

Drugs and Mental Health; so what's new for AOD Services?

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- Development of AOD services and the early links with mental health sector
- Little bit about the high incidence of mental health problems amongst AOD clients
- Some of the issues for AOD NGOs caused by this high incidence
- Look at strengths of NGOs when working with this client group

Terminology

- Dual diagnosis, co-morbidity, co-existing conditions, concurrent disorders
- AOD - Alcohol & other drugs
- ATS - amphetamine type substance
 - Speed - methamphetamine powder (about 10% pure)
 - Base - methamphetamine sticky brown (about 20%)
 - Crystal meth or ice - methamphetamine (about 80%)

Development of AOD services and the links with Mental Health services

- Origins of AOD services
- Development of specialist AOD services
- Dealing (or not) with co-existing conditions
- Gradual integration of assistance
- Piloting of innovative approaches

The incidence of co existing conditions

'The expectation not the exception'

- 30% of people diagnosed with a mental health disorder will also have a substance use disorder at some point in their life - twice the rate of people without lifetime mental health disorder

37% of people diagnosed with an alcohol disorder will have a mental health problem at some point in their life - close to twice the rate of others

53% of people diagnosed with a substance use disorder (other than alcohol) will have a mental health problem at some point in their life - four times the rate.

The incidence of mental health problems in AOD work

- Among people who have an anxiety disorder in their lifetime, 24% will have a substance use problem in their lifetime
- Major depression during lifetime - 27% will have substance use problem during their lifetime
- Schizophrenia during lifetime - 47% will have substance use problem during their lifetime
- Bipolar disorder - 56% will have substance use problem during their lifetime

The incidence of mental health problems in AOD work

- Drug use alleviates not only the mental health symptoms such as anxiety but also cushions some of the circumstances - homelessness, welfare dependence, isolation
- Identifying as a drug addict or 'crazy'
- Good news is that rates of cannabis and amphetamine (speed) use have been slowly declining since 2000
- Bad news is that crystal meth (ice) use has been increasing

Issues for AOD NGOs

- Complex needs and higher demands on staff
- Need for more front line workers and time for them to develop positive relationships with service users
- Staff retention and competition with Government for skilled workers
- Difficulties accessing acute mental health services

Strengths of NGOs

- Wholistic interventions - a range of service modalities including AOD, mental health, housing, life skills, employment
- Ability to develop relationships - longer term involvements with service users in non-institutional settings
- Distanced from government services familiar to the client group - psychiatric units, detox centres, police, prison
- Cost effective (unfortunately?)