Misconceptions about alcohol and other drug use and treatment

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 require intervention. Talking with a person to identify their pattern of use (eg how often and how much) can help determine whether a referral might be helpful. People might have various patterns of use for different drugs simultaneously.

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 find they experience fewer problems with alcohol and other drugs.

If people just made better choices they would be able to stop using.

**Reality:** For some people, particularly people who have been using lots for a long time, stopping alcohol or 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 a bunch of goes if someone decides they want to try to stop, and that’s okay!

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 helpful, and understanding a person’s goals can help determine what type of service can assist if needed (eg rehab, counselling or harm reduction).
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. Remember, clients are probably wondering whether telling you about their use will get them in trouble with the law, loved ones, or you! Be sensitive and let clients know 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, the information needed to make a referral (with consent), and understanding if the client needs a referral at all. 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.

- Don’t feel like you have to know a lot about drugs, clients probably know way more than you do. Be genuine, non-judgmental, and curious. Ask when you don’t know what something is.

Supporting a specialist AOD treatment and harm reduction referral

- Be mindful that sometimes clients feel pressured into treatment, even if we don’t realise it. This can lead to saying yes to please their worker, then not attending. Not attending treatment can lead to guilt, shame, and fear of disappointing you. Ultimately this is damaging to your relationship.

- Let clients know there are a range of treatment options available (for an overview of treatment options see overleaf). It’s important for clients to make their own decision 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 treatment, they can be supported by you to make an initial call to a service. This first step can be the hardest and the extra support can make for a more successful outcome.

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

- Start low, go slow—especially if trying something new. This means, try just a bit at first and wait at least 90mins for the effects to come on before trying more.

- Let friends who are with you know what you have taken so if something goes wrong they can call for help and let emergency services know how to help you.

- Mixing different types of drugs can be dangerous. There are a range of useful harm reduction resources available if you’d like to know more about drug interactions.

- Avoid sharing equipment, regardless of what type of equipment or drug is being used.

- Plan your use (e.g., when, where, how much, the things you will do to keep safe, what you will do if things go wrong).

- Set limits and stick to them.

- Don’t be afraid to call an ambulance—they are there to help, not to get you in trouble.

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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 and ask about the person’s situation and needs. With their consent, the worker might ask for information from you too. 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.

Your client may need a Medicare card, concession card and proof of ID to access AOD treatment.

Waitlists
Some services have waitlists, particularly withdrawal management (detox) and residential rehabilitation services. Depending on the service and the type of treatment being sought, a client may be placed on a waitlist for a period of time before receiving treatment. Some waitlists will be only a day or two, while some might be a few months. It’s important that clients have support while they are waiting to get in to 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.

Other things to consider with your client
Your client may need a Medicare card, concession card and proof of ID to access AOD treatment. Because 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 rehabilitations also require a medical certificate to ensure detox has been completed. Attending residential treatment can mean clients need to explore how this will impact their current housing situation (eg how they might maintain or break leases, put public housing on hold) or other issues that might be relevant (eg legal). There may be other specific requirements depending on the service provider, so it’s important to get all the information to understand if it is the right service for your client.

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, similar to the way other services remind people of their next appointment. It’s easy to forget!

Language matters
The language we use about health concerns impacts on how confident clients are to engage with us. According to the World Health Organization, illicit drug dependence is the most stigmatised health condition in the world. The language we use with clients is especially important when talking about alcohol and other drugs. A good rule of thumb is to use ‘person first’ language.

<table>
<thead>
<tr>
<th>THIS</th>
<th>NOT THIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person who uses drugs</td>
<td>Drug abuser</td>
</tr>
<tr>
<td>Substance use</td>
<td>Substance abuse, substance misuse</td>
</tr>
<tr>
<td>Person experiencing problems with their use, person experiencing dependence, person with a substance use disorder (if diagnosed)</td>
<td>Addict, junkie, druggie, alcoholic</td>
</tr>
<tr>
<td>Has stopped using, is no longer using</td>
<td>Clean, sober</td>
</tr>
</tbody>
</table>

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Treatment options explained

Withdrawal management
- Withdrawal management (detox) can be supported in the home, community, residential, or hospital setting depending on the substance and level of risk.
- This is a short term process (no longer than 14 days usually).
- Medications and psychosocial support may be provided during this time.
- 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.
- Clients may be required to undertake withdrawal management before admission.
- Clients often receive counselling, life-skills development, group programs, and post-rehab follow-up as part of residential rehabilitation.

Specialist AOD counselling and psychosocial support
- Specialist alcohol and other drug counselling is the most common form of treatment across all ages, genders, and drug types.
- AOD counselling can be one-on-one or group based.
- AOD counsellors 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 also support clients with other needs such as accommodation, employment, budgeting, health, hobbies, and relationships – often in an outreach setting (this type of support is often provided in the youth AOD sector).

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 needle and syringe programs, diversionary centres and programs, and other initiatives such as drug checking (pill testing).

More information

ADIS – 1800 177 833
adis.health.qld.gov.au
24/7 alcohol and drug support.

Family Drug Support (FDS) – 1300 368 186
fds.org.au
24/7 support for families who have a loved one experiencing issues with alcohol and other drugs.

Insight – insight.qld.edu.au
Alcohol and other drugs training and workforce development.

Dovetail – dovetail.org.au
Professional advice and support for workers who engage with young people affected by alcohol and other drug use.

ADCAS – 1800 290 928
ADCAS (Alcohol and Drug Clinical Advisory Service) is a specialist telephone support service for health professionals in Queensland, providing clinical advice regarding the management of patients with alcohol and other drug concerns. This free service is available from 8.00am-11.00pm, 7 days a week.

Queensland Network of Alcohol and other Drug Agencies (QNADA)
qnada.org.au
QNADA is the peak organisation representing the views of the non-government alcohol and other drug sector in Queensland.
Access the QNADA AOD service finder – qnada.org.au/service-finder/

QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. QNADA wish to pay their respects to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.