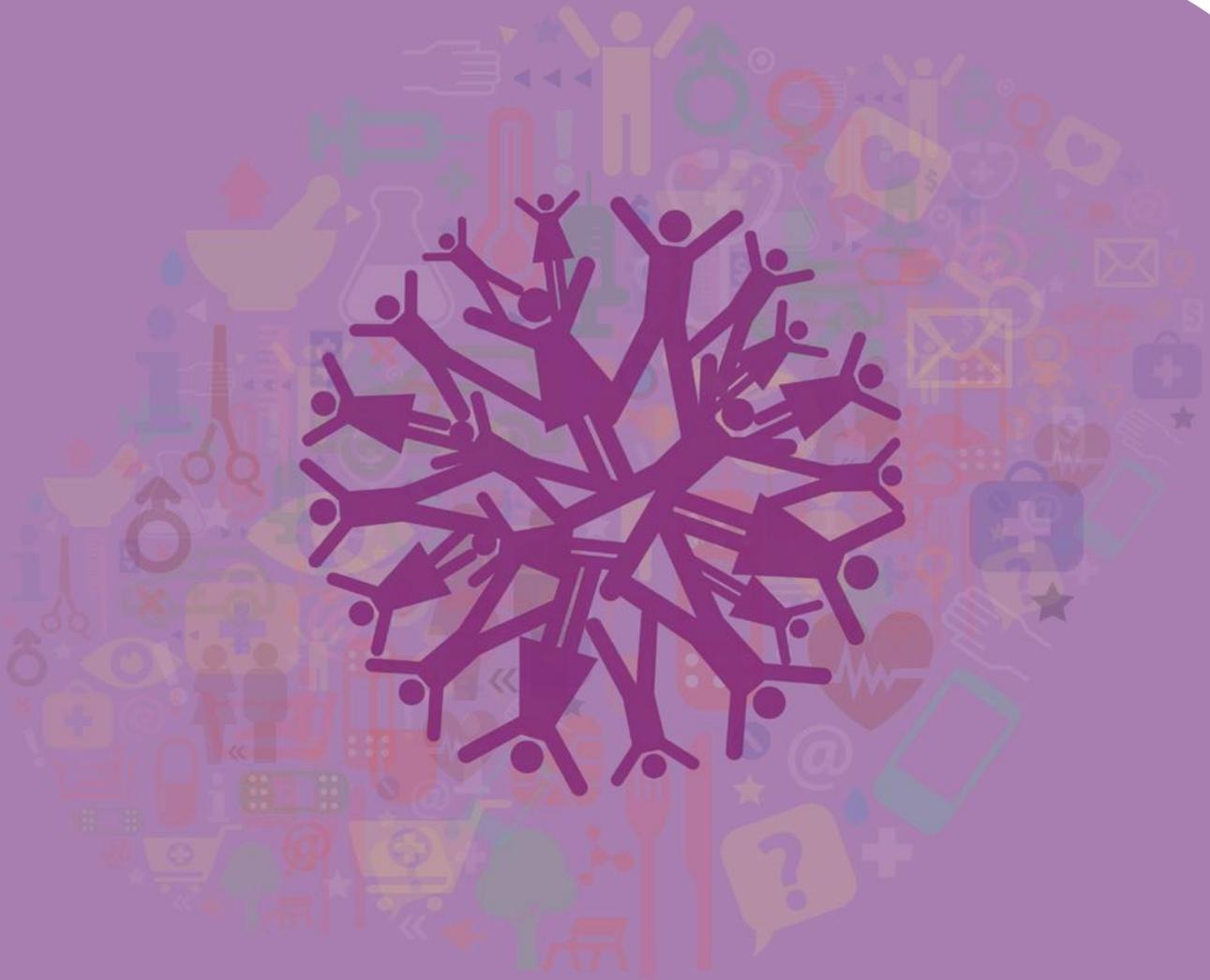


CHCAOD004

Assess needs of clients with alcohol and other drugs issues

Release 1



Learner guide

CHCAOD004

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Release 1

Learner guide

Aspire Version 1.2



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor corrections as part of our continuous improvement program

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CHCAOD004 Assess needs of clients with alcohol and other drugs issues Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCAOD004 Assess needs of clients with alcohol and other drugs issues*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help <div data-bbox="1163 1328 1353 1610" style="text-align: right;">  <p>V1234</p> </div>
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Prepare for assessment	1A Review existing client information and consult with relevant professionals based on client needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Discuss with the client reasons for seeking help and other information that may assist in establishing a basis for further work	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Explain organisation parameters of confidentiality and policy and procedures to client	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Inform the client of the assessment purpose and process and confirm understanding	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Conduct assessment	2A Identify history and pattern of client's drug use and indicators of other issues through observation, discussion and questioning	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify and clarify co-existing issues in consultation with the client	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Identify the client's key familial and social relationships and how they are impacted by their AOD use	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	2D Assess current status, patterns of use, and levels of dependence using standardised or approved AOD screening and assessment tools	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Collaborate with other health professionals as indicated by assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Record assessment and provide feedback	3A Accurately record assessment results according to defined guidelines	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Apply organisation criteria to determine entry to, or exclusion from, services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Prepare clear and comprehensive client assessment report	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Provide feedback to the client	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Identify and respond to need for referral	4A Identify client issues that are outside the scope of the service and/or worker	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Identify appropriate service and support options for the client and their family members	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Inform the client of possible options and reasons for seeking other services and support and confirm understanding	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Work with the client to determine referral options and responsibilities and make referral with client consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Provide assessment information to others according to consent requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Review existing client information and consult with relevant professionals based on client needs**
- 1B Discuss with the client reasons for seeking help and other information that may assist in establishing a basis for further work**
- 1C Explain organisation parameters of confidentiality and policy and procedures to client**
- 1D Inform the client of the assessment purpose and process and confirm understanding**

Prepare for assessment

Collecting any type of information requires high-level communication skills to establish trust and recognise the unspoken needs of a person receiving services. Collecting preliminary information can help you to direct a person's urgent needs through the most appropriate channels before beginning a comprehensive assessment. Information can establish the broad reasons why a person is seeking help, and obtain details about their major support networks, including family and friends. This topic outlines the procedures for intake assessment and the information to ask and give to a person before beginning a comprehensive assessment.

1A Review existing client information and consult with relevant professionals based on client needs

People receiving services come from a wide range of backgrounds and different stages of life. As a result they will have a variety of issues which may stem from factors such as their age or gender. Working with people from a culturally and linguistically diverse background is also common in the community services sector and reflects the nature of the Australian population.

AOD workers must consider these factors in order to review information based on a person's individual needs. Communication and teamwork is also required to consult with other professionals as needed.



Work with a range of people

Substance misuse exists across all sectors of our society. There is no one type of person that typically fits the description of a drug- or alcohol-dependent person. It's always extremely important to gather information about a person to understand who they are and what their needs will be going forward. What is suitable for one person may be inappropriate for another, and this needs to be determined early in the process to maximise successful outcomes.

Here are some things to consider when working with people who use drugs or alcohol.

Things to consider

- ▶ People may speak languages other than English
- ▶ People can range in age from young people to older people
- ▶ People have different cultural or religious beliefs and traditions, such as food and clothing preferences
- ▶ People can be working or unemployed
- ▶ People can come from homeless or disadvantaged backgrounds, or hold highly privileged financial status
- ▶ People may have a completely different set of social morals and values compared to you
- ▶ People can be male, female or transgender
- ▶ People can be married, single or in de facto relationships, and have same-sex or heterosexual partners
- ▶ People come from a range of cultural backgrounds

Work with young people

Adolescence is a stage in the lifespan, usually divided into three stages where different developmental changes occur. Developmental changes vary from person to person. During these stages of development, young people experience key physical, cognitive and social changes.

Physical changes include changes in height and weight and the additional effects of puberty. Cognitive changes include the development of hypothetical thinking and abstract and logical reasoning. Social changes include sexual exploration, changing interactions with peers and risk-taking.

Here are the three stages of adolescence.

Major developmental stages
Early adolescence 10–13 years
Middle adolescence 14–18 years
Late adolescence 19–23 years

Young people: parental involvement

While many young people are raised by a parent or parents, it is important to remember that some young people are raised by other guardians, such as other relatives or foster carers. Parents and guardians are usually the most influential component in a young person's life.

These people can either intentionally or unintentionally have a positive or negative effect on a young person in a number of ways.

Factors that may influence a young person's life:

- ▶ The parents' mental and physical health
- ▶ Absent parents
- ▶ Abuse and neglect
- ▶ Communication skills
- ▶ Income and employment
- ▶ Size of family
- ▶ Parental beliefs and values
- ▶ Dysfunctional families

Work with older people

Older people have had experiences and developed attitudes over their lifetime that will influence their behaviour. They are also more likely to have health issues than young people and this will impact on how they live their lives. They may also have a carer who should be consulted when conducting an assessment to ensure the older person is receiving appropriate care.

As people age they often need to take more medication than they did when they were younger. Older people may also have chronic conditions which require that they take drugs and undergo therapy.

In addition, older people are more likely to experience harmful interactions between different medications because of the higher incidence of health problems. Older people are often prescribed medication by their doctors, such as painkillers and sleeping pills, for conditions which are commonly associated with aging. These drugs are opioids and benzodiazepines, which are highly addictive. It is very easy for someone to unintentionally become addicted to these types of medication, especially if they are forgetful and accidentally take a double dose.

Older people and aged care services

Many older people no longer work in paid employment. This may mean that they no longer have a daily routine that provides an objective measure for behavioural change. To get a complete understanding of an older person's situation it is essential to have discussions with their home-based support and aged care services.

It is important to work with services to obtain information the older person may omit or not be conscious of. Workers or carers will notice things such as changes in appetite, forgetfulness and loss of bodily functions. Also advise the service of any concerns you have so they are alert to what they should be looking out for.



Work with different genders

Substance misuse affects men and women differently. These differences can be psychological, physiological and social. Often men will use drugs and alcohol in a more harmful way than women; however women tend to suffer the consequences of substance misuse quicker and experience more catastrophic effects on their health.

Men and women may have different needs and preferences when receiving services for drug or alcohol dependence. For example, many people feel more comfortable discussing personal issues with someone of the same gender, and pregnant women have pressing medical concerns which must be referred to the appropriate health professional.

There is a strong connection between substance misuse and violence among men. Family violence is most often perpetrated by men on women, so it is important that when a woman seeks support that she is offered the option of a female assessor. Suicide rates among men with a substance dependence are also extremely high, so the involvement of anger management and suicide prevention organisations should be explored.

When working with people of different genders it is also important to acknowledge different gender communication styles. However, it is just as important not to stereotype and assume all men and women will act or communicate in a certain way. For example, stereotypes exist that women talk more than men and that men don't communicate their feelings. When exploring different gender communication styles, you must avoid stereotypes and assumptions, and instead work with and communicate with people as individuals.

Work with mandated people

People are sometimes mandated by law to receive services for substance misuse. People may be mandated to receive services by the judicial system, child protection services or prison authorities, or from their parents or school.

It is essential to understand why a person has been mandated to receive services, and also ensure that they understand why as well. This can be a difficult challenge as mandated people may not trust you because they did not choose to work with you or your service. They may be completely unwilling to participate and may express anger and frustration at the situation they've found themselves in.



Progress with mandated people can be slow, but it will be difficult or impossible to achieve any progress unless trust can be established. Always be consistent, honest and upfront in your communication. Clear communication will enable the person to understand what is happening to them and why, what the likely consequences of their actions may be, and what their needs are going forward.

It is important to consider that whilst the person may be initially hostile to the process, once you've gained their trust, helped them understand their situation and assisted them in some way, their resistance to the process will be reduced.

Work with voluntary people

If a person has volunteered to receive services for drug or alcohol dependence, the reason for seeking change must be discovered to help determine service needs.

Even if a person is receiving services voluntarily they may still not be prepared to admit they have a problem. They may be receiving services at the insistence of a parent or their significant other. However, people who contact services voluntarily are often far more willing to cooperate and participate with a service than a mandated person.

The Stages of Change model, otherwise known as the Transtheoretical model, can often be applied to people who volunteer for services.

The stages of the Transtheoretical model are:

- ▶ precontemplation – not interested in change
- ▶ contemplation – seeing the need for change but not yet ready
- ▶ preparation – putting plans in place for a change attempt
- ▶ action – implementing change
- ▶ maintenance – maintaining change.

You can read more about the model on the Department of Health website at: <http://aspirelr.link/aod-stages-of-change-model>.

