

Sustainable Futures: Investing in Everyone

AH&MRC Harm Minimisation Summit

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Overview

- Drug use: patterns/population
- Use and addiction
- Issues for general/specialist health services
- Working with individuals/communities
- NSW Health plans

National Drug Household Survey

trends 2000 -2013

	Death & disease	Trends in use
Tobacco	#1	↓
Alcohol	#2	↓
Illicit drugs	#3	~
Cannabis		~ (medical?)
Meth/amphetamine		-?
Pharmaceuticals		↑
Heroin		↓

National Drug Household Survey 2013

Indigenous & non-Indigenous

		Indigenous	Non-Indigenous
Tobacco	Daily	31.6%	12.4%
Alcohol	Non-drinkers	27.9%	21.7%
	Risky \geq monthly	37.8%	26.3%
Illicit drugs	Recent use any	24.1%	14.8%
Cannabis	Recent	19.0%	10.0%
Meth/amphetamine	Recent	3.1%	2.0%
Ecstasy	Recent	1.1%	2.5%
Pharmaceuticals	Recent	6.9%	4.7%

n.b. caution re estimates

Why do people use substances?

- Enjoyment/pleasure/euphoria
- Symptom relief
- Use by friends/peers
- Limited other options
- Availability
- Situational (e.g. prison, truck drivers)
- Cultural use (e.g. alcohol, hashish, pitjuri)

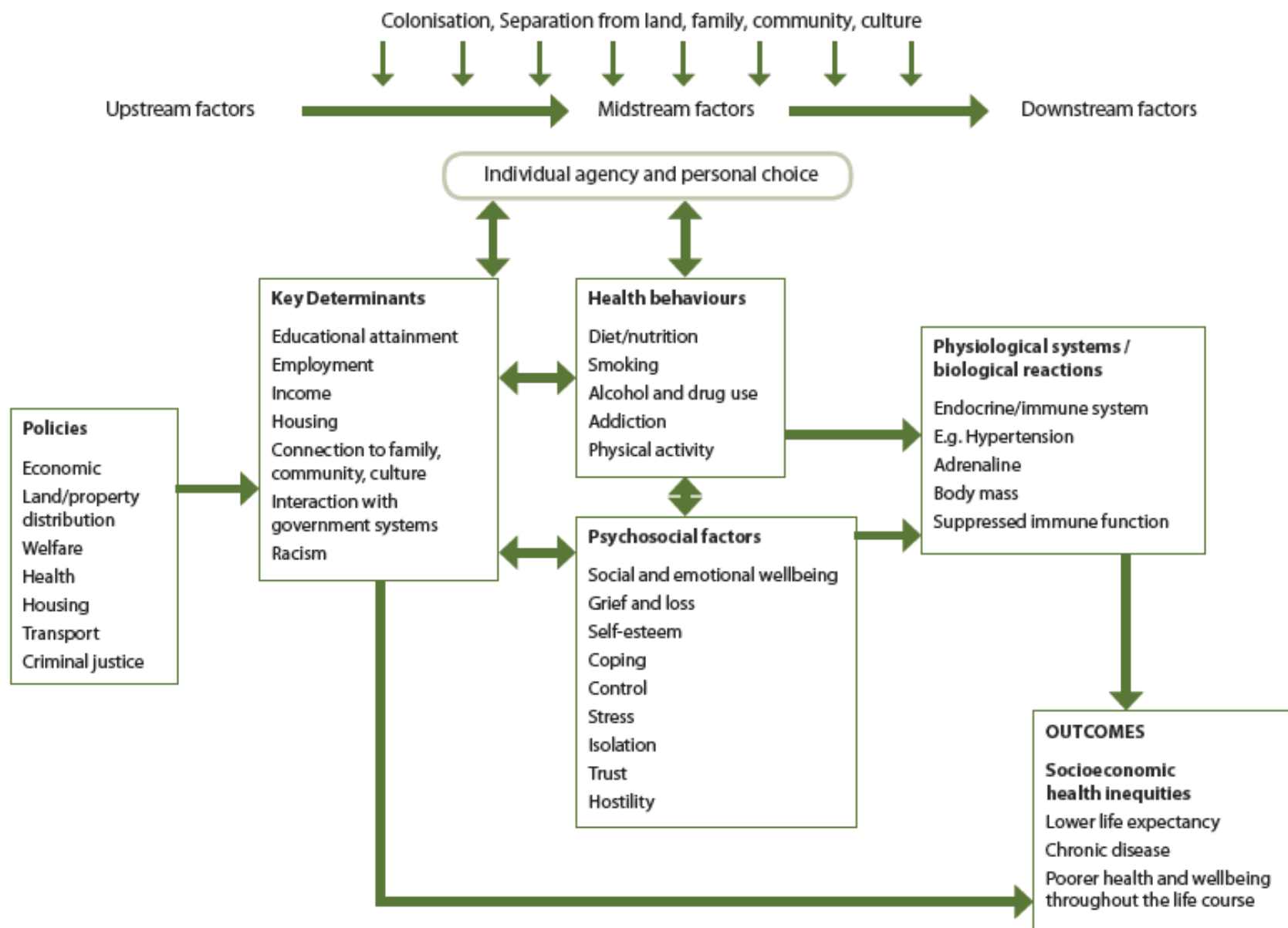
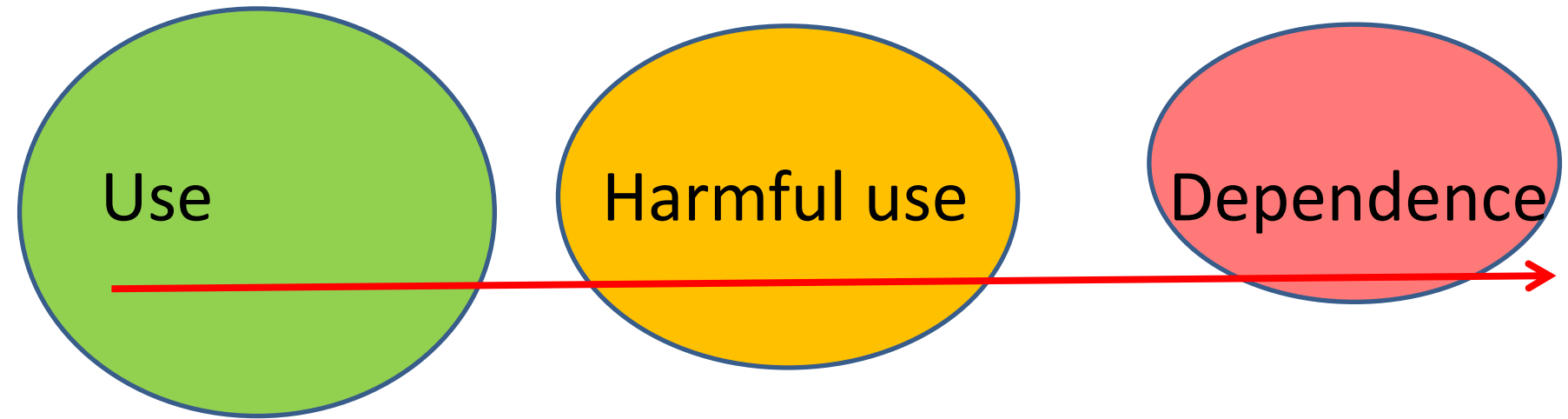


