



Adolescent Drug & Alcohol Withdrawal Service

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Exceptional People. Exceptional Care.

Summary

- Service Overview (Hx & Current)
- ADAWS Demographics
- Recent developments in Adolescent Substance Use.
- Discussion: Is the Harm Minimisation framework applicable to school settings?
- Referral process.

ADAWS: Hx in brief

- Established in 2000 on current site.
- Residential Detox/Withdrawal Service.
- 13-18yo.
- State-wide referrals.
- 4 bed facility on rolling intake.
- Higher number of heroin detox/withdrawal as compared with recent ADAWS data.
- Group work focus.
- Earlier sense of autonomy from both CYMHS & Mater.
- Non-medicated.



ADAWS: Hx in brief

- Art space program est. 2002.
- 13 > 21yrs who complete Detox/Withdrawal program.
- Arts/Music/Recreation.
- Based at Albert Park Flexi-School Milton.
- Initial strong uptake.
- Client driven.
- Issues of accessibility, continuity of care and therapeutic capacity .

ADAWS current service overview

- Purpose built facility opened 2010.
- **11 day Residential Detox/Withdrawal Program.**
- 12>18yo.
- 5 beds for admissions from state-wide referrals.
- Set admission dates & planned client mix.
- Comprehensive D&A, MH and PH assessment and intervention.
- Structured program (client-centred & group work focus).
- Both non-medicated & medicated detox (eg. Opiate Reduction or Replacement Therapy).
- Well integrated within Mater CYMHS & Mater

ADAWS current service overview

- **ADAWS Outreach Program** est. late 2008.
- In response to barriers to treatment and gaps in service provision.
- Increased accessibility, therapeutic alliance ,follow-up capacity and continuity of care.
- Modalities of assessment, intervention and service capacity building delivered through ADAWS and Mater CYMHS (ED,IPU), through CYMHS clinics (Inala, Yeronga, Greenslopes) and at a community level through government and NGO networks and frontline engagement.
- State-wide via E-CYMHS.

ADAWS current service overview

Sub-programs within the ADAWS Outreach Model

- Pre/Post Detox/Withdrawal Outreach
- Assertive Outreach Preventative Case Management
- ED/IPU Early Intervention
- Mobile/Satellite Clinics
- Secondary Consultation
- Professional Development & Training

ADAWS Outreach: An Integrated Approach To Service Delivery and Capacity Building

Pre/Post Detox/Withdrawal Outreach

- “Stage wise” approach through “Book end” interventions.
- Seeks to reduce substance use and negative mental health symptoms allowing smoother transition.
- Provides treatment plan continuation, relapse prevention and transitioning.

Assertive Outreach Case Management

- “Stand alone” or as Pre/Post Detox/Withdrawal Outreach.
- Allows development and implementation of comprehensive and integrated treatment plans .
- Provides complex case management across multiple services.

ADAWS Outreach: An Integrated Approach To Service Delivery and Capacity Building

ED/IPU Early Intervention

- Referred via Extended Hours, Community Liaison or Inpatient Unit Staff.
- Contact within 48 hours of presentation or admission.
- All clients receive brief intervention, harm reduction strategies pertaining to presenting issues and service information.
- Assessment and further intervention/referral with consent.

Mobile/Satellite Clinics

- Community based interventions with registered and non-registered clients.
- Engagement/Rapport and Harm Minimisation focus.
- Opportunistic brief intervention.

ADAWS Outreach: An Integrated Approach To Service Delivery and Capacity Building

Secondary Consultation

- Outreach provides secondary consultation to MH and other clinicians.
- Reciprocal referral and consultation relationships are sought to respond effectively to dual diagnosis clientele.
- Secondary consultation is delivered state-wide via E-CYMHS.

Professional Development & Training

- Service wide capacity building through professional development and training opportunities.
- Drug education.
- Assessment & Intervention.
- Conference presentation.



ADAWS Day Program

- **ADAWS Day Program est. 2010.**
- 12>21yo
- Purpose built space with commercial grade kitchen, art room, performance space, recording studio, computer suite , shower and laundry facilities.
- Structured Interventions: Tailored drug and alcohol group work, Peer intervention/education, Relapse prevention.
- Opportunistic Interventions: Brief intervention, Motivational interviewing.
- Programmed activities and Drop in.

ADAWS Day Program: Harm Reduction & Increased Social Functioning Through Pro-social Peer Influence

- Day Program provides an accessible youth friendly space enabling the development of positive peer affiliation that facilitates the support and delivery of a beneficial health message.
- Interventions are not so much “treatment matched” as “treatment selected” by the individual through the provision of interventions that resonate with the clients own experiential vision of treatment outcomes.
- A broad suite of interventions of varying intensity are provided.

