

Managing Alcohol and Drug Issues

**Profiling the impact of clients'
substance use on a non-government
organisation**

Aims of the Research

- Profiling the nature and extent of alcohol and drug issues presenting to non-specialist non government services
- Assessing the costs and impact on service delivery
- Formulating recommendations about how best to improve the response to these issues

Motivation for the Research

- Dilemmas faced by workers in dealing with alcohol and drug issues
- Current policy environment in Tasmania
- Shortfalls in current alcohol/ drug service network
- How to do it better

Anglicare Tasmania Services

- Accommodation support
- Counselling and family support
- Employment support
- Mental health services
- Disability support services
- Two specialist alcohol and drug services

Research Methods

- Case study of Anglicare services
- Interviews with workers about their experiences
- Snapshot survey to profile and quantify substance use as an issue among clients
- Interviews with a sample of clients about their experiences of using services

How Big an Issue Is It?

- 46% of all client contacts involve issues associated with problematic substance use
- High percentage (59%) in pre-contemplative stage with no motivation to change
- Small numbers of complex clients caught in the revolving door of crisis precipitated by substance use

SAAP service worker

They don't come in here saying "Hi, I've got a drug or alcohol issue". They come in here saying I've got nowhere to live or I'm getting chucked out. But with the clients we see we might have 80% who are currently struggling with alcohol and drug issues. With every client you'll see it as an issue at some point. A lot of the time we don't see it as an issue because it's what you deal with everyday.

Impact on Service Delivery

- Working with clients with no motivation to change
- Difficulties in engaging clients, maintaining contact and referring on
- Dealing with threatening or abusive clients
- Impact on levels of job satisfaction

Accommodation support service worker

I used to absolutely hate it until I had decent success with one client. It was just an absolute roundabout. You would have the client coming in discussing their homelessness issue but they were unwilling to change any behaviours and you could also see why they were unwilling to change. You think I'm in a similar position to the client, this feeling of helplessness and then you have to distance yourself from that and regain that hope so you hope you can transfer that to them. It's very difficult to do on a daily basis.

Interventions

- Building relationships of trust
- Working informally and opportunistically
- Harm minimisation work
- Stabilising other aspects of client's life
- Acting as a catalyst or inspiration for change
- Referral into specialist services

Accommodation support service worker

We move in millimetres. Sometimes we see that client three or four times over a year and then we gradually begin to see that readiness develop and they finally take the referral to the service that they really need or they begin to stop swearing about the detox centre and start saying oh yes maybe that's a possibility. So we are actually moving in those millimetres over a long period of time.

Mental health support service worker

In the role we play a lot of it is educational and trying to assess where somebody is at and whether they want to change. Given that we are, in many Anglicare services, at the very ground level in different situations I think we can play a big part in that education and counselling around change. How effective that is is generally up to the individual but at least we have that role to play.

Referral into Specialist Services

- Lack of knowledge about specialist sector
- Difficulties in accessing specialist services
- Difficulties in working in partnership
- Low levels of satisfaction among clients

Barriers to Interventions

- Difficulties in accessing appropriate specialist services
- Lack of time
- Difficulties in working with young people
- Lack of training

Family support service worker

I've had too many experiences of when I get involved in someone's substance use they don't want to work with me on other things. If she's going to stick her nose into that kind of stuff I'm not going to come back and see her. Sometimes it's just like the last barrier. People don't want you to go there.

The Views of Clients

- Fighting motivational issues
- Difficulties in accessing specialist services
- Retaining hope for change

Male, aged 37, using employment support services

There is not just the one answer and different people need different things to get away from it. But he (the worker) gives me hope. I look at my life from where I'm sitting and it's not hopeful but he comes along and puts another perspective on it. He spins it around and makes positives out of my negatives. We've built a relationship, a bond sort of thing. He knows my history and with his support it's been the closest I've looked to see if I have a future after drugs.

The Role of Non Specialist Workers

- 'At the forefront of the fight against addiction'
- Working with clients holistically
- Working with the underlying issues
- Stabilising lives
- Keeping people safe
- Catalyst for change

Family support service worker

There is a role around something inspirational with people. Sometimes something I have said to clients is if you could have your life a certain way what do you want. Sometimes you can see there is that tiny light bulb and it's like maybe I can have some kind of choice and control.

Mental health support service worker

Mental health clients get labelled enough as it is but if on top of that you're seen as a pot smoker or a drunk then that makes it very hard for people to treat them with any sort of hope that they could recover, the hope that something could be different. If you are working with people like this you need to have some sort of hope. If they don't have hope, you have to have the hope and hang onto it.

Improving the Response

- Recognition as integral part of spectrum of services
- Training and skill levels
- Secondary consultation
- Working protocols across sectors
- Wider range of specialist service options including outreach
- Mainstreaming

Employment support services worker

From the client's point of view it is not a positive thing to be going to another program, in another organisation. They get sick of retelling the story and they might think their privacy is compromised by sharing their information. Having an on site drug and alcohol worker would be wonderful. To have an internal pathway that we can set a person onto when they get to that point when they've made the decision or even when their pre-contemplative and say how about having a yarn with so and so, just a talk to see what you think. What you have already done is establish a rapport with them and that is the really important part, the window that you don't want to lose.