and other drug treatment.

Engagement and retention	<p>Barriers to clients engaging with treatment services include stigma, lack of awareness of services and marginalisation. To engage and retain clients in treatment a range of strategies are implemented including:</p> <ul style="list-style-type: none"> • outreach workers at hospital emergency departments • community engagement programs with marginalised populations • outreach to park lands and areas client populations are known to use • building therapeutic relationships based on respect, non-judgement and collaboration • communicating the effectiveness of treatment • assertive follow-up including phone calls and home visits.
Access pathways	<p>The most common referral pathways into specialist alcohol and other drug treatment services in 2017 were self-referral, the Police Drug Diversion Initiative and mental health services.²⁸ A 'no wrong door' approach means people are referred to a more appropriate service if necessary.</p> <p>Central information and referral services for clients and the community:</p> <ul style="list-style-type: none"> • Alcohol and Drug Information Service (ADIS) (Phone 1300 13 13 40). • Know Your Options website - launched late 2017 (knowyouroptions.sa.gov.au). <p>General practitioners and other health professionals can access information on treating and/or referring clients with substance use issues via the services above as well as the:</p> <ul style="list-style-type: none"> • Healthpathways SA web portal, which provides treatment information and guidelines and details on referring individuals to SA Health (this is a general health portal not alcohol and other drug specific). • Hospital Drug and Alcohol Consultation Liaison Service available to clinicians in the acute care setting of major public hospitals.
Waitlist management	<p>People seek services at a time they feel ready to change, often at a point of crisis. Therefore, timely responses are important. Waitlist management aims to keep clients engaged and motivated during any waiting period to access treatment. It can include phone-calls, access to support groups or group-based activities and the provision of information.</p>
Screening & Assessment	<p>Screening is a first step to determine if further assessment is required. Assessment aims to provide a comprehensive evaluation of a person's substance use and treatment needs, including mental health, physical health, social, environmental and economic considerations. Settings for assessment include specialist alcohol and other drug treatment and primary health services. See Appendix 2 for a list of standardised screening and assessment tools used in South Australia.</p>
Ongoing treatment planning	<p>Assessment information is used by an alcohol and other drug worker and client to develop a personalised treatment plan. Plans include individualised treatments and goals, exit and aftercare planning. The treatment plan is continuously monitored and reviewed, being updated when necessary.</p>
Coordinated care	<p>The aim of care coordination is to provide 'seamless' treatment for clients who have multiple treatment types and service providers. Collaboration and systems for shared client care between services enables streamlined referrals and communication. Care coordination is typically performed as part of case management in specialist alcohol and other drug treatment services.</p>
Measuring outcomes	<p>Currently there is no statewide standard approach to measuring treatment outcomes. Services use a range of methods to measure treatment outcomes related to substance use, health and social functioning. Methods include standardised tools, client self-reported responses, and clinical observations.</p>
Post-treatment support	<p>Ongoing support after completion of formal treatment is recommended to minimise the likelihood of relapse. Options include peer support groups, community supports (e.g legal, housing) and physical and mental healthcare. Post-treatment support is also called aftercare, or maintenance.</p>

Evidence-based treatments and interventions

Alcohol and other drug treatment services provide the following psychosocial and pharmacological treatment types and harm reduction interventions. Individual treatments plans vary greatly in length and the combination of treatment types used, depending on the client's level of dependence, substances used, comorbidities present and other social and economic factors. The most effective treatments for people with substance use disorders are consistently found to be those that include both psychosocial and medical intervention.²⁸

Psychosocial treatment types

Early intervention strategies are directed towards people who have a high risk of using substances in harmful ways, to prevent them from developing substance use issues. Examples include bush adventure therapy programs for at risk young people, to develop resilience and life skills, and screening and brief interventions provided in primary health care services.

Supports for significant others who have someone close to them experiencing substance use issues includes provision of information, education, peer support groups and individual, family or relationship counselling.

Brief interventions are a low-intensity treatment, usually for people who can self-correct their substance using behaviour with minimal professional support. They vary from a few minutes to several planned sessions. Settings include general practitioner consultations and Police Drug Diversion Initiative treatment sessions. They commonly include screening, provision of feedback, information and education, motivational interviewing and appropriate referrals.³⁴

Information and education is a low-intensity treatment but can be incorporated into higher intensity treatment. Written or verbal information is provided about individual drugs, their effects, associated harms, harm reduction methods and treatment service providers.³⁰

Counselling is a safe and confidential collaboration between qualified counsellors and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns.³¹ Therapeutic approaches applied in counselling that are effective in treating alcohol and other drug issues include:³²