Work with Aboriginal and Torres Strait Islander people

A Western orientated system which fails to take into account Indigenous lifestyles, culture, family and values will severely limit the successful outcomes for an Indigenous person dependent on drugs or alcohol. A better approach is to use models which have been constructed within an Indigenous cultural context and developed by Indigenous people.

In Australia, dispossession, interruption of culture and intergenerational trauma have significantly impacted the health and wellbeing of Aboriginal and Torres Strait Islander people. As a result, Aboriginal and Torres Strait Islander people are much more likely to experience mental health issues compared to the wider community.

Indigenous communities face considerable problems associated with drugs and alcohol. Isolation, unemployment, poor living standards and lack of appropriate medical and education facilities are all contributing factors.

While many Indigenous people do have access to health and education services, these services do not always consider cultural needs. In some remote parts of Australia this can be further complicated by language barriers.

It is important to work closely with Indigenous communities in collaboration with Indigenous drug and alcohol councils in each state/territory, or other drug and alcohol councils that have information and research on Indigenous support.

Here are some general guidelines to follow.

Be aware of prejudice

During initial discussion and assessment processes, your own beliefs and values can have consequences on developing an effective rapport. Reactions and responses to people may sometimes betray lingering judgments and biases. For example, when a person has been involved in criminal or violent behaviour, or is aggressive or hostile towards intervention, a worker's attitude might reflect personal feelings of discomfort or dislike which can affect how well the person opens up to them.

Objectivity and self-reflection

If you have had personal experiences with substance misuse in the past, you may find it difficult to remain objective about a person's individual needs. It is important to make an effort not to over-identify with people or to draw your own personal problems or history into the intake assessment. By using a process of self-reflection, thinking about how you work with different groups of people and seeking new ways to respond, you can modify your personal attitudes and reactions to be less judgmental. As part of your ongoing professional development, learn from your colleagues and clinical supervisors by discussing issues that arise.

Work with culturally and linguistically diverse people

Many of Australia's residents were born overseas in non-English speaking countries. As a result, we have a culturally and linguistically diverse population.

Poor communication and cultural differences between people and workers can be a major barrier to effective assessment, diagnosis and support for alcohol and other drug related issues. It is important to be aware people may have been exposed to racism and may be cautious in their dealings with you.



Becoming competent in dealing with people from a variety of cultural and linguistic backgrounds means you will have an awareness of cultural values. This will enhance the relationship between you and the people you provide services to.

You should be familiar with the different ways you can assist a person to understand what is going on in their intake assessment. For example, a person may require an interpreter, or a person with low-level English language skills may need text explained to them or more time to complete forms and consider their answers.

Interpreters

Interpreter services are needed when a language barrier exists between you and a person. It is best to seek additional support before any further discussion or assessment takes place. The sensitive nature and legal ramifications of assessments require the use of a professional interpreter rather than bilingual family members or unqualified staff members. Interpreter services are usually available either in person or over the telephone. Check with your organisation's procedures for arranging to access the service.

Here are the two main types of interpreter services.

Simultaneous

Simultaneous interpreting means that your speech is interpreted and spoken by the interpreter while you continue to speak. This is a refined skill used by highly trained professionals. Using this method can sometimes cause meaning to be lost.

Consecutive

Consecutive interpreting means that the interpreter waits until you have finished each sentence or phrase and then translates the information while you pause before beginning the next sentence.

Work with migrants or refugees

Voluntary migrants are usually prepared and financially able to set up in their new country. Refugees however have been forced to migrate and often leave their original countries quickly, leaving belongings and family and friends behind.

It is common for refugees to experience physical and psychological trauma or torture, deprivation and prolonged poverty. They may also spend a prolonged period of time in immigration detention. There can be a strong sense of isolation and loss of culture. They may be scared and mistrustful, and their coping systems may be less effective. This can lead to depression and anxiety which can lead to dependence on alcohol or other drugs.

The government has interpreters, community leaders and specialist organisations for refugees who can be called upon for assistance. Several state and territory governments offer information and advice about the health and wellbeing of refugees.

You can read the Victorian government's information on the health and wellbeing of refugees and asylum seekers on the following website:

- ▶ <http://aspirelr.link/refugee-asylum-seeker-health>



Example

Review existing information and consult relevant professionals

Robert has sought help for alcohol misuse because he feels he can no longer cope with day-to-day life. An examination of his doctor's report reveals he has been suffering from depression for several years and is on medication. Robert claims his antidepressants are no longer as effective as they used to be. Robert's partner has taken out an Apprehended Violence Order (AVO) against him because he loses control when he's drunk.

Robert's current situation indicates he has several issues: depression, alcoholism and violence. Robert is referred to anger management training to ensure he ceases the activities which brought about having the AVO placed on him. His doctor is consulted about his antidepressants no longer working so alternative medication can be arranged. By Robert's own admission, his drinking is leading to violence so he enrolls with an appropriate service to treat his alcohol issues.



Practice task 1

Read the case study, then answer the questions that follow.

Case study

Justine is 14 years old. She has made an attempt on her life, and an examination of her arms has revealed she has scars that indicate long term self-harm. She isn't receiving support of any kind, however she admits to taking illegal drugs to assist with pain relief.

1. What action could be taken to assist Justine?

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2. What would someone working with Justine need to consider before getting her parents involved?

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3. What additional factors would you consider if Justine was an Aboriginal or Torres Strait Islander person?

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Click to complete Practice task 1

1B Discuss with the client reasons for seeking help and other information that may assist in establishing a basis for further work

An intake assessment is an interview over the phone or in person during a person's first contact with an AOD organisation. Discussions or screenings can direct the person to the correct professional or program within your organisation. Screenings can also help you identify people who do not meet the eligibility criteria for your programs or who can be more appropriately supported by an external organisation.



Reasons for seeking help

Early discussions will assist you to identify the reasons a person is seeking help, and provide you with other general and relevant information you can use to establish a basis for further work. While some of this initial information can be collected by asking the person to complete a standard intake form, it is also important to talk directly with the person.

Sometimes the depth of questioning may appear overly personal to the person you are assessing, and the depth of detail may not appear related to their current issues. This is why communication skills, establishing rapport and building a relationship of trust are very important to the assessment process. You should explain to the person why it is you need to clarify the reasons for seeking help and that it will assist you to direct their care to the most relevant and helpful services.

Here are some general details needed for a successful intake assessment.

Information needed

Personal details

The person's contact details, living situation and next of kin are needed so that these details can be recorded for future reference.

Type of help

The type of help that the person requests is needed so that you can assess whether your organisation can meet some or all of their needs.

Needs

The person's most obvious and urgent needs, such as the need for crisis intervention, are needed so that you can prioritise them.

Other support

Information on whether the person can be assisted by services from another agency or professional is needed so that you can provide information and referrals.

Objectives and expectations

Through discussions about a person's reasons for seeking help it may become clear or necessary to clarify if there is any obvious motivation for change. The information provided by the person should assist in establishing a basis for further support work or referral and assistance to other health professionals as required.

Identifying the person's objectives for seeking help can be determined during the assessment process, and the direction the support will take should become clear as a result of this discussion. Setting goals will occur after the initial assessment.

It is also helpful to find out what the person's expectations are at the assessment stage to see what they will be working towards. This information can offer hope and support to counter the common experience of helplessness that the person may be experiencing.

Things to ask regarding objectives and expectations:

- ▶ What is the person trying to achieve?
- ▶ Are the person's expectations reasonable in terms of time and resources available?
- ▶ Can the service meet these expectations alone?
- ▶ Can the person's goals be broken down into smaller tasks if they seem too overwhelming?
- ▶ What resources are available to assist?

Current state of health

Part of the assessment process involves determining the current state of a person's health. This will include aspects of their physical, emotional and mental wellbeing. This information is important because it will provide a holistic view of the person and will assist you in determining the needs of the person. These include immediate needs such as the treatment of infections or securing housing. A person's psychological needs are beyond the scope of practice of many workers. It may be necessary to seek permission to view health reports or refer the person to the relevant health professional if you suspect a mental health condition. For a holistic view of the person you must assess their current state of health by collecting information.

Here is a list of the information needed to assess a person's current state of health.

Information needed
▶ History of substance misuse
▶ Level of independent living skills and assistance required
▶ Risk of suicide or self-harm
▶ Medical or psychological assessment report
▶ Exposure to physical or emotional harm

Further work

When a person requires a different set of skills than those an organisation provides it is called 'further work'. Further work involves the process of referrals and/or working with other professionals and services to ensure the optimal level of support is given to a person.

Understanding the context of someone's substance misuse is essential in an assessment to determine the appropriate service that best suits a person's needs. Needs will likely change over time and reassessment will be necessary at several stages throughout the support process.

It is important to consider the following when assessing whether further work is required.

Information to consider:

- ▶ The person's motivations, goals and ambitions
- ▶ Information provided by family or support network, and likelihood of support from family and friends
- ▶ Comorbidity related to physical, sensory, intellectual or mental conditions
- ▶ Developmental issues such delays in physical or cognitive development
- ▶ Information related to legal issues for people under court/protective/statutory orders
- ▶ Trauma issues, such as those related to family violence, abuse, neglect or sexual assault
- ▶ The person's financial circumstances
- ▶ The person's living conditions (i.e. homelessness)
- ▶ Any history of criminal, violent or aggressive behaviour
- ▶ Referral reports from other professionals such as a social worker or GP.

Establish rapport

Intake assessments provide an excellent opportunity for you to develop a relationship of trust and communication with a person. This is particularly important for your subsequent comprehensive assessment. Developing an effective rapport through your words and gestures encourages the person to feel comfortable and safe in your presence. When the person trusts that you are willing to talk about their concerns in a non-judgmental and confidential way, they are more likely to provide you with the information you need.

Rapport can be maximised through communication strategies such as:

- ▶ using warm and open body language, such as making frequent eye contact, smiling and nodding
- ▶ explaining the person's rights to have their information kept private and outlining the limits of confidentiality
- ▶ explaining the purpose of collecting information
- ▶ showing respect and empathy to demonstrate to the person that you understand and identify with their feelings and situation
- ▶ maintaining a non-judgmental attitude by treating all people equally
- ▶ showing a genuine positive regard.

Manage conflict

When conflicts arise between yourself and a person, it is important to maintain a calm and reasonable approach. The issues that you discuss with a person can raise a great deal of negative emotion and pent-up anger, particularly if the person is currently under the influence of alcohol or drugs. The questions you ask will be personal and can be confronting. Anger and disagreement is an inevitable part of the process when asking people to confront their problems.

Here are some common reasons conflict may arise.

Reasons for conflict

- ▶ The person resents being in an interview situation or dislikes the type of questions you're asking.
- ▶ The discussion raises issues that trigger anger or distress in the person, such as talking about misuse that has occurred in the past.
- ▶ You refuse to give into unreasonable or unprofessional requests, such as a person asking you for money.

Avoid conflict escalation

It should be your priority to avoid conflict escalation as soon as a discussion becomes heated. Stay calm and professional by ignoring attempts to make the conflict personal. Focus on the problem rather than the personality of the person and always treat the person with respect. Model the behaviour you expect from the person. Listening carefully can also help the person feel calmer and more in control of the situation.

You should not be afraid to call others, such as a more senior worker or supervisor if you feel you cannot come to a resolution. You should call the police if the conflict escalates and you feel physically at risk.

Here are some specific strategies to help avoid conflict escalation.

Avoid the issue

Conflict can sometimes be diverted by changing the subject. In some settings, you might take a short break and agree to return at a later time. While diversion can be effective for some situations, such as when the person is under the influence of drugs or alcohol, remember that the person might feel the need to resolve the issue before being able to trust you.

Negotiate a compromise

Negotiation is a skill that involves listening to the person's point of view, explaining your own side of the issue, and trying to find a solution that meets both your needs. For example, 'I understand that you wish to smoke during the interview, Kevin. Our rules don't allow it in here. What if we agreed to take frequent breaks so that you can go outside to smoke?'

Use mediation

Bringing in a neutral third party can help to resolve the conflict more effectively and allow the person to feel that they are being listened to. A mediator can be:

- ▶ a trained counsellor
- ▶ an independent advocate (not a family member)
- ▶ a case manager.

Assert your rights

In situations where you cannot reach a compromise or accept the person's point of view, it is important to respond in an assertive way that does not make the person feel put down or offended. For example, 'Are you saying that you don't wish to provide your contact details to us? That is your right, but unfortunately we cannot provide you with methadone without that information. If we did so, we would be breaking the law.' Your organisation has its own policies and procedures for when a person becomes abusive or makes personal attacks on a staff member. In these situations, you should take every action to end the interview and protect yourself.

Accept the conflict

For some people with multiple problems, conflict is an everyday part of their lives. Staying calm and allowing the person to express anger rather than disagreeing can help to diffuse a heated situation. For example, 'You are obviously very angry with me about this. I'm sorry that I can't change that situation'.