Figure 1: Conceptual model of social determinants of Indigenous health and health inequities. Adapted from Turrell & Mathers 2000:436

Patterns of use



n.b. people *don't* expect to progress along this

Harmful use – ICD10

- Substance use that is causing damage to health
 - The damage may be physical (e.g. HCV) or mental (e.g. depression from alcohol)

Addiction/Dependence – ICD10

- ‘loss of control’
- Repeated use
 - A strong desire to take the drug,
 - Hard to control use,
 - Withdrawal
 - Tolerance (use more to get effects)
 - The drug becomes ‘number one’
 - Continued use in the face of harms

TOP TEN REASONS WE WANT PRISON, NOT TREATMENT, FOR DRUG ADDICTS

8 GYM COACH MENTALITY

THE ONLY SOLUTION
IS "GETTING TOUGH!"

TREATMENT
ISN'T "GETTING
TOUGH!"

END OF
DISCUSSION!



4 COMPETITIVE ZEAL

WE'RE NUMBER ONE AT
PUTTING FOLKS IN PRISON!
USA! USA! USA!



1 THINK OF HOW MANY
BLACK MEN WOULDN'T
BE IN PRISON!



3 TOLERANCE IS BAD!

"WE OUGHT TO BE SERIOUS
ABOUT PUNISHMENT BECAUSE
WE ARE BECOMING TOO TOL-
ERANT AS A SOCIETY, FOLKS."
—RUSH LIMBAUGH, OCT. 5 1995



10 PARTISAN POLITICS

WE REPUBLICANS ARE
AGAINST ANYTHING
DEMOCRATS ARE FOR!