- cognitive behavioural therapy
- mindfulness-based stress reduction
- motivational enhancement therapy
- solution-focused therapy
- social skills training
- narrative therapy
- relapse prevention
- community reinforcement therapy
- contingency management
- dialectical behavioural therapy
- acceptance and commitment therapy

Case management and care-coordination are process designed to coordinate supports, interventions and other services in response to the client needs identified. Case managers provide assessment, treatment planning and implementation, monitoring and review.⁵⁹ They coordinate care for clients who require support from multiple services by facilitating referrals and communication between services.⁵⁹

Clinical outreach is planned treatment with clients such as counselling and case management in the community - typically at another service, the client's home or another mutually agreed location.³³

Withdrawal management: Physical and mental symptoms such as anxiety, fatigue, sweating, vomiting, depression, seizures and hallucinations can occur after stopping or reducing consumption of a drug. Treatment includes medication and supportive care to address symptoms and prevent complications. In-patient withdrawal is provided for clients with heavy dependence or other factors that place them at higher risk. Withdrawal for other clients can be safely managed in the community.^{35,36}

Non-residential rehabilitation / Day programs are an intensive treatment that can provide similar interventions to residential rehabilitation but in an outpatient setting. Clients attend daily or several times a week. Activities are likely to include counselling, case management and group work as well as the development of social and life skills such as cooking, budgeting, mindfulness and cultural activities. For best outcomes this is typically a longer-term treatment.³⁷

Residential rehabilitation provides a safe, supportive, structured environment for people with severe substance use disorders and complicating life factors. Counselling, group work, education, recreational and cultural activities are used to support clients to make positive and sustainable lifestyle changes. Residents are also supported to achieve personal social, health and family goals. Treatment is typically three to twelve months, depending on client needs and progress.^{37,38,39}

Therapeutic Communities are a model of residential rehabilitation based on the use of the community as the prime vehicle for change. As such, therapeutic communities have a strong emphasis on both self-help and peer support within a rehabilitation setting, along with a range of psychosocial interventions.⁴⁰

Pharmacotherapy

Pharmacotherapy is the term used to describe the use of medication to assist in the treatment of substance dependence. There are currently pharmacotherapies for alcohol and opioid dependence, with promising research underway for methamphetamine pharmacotherapy.

The Medication Assisted Treatment for Opioid Dependence program (MATOD) is the opioid pharmacotherapy program operating in South Australia. It is a combination of medication and psychosocial support. MATOD treatments include methadone, buprenorphine (also known as opioid substitution treatment) and naltrexone (for relapse prevention). The medication controls withdrawal or cravings and blocks the euphoric effects of further opioid use. MATOD improves the health and well-being of clients.^{41,42}

Naltrexone, Disulfiram and Acamprosate are the three main medications used in the treatment of alcohol dependence. They help people to reduce or cease alcohol consumption by preventing cravings, blocking euphoric effects and causing adverse effects if taken with alcohol.⁴²

Other interventions

Peer support or mutual aid groups provide an ongoing community of social and emotional support. They are important contributors to the maintenance of people's motivation, confidence and wellbeing. They are hosted by not-for-profit organisations or are facilitated in specialist alcohol and other drug services. At support meetings people are able to share their experiences without judgement and receive information and education. Peer support programs are based either on the twelve-step model or evidence-based cognitive and behavioural approaches. They are often an important support for people during and following treatment.^{43,44,45}

Outreach / assertive community outreach is an engagement method that involves actively searching for people in the streets, parks, boarding houses etc, to engage in opportunistic treatment such as brief interventions and referral. With satellite outreach an alcohol and other drug worker attends a dedicated site such as a hospital emergency department or an accommodation service to engage with potential clients.³³

The DASSA Hospital Drug and Alcohol Consultation Liaison is a specialist medical and nursing service that provides consultation and liaison on alcohol and other drug related issues to clinicians in the acute care setting of major public hospitals in South Australia. This service is provided at Flinders Medical Centre, Lyell McEwin Health Service and the Royal Adelaide Hospital.⁵⁷

Broader supports: In addition to the treatments listed above, holistic alcohol and other drug treatment includes services and supports to improve the health, social and economic wellbeing of clients.²⁸ In some cases specialist alcohol and other drug treatment services provide broader supports relevant to their client group, for example English literacy classes for culturally and linguistically diverse clients. Often they are provided by external agencies, with alcohol and drug services providing a care coordination role. The table below shows many such commonly provided supports.³²

mental health treatment	housing support	education	relationship counselling	legal services
primary and specialist healthcare	cultural and community connection	family violence support	financial counselling	gambling counselling
life skills training	parenting support and child protection	recreational activities	employment skills development	disability services

