Alcohol and Other Drugs (AOD) Treatment

Confused about how to respond to Alcohol and Other Drug use in your clients? Don't know where to go or where to refer to? Here we try to address some common misconceptions about alcohol and other drug use and provide some tips on effective ways of responding.

Misconceptions about alcohol and other drug use and treatment

Myth: *All alcohol and other drug use is problematic.*

Reality: For most people who use alcohol or other drugs, their use does not significantly impact them or others and does not need intervention. Talking with a person to identify their pattern of use (e.g. how often and how much) can help determine whether a referral might be helpful. People might have different patterns of use for different drugs.

Myth: *People need to fix their alcohol and other drug use before they can deal with other issues.*

Reality: When a person is experiencing problems with their use it's important for service providers across disciplines and sectors to work together. Sometimes when other important needs are met, people experience fewer problems with alcohol and other drugs.

Myth: *If people just made better choices, they would be able to stop using.*

Reality: For some people, particularly people who have been using for a long time, stopping alcohol and other drug use can be stressful, uncomfortable, and in some cases dangerous without specialist support. For this group of people, relapse is common and should not be considered a failure. It can take many attempts for someone to successfully reach their goal of stopping or reducing use.

Myth: *Stopping (abstinence) is the only option.*

Reality: Stopping is not the only option. People can work towards using less, in a more controlled way, and more safely too. All options can be valid, and understanding a person's goals can help determine what type of service can assist them.

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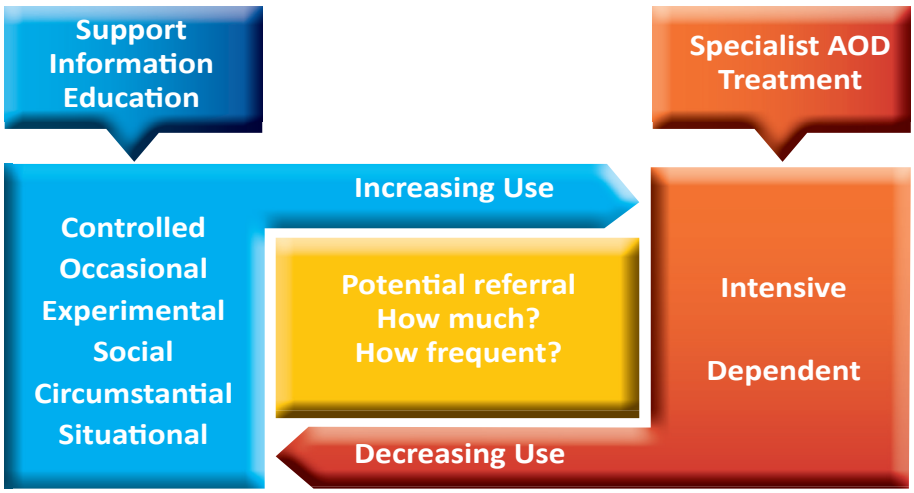
Patterns of use



There are many reasons a person's pattern of use might shift in intensity. Specialist AOD treatment services tend to see people with intensive or dependent patterns of use, which are characterised by frequent, regular and high doses of the substance of concern.

Responding to the needs of your clients who use alcohol and other drugs

Asking about use

- Alcohol and other drug use (particularly illicit drug use) is a sensitive topic for clients. They may worry that telling you about their use will get them in trouble with the law, child services, loved ones, or you! Be empathetic and be clear with clients about what you will and won't do if they choose to disclose their use to you.
- If a client is comfortable talking with you about their use, explore what substances, how often, how much, and in what situations they usually use. This can help with identifying risky situations for the client, understanding if the client needs a referral, and the information needed to make a referral (with consent). It's also a great way to get clients reflecting on whether they feel their use is under control or if they might be using more than they'd like. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is a useful tool for this.
- You don't need to know a lot about drugs to help, clients often know way more than most professionals do about the substances they use. Be genuine, non-judgemental and curious. When you don't know something, just ask. If you want more background, you'll find good information at the Alcohol and Drug Foundation website.

Supporting a specialist AOD treatment referral

- Be mindful that sometimes clients feel pressured into treatment, even if we don't realise it. This can lead to them saying yes to please their worker, then not attending. Not attending treatment can lead to guilt, shame and fear of consequences of non-attendance. Ultimately this is damaging to your relationship with them and may impede their treatment.
- Reassure clients that information shared with treatment services is treated as confidential, with the usual exceptions for risk to self and others and child protection matters.
- Let clients know there are a range of treatment options available. It's important for clients to make their own decisions about what type of treatment, if any treatment at all, is right for them.
- Once clients understand the range of options available to them, and what they can expect if they choose to enter treatment, you can support them to make an initial call to a service. This first step can be the hardest and the support you give can make for a more successful outcome.

Some things clients can do to reduce harm if they continue to use. Encourage clients to:

- Start low, go slow – especially if trying a new substance. This means, try a small amount at first and wait at least 90 minutes for the effects to come on before trying more.
- Tell friends who they are with what they have taken so if something goes wrong, they can call for help and let emergency services know what has been taken.
- Avoid mixing different types of drugs (including alcohol) as this can increase risks and harmful outcomes.
- Avoid sharing equipment, regardless of what type of equipment or drug is being used. Free injecting equipment is available from Needle and Syringe Programs in SA.
- Plan their use (e.g. when, where, how much, the things they will do to keep safe, what they will do if things go wrong).
- Set limits and stick to them.
- Call an ambulance if someone becomes unwell when using alcohol or drugs – they will help, not get people in trouble.
- Avoid using alone and have Naloxone on hand when using opioids. Naloxone is used to reverse the effects of an opioid overdose (but cannot be self-administered) and is currently available for free from pharmacies in South Australia.