Example

Discuss reasons for seeking help



Karen is a single mother with three children under seven years of age. She has been using a variety of prescription medications over the past few years to control the pain from a long-term back injury and to help her to manage stress. The recent breakdown of her marriage has contributed to an increase in her use of the drugs. She is known to 'doctor shop' in response to her doctor's reluctance to prescribe the amount of medication that she requests.

During the initial intake interview, Karen indicates that her immediate concern is for her children. The intake worker, Lauren, recognises Karen's fear and distress at the idea that her children might be taken from her. Lauren establishes Karen's trust by using warm and calm communication. Lauren determines that the need to find appropriate short-term care for the children is a high priority. Her initial questions are focused around determining the extent of Karen's support networks, in case there is a family member who may be able to step in and care of the children in the short term.

Practice task 2

1. Why is it important to discuss the reasons for seeking help with a person?

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2. Why clarify the person’s objectives and expectations for seeking help?

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3. What is meant by the term ‘further work’?

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4. Why is developing a rapport with a person important?

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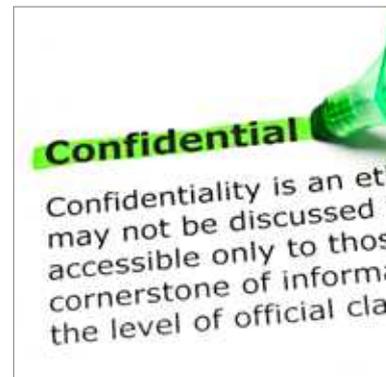
Click to complete Practice task 2

1C Explain organisation parameters of confidentiality and policy and procedures to client

There are a number of legal and ethical considerations when working with people in the community services sector. In many cases there are a range of Commonwealth, state and territory legal regulations, standards and acts that you must be familiar with.

It is a legal requirement that you disclose all rights and responsibilities in relation to access to your organisation and the services people will receive. This is especially important in relation to issues of confidentiality and behavioural expectations. These rights and responsibilities will be outlined in the policies and procedures of your organisation.

It is your responsibility to make sure people can access and understand the various policies and procedures that determine individual practice.



Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy. Privacy refers to the secure storage of both electronic and paper based documentation. You must also protect confidential details. Maintaining confidentiality is part of respecting a person's privacy and individual rights.

Confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. You always need the person's consent if you wish to communicate (disclose) their personal circumstances with another colleague or service. Often people are happy to give their consent because they know you want to help.

Maintaining honesty and openness with each person from the time of your initial discussion or intake assessment is an important part of developing a trusting relationship. This is particularly important when considering a person's rights to confidentiality and privacy. Understanding your confidentiality and privacy policies can help the person to be more honest with you.

Policy information to tell people include:

- ▶ the reasons for collecting information
- ▶ the measures you take to protect the person's personal information, such as storing information securely
- ▶ staff access to information
- ▶ supply of information to third parties, such as referrals to other organisations and the need for the person's consent to do this.

Legal limitations and privacy

There are some legal limits to a person's right to confidentiality. It is important never to make promises about keeping the details of an impending assessment completely private. There are exceptional circumstances that enable you to disclose private information, but this is generally only when you become aware that someone may be harmed. An example would be the mandatory reporting laws for reporting child abuse. This information can usually be found in your organisation's policies and procedures. The Australian Privacy Principles (APPs) provide information to organisations about the collection, use and storage of people's information.



You can read more about privacy principles at: <http://aspirelr.link/app-privacy-fact-sheet>.

Codes of practice

Codes of practice, sometimes referred to as compliance codes, provide practical guidance on all kinds of practices in many different industries. Codes of practice are practical guides to assist in achieving standards. These are usually developed through consultation with industry representatives, workers and employers, special interest groups and government agencies. They benefit an organisation because they provide information on how to achieve a consistent standard of practice.

An example would be workplace health and safety. WHS codes of practice provide guidance on a range of matters, including duty of care, hazard identification, risk assessment processes and risk control. Safe Work Australia has developed codes of practice for:

- ▶ how to safely remove asbestos
- ▶ first-aid in the workplace
- ▶ hazardous manual tasks.

You need to be familiar with the codes of practice that apply to the community services environment and your organisation in particular. Codes of practice can be mandatory or voluntary.



Discrimination

Alcohol and drug dependency can affect all types of people, and support cannot be denied based on discrimination of any kind.

Here are specific laws concerning discrimination in regards to age, disability, race and sex, as well as protections under the Australia Human Rights Commission Act.

Age discrimination

The *Age Discrimination Act 2004* (Cth) is a relatively new law which is especially important with regard to Australia's ageing population. It protects people who are discriminated against because of their age and states that, regardless of age, everyone has the same right to equality before the law.

The Act also allows appropriate benefits to be given to people of a certain age, particularly younger and older people, according to their circumstances. Objectives of the Act also include removing barriers to older people participating in society and changing negative stereotypes about older people.

Exemptions include stipulations regarding youth wages, health care and voluntary work.

Disability discrimination

The *Disability Discrimination Act 1992* (Cth) prohibits discrimination based on disability. It also prohibits discrimination against people associated with those with disabilities, such as family or co-workers. The Act makes it unlawful to discriminate in the areas of:

- ▶ employment
- ▶ education
- ▶ access to public premises
- ▶ purchase of house and land
- ▶ provision of goods, services and facilities
- ▶ administration of Commonwealth Government laws and programs.

Exemptions to the Act include when an employer would be placed under unjustifiable hardship in order to employ a person with a disability (although they are expected to make reasonable adjustments). An example might be the cost extensive renovations to allow wheelchair access would have on a small business.

Racial discrimination

The *Racial Discrimination Act 1975* (Cth) prohibits discrimination and offensive behaviour based on racial hatred. It covers discrimination against race, colour, descent, national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity.

The *Racial Hatred Act 1995* (Cth) was added to the Racial Discrimination Act and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public. Exceptions to the law include when the behaviour is a matter of public interest (such as a newspaper report on racially-based violence), or is part of an academic discussion which is not malicious or spiteful. These exceptions often involve rights to free speech.

Sex discrimination

The *Sex Discrimination Act 1984* (Cth) prohibits discrimination against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties.

According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs, and accommodation.

An exception to the Act includes when goods or services can only be applied to one sex, for example female or male-specific health care. Sexual discrimination in the training and ordination of religious ministers is also not covered under the Act.

Human rights

The *Australian Human Rights Commission Act 1986* (Cth), originally the *Human Rights and Equal Opportunity Commission Act 1986* (Cth), deals with breaches of anti-discrimination laws and promotes human rights education. The Act covers actions or policies of the Commonwealth.

The Act promotes human rights for all people, and covers most forms of discrimination not already covered in the other Acts, including discrimination on the basis of:

- ▶ criminal records
- ▶ medical records
- ▶ political opinion
- ▶ religion
- ▶ sexual preference
- ▶ social origin
- ▶ trade union activity.

Human rights

Human rights recognise the value of every person regardless of background, location, appearance, thoughts and beliefs. They are based on principles of equality and respect, and shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in daily life. They allow all people to contribute to society and feel included. Respect for human rights underpins the values and principles of the community services sector and should be applied by all workers when supporting people.

The Australian Government has signed many of the Universal Declarations of Human Rights (UDHR) developed after the Second World War by the United Nations.

Human rights treaties signed by Australia:

- ▶ International Covenant on Civil and Political Rights
- ▶ International Covenant on Economic, Social and Cultural Rights
- ▶ International Convention on the Elimination of All Forms of Racial Discrimination
- ▶ Convention on the Elimination of All Forms of Discrimination against Women
- ▶ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ Convention on the Rights of the Child
- ▶ Convention on the Rights of Persons with Disabilities

Duty of care and dignity of risk

Duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to all people: workers must take reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to a person receiving your service, co-workers or others while making sure you follow your organisation's policies and procedures.

Community services organisations have a responsibility to provide duty of care to ensure the safety and wellbeing of people receiving their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people.

Here is more information regarding duty of care.

Duty of care

- ▶ Duty of care is the obligation a person has to act in a way that would not cause harm.

Negligence

- ▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any worker, supervisor or organisation to ensure that people receiving services are not exposed to unnecessary or unreasonable risk.

Dignity of risk

- ▶ The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and take risks.

Mandatory reporting

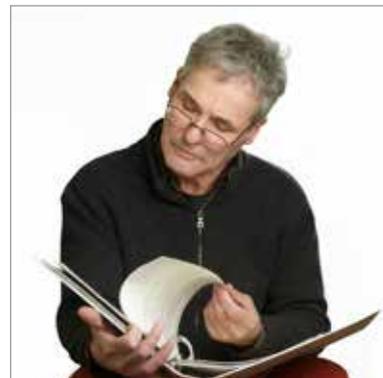
Mandatory reporting legislation requires designated people to report child abuse and neglect to government authorities. Mandatory reporting (who is mandated to report and what is required to be reported) varies across states and territories. Mandatory reporting is a legal obligation and must be carried out by designated reporters, which generally includes community services workers.

Some states (e.g. New South Wales and Victoria) require that criminal record checks (Working with Children Checks) are undertaken by people who wish to work with children and young people.

Mandatory reporting is an exceptional circumstance that enables otherwise private information to be disclosed, as there is concern of harm.

You can read more about mandatory reporting, such as who is mandated to make a notification and what types of abuse must be reported at:

- ▶ <http://aspirelr.link/mandatory-reporting-child-abuse>.



Codes of conduct

Codes of conduct are sets of rules which outline the responsibilities of how everyone must conduct themselves in an organisation. They ensure that a person will always receive a particular standard of behaviour regardless of who they interact with in an organisation. Codes of conduct indicate clearly to all workers what is acceptable behaviour and what is not. They provide a framework to help workers decide on the appropriate course of action when faced with an ethical issue. Codes of conduct outline behaviour in a range of workplace settings such as work parties, out in the field or when a visitor comes to the office.

Codes of conduct indicate the appropriate behaviour that reinforces an organisation's values. They also outline what happens when codes are breached.

Often codes of conduct are developed based on the ethical principles or the values of an organisation. These might include access and equity, respect, social justice, discrimination, harassment, bullying, intimidation, being honest and accountable, working collaboratively, and maintaining and developing professional work practice and duty of care.

Practice standards

Practice standards ensure rules, regulations and legislation are followed and an organisation isn't exposed to legal action as a result of an individual making inappropriate decisions about aspects of the organisation's service. Practice standards are often produced by professional organisations that oversee the standards of people who work in a particular industry, or by Commonwealth departments of health. Practice standards exist for professions such as nursing, social work and mental health.

Policy frameworks

A policy framework is a set of principles and long terms goals that form the basis of making rules and guidelines. The policy framework for alcohol and drug therapy can guide activities and partnerships between state and federal agencies, local government and community organisations to help reduce the damage of alcohol and drugs to individuals and the wider community. There are many policy frameworks for community services organisations.



State and territory strategies often develop from national policies. The current federal policy is called the *National Drug Strategy 2017-2026*.

You can read more about the national strategic framework at:

- ▶ <http://aspirelr.link/national-drug-strategic-framework>.

Rights and responsibilities of workers, employers and individuals

Rights and responsibilities differ throughout Australia and between community services organisations.

Here are some common rights and responsibilities of workers, employers and individuals.

Workers have the right to:

- ▶ work in a safe environment
- ▶ not to be bullied or suffer from sexual harassment
- ▶ not to be discriminated against.

Workers have a responsibility to:

- ▶ duty of care and not harm the health and safety of others
- ▶ apply all applicable legislation
- ▶ maintain confidentiality
- ▶ behave within the codes of conduct operating within their organisation
- ▶ act ethically
- ▶ treat people with respect and dignity.

Employers have the right to:

- ▶ appoint and dismiss workers in accordance with proper procedures
- ▶ enter into contracts with people and other businesses
- ▶ run a business in any manner they choose providing they don't violate any laws.

Employers have a responsibility to:

- ▶ provide a healthy and safe work environment
- ▶ ensure employees have necessary qualifications and credentials
- ▶ pay by the award
- ▶ comply with health and safety laws.

Individuals have the right to:

- ▶ equal treatment
- ▶ be treated with dignity
- ▶ complain
- ▶ not be discriminated against.

Individuals have a responsibility to:

- ▶ make sure they are truthful
- ▶ actively help themselves
- ▶ respect the privacy of others
- ▶ act respectful of staff and other people.

Children in the workplace

There may be times when it is necessary to have children in the workplace, such as when meeting with a person with young children. Your organisation will have policies and procedures in place to ensure the safety and wellbeing of children while they are in the workplace.