Harm reduction interventions

Harm reduction strategies identify specific health risks that arise from alcohol and other drug use and aim to prevent or reduce these risks for people while they are unwilling or unable to stop using harmful substances. Harm reduction improves safety for individuals and the wider community, and can contribute to a reduction in health and social inequalities among specific population groups.⁸

The Clean Needle Program provides sterile needles, syringes, filters and other accessories, sharps disposal containers and disposal facilities, information, education and referral for people who inject drugs. Clean Needle Program sites are staffed by alcohol and other drug workers and peer educators. The success of clean needle programs in containing the spread of HIV and hepatitis C is a major Australian public health success.⁴⁷

Sobering-up units are safe environments for heavily intoxicated people to have their health monitored while they recover from the ill-effects of substance use. Clients typically have severe, long-term substance abuse disorders, co-occurring social, health and psychological issues and limited engagement with other services. Sobering-up units keep vulnerable people safe and save police and hospital resources.^{48, 49}

Mobile assistance patrols transport intoxicated people from public places to places of care, safety and support such as homes or sobering-up units. Mobile assistance patrols were a recommendation from the Royal Commission into Aboriginal Deaths in Custody (1991).^{50,51}

The Police Drug Diversion Initiative Program diverts people apprehended with illicit drugs for personal use away from the courts or youth justice system to a specialist alcohol and other drug treatment service for assessment and brief intervention.³⁰

Harm reduction counselling: Harm reduction is a normal part of counselling. Clients who are still using substances are assisted to identify ways to reduce harms from their use. Methods include reducing frequency of use, changing route of administration or choosing safer environments in which to use.

Alcohol and other drug treatment – a worthwhile investment²⁵

Alcohol and other drug treatment is well-grounded in evidence. Of the three 'pillars' of drug policy – supply reduction, harm reduction and demand reduction – the most extensively researched and evidence-based is demand reduction. In particular, the treatment component of demand reduction has been subject to extensive research across the globe. The efficacy and the effectiveness of alcohol and other drug treatment has been well established. For every \$1.00 invested in alcohol or drug treatment, society gains \$7.00.⁵⁹ Treatment has been shown to:

- Reduce consumption of alcohol and other drugs
- Improve health status
- Reduce criminal behaviour
- Improve psychological wellbeing
- Improve participation in community.

The savings which accrue to governments from alcohol and other drug treatment largely accrue through direct savings in future health care costs, productivity gains and savings in the criminal justice system. Any investment in alcohol and other drug treatment is worthwhile and represents value for money: treatment works and is cost saving.²⁵

Conclusion

South Australia, along with many other jurisdictions, has suffered from a lack of clarity as to what constitutes specialist alcohol and other drug, as well as establish the common vision, values and goals that underpin such services. This Treatment Framework seeks to clarify that understanding. In doing so it seeks to inform funding bodies, researchers and clinicians as to the scope of practice and capabilities of these services.

The development of the Framework has identified that South Australia has a skilled and dedicated specialist alcohol and other drug treatment service workforce, committed to reducing alcohol and other drug related harms and increasing the quality of life for service users, their families and communities.

South Australian specialist alcohol and other drug treatment services are committed to building the skills and knowledge of their workforce and building their connections with each other and with other service sectors to ensure the state's most vulnerable receive the best possible care.

South Australian specialist alcohol and other drug treatment services are committed to the delivery of evidence informed, best practice treatment and support. As research and practice knowledge continues to evolve, the emerging evidence will allow more effective matching of treatment types to individual clients based on their clinical characteristics and personal circumstances.

Photo right: Communal space in a residential alcohol and other drug service. | Photo below: Private room in a residential facility.



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The list below is of standardised, validated tools used by South Australian specialist alcohol and other drug treatment services. They are used with clients to identify and measure, among other topics, levels of substance use, mental health and psychosocial wellbeing.