ADAWS Day Program: Harm Reduction & Increased Social Functioning Through Pro-social Peer Influence

Drop Inn

- Non-structured Drop in program open to registered and non-registered clients.
- Accessible to suitable non-regulated IPU patients.
- Arts and Music workers engage with clients.
- Assessment and referral available.

Vocational Program

- Supported training programs
- Get Set for Work programs/ Centrelink support.
- Hospitality training Cert IV.
- Sound Engineering/ Events Management.

ADAWS Day Program: Harm Reduction & Increased Social Functioning Through Pro-social Peer Influence

Recreational Program

- Provides day to day healthy alternatives to substance use.
- Utilises community spaces for strengths and capacity building activities.
- Promotes social inclusion, physical fitness and cognitive skills.

Art space

- Delivers diverse structured and non-structured arts and music activities facilitated by experienced arts, music and sessional workers.
- “Come straight, Stay straight, Leave straight”.

ADAWS current service overview

Primary Health Care delivery for case-managed clients.

- Comprehensive Health Assessments
- GP Liaison
- Nursing
- Dental
- Pathology
- Secondary Needle & Syringe Program
- Vaccinations
- Health Education/Promotion

Core Tenets: Service Philosophy & Models of Care

- Mater Values *Mercy, Dignity, Care, Commitment, Quality.*
- Harm Minimisation Framework
- Bio Psycho Social Approach
- Stages of Change
- Strengths Based Approach
- Dual Diagnosis Focus
- Cultural Appropriateness
- Evidence-Based Approach

The ADAWS demographic

Who are they ?

- 12>25 years old.
- Average referral age is decreasing.
- Developmentally, cognitively and emotionally diverse population.
- Considered high risk/high needs.
- Predominantly not engaged in school, training or employment.
- Stigmatized / Marginalized (yet surprisingly resilient).
- Increased referrals from Child Safety and Youth Justice.

The ADAWS demographic

Who are they ?

- Increased referrals of clients from ATSI and Pacific Island background.
- Increased re-referral rate for Detox/Withdrawal program.
- Often one or both parents have currently/have had significant substance use and/or mental health issues themselves.

The ADAWS demographic

Who are they ?

- Increased difficulty accessing appropriate range of services for individual stage of change.
- Often difficult to engage through traditional service models (for eg. appointment-based services).
- Majority unsuited to abstinence-based and confrontational approaches.
- Affected by poor service linkage and transition, in particular, the transition from adolescent to adult MH and D&A services.
- High prevalence of co-morbidity and undiagnosed mental health issues.

The ADAWS demographic

Who are they ?

Self reported mental health symptoms at referral.

- Depression 66.5%
- Anxiety 62.3 %
- Anger 70%
- Self Harm 36.8%
- Suicidal Ideation 38.2%
- At least one co-morbidity 80%

Mental health diagnoses under DSM-IV criteria = 33%.

(ADAWS clients assessed between 1/1/2007 & 31/12/2009)

The ADAWS demographic

Who are they ?

- Almost all are poly-substance users.
- Almost all use tobacco.
- Substances are used within a broad-range of contexts (e.g. peer driven, self medication of MH)
- Majority are seeking to reduce and control problematic use.
- Some seek to abstain from one substance (e.g. inhalants) and continue use of other substances (e.g. cannabis).
- Associated high risk behaviour is common (e.g. violence, unprotected sex, IVDU).

Recent trends in adolescent substance use

Tobacco

- Overall steady decline in prevalence in broader population, however a slower decrease in tobacco uptake amongst young females continues to exist.
- Some NRT is now available on PBS therefore increased accessibility to pharmacotherapy options.
- Increased legislative intervention on smoking in public space and increased excise should see a continuance in the decline in smoking prevalence amongst adolescents.

Recent trends in adolescent substance use

Alcohol

- Binge use of alcohol very common amongst adolescents, however a there has been a sharp increase in referral of clients with alcohol dependence requiring inpatient medicated detox (through benzodiazepine reduction regime).
- Binge use associated with higher acute harm (eg. MVA, assault, self-harm, drowning).
- Dependence associated with higher chronic harm (eg. Cirrhosis, CVD).
- “Alco-pops” tax on RTD’s has undermined standard drink education strategies. Increased use of bottled spirits and cask wine = increased difficulty in self-monitoring alcohol consumption = increased risk exposure.