Children are protected by health and safety laws and workplace health and safety even if they are not employees.

An organisation might consider it too risky to allow children at any time, or require that children be supervised at all times. For example, if a person brings their children to a meeting, the organisation might consider it too risky for the children to hear the information discussed and arrange for them to be supervised by another employee while the parent is interviewed. The parent would need to provide consent for this to happen.

Work role boundaries

Work role boundaries are a clear definition of the duties, rights and limitations of a worker. It is important to describe your work role boundaries to a person receiving your support, as it:

- ▶ helps avoid confusion and misconceptions about the scope of your role
- ▶ helps the person know when you will need to refer them to another colleague or health professional
- ▶ helps the person know when the boundaries of your skills and knowledge have been reached.

Your employer will outline your role in the job description document. If you are ever unsure of your boundaries, then it is important to clarify them with your supervisor.

An important aspect of work role boundaries is understanding your relationship with a person and where that ends. Boundaries can sometimes be blurred as you are dealing with people on a very personal level. Having any other type of relationship outside of work with a person receiving services is unethical and may damage the support they are receiving. Another example of a breach of your boundaries would be to attempt support you are not qualified to perform rather than organise a referral.

Specific AOD legislation

Working with people who use alcohol and others drugs requires knowledge of legal and ethical considerations.

Each state and territory has its own specific laws outlining rules for the consumption and selling of alcohol. These are generally referred to as 'Liquor laws'. For example, in NSW it is the *Liquor Act 2007* (NSW). Consumption laws include details on where a person can drink. There are also laws for being in a public place while drunk, and driving while under the influence of alcohol.

There are rules for selling alcohol (i.e. age restrictions and if the person is already drunk) and premises where alcohol can be sold is tightly regulated. A licence can be required to sell alcohol at certain events and functions.

There are also specific laws for the importing and exporting of drugs, as well as the possession, use, production and supply of drugs. For example, in NSW this law is the *Drug Misuse and Trafficking Act 1985* (NSW).

Random driver drug testing occurs across Australia. This tests drivers for particular drugs and links to road transport laws.

Australia is a signatory to a number of international treaties and conventions about drugs and drug policy. These treaties are not law, but countries that sign these treaties must agree to pass laws against using and trading recreational drugs. It is also an offence under the Commonwealth Criminal Code Act to assist or be knowingly involved in the illegal importation of drugs.

Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This Act was developed by the Commonwealth government to harmonise work health and safety laws across Australia, in order to:

- ▶ protect the health and safety of workers; for example, identify hazards and control them
- ▶ improve safety outcomes in workplaces
- ▶ reduce compliance costs for businesses
- ▶ improve efficiency for regulatory agencies.

The following table provides the names of health and safety legislation and the regulator responsible for their implementation in each state and territory at the time of publication. Regulators have the power to prosecute organisations who breach the Act in their particular state or territory. They also produce guidelines and lots of helpful information for employees and employers on workplace health and safety.

Region	Health and safety legislation	WHS regulator
Commonwealth	<i>Work Health and Safety Act 2011</i> (Cth)	Comcare: http://aspirelr.link/comcare
Australian Capital Territory	<i>Work Health and Safety Act 2011</i> (ACT)	WorkSafe ACT: http://aspirelr.link/worksafe-act
New South Wales	<i>Work Health and Safety Act 2011</i> (NSW)	SafeWork NSW: http://aspirelr.link/safework-nsw
Northern Territory	<i>Work Health and Safety Act 2011</i> (NT)	NT WorkSafe: http://aspirelr.link/worksafe-nt
Queensland	<i>Work Health and Safety Act 2011</i> (Qld)	Workplace Health and Safety Queensland: http://aspirelr.link/worksafe-qld
South Australia	<i>Work Health and Safety Act 2012</i> (SA)	SafeWork SA: http://aspirelr.link/safework-sa
Tasmania	<i>Work Health and Safety Act 2012</i> (Tas.)	WorkSafe Tasmania: http://aspirelr.link/worksafe-tas
Victoria	<i>Occupational Health and Safety Act 2004</i> (Vic)	WorkSafe Victoria: https://aspirelr.link/worksafe-vic
Western Australia	<i>Occupational Safety and Health Act 1984</i> (WA)	WorkSafe WA: http://aspirelr.link/worksafe-wa

Example

Explain parameters of confidentiality and policy and procedures

Franca is an AOD worker for a community services organisation. Patricia and her partner have a history of cocaine use, and Patricia accesses Franca’s organisation to help reduce her intake of the drug. During their first meeting, Patricia asks Franca to promise that she will not disclose anything she tells her. Franca explains the limits of confidentiality, but promises that she will try to work with Patricia on any issues that can remain within the organisation. Patricia tells Franca that she thinks her partner might be sexually abusing her young sons.



The state laws require that Franca reports this information to the appropriate authorities, and she explains her obligation to Patricia. Patricia becomes very upset, but listens as Franca outlines the steps she will take to help her work through the problem. Franca assures her that the report will not include the source of the information. Franca is also required to notify her supervisor before making a report, and must obtain extra support for both herself and Patricia during this stressful time.

Practice task 3

1. Personal information must always be kept private and confidentiality must be ensured, but there are exceptional circumstances where disclosing personal information is required. Give one example of an exceptional circumstance.

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2. What is the difference between codes of practice and codes of conduct?

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3. What is the difference between duty of care and dignity of risk?

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4. What are work role boundaries?

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Click to complete Practice task 3

1D Inform the client of the assessment purpose and process and confirm understanding

People need to be informed about the purpose of their assessment and the process that will occur. Once this has been explained, the person needs to confirm that they understand the information so that they give their informed consent for the assessment process to begin.

Communicating in terms that the person understand is necessary for informed consent to be reliable. You should avoid using jargon and industry terminology and confirm the person's understanding along the way.



Assessment purpose and process

People need to be informed and made aware of the variety of things that will happen to the information gathered during an intake assessment. When people are informed they are more likely to be engaged in the process.

The person needs to be told that discussions arising from an assessment will be documented, that other professionals and organisations may also request access to the information and that there are consequences of refusal. An organisation may have a policy that if information cannot be shared then they are unable to assist the person to the best of their ability, and they may suggest the person seeks support elsewhere. It is your responsibility to inform people and ensure they understand that records can be subpoenaed if the person has been ordered by a court to seek support.

Here are things to consider regarding the assessment purpose and process.

Informed consent

Informed consent is an important legal process that helps to ensure people understand the reasons behind certain procedures. People need to know what to expect from procedures before they take place. Except in extenuating circumstances, fair and ethical assessment only continues when the person (or their parents or guardians if they are under 16 years of age) consents to the process. Consent assumes an understanding of the benefits and limitations of assessment.

Personal questions

The person needs to understand that you may have to ask them personal questions. You can prepare the person for these sorts of questions (for example, questions about their financial status or sexual activity) by explaining that they have the right to refuse to answer questions that they consider too personal. Not obtaining this type of information may affect their support options down the line, but issues can be revisited as they become more pertinent to the strategies and options under discussion.

Checklist

Use a checklist to explain the assessment process to people. A checklist may include specific references to:

- ▶ what the person should expect during the interview
- ▶ important information about confidentiality, policies and procedures
- ▶ an explanation of the purpose and process of the assessments
- ▶ expectations about behaviour
- ▶ your responsibilities to the person and the limitations of your service's ability to support all people.

Understanding

Your initial discussions with a person will include helping them to understand the role and limitations of your organisation. You may discuss the types of support or community linkages that your organisation can provide, and explain how providing these supports is based on assessment. By providing an overview of your organisation's target group, the person should have a clear understanding of the likelihood of receiving appropriate support. For example, a person might use alcohol and other drugs, but only approach your organisation for support for alcohol dependency. They may be open and honest about their illicit drug use if they understand that your organisation also provides support for dealing with all substance misuse issues.

Organisational approaches

Inform the person about the range of approaches used during assessment, including harm reduction, case management and person-centred strategies. Outline your organisation's approaches to providing support so that the person knows what to expect from your organisation and its programs. Organisational approaches to support may include prevention strategies, such as immediate admission to short-term supported accommodation available for people who are at high risk of relapse; for example, Alcoholics Anonymous and rehabilitation.

Provide information

Setting out the rights and responsibilities of your organisation and the people receiving your services helps to establish appropriate expectations and ways of working together.

Information you give a person during your initial contact can be supplemented with written information, such as a brochure outlining your responsibilities regarding confidentiality. Information can be provided by email or post, or during a face-to-face interview. You can verbally explain details of written material to people with literacy issues, and can provide non-English speakers a brochure in their first language about their right to access professional interpreters.



Registration requirements

Each organisation will have different ways of registering people and their own procedures which have to be adhered to. This may include the recording of basic identification details such as name and address or medical history.

An example of a registration form is provided below.

Registration form

Name: _____ Contact no: _____

Are you an Australian citizen? Yes No

Cultural background: _____

Are you of Aboriginal or Torres Strait Islander descent? Yes No

Gender: Male Female

Marital Status: Single Married De facto Divorced

Nominated support person: _____ Contact no: _____

Assessment Officer: _____ Contact no: _____

Presenting issues:

Assessment:

Strengths:

Weaknesses:

Recommendation (circle): Referral-out Case manager

Assessment completed by: _____ Date: _____

(Name and signature of Assessment Officer)

Funding allocation to target groups

All AOD organisations have limited resources available to them. In order to provide services to as many people as possible, it is necessary to allocate resources based on which people most accurately reflect the target group of the service or those with the highest or most immediate needs.

The target group is the specific group of people the organisation is best set up to provide services for. The target group will have a particular set of characteristics which the organisation seeks to assist. Depending on the organisation this can be a very large group or a very small group. Focusing on a section of the community allows organisations to specialise and streamline their services. For example, there are specific services available for young people, older people and Indigenous people.

The funding for organisations varies from year to year depending on where the funding originates. When government policies change, and particularly when government parties change after an election, there can be an increase or decrease in funding. Some organisations find it difficult to plan for the long term due to short falls in funding that may occur at any time.



Role of agency and referral requirements

People may have needs which can only be accommodated by services outside of your organisation. A particular skill set may be required and when this occurs a referral to another service is needed. Once it has been determined that there is a need for a referral the person must be informed of this recommendation and their consent needs to be obtained before proceeding further.

Each organisation will have their own policy and procedures for referrals and these must be adhered to.



Once the person's understanding has been confirmed then the relevant assessment information is passed on to the appropriate organisation. You must follow up with that organisation to ensure the person is attending and their needs are being met. Organisations have a network of contacts where people with comorbidity move in and out of various services according to their needs at the time of assessment.

There are a large number of AOD organisations and even more within the larger context of supporting comorbidity. One example of comorbidity is a person that has a drug dependency and also a mental health condition.

Referring a person to the correct organisation ensures a holistic approach to improving a person's health.

Organisations provide all types of services for people with alcohol or drug dependencies, covering things such as counselling, employment, housing support and detoxing. Organisations have individual criteria for assessing if a person is eligible for their service and perform their activities within their own policies and protocols.

Impact on the local community

The provision of services may impact on the local community. There may be services available in a variety of locations throughout a community. These may not always be obvious, such as services provided by pharmacies where needle exchanges can take place (such programs have been shown to reduce the spread of HIV and Hepatitis C).

Community health centres often offer services for alcohol and drug dependency and support meetings may take place in local halls and buildings. The provision of services aims to reduce the damage caused by alcohol and drugs in the local community, and provide an exit plan for people who misuse substances.

Confirm understanding

Obtaining informed consent from the person to undertake an assessment is not simply a matter of providing the information and hoping that they understand. It is your responsibility to check that the person agrees to be assessed based on clear information about the consequences of the assessment; both positive and negative.

Strategies for checking a person understands depend on the individual. You may have to take their age and language abilities into account. The involvement of families (if and when a person agrees) can help you to support people in understanding an assessment and what will occur.



Contracts

The point at which a person is asked to sign a contract will vary depending on different organisations' procedures. It could be during assessment, at the commencement of a program or during an intervention. The contract is legally binding. It is important that the person understands the terms and limitations placed on them and that they are aware of the organisation's responsibilities in the process. When explained clearly, a contract provides a framework for the expectations of the person.

Behaviour contracts maybe used to encourage adherence to standards of behaviour or to support behaviour change. For example, if a person displays aggression during their assessment or screening, a contract can be put in place as an intervention to assist in changing that behaviour. A contract can also be initiated during an assessment if an organisation wants to impose extra conditions as part of continued participation.

People are asked to sign contracts as an indication that:

- ▶ they agree or consent to participate in the program or service
- ▶ they understand and agree to the rights and responsibilities outlined
- ▶ they understand and agree to the conditions for intervention, such as respectful, non-aggressive behaviours or undertaking urinalysis.