- **ADAPT - Addiction Dimensions for Assessment and Personalised Treatment** was developed by Drug and Alcohol Services SA (SA Health), to measure addiction severity and comorbidities/complexities.
- **ADOM - Alcohol and Drugs Outcome Measure** quantifies substance use and psychosocial wellbeing.
- **ASSIST - Alcohol, Smoking and Substance Involvement Screening Test** was developed by the World Health Organisation to screen for harmful and risky substance use in adults. ASSIST resources also include instructions on delivering a brief intervention. Refer to <https://assistportal.com.au/>
- **ATOP - Australian Treatment Outcomes Profile** is used to monitor substance use treatment outcomes.
- **AUDIT - Alcohol Use Disorders Identification Test** is designed to measure the nature and extent of alcohol related issues.
- **DASS-21 - Depression, Anxiety, Stress Scale** is an assessment tool used to identify alcohol and other drug treatment clients with co-occurring mental health issues.
- **GAD-7 - Generalised Anxiety Disorder Screener** is a brief measure for assessing general anxiety disorder.
- **GAS - Goal Attainment Scale** is an individualised outcome measure involving goal selection and goal scaling to calculate the extent to which a client's goals are met.
- **IRIS - Indigenous Risk Impact Screen** is a culturally secure screening instrument and brief intervention to meet the specific needs of Aboriginal and Torres Strait Islander communities.
- **K-10 - Kessler-10** is a screening tool designed to identify non-specific psychological distress.
- **LEQ - Life Effectiveness Questionnaire** is a self-report questionnaire for measuring the effects of personal development intervention programs. It measures several psychosocial goals commonly included in treatment plans.
- **MSE – Mental State Examination** is an assessment tool used primarily in the mental health field. It can be useful for identifying a mental health related comorbidity.
- **MMS - Modified Mini-Screen** is a brief screening tool to identify mental illness and substance use.
- **ORS - Outcome Rating Scale** is a 45-item self-report scale designed for repeated measurement of client functioning throughout the course of therapy and at termination.
- **PHQ-4 - Patient Health Questionnaire** is a brief measure for assessing depression.
- **PREMS - Patient Reported Experience Measures** assess client experience and perception of their healthcare. PREMS are completed anonymously by clients.
- **PROMS - Patient Reports Outcomes Measures** identify client perspectives on how illness impacts on their life, health and wellbeing. It includes questions on quality of life and condition-specific measures.
- **SDS - Severity of Dependence Scale** assess the degree of dependence on various drugs.
- **SRS - Session Rating Scale** is a short clinician/client therapeutic relationship measure designed specifically to be used for every session.
- **WHOQOL - World Health Organisation Quality of Life** is a quality of life assessment which is cross-culturally applicable.

Mental and behavioural disorders due to psychoactive substance use

The International Classification of Diseases, tenth revision (ICD-10) is a healthcare classification system maintained by the World Health Organisation that contains clinical descriptions of, and diagnostic guidelines for, diseases.

The ICD-10 describes mental and behavioural disorders due to the following psychoactive substances: alcohol, opioids, cannabinoids, sedative hypnotics, cocaine, other stimulants including caffeine, hallucinogens, tobacco, volatile substances and multiple drug use⁵¹.

Substance use disorders

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) is a classification and diagnostic tool for mental disorders published by the American Psychiatric Association.

The DSM-5 lists eight substance use disorders: alcohol, cannabis, hallucinogens, inhalants, opioid, sedatives or hypnotics or anxiolytics, stimulants (methamphetamine, cocaine) and tobacco. Alcohol is included here as an example; others follow the same model with variations depending on the substance⁴.

Diagnostic criteria for alcohol use disorder Diagnosis is based on the number of criteria met in the previous 12 months:

2-3 mild | 4-5 moderate | 6+ severe

Have you had times when you ended up drinking more, or longer than you intended?

1. More than once wanted to cut down or stop drinking, or tried to, but couldn't?
2. Spent a lot of time drinking? Or being sick or getting over the aftereffects?
3. Experienced craving — a strong need, or urge, to drink?
4. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
5. Continued to drink even though it was causing trouble with your family or friends?
6. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
7. More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
8. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
9. Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
10. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, sweating or sensed things that were not there?

The table below is an excerpt from *Language Matters* developed by the Network of Alcohol and other Drug Agencies (NADA) and NSW User and Aids Association (NUAA)⁵².

<div> <div>Language matters</div> <p>Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.</p> </div>	
When working with people who use alcohol and other drugs...	
👍 try this	👎 instead of this
substance use, non-prescribed use	abuse misuse problem use non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict junkie druggie alcoholic
person experiencing drug dependence	suffering from addiction has a drug habit
person who has stopped using drugs	clean sober drug-free
person with lived experience of drug dependence	ex-addict former addict used to be a...
person disagrees	lacks insight in denial resistant unmotivated
treatment has not been effective/chooses not to	not engaged non-compliant
person’s needs are not being met	drug seeking manipulative splitting
currently using drugs	using again fallen off the wagon had a setback
no longer using drugs	stayed clean maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle dirties
pharmacotherapy is treatment	replacing one drug for another
<p>Adapted from <i>Language Matters</i> from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016).</p> <div> <div>  NADA <small>network of alcohol and other drugs agencies</small> </div> <div>  NUAA <small>NSW USERS AND AIDS ASSOCIATION</small> </div> </div>	



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