6 BUSHINOMICS

YES, TAXPAYERS COULD
SAVE BILLIONS IN THE LONG
RUN. BUT THE RICH NEED
ANOTHER TAX CUT TODAY!



2 WAR MENTALITY

IF WE STOP SENDING THEM
TO PRISON NOW, THEN THE
ADDICTS WILL HAVE WON!



9

BUT THE "WAR
ON DRUGS" IS
GOING SO WELL!



5 MORE PARTISAN POLITICS

WE DEMOCRATS CAN'T
AFFORD TO APPEAR
"SOFT" ON DRUGS.



1 THE COMPASSIONATE AMERICAN PUBLIC!

WHO CARES WHAT HAPPENS
TO DRUG ADDICTS?



Models of addiction

Model	Concept
Moral	Evil/sin
Legal	Offence – sanction/punishment
12 step/disease	Weakness, vulnerability - lifelong
Social	Cultural influences shape behaviour
Psychological	Learning/behaviour important
Biomedical/ neuroscience	Brain disease – reward/anti-reward system
Bio-psycho-social	Integration of biological with psychological and social
Public Health	Importance of public health approaches (e.g. alcohol availability)

Issues in working with people who use alcohol/drugs

- Shame/stigma
 - Compulsive drug use is initiated outside of consciousness
- People present with problems
- Comprehensive assessment
 - physical/mental/social
- Treatment
 - Patient/client plan/goals – flexible
 - Individualised
 - Expect relapses
- Blaming patient not acceptable
- Change takes time

Issues in working with communities

- Support for families – limited
 - Family Drug Support, ADIS
- Community attitudes important
 - Resilience/ risk factor
- D&A services
 - Focus on individual (with exceptions)
 - Benefits in working with partners/parents/elders

Issues for general health services

- Many staff don't feel they have the skills to work with this patient group
 - Presentations can be complex
 - Mental Health issues/behaviour
- Perception drug users don't mix well with other patients
- Perception that substance use treatment doesn't work
- Medical/other staff may not be supportive
 - Concerns re drug seeking
 - E.g. benzodiazepines (e.g. valium), Seroquel
 - Rather than having a treatment orientation
 - Importance of support at CEO/boards level

Issues for specialist D&A services

- May/may not be supportive of CTG initiatives
 - Aboriginal staff
 - Ensuring culturally appropriate services
 - Staff training
 - Service design/delivery/improvement
- Generally consumer focus in D&A is poor
 - E.g. consumer representation
 - Worse for Aboriginal consumers?
- Examples of 'good practice' exception rather than routine
 - E.g. traineeships – translation to positions

Drug and Alcohol Review (May 2015), 34, 312–322
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Who are the New South Wales Aboriginal drug and alcohol workforce? A first description

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- Key issues n=51
 - 2/3 male, >1/2 30-49, NGO/ACCHO>Govt
 - Awards/job titles +++
 - Prevention, early intervention, clinical care, workforce development
 - 96% experienced, 53% - **excess expectations by organisation**
 - **<1/3 supervision, 68% salary <\$50,000**

Opportunities/options - generalist

- Harm reduction services
 - Need for HBV, HCV, HIV prevention
- Staff training/education
 - Reception staff
 - Senior staff/community leaders
- Capacity building (generalist staff)
 - Screening, brief interventions, referral
 - E.g. IRIS/AUDIT C (alcohol)
- Develop opportunities that arise
 - E.g. methadone prescriber/alcohol

Opportunities/options - specialist

- Engagement/assessment
 - Outreach to specific communities
- Delivery specific interventions
 - Counselling/harm reduction
 - Motivational interviewing
- Delivery specific services
 - E.g Aboriginal resi rehab
- Building Aboriginal workforce
 - ADAN (NIDAC...)
 - All disciplines: AHW, counselling, nursing, psychology, medicine
 - Importance of good mentors

NSW D&A plan

- Due for release... soon
- General themes likely to include
 - Keeping people healthy – harm reduction
 - High Quality and Accessible Treatment
 - Building capacity

Conclusion

- Drug & alcohol services
 - Challenging environment/opportunities?
 - e.g. National Taskforce
- Human rights issues
 - What model of addiction?
 - Sustainable future??
- CTG initiatives
 - Need to broaden focus to include D&A treatment

Conclusion II

- Develop opportunities
 - Generalist
 - Specialist health settings
 - Links between services (ACCHOs, Primary care, NGOs, LHDs)
 - Workforce