Communication skills

There are several communication methods that can be useful when checking for understanding in most pre-assessment situations or when asking a person to enter into a contract. Communication skills that can be used to confirm understanding include active listening, asking questions and interpreting verbal and nonverbal signals.



Active listening

Active listening can be used to determine the extent to which a person understands the information that you have presented them. Understanding may be established through their responses to your questions, as well as by encouraging the person to open up about areas that are confusing or unclear to them. In encouraging the person to open up, the importance of maintaining a non-judgmental, empathic attitude cannot be stressed enough.

Active listening is especially effective in situations where a person's family member needs encouragement. A family member may not always indicate that they do not understand an area or issue. It might be difficult or emotional for them, as they may be shy or have limited English skills.

Active listening means that you show close attention through your speech and gestures to encourage the person to tell you more about their needs.

Characteristics of active listening:

- ▶ Sitting or standing at the person's level so that you can use frequent and direct eye contact, if culturally acceptable
- ▶ Using an open posture; uncrossing your arms and legs, and leaning slightly towards the person
- ▶ Rephrasing what the person says to provide emphasis and ensure understanding
- ▶ asking for clarification if there is something the person says that you do not understand
- ▶ Asking open questions to encourage the person to talk further – open questions usually start with the words 'what', 'why', 'how', 'tell me' and 'describe'
- ▶ Using occasional expressions to indicate your interest; for example, 'I see', 'Right' and 'Uh huh'
- ▶ Pausing frequently before responding to the other person, to invite them to continue if they wish

Questioning

Questioning is a very important skill in establishing whether a person understands information. You may use either closed or open questioning, or a combination of both.

The assessment process involves asking a person to disclose a huge amount of information, and they can feel very vulnerable and exposed. They may be asked to disclose things that they are ashamed of or that have been traumatic.

Questioning needs to take into account the emotional state of the person as much as it does the task of completing the assessment and gathering information. Sometimes

it is necessary to stop asking questions, acknowledge that the process can bring up issues and respond appropriately to the current situation. If the process is too distressing, another appointment may need to be made to complete the assessment.

Here is some information on closed and open questioning.

Closed questioning

Closed questioning requires only yes or no responses; for example, 'Would you like me to explain that again?' One of the disadvantages of using only closed questioning is that the person may not give an entirely honest 'yes' or 'no' response. The person may be experiencing emotions or dealing with certain issues, such as:

- ▶ resentment about being forced to take part
- ▶ embarrassment about their lack of understanding
- ▶ a desire to move through the process more quickly, leading to the person simply pretending to understand
- ▶ memory loss, confusion or impaired judgment and reasoning, due to the effects of alcohol, drugs or mental health issues
- ▶ fear that they are wasting your time
- ▶ cultural differences, such as the belief that 'no' could be considered rude.

Open questioning

Open questioning provides the person with the opportunity to explain their reaction or situation in more detail. This enables you to make a clearer and more accurate judgment about the person's level of understanding. Examples of effective open questions during initial discussions include:

- ▶ 'How can I make that concept a bit clearer to you?'
- ▶ 'Which parts of that form look most confusing?'
- ▶ 'You said you received support for your substance misuse previously. Can you tell me more about that?'
- ▶ 'Please describe your housing situation to me.'

In general, using a mix of open and closed questions can help the person give more honest responses, and feel that you genuinely care about their level of understanding.

Verbal and nonverbal communication

When you talk to a person about the assessment process, be alert for gestures and other cues that indicate their level of understanding. Once you pick up on a verbal or nonverbal signal that indicates they may be confused, you need to respond appropriately. For example, you may need to ask the person whether they would like you to repeat a section of the information.

A person who understands what you are saying will generally use more eye contact and indicate through smiles and nods that they are following your information.

Signs of confusion or lack of understanding may include a person:

- ▶ frowning or inappropriately smiling or laughing
- ▶ avoiding eye contact with you
- ▶ creasing their forehead
- ▶ asking questions that do not seem to relate to the discussion.

Example

Inform of assessment purpose and process and confirm understanding



Harry has been referred to Martin for an assessment as a condition of his suspended sentence for possessing heroin. Harry is reluctant to cooperate. Martin begins the session with the following explanation.

'I've been asked to collect some initial information from you that'll help us to make sure you're given the best type of support we can offer. Tomorrow, I'll spend an hour or two talking with you in more detail so that we can properly understand your drug use and help you to avoid any further problems with the law. It's important that you

know you're the most important person in this process. You can choose not to answer questions, but I give you my assurance that what you do tell me can help us work together so you can manage your situation in the future. Your decisions and input will guide how we work together.'

Martin gauges Harry's verbal and nonverbal responses and asks open questions to confirm Harry has understood what he has said. When Harry realises that Martin is not going to preach to him or force him to change, his attitude relaxes and he appears more willing to talk.

Practice task 4

Read the case study, then answers the questions that follow.

Case study

Jack is a 50-year-old man who has a long history of alcohol misuse and shows some evidence of memory loss and confusion. Lucinda undertakes an initial interview. Halfway through the discussion Jack's eyes seem to wander around the room. He begins to laugh at inappropriate times. He nods absently and responds a little too quickly when Lucinda asks whether he understands each piece of information.

Lucinda feels that Jack does not completely understand what is being said to him. She decides to ask her supervisor for some advice about how to proceed. Her supervisor recommends that Jack has a short break, as it is possible that Jack's attention span is limited. When they return, Lucinda uses brochures and pictures that show people accessing different types of support services. Jack seems to pay attention more closely and Lucinda is satisfied that he understands the process better.

1. Considering the need for informed consent, why is it important that Jack understands Lucinda's explanation?

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2. What is the process if Lucinda believes Jack needs a referral?

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3. What has Lucinda done to ensure that Jack understands what is happening?

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4. What nonverbal communication did Lucinda observe to indicate Jack wasn't interested or didn't understand?

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Click to complete Practice task 4

Summary

1. People come from a wide range of backgrounds and different stages in life; as a result they will have a variety of issues.
2. Working with people from a culturally and linguistically diverse background is common in the community services sector.
3. Communication and team work is required to consult and refer with other professionals as required.
4. Comorbidity is commonly seen in the AOD sector.
5. Early discussions will assist you to identify a person's reasons for seeking help, and you can use this to establish a need for further work.
6. Intake assessments provide an excellent opportunity for you to develop a relationship of trust and communication with a person.
7. It is a legal requirement that you disclose to a person all rights and responsibilities that you both have in relation to their access to your organisation and the services they will receive.
8. Maintaining confidentiality is part of respecting a person's privacy and individual rights.
9. It is your responsibility to make sure people can access and understand the various organisational policies and procedures that determine individual practice.
10. In many cases there are a range of Commonwealth, state and territory legal regulations, standards and Acts that you must be familiar with.
11. People need to be informed about the purpose of the assessment and the process that will occur.
12. It is your responsibility to check that a person agrees to be assessed based on clear information about the consequences of the assessment.

Learning checkpoint 1

Prepare for assessment

This learning checkpoint allows you to review your skills and knowledge in preparing for assessment.

Part A

1. List five reasons why people's needs may differ.

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2. What information is important to find out during an initial meeting?

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3. Why is it important to obtain information on the person's state of health?

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4. Give an example of when it is necessary to refer a person to another service.

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Part B

Read the case study, then answer the questions that follow.

Case study

Amos is an AOD worker at a community health centre. In his job he meets a variety of people from all walks of life. Whenever he meets a person for the first time, he introduces himself and explains the role of his organisation, the services they offer and his particular role and responsibilities as an AOD worker. He then explains the rights of the people he supports, including confidentiality and privacy. During this process, Amos assesses people's understanding and asks if they require clarification.

1. What information on confidentiality and privacy would Amos explain to the people he supports?

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2. What is the aim of organisational codes of conduct? How might they benefit the people Amos supports?

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3. Why is it important that Amos informs each person about the assessment process and its purpose?

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4. If the people Amos supports are older people, what are some common issues he may encounter?

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5. If the people Amos supports are young people, what might be some common physical, social and cognitive developmental changes associated with that group?

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6. What are examples of the types of communication skills Amos should employ when conducting an assessment to clarify a person understands?

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Topic 2

In this topic you will learn how to:

- 2A Identify history and pattern of client's drug use and indicators of other issues through observation, discussion and questioning**

- 2B Identify and clarify co-existing issues in consultation with the client**

- 2C Identify the client's key familial and social relationships and how they are impacted by their AOD use**

- 2D Assess current status, patterns of use, and levels of dependence using standardised or approved AOD screening and assessment tools**

- 2E Collaborate with other health professionals as indicated by assessment**

Conduct assessment

Within most AOD organisations, conducting a comprehensive assessment is the next phase of the assessment process. This is a more detailed interview than that required for an intake assessment. Some organisations allow only front-line workers to undertake intake assessments and prefer comprehensive assessments to be performed by more qualified staff. It is your responsibility to observe and adhere to the individual requirements and limitations placed on your job role.

2A Identify history and pattern of client's drug use and indicators of other issues through observation, discussion and questioning

Conducting an assessment requires that the person's history and pattern of drug use are determined. Engaging the person in a discussion to identify their history and pattern of drug use is a key skill needed to provide support. It is not simply a matter of reading off a checklist and ticking a box. You should be able to ask questions and involve the person in discussion whilst also building a rapport.

You need to consider the possibilities of self-harm, suicide or other mental health issues, and knowledge of the risk assessment process is vital.

Understanding the person's pattern of drug use and the episodes that might have triggered use in the past:

- ▶ establishes the person's current level of dependence on the substance
- ▶ determines the likelihood of certain services being effective
- ▶ enables the earlier identification of problems, no matter how insignificant they might seem to the person.

Drug use history

A comprehensive assessment helps you to gather a detailed picture of the person's issues. This is sometimes called a drug use history. Your assessment should provide information on the multiple aspects of the person's current and past life in relation to their substance misuse. To be complete it should include things such as the types of drugs they've used, any criminal record, relationships, mental wellbeing, physical health and employment status.

When conducting an assessment, you need to provide a safe environment for the person to talk about the factors that play a part in their dependency. Assessments must be conducted according to organisational procedures and practices, and in a way that respects the person's right to a fair and honest approach. Different approaches to assessment are outlined below.

Determine support

There are a number of approaches to help determine an appropriate support or service, including:

- ▶ talking to the person about their perception of the problem
- ▶ collecting information about the person's past
- ▶ the use of screening tools
- ▶ discussion with other professionals and services
- ▶ your own observations of the person.

Holistic approach

A holistic approach to assessment considers that an issue affects a person in all aspects of their functioning: physical, emotional, spiritual, and mental.

Substance misuse can rarely be assessed or treated in isolation. Other serious problems that exist in people's lives can happen either as a result of substance misuse or, in some cases, may be the reason they became dependent on the substance. Asking questions about the person's past and current drug use should include an assessment of the related problems that sometimes go hand in hand, including aspects such as the person's mental state, family violence and unemployment.

Gather information

Comprehensive assessments can be used to gather information about:

- ▶ the physical and emotional complications associated with the person's drug use
- ▶ identification and prioritising of needs
- ▶ support options the person is willing to take part in, such as inpatient detoxification programs.

They can also provide information to help the person make informed choices.

Observation, discussion and questioning

The information gathered about the person, their drug use and related issues can be collected through a variety of strategies, such as discussion, questioning, observation and using screening tools. The accuracy and completeness of the information depends, at least in part, on the honesty of the person and their family about the problems that the person is facing.

A comprehensive assessment may take place over more than one session and might involve speaking to professionals such as doctors, psychologists and mental health nurses.

Discussing problems

- ▶ There will be times during an assessment when you talk to people who are not forthcoming about themselves and their problems. Unfortunately, sometimes a person's most urgent problems can remain hidden under the surface of the discussion. The person may use alcohol or drugs as a coping mechanism in an attempt to avoid facing these problems.

Identifying problems

- ▶ Identifying problems early in the assessment can help you develop strategies and supports, such as emergency accommodation, emergency financial payments and counselling. It is important that you are alert for signs of evasiveness or other indicators of problems that the person may seem reluctant to discuss or avoid altogether. In most cases, your responsibility is to report serious concerns to a supervisor, rather than try to act alone on your suspicions.

Interpret verbal and nonverbal communication

The questions you ask people can at times be quite intrusive, embarrassing and even distressing. Always remember to establish an atmosphere that feels safe and non-judgmental so the person is encouraged to talk honestly. Use compassion and empathy in your voice and language, and keep a positive attitude towards the person's attempt to seek help. Throughout the assessment it is often a good idea to remind the person why certain questions are important to answer.