Language Matters*

The language we use about health concerns impacts on how confident clients are to engage with us. According to the World Health Organisation, illicit drug dependence is the most stigmatised health condition in the world. It is especially important that we use "person first" language when talking with clients about alcohol and other drugs, and to use correct terms for drugs (methamphetamine, cannabis etc) rather than slang terms (ice, weed, dope, etc).

THIS	NOT THIS
Person who uses drugs	Drug user/abuser
Substance use	Substance abuse, misuse, problem use
Person with a substance use disorder	Addict, junkie, druggie, alcoholic
Has stopped using, is no longer using	Clean, sober, drug-free
Positive/Negative drug screen	Clean/dirty urine

General tips

- Be as flexible as possible with appointments. Ask clients their preferred times to meet with you and negotiate appointments based on the availability of both you and the client.
- Discuss the best method of contact for clients. Phone calls are not always best, sometimes clients prefer text message, email, or other online methods of communication.
- Send out reminder messages about upcoming appointments. It's easy to forget!

Common treatment options explained

Withdrawal management

- Withdrawal management (detox) can be managed in the home, community, residential or hospital setting depending on the substance and level of risk.
- This is a short-term process (usually no longer than 14 days)
- Medications to manage physical withdrawal symptoms and psychological support are usually provided.
- Withdrawal management should always be undertaken in sequence with either a specialist AOD psychosocial intervention or rehabilitation.

Residential rehabilitation

- Residential rehabilitation can be short term (eg 28 days – 3 months) or long term (eg 3 months – 1 year).
- Residential programs require clients to be abstinent and they may be required to undertake withdrawal management before admission.
- 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.

Specialist AOD counselling and psychosocial support

- Specialist alcohol and other drugs counselling is the most common form of treatment and supports people through evidence-based therapeutic approaches.
- AOD counselling can be one on one or group based and can provide support for clients to reduce use, stop using, or use more safely if clients want to keep using.
- Some services provide additional specialist AOD psychosocial support in combination with counselling in the form of case management/case work. These services support clients with other needs such as accommodation, employment, budgeting, health, hobbies, and relationships – often in an outreach setting.
- Some services also utilise peer workers, individuals with a lived experience of alcohol and other drug issues, who are trained to appropriately use their own experiences to help others.

Harm reduction

- While all AOD services provide harm reduction as part of their client work (eg new equipment, advice on safer using), a harm reduction service is a specialist service whose core focus is to increase a person's safety and wellbeing.
- Harm reduction services include clean needle programs, diversionary programs, and other initiatives such as drug checking (pill testing).

*Language Matters - https://www.nada.org.au/wp-content/uploads/2018/03/language_matters_-_online_-_final.pdf

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Referring a client to an AOD service – what to prepare for

Assessment

An alcohol and other drug worker will complete an assessment. With their consent, the worker will ask about the person's situation and needs. The worker might ask for information from you too, again with the client's consent. This could be over the phone or face to face. The worker might ask about the person's reason for wanting treatment and what their goals might be. The person may be required to complete forms or questionnaires as part of the assessment. It's helpful to explain this to the person you are supporting beforehand, so they are prepared.

Waitlists

Some services have waitlists, particularly in-patient withdrawal management (detox) and residential rehabilitation services. Depending on the services and the type of treatment being sought, a client may be placed on a waitlist before receiving treatment. Some waitlists will only be a few days, while some may be several weeks. It's important that clients have support while they are waiting to access treatment as it can be hard to stay motivated. Some services have pre-admission or pre-treatment programs to work with clients while they wait to receive treatment, however you can also provide support while they wait.

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Other things to consider with your client

Your client may need a Medicare card, concession card and proof of ID to access AOD treatment. As residential programs are intensive live-in environments, they often incur a fee, which is sometimes calculated as a percentage of Centrelink income if clients are receiving Centrelink assistance. Some residential rehabilitation services also require a medical certificate to demonstrate detox has been completed. Attending residential treatment usually involves a long stay (2-26 weeks). This can mean clients need to explore how this will impact their current housing situation or other issues that might be relevant (e.g. family, pets, financial, legal). There may be other specific requirements depending on the service provider so it's important to get service specific information, in order to understand if it is the right service for your client.

More information

Alcohol and Drug Information Service 1300 13 1340

ADIS is a confidential telephone counselling, information and referral service for the general public, concerned family and friends, students and health professionals.

Know Your Options www.knowyouroptions.sa.gov.au

Online directory of Alcohol and Other Drug Treatment Services in South Australia

Family Drug Support - 1300 368 186 and www.fds.org.au

24/7 support for families who have a loved one experiencing issues with alcohol and other drugs.

Drug and Alcohol Clinical Advisory Service (DACAS) – 08 7087 1742

Specialist telephone support service for health professionals in South Australia providing clinical advice regarding the management of patients with alcohol and other drug concerns.

SA Network of Drug and Alcohol Services (SANDAS) – www.sandas.org.au

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SANDAS acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country's lands and waters. SANDAS wish to pay their respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.

This factsheet has been adapted with permission for South Australia from the Queensland Network of Alcohol and other Drug Agencies (QNADA). https://qnada.org.au/wp-content/uploads/2019/04/Fin_20190411_Fact-Sheet-Alcohol-and-Other-Drugs-Treatment-1.pdf

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