Recent trends in adolescent substance use

Cannabis

- Most common illicit substance used.
- Falsely perceived by many as a “soft drug” with no addictive qualities and associated harms.
- Heavy users can experience significant withdrawal symptoms (often amplified by concurrent nicotine withdrawal).
- Increases onset and duration of psychotic illness amongst predisposed individuals.
- Hydroponic cannabis (Hydro) contains more THC than bush grown cannabis (Bush).
- “Yarndi” street name for cannabis – indigenous origins.

Recent trends in adolescent substance use

Amphetamine Type Stimulants (ATS)

- Contrary to media reports overall ATS use prevalence has remained relatively stable with a only a slight increase during the “Ice Epidemic”.
- Ice (Chrystal Methamphetamine) does however produce increased negative psychological effects (paranoia, aggression, depression, psychosis). Therefore more visible>increased reporting.
- ADAWS data shows a sharp decrease in Ice availability (12-18mths ago), a recent increase in cocaine availability and a sustained consistency in amphetamine (Speed) use.
- Young people falsely calling Ice “Crack” (Crack cocaine).
- Decrease in MDMA use and availability.

Recent trends in adolescent substance use

Inhalants

- Shift away from paint “chroming” possibly due to supply reduction strategies....however...
- The demand remains. Top 3 current inhalants used amongst ADAWS cohort.
 1. Selleys All Clear (Silicone sealant)
 2. Kwik Grip or KS Bond (Glue)
 3. Rexona (Aerosol Deodorant)
- Some evidence of “brand loyalty”.
- Stigma attached to inhalant use.
- CNS depressant. Risk of SSD.

Recent trends in adolescent substance use

Opiates

- Sharp decline in heroin availability since 2001 (“Heroin Drought”).
- Concurrent with steady increase in illicit use of diverted opioids (e.g morphine, codeine, buprenorphine, methadone).
- Opiate use in adolescents is marginally higher amongst females.
- Injection of pills (e.g. MS-Contin, Oxycodone) without correct filtering associated with vascular damage and infection at injection site.
- “Doctor Shopping” should be reported to the DDU.
- Withdrawal may require Buprenorphine reduction regime.
- Some clients may require longer term maintenance (ORT) on Suboxone (Buprenorphine/Naloxone), Subutex (Buprenorphine) or Methadone.

Recent trends in adolescent substance use

Hallucinogens/Designer Chems

- Small cohorts of dedicated users. Often peer-driven, sensation seeking.
- Gain information via internet through counter-culture websites (e.g. Vaults of Erowid, Bluelight).
- Connections to counter-culture and dance scene remain.

Recent trends in adolescent substance use

Diverted Medications

- Diverted Dexamphetamine (e.g. Ritalin) an increasing issue. Especially with IV users with poor filtering practice.
- Benzodiazepines (esp. Valium, Xanax) produce difficult and dangerous withdrawal due to possibility of seizure and emergence of negative MH symptoms.
- Benzo withdrawal = rebound effect.
- Some anti-depressant (e.g. Mirtazapine) and anti-psychotic (e.g Seroquel) sedating medications have street value.

Recent trends in adolescent substance use

Caffeine

- Some evidence emerging linking energy drinks > alcohol > violence.
- Stimulant vs Depressant lengthening binge use > increased intoxication.
- Significant visible withdrawal symptoms from caffeine in some young people.
- Poor sleep hygiene and mood regulation.
- I have mine white with none and need at least 3 before I can function.

Recent trends in adolescent substance use

- Any questions ? Hmmmmmmmm ?
- What are you seeing ?

Discussion: Is the Harm Minimisation framework applicable to school settings?

- Harm Minimisation as described in *The National Drug Strategy: Australia's Integrated Framework 2004-2009* (MCDS, 2004.2)

“seeks to reduce drug related harm, improve health, social and economic outcomes for both the community and the individual, through encompassing a wide range of approaches.”

The aims of a Harm Minimisation model are:

- Identification of the harmful consequences for individuals, those around them, and the community overall.
- The implementation of strategies to minimise harm.

Discussion: Is the Harm Minimisation framework applicable to school settings?

- Harm Reduction, Supply Reduction, Demand Reduction within the school context ?
- Pro's and Con's of an Abstinence approach ?
- Drug testing : Who benefits ?
- Early Intervention: When is it too late ?

Referral Process

Contact: Ann Scott State-wide Intake Officer

Ph: 07 3163 8400.

- D&A info or referral advice.
- Phone or FTF assessment.
- Waitlist for Detox/Withdrawal and Outreach.
- Immediate access to Day Program.