People might indicate a range of feelings or concerns through their body language. It is important for you to acknowledge and address these during a comprehensive assessment.

Below are some common verbal and nonverbal signs that you should look out for and address.

Embarrassment

Verbal and nonverbal signs:

- ▶ Lack of eye contact
- ▶ Brief, reluctant responses
- ▶ Frequent apologising
- ▶ Closed posture, i.e. crossed arms

Possible emotion or fear:

- ▶ Embarrassment about their lifestyle and dependency

Fear of reporting

Verbal and nonverbal signs:

- ▶ Cagey, conflicting or clearly dishonest responses
- ▶ Lack of eye contact
- ▶ Frequent questioning about your motives
- ▶ Anger and resentment
- ▶ Avoidance of certain lines of questioning

Possible emotion or fear:

- ▶ Fears that you might report their drug use to the police or that children might be removed from their care if they disclose too much information

Hostility

Verbal and nonverbal signs:

- ▶ Hostile body language such as aggressive staring
- ▶ Verbal or physical aggression
- ▶ Closed posture, i.e. crossed arms
- ▶ Lack of eye contact
- ▶ Sarcastic or resentful tones

Possible emotion or fear:

- ▶ Hostility or aggression due to perhaps being forced to access your service against their will

Denial

Verbal and nonverbal signs:

- ▶ Nonchalant or offhand reactions to important questions
- ▶ Inappropriate humour
- ▶ Expressions of surprise about your questioning

Possible emotion or fear:

- ▶ Denial about the extent or consequences of their dependency

Depression

Verbal and nonverbal signs:

- ▶ Lack of interest in responses
- ▶ Sad, withdrawn expression
- ▶ Poor eye contact
- ▶ Voicing phrases that sound despairing or as though they expect that nothing can be done for them

Possible emotion or fear:

- ▶ Depression, bipolar and other disorders

Suicide risk

Verbal and nonverbal signs:

- ▶ Extremely dark mood
- ▶ Voicing sentiments such as, 'It doesn't matter anymore' or clear statements of suicidal intent

Possible emotion or fear:

- ▶ Depression and risk of suicide or self-harm

Identify drug use history

A person's drug use history refers to the collection of the following information:

- ▶ name, age, gender and other personal details
- ▶ drug history
- ▶ social and legal history
- ▶ current status, including housing status
- ▶ mental health conditions
- ▶ other relevant related issues affecting the person.

A comprehensive assessment includes examining the following in regards to drug use history.

Patterns

Past and current patterns:

- ▶ Possible effects of intoxication
- ▶ Reasons that the person uses the substance/s
- ▶ Types of drugs used, patterns and circumstances
- ▶ Degree of dependence on the substance
- ▶ Effect of the substance on the person's life
- ▶ Issues that have triggered worsening of drug dependency

Relationships

Relationship between substance misuse and other problems:

- ▶ Possibility of concurrent substance dependence and mental health problems
- ▶ Health status, including any co-existing conditions
- ▶ Personal circumstances, such as the person's employment, housing, financial and legal situation

Help the person determine short-term needs, such as:

- ▶ Need for liaising with other professionals and services
- ▶ Need for assistance such as counselling, accommodation and legal aid

Support plans

Individual support plans that provide for rehabilitation:

- ▶ Prediction and planning for the possibility of drug-related withdrawal
- ▶ Learning from past efforts to seek help, and supports that had the least success
- ▶ History of attempts to cease drug use and/or withdrawal attempts, and the severity of symptoms experienced
- ▶ The person's level of motivation to change
- ▶ Factors that may impede supports and services, such as an unsupportive social environment

Record drug use history

A common method for recording drug use history is to record the information in a table similar to the one below. This gives a clear picture of the types of drugs used, in what quantities and how often.

Substance	Alcohol	Cannabis	Benzodiazepines	Heroin	Other
Age of first regular use?					
Route of use? (Ingest, inhale, inject, etc)					
Age first injected?					
Average daily use? (grams, dollars spent, no. of injections)					
Days used in past 7 days?					
Days used in past 4 weeks?					
When last used?					
Using daily over what period of time?					

Patterns of drug use

The use, frequency and pattern of alcohol and other drug use will vary significantly between people. The scale can range from occasional use to dependent use, with variations of recreational, situational and intensive use in between.

Here are examples of drug use from low-level experimentation to high-level dependence.

Experimental, recreational and situational use

- ▶ Experimental use is usually associated with young people experimenting with drugs and alcohol as they explore the world and its boundaries.
- ▶ Recreational use is usually associated with occasional use at social events, such as parties.
- ▶ Situational use refers to use in certain situations to alleviate an issue; for example, truck drivers taking amphetamines to stay awake during long-haul trips, or students taking speed to stay awake to finish assignments.

Intensive, hazardous and harmful use

- ▶ Intensive use involves heavily taking a substance over a short period of time, such as drinking a lot of alcohol at home before going out.
- ▶ Hazardous use is when there is an increase in the risk of harmful consequences to the person, such as social, physical or mental health problems, e.g. drinking and driving.
- ▶ Harmful use is use that causes damage to health, e.g. not using safe injecting practices and contracting hepatitis.

Dependent use

Dependent use is defined by the World Health Organization as having at least three of the following:

- ▶ A strong compulsion to take the substance
- ▶ Difficulty in controlling substance-taking behaviour
- ▶ Experiencing withdrawal symptoms when ceasing to take the substance
- ▶ Evidence of tolerance; that is, requiring more of the drug to experience the same effect
- ▶ Increased amount of time necessary to take the drug or recover from its effects
- ▶ Persisting with drug use despite clear evidence of harmful consequences

Substance misuse

Substance misuse is a pattern of use that leads to significant impairment or distress as manifested by one or more of the following:

- ▶ Failure to fulfil major role obligations such as going to work or school
- ▶ Use in situations that are physically hazardous e.g. driving or operating machinery
- ▶ Recurrent substance related legal problems, like a number of drink driving charges
- ▶ Continuing to use despite persistent or recurrent social or interpersonal problems, such as relationship or family breakdown, family violence, or termination of employment due to substance use

Indicators of other issues

Alcohol and other drug issues cannot be viewed in isolation. Issues must be explored within the context of someone's entire life, as certain elements may either be caused by drug use or exacerbate drug use. Many people have one or more other issues that come up or are indicated through questioning and observation during the assessment process. These co-existing issues influence the needs of the person and therefore affect the assessment process. Other health professionals or referrals may be required to assist the person.



Other issues can include family violence and child abuse. Considerations need to be given to risk of self-harm or suicide and mental health issues.

Some people may not identify that other issues exist or they may not necessarily be able to articulate them. Part of your role is to look for indicators that there may be other issues which are causing or being affected by the person's drug use. All issues need to be followed up as on-going considerations when developing a support plan.

Indicators of abuse

Abuse can be the catalyst of a person's drug use, and a person may either be the victim or the perpetrator of abuse. Suspicions that a person is being physically, financially, emotionally or sexually abused can sometimes be extremely difficult to confirm. There may sometimes be physical indicators (such as bruising) or behavioural indicators (such as shyness, withdrawal or self-harm). Young people, older people and people with an acquired brain injury (ABI) are considered to be vulnerable to abuse.

Here are some indicators of abuse that you may notice during assessment.

Indicators of abuse

- ▶ Physical signs of abuse such as frequent unexplained injuries, bruises or black eyes
- ▶ The person expressing fear of going home or of being with a certain person
- ▶ The person expressing a need to check with a significant other about minor decisions
- ▶ The person indicating that there will be unpleasant consequences for them if they do not check minor decisions with another person
- ▶ A vulnerable person indicating that they have been giving money to another person
- ▶ A vulnerable person with frequent unexplained amounts of money missing from accounts
- ▶ A young person who is pregnant but is distressed or reserved when asked about the details of the pregnancy

Assessments and suspected abuse

Victims of abuse often have low self-esteem. It is important to be impartial and non-judgmental in your questioning and when reporting concerns to a supervisor. Suspected abuse needs to be handled sensitively, honestly and directly. Until the abuse is identified and addressed, the victim is unlikely to be compliant in seeking and maintaining support.

If a person is unwilling or unable to provide you with details about the suspected abuse, further investigation should be conducted by trained professionals such as psychologists or child protection services. Many states and territories have mandatory reporting laws if you suspect that a child is being abused, regardless of whether the child is someone you are supporting or a family member of a person you support.

There are various abuse screening tools that organisations may use, but generally the following observations and assistance can be used to begin a conversation.

Make observations

Your observations might include taking note of and reporting potential indicators of poor health. The following signs could indicate a wide range of health and physical problems:

- ▶ Unusual movement, such as unsteady gait, trembling, unusual clumsiness
- ▶ Skin conditions, such as redness, swelling or yellowing of the skin and eyes
- ▶ Slurred or unusual speech, drooling or swallowing problems
- ▶ Odour and unkempt appearance
- ▶ Scratching of the hair or skin
- ▶ Appearance of poor oral care and bad breath
- ▶ Confusion or inappropriate conversation

Provide assistance

Your organisation might require you to assist medical staff to perform certain low-risk procedures, such as:

- ▶ taking the person's blood pressure or temperature
- ▶ measuring the person's blood alcohol concentration with a breathalyser
- ▶ collecting urine samples
- ▶ collecting swabs of areas that show signs of infection.

You may also be required to assist mental health staff to perform cognitive assessments, where a person might have to complete a series of activities. Your role might be to provide the person with physical assistance in using pens and paper where motor skills are compromised by disability.

Risk of self-harm

Self-harm is usually defined as someone deliberately hurting themselves. It is sometimes called deliberate self-injury or non-suicidal self-injury. It is a behaviour that is used to cope with difficult or painful feelings. Most people start self-harming as young people. It can continue for many years and become a habit that is difficult to stop. Self-harm is not the same as a suicide attempt; however people who self-harm are more likely to have had suicidal thoughts (ideation) or to have previously attempted suicide. Self-harm can be linked to mental health issues such as anxiety and depression.

Here is some more information about self-harm.

Examples of self-harm:

- ▶ Cutting the skin with sharp objects
- ▶ Taking an overdose of medication or drinking poison
- ▶ Burning the skin
- ▶ Hitting the body with fists or another object
- ▶ Punching walls or other objects
- ▶ Scratching or picking the skin, resulting in bleeding, welts or pulling out hairs

Factors associated with self-harm:

- ▶ A crisis or recent difficult life event (e.g. death of a loved one, relationship breakdown, difficulties at home or school, recent abuse or violence)
- ▶ Depression, anxiety or another mental health issue
- ▶ Misusing alcohol or drugs
- ▶ Trauma or abuse in childhood
- ▶ Physical illness or disability

Risk of suicide

In some cases you may recognise or observe the risk of suicide, or a person may have made threats of suicide or indicated that they are at risk of suicide. In most cases these are risks you will be unable to support because this is not in your job role and there are other health professionals trained to deal with this behaviour.

Suicide can be a sign of mental health issues such as depression, or it can be an indicator of physical or emotional abuse.

If a person says they have been having thoughts about suicide, there are several factors an organisation should consider.

If risk of suicide is confirmed then an organisation should:

- ▶ review the person regularly
- ▶ identify potential supports and provide contact details
- ▶ provide a no-suicide contract to seek immediate assistance if fleeting thoughts become more serious or depression deepens
- ▶ request permission to organise a specialist mental health status assessment.

Suicidal intent

Suicidal intent requires an emergency assessment of a person's needs. Suicidal intent is a person's decision to end their life and take the necessary steps to do so.

In crisis situations, it is important to understand and follow certain protocols. The aim is to ask the person questions that minimise their distress and are pertinent to the immediate problem.

Work in line with your organisation's policies and procedures. Immediately contact relevant professional services to manage situations that you are not trained to deal with safely, such as self-harm, suicidal ideation (thoughts about suicide) or suicidal intent. Your assessment needs to be brief and focused on important information required for referral.

If suicidal intent is confirmed then you should:

- ▶ contact the mental health crisis team
- ▶ ensure that the person is not left alone
- ▶ call an ambulance and/or police
- ▶ consult with a colleague or supervisor for guidance and support.

Read more about suicide and self-harm at: <http://aspirelr.link/lifeline>.

No-suicide contracts

Some organisations complete a no-suicide contract with a person at risk of suicide. These are negotiated with the person as soon as the intention to suicide is clear. They require a health professional trained in mental health work. Often a worker may be asked to assist and sit in with discussions, particularly if they have developed a relationship with the person.

The most important section of a no-suicide contract is the agreement that the person signing the contract will, under no circumstances, attempt to end their life. Other details include the names and contact information of people that the person can call if they have suicidal thoughts. There is mixed reviews and research on the success and use of no-suicide contracts. Always refer to your organisation's policies and procedures before suggesting it with a person.

The aim of a no-suicide contract is to:

- ▶ establish a mind-set in which the person realises that it is never okay to take their life
- ▶ give the person a way to get help by detailing people to contact.

Types of mental health conditions

Depression and anxiety are the most common mental health conditions seen in Australia. You will likely come across a number of people with diagnosed or undiagnosed conditions such as these, or serious mental illnesses (SMI) such as schizophrenia and bipolar disorder, in your line of work.

Co-existing issues may sometimes refer to when a person is affected by both mental illness and substance misuse. In the AOD sector this is referred to as 'dual diagnosis'. This is very common in people with alcohol and drug dependencies. There is a high correlation between substance misuse and mental health issues.

It is important to identify and clarify any co-existing issues with the person because they should be fully informed about their own health. It may be necessary to have a health professional explain any disorders or diseases because the information is better coming from a person who understands how to communicate this information accurately.



Risk assessment procedures

Everyone has the right to feel safe at work. There are many ways an organisation can work to identify risks and prevent hazards from causing injury or harm to anyone in the workplace. Risk assessment is an important part of controlling unknown risks.

In an assessment the risk is likely to be minimal. However, if the person appears aggressive or threatening to themselves or others, then a formal risk assessment may need to be conducted.

When conducting an assessment there may be a risk of the person being under the influence of alcohol or other drugs, or there may be other co-existing health issues such as a mental health condition that may result in behaviours that put a worker at risk.

All organisations in the AOD sector will have policies and procedures that outline the steps to be taken to assess risk and act appropriately if a person presents risk to a worker or to themselves.

There will be procedures for dealing with high risk situations, such as angry or aggressive people or people who are under the influence of alcohol or drugs and therefore unpredictable. A person who shows certain patterns of behaviour that indicate they are at risk of harming others or themselves is also considered a high risk situation.

When risk assessment should be done

- ▶ When there is only limited knowledge about a person or their behaviour or if the behaviour may result in injury or illness
- ▶ When there is uncertainty about the person based on some history or referral information
- ▶ When the assessment reveals a number of co-existing issues that complicate and increase the likelihood of unpredictable behaviour e.g. a serious mental illness

What risk assessment involves

- ▶ Determining what levels of harm can occur to the worker or person
- ▶ Determining how harm can occur
- ▶ Determining the likelihood that harm will occur

Determining level of risk

The level of risk will increase as the likelihood of harm and its severity increases. Ask the following questions:

- ▶ How likely or unlikely is the risk to occur?
- ▶ Are the consequences low, medium or high?

Report risk

There may be legal and ethical obligations placed on an organisation to report real or suspected risk of a person harming themselves or others. Self-harm, suicidal intent and mental health conditions should be considered in the risk assessment process.

You have an obligation to act in a way that reduces risk as much as possible. If it is likely that the person will harm themselves then this presents a very high risk to the person. The consequences are obviously very serious. In some cases, this means you may have to call the police or the Crisis Assessment and Treatment Team (CATT) to prevent the person from carrying out dangerous, illegal or violent behaviour. CATT is responsible for assessing all people who have a serious mental illness.

Your organisation will have policies relating to other situations in which you are required to call the police or CATT. These include when threats or violence are directed at staff.

Safety planning and other management strategies

You should always have a safety plan for leaving an interview room at any time if you feel unsafe or threatened by a person during an assessment. If you are assessing a person who has a history of aggression, arrange seating so that you are seated closer to the door. In the same way a person may feel like they need to leave in a hurry and should have access to a door close to where they are sitting.

Your organisation may provide duress alarms or other subtle safety measures to provide you with additional protection as required. Your organisation will explain the relevant policies and procedures for these circumstances. Always ask questions and clarify with your supervisor to confirm if you are unclear.

If a person becomes violent, aggressive or is threatening violence you need to:

- ▶ follow organisational procedures to remain safe
- ▶ clear the space as much as possible
- ▶ remove others from the scene
- ▶ speak to the person in a clear, non-provocative manner
- ▶ give the person enough personal space
- ▶ use voice and eye contact to attempt to maintain the balance
- ▶ use diversion if possible – change focus, distraction, or interrupt train of thought
- ▶ inform other staff as soon as possible
- ▶ call emergency response teams if needed.

Legal and ethical obligations

People with an alcohol or drug dependency are more likely to be involved in the justice system. Legal assistance might be required for issues directly related to drug use, such as charges for possession, or a range of other associated issues, such as child custody and divorce. Expert and low-cost legal advice and advocacy can be provided through legal aid centres, or the person can be referred to private law firms.

Your organisation will have policies and procedures that guide processes for recording the results of assessments. In most cases, the record of information about a person automatically becomes a legal document that could potentially be subpoenaed by the police or the courts, and could be read by the person or a member of their family. You must also inform the police if the person discloses that they have or intend to take part in a serious crime. All information that you record can be subpoenaed by a court of law.

The *Privacy Act 1988* (Cth) covers the rights of the person to confidentiality and privacy. However, there are some legal limits to a person's right to confidentiality under the Act that enable you to disclose private information. This is generally only when you become aware that someone may be harmed and you have the responsibility to alert the appropriate authority or mental health professional. Examples include mandatory reporting of child abuse or if you feel that a person is at risk of self-harm or suicide. Information regarding disclosure can usually be found in your organisation's policies and procedures.



Interventions

Doctors, psychologists and mental health professionals are usually involved when an intervention is required. An intervention conducted by the relevant health professional provides information and advice to the person and aims to reduce the immediate risk of alcohol and other drug use and/or its related problems.

Interventions are not as successful with people who have developed dependence or are experiencing more severe substance-related harm. For these people more intensive support is recommended. Brief interventions are delivered in one to four sessions and can be offered to people identified through initial screening who have not sought support. These may be offered at the organisation or the person can be referred to another service. This may occur before or at the same time as the assessment process.

Example **Identify history and pattern of drug use and indicators of other issues**



27-year-old Braydon has been admitted for assessment after a series of problems related to his use of cannabis. He has been smoking since he was 13 years of age and experiences personality changes that include violent outbursts from using the drug. He recently lost his job and he appears depressed when his family speaks to him. His family mentioned that they suspect that Braydon also takes other illicit drugs. Braydon lives in a share-house in which heavy drug use is part of the culture. The assessment will consider Braydon’s drug use in light of all of these interrelated problems rather than focus purely on his history of smoking cannabis.

Practice task 5

1. What information should be collected in a comprehensive assessment?

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2. Provide an example of experimental, recreational and situational drug use.

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2B Identify and clarify co-existing issues in consultation with the client

It is now recognised that substance misuse and co-existing problems are very closely interrelated. The support of a person often needs to include any co-existing issues that may be present.

It is important to understand the complexities of comorbidity and dual diagnosis in order to assist with a person's success and long-term wellbeing. A key objective of an assessment is to gain an understanding of any co-existing issues and their connection to alcohol and other drug use. The issues affecting a person can range in complexity and can affect their physical, intellectual, emotional and mental health.



Co-existing issues add complexity to the assessment and support of substance misuse. Once co-existing issues have been identified, referral to another health professional occurs. This ensures a holistic approach to the person's needs.

Comorbidity

In the AOD sector, comorbidity refers to the presence of one or more co-existing issues (either physical, sensory or intellectual) in addition to substance misuse. Comorbidity can occur as a direct result of drug use, or cause or exacerbate drug use.

Co-existing issues are commonly seen in the AOD sector. Ignoring or skirting around these issues during assessment can have consequences on a person's success and long-term wellbeing. Information provided by the person, their family or support network will assist you to gain a broader picture of symptoms or behaviours that might indicate comorbidity.

Some people might not have sought professional help for their symptoms. This can happen for various reasons, including denial or lack of initiative. Even when an official diagnosis has been made, some people may be reluctant to talk about issues because they are embarrassed by the stigma they feel.



Common co-existing issues might include:

- ▶ diabetes
- ▶ asthma
- ▶ high blood pressure
- ▶ heart disease
- ▶ obesity
- ▶ cancer
- ▶ physical disabilities such as arthritis
- ▶ sensory disabilities such as hearing loss or vision impairment.

Common AOD conditions

Some medical conditions have physical effects on the body, while others may affect mental health or cognitive capacity. Medical conditions that are seen more commonly in association with alcohol and drug dependency are outlined below.

Alcohol-related brain injury

This type of acquired brain injury (ABI) is the direct result of long-term alcohol toxicity causing damage to the brain. Frontal lobe deficit is often the earliest type of brain damage that occurs. It leads to a reduced ability to understand abstract concepts, plan tasks and organise information and ideas. There may also be evidence of confusion and personality changes.

Wernicke-Korsakoff syndrome (WKS)

This is the combination of two conditions (Wernicke's encephalopathy and Korsakoff's syndrome) resulting from poor nutrition, specifically a deficiency of thiamine (vitamin B1). It is often linked to alcohol dependence. Early signs include paralysis of eye muscles, awkward gait and confusion. The condition causes vision changes and memory loss.

Human immunodeficiency virus (HIV)

People who inject drugs and share needles regularly are at high risk of HIV, which is contracted through the blood of other people that remains on the needle and syringe. HIV is a condition in which the immune system does not function correctly. The disease might initially be brought to medical attention because the person contracts consecutive infections such as colds, viruses and skin conditions. You should ask the person about their injecting habits to determine their level of risk. This includes questions about sharing needles. You also need to establish if there has been any history of these conditions.

Hepatitis C

People who inject drugs and share needles regularly are at high risk of hepatitis. As with HIV, hepatitis C is contracted through the blood of other people. It can also be contracted through prolonged alcohol misuse and results in permanent damage to the liver. Some people with hepatitis may show no symptoms for long periods of time. In acute stages, hepatitis can lead to weakness, nausea and a yellowish tinge to the eyes and skin. Testing for blood borne diseases such as HIV and hepatitis is often a routine task undertaken by a trained person in your organisation or by an associated professional, such as a doctor or nurse.

Skin infections and infestations

Injecting drugs with unclean or non-sterile needles can sometimes lead to infections caused by germs that have entered underneath the skin. This can lead to rashes, redness, swelling, pain or discharge from the areas around the injection sites. You should ask people about skin conditions or problems that could indicate infection, but any diagnosis or assessment of wounds needs to be made by trained professionals.

Substance misuse can lower the person's immune system, and combined with poor hygiene this may make them susceptible to infestations of hair and body lice, mites or scabies, stomach and gut worms and protozoa (Giardia).

Although these are not usually major illnesses, skin infections and infestations are often signs of poor hygiene or injecting technique, and may indicate that the person is at a higher risk of developing a serious illness, such as hepatitis.

Dual diagnosis

Dual diagnosis is a type of comorbidity and refers to when a person is affected by both mental illness and substance misuse. Dual diagnosis is very common in people with substance dependencies. The high correlation between substance misuse and mental health conditions means that people receiving services for alcohol or drug dependency are likely to have some sort of mental health condition, and people receiving services for mental health conditions are likely to have an alcohol or drug dependency. This has prompted governments across the country to recommend that services screen for both of these issues.



When collaborating with mental health professionals such as psychologists or psychiatrists, it is helpful to have a good working knowledge of the types of mental health conditions that frequently present with substance misuse. This allows an appropriate plan of support to be made in partnership with mental health professionals.

Dual diagnosis terminology and risks

Many professionals refer to dual diagnosis in terms of the 'primary' condition. This is the problem or disorder that is thought to have occurred first. In some cases, the primary condition triggers the development of the secondary problem. For example, a person with depression might take alcohol in excessive quantities to help them cope with severe depressive episodes.

Here are some terms and risks associated with dual diagnosis.

Dual diagnosis terms

Terms that might be used to describe dual diagnosis include:

- ▶ primary substance misuse (when drug or alcohol use has precipitated a mental illness, such as marijuana-induced schizophrenia)
- ▶ primary psychiatric disorder (when the mental illness existed prior to the substance misuse, and the drug use is a reactive attempt to cope with the distress or pain caused by the mental illness)
- ▶ dual primary diagnosis (when there does not appear to be a clear link between the two problems that coexist).

Dual diagnosis risks

People with a dual diagnosis are known to have:

- ▶ higher rates of suicide
- ▶ obvious and serious symptoms of illness
- ▶ fewer social supports
- ▶ higher resistance towards seeking help
- ▶ higher rates of involvement in the criminal justice system
- ▶ higher rates of homelessness.

Mental health conditions

Dual diagnosis may include the following mental health conditions.

Schizophrenia

Schizophrenia is a serious mental illness characterised by a fragmented sense of reality along with auditory or visual hallucinations (hearing or seeing things). People with schizophrenia often need antipsychotic medications and supportive counselling strategies to help them through daily life.

Psychosis, which is a temporary or permanent distortion of the person's sense of reality, is a common symptom of schizophrenia.

Bipolar disorder

This condition used to be called manic depression. A person with bipolar disorder shifts between extreme highs and lows. In the manic or high phase of the condition, a person can go for days without sleep. They may also use rapid speech and show signs of psychosis and uninhibited behaviour, such as compulsive lying or sexual promiscuity.

In the depressive phase, a person might experience severe sleep disturbances, extremely low moods and/or difficulty functioning in social situations.

Personality disorders

Certain non-adaptive behaviour traits that significantly affect a person's life, such as manipulative, grandiose or antisocial behaviour, can lead to a diagnosis of personality disorder.

There are several types of personality disorders, including:

- ▶ paranoid
- ▶ schizoid
- ▶ avoidant
- ▶ borderline
- ▶ narcissistic
- ▶ antisocial.

Depression

Clinical depression is more than just feeling sad or responding to grief. It is often characterised by:

- ▶ long periods of low mood
- ▶ poor appetite
- ▶ low libido
- ▶ guilt
- ▶ a sense of hopelessness
- ▶ suicidal ideation.

Anxiety disorders

Anxiety disorders may include irrational phobias and severe fear of specific situations or environments. Panic attacks, in which the person develops distressing symptoms such as heart palpitations and sweating or trembling, can occur when the person is in a situation that triggers anxiety.

Several types of phobias may be experienced; for example, simple phobia (such as a fear of snakes or spiders), social phobia (intense fear of social situations) and agoraphobia (fear of being in open spaces). A person experiencing rational fear does not have a phobia that affects their functioning.

Obsessive compulsive disorder (OCD)

People may show signs of obsessive compulsive disorder, which can involve persistent and distressing irrational thoughts or ideas that have a negative and often severe effect on the person's life.

People with obsessive compulsive disorder have a compulsive need to take irrational actions to reduce the fear of their obsessive thoughts. For example, an obsessive fear of germs can lead to a compulsive need for a person to wash their hands many times per hour.

Knowledge of co-existing issues

Sometimes co-existing issues can impact on each other and make each condition worse, or are one of the contributing reasons why substance misuse has developed in the first place.

A person with co-existing physical issues, such as back pain or a spinal cord injury, may use non-prescription or illicit drugs or alcohol to help deal with the impact their physical issue has on their life. Having a physical impairment of some kind is one of the strongest risk factors for developing depression; and in turn, depression is also a risk factor for developing a physical impairment.

Alcohol and drug use can cause many types of issues. Alcohol can cause liver damage, which causes a drop in a person's quality of life and may bring on depression. Certain neurotoxic drugs, such as methamphetamine, can cause a person to experience the sensation of skin crawling, which causes them to obsessively pick at their skin and create open sores all over their body.

It is important to have knowledge of different types of co-existing issues and how they might impact on a person's life.

Identify and clarify

Although you are not expected to be able to diagnose complex mental or physical health issues, you should be aware of the symptoms and understand these conditions can have a complex interaction with support services.

During the assessment a person may reveal they have already been diagnosed with a co-existing issue by another health professional. It may also be likely they have problems managing other aspects of their lives, such as money, employment, maintaining a secure and reliable living situation and/or interpersonal relationships, and require referrals and/or assistance in these areas.

All of these issues are important to consider in the assessment process. Communicating your support for the person and determining the level of support required is an important part of your work.

It is necessary for organisations to develop relationships with a range of local services and understand their role and function in the support of people with alcohol or drug dependency. People can experience difficulty when seeking help because many services are specialised and are only able to support one of their conditions. Your role is to work with the person to co-ordinate services that meet their needs by obtaining information through the assessment process.

Example

Identify and clarify co-existing issues



Rhonda has arrived at her assessment looking tired and emaciated. She complains about being unable to sleep and admits to drinking more alcohol than she normally does after the recent breakdown of her long-term relationship. She has arrived at the assessment meeting at the recommendation of a friend.

Rhonda is displaying a number of symptoms which could indicate a range of possible health issues including anorexia, depression, alcoholism and insomnia. Rhonda's worker asks her several questions to get an understanding of her drug use history and other factors that could be affecting her health.

It's quite common for people to be upset about the end of a relationship, so Rhonda's worker considers that many of her symptoms might be explained by this event. However she may also have more complex issues which could require referral to other health professionals.

Practice task 6

1. Why is it important to consider co-existing issues during an assessment?

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2. Define the term 'comorbidity'.

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3. Why is it helpful to have knowledge of common types of mental health conditions and collaborate with mental health professionals?

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4. What is an example of the relationship between a co-existing issue and substance misuse?

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5. What are some examples of referrals or assistance that may be required for a person with an alcohol or drug dependency?

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Click to complete Practice task 6

2C Identify the client's key familial and social relationships and how they are impacted by their AOD use

The influence of the person's family and social networks is an important factor of the person's current and future drug and alcohol use and status. Decisions about the person's support options will be greatly influenced by the encouragement or discouragement that is likely to occur from the person's significant relationships. For example, people whose families are supportive of their need to change will sometimes be at an advantage over those whose significant others are unsupportive and/or also dependent on alcohol or drugs.



Often it is useful to be able to determine significant people who can support the person through the assessment process. Being able to obtain information and work with the person to identify relationships that are difficult or unhelpful to their progress or may prevent them from seeking or maintaining support is vital. Often family and social networks may impact negatively and inhibit the person seeking help.

Familial relationships

The size and number of people that make up a person's familial relationships will vary a great deal. Some people may not have any family that they regularly keep in contact with and others may have a larger family group that they may or may not describe as being 'close' family members. There will likely be people who have difficult and inconsistent relationships with family and this may have developed as a result of substance misuse or may have developed before any alcohol or drug use started.

'Family structure' is the people who make up the family unit, as well as their various roles and relationships to each other.

Familial relationships can include:

- ▶ partner
- ▶ parents
- ▶ grandparents
- ▶ siblings
- ▶ children
- ▶ cousins
- ▶ aunts and uncles
- ▶ guardians.

The role of the family

Whatever role family plays in a person's life, it is important to consider and accommodate the family structure, dynamics, communication and decision-making processes that are individual to every family.

Key familial relationships can impact on a person's alcohol or drug use. This may be the level of support and encouragement they feel, the communication skill level of family members and their ability to understand and empathise with the person.

Here are some examples of the way familial relationships can differ.

Family dynamics

Family dynamics are the interactions between members of the family. Interactions can be positive or negative, equal or unequal, empowering or disempowering.

Communication skills

Communication refers to the way information is relayed between family members. Sometimes messages between people can be miscommunicated and/or misunderstood, which can be damaging for relationships and for individuals involved in the communication if not handled carefully.

Decision-making

Decision-making refers to how decisions are made in the family and who makes the decisions. Sometimes older people in the family or people with certain roles are responsible for making all decisions. In other cases decisions fall to the family members who have more power because of their positions in society, levels of education, financial position or physical size.

Social relationships

Social relationships and networks are formed by people sharing something they have in common with each other. However, this does not mean they are similar in everything. For example, people who are members of the same Neighbourhood Watch organisation might not be the same age or gender, or have the same social interests. They may only share a common interest in the Neighbourhood Watch group. Most people have more than one social network.

Social networks are made up of people who fall into one of the following groups:

- ▶ Immediate family (parents, children, siblings)
- ▶ Extended family (aunt, uncle, cousin, grandparents)
- ▶ Friends (people we know well and classify as a friend)
- ▶ Acquaintances (people we know less well, sometimes by name only)
- ▶ Work groups (employers and colleagues; they may fall into the 'acquaintances' or 'friends' groups)
- ▶ Neighbourhood communities (people who share a residential area, such as those in the same street or block of flats)
- ▶ Sporting groups (such as a horse riding club, a sailing club or a hockey team)
- ▶ A special interest or hobby group (such as a sewing class, a choir or a theatre group)
- ▶ Professional networks or business associations
- ▶ Religious organisations

Links with social networks

People live in a network of social relationships. For example, young people have extremely active social lives, taking part in sport and other local activities which play a key role in their development of relationships with peers and others and influencing their social development. Likewise, a mother may be involved in her child's school,

attend gym with friends and take part in a community group in the evening. If a person's alcohol or drug use damages their ability to function in their social networks it can lead to an increase in stress and anxiety which can escalate their situation.

Links with social networks are important for emotional, psychological and cognitive stimulation. Individuals with a very limited social network may be at an increased risk of isolation, lowered mood or increased stress and anxiety, and lack of significant others with whom to share experiences and obtain support and enjoyment.

Drug and alcohol use usually significantly changes people's behaviour and personality. People in the person's family circle and social networks see changes in behaviour and this can affect their relationship. The people affected may no longer trust the person and relationships can change and become fractured as a result of the person's behaviour.

It might be that the person with alcohol or drug dependency:

- ▶ can no longer be relied upon to do what they say they will do
- ▶ cannot focus on their responsibilities, such as parenting and/or working
- ▶ may lie and steal to get money for alcohol or drugs
- ▶ may become absent and withdrawn.

Genograms

Family relationships can vary over time and it may be difficult to determine what people form the important familial networks for a person. It can be hard for the person to describe relationships to you or other workers.

Family dynamics are significant and important for you to determine. Some people may prefer that only certain members of their family are involved in their support process or receive information about what is going on in terms of their alcohol and drug use. It is important to understand which family members are providing support to the person and what type of support they provide. Sometimes friends or neighbours may take the place of family.

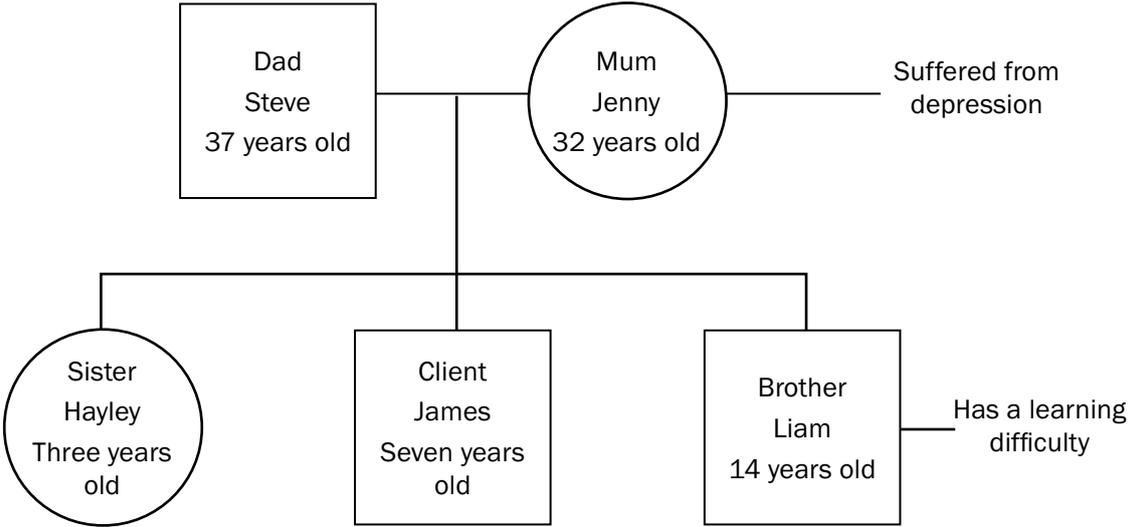
A genogram can be developed to keep track of family relationships. A genogram is a visual representation of the strength, quality and types of relationships a person has. Genograms can be simple or complex.

Here are some examples of the symbols that may appear in a genogram.

Example

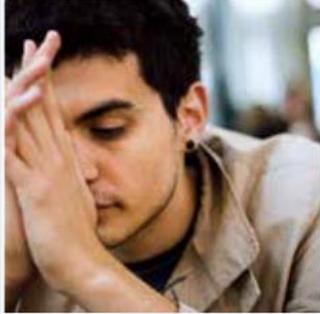
- A circle represents a female
- A square represents a male
- △ A triangle represents someone the client has a professional relationship with
- ⏏ A house shape represents an institution or organisation the client is connected to
- A straight line represents a positive relationship
- ⋯ A dotted line represents a distant relationship
- ⚡ A broken line represents a broken relationship
- ⚡ A jagged line represents a hostile relationship

Here is an example of how family information can be shown using a genogram.



Example

Identify key familial and social relationships



Daniel has been mandated by a court to attend an AOD support service. He refuses to acknowledge he has a problem and makes it very clear he thinks the service is a waste of time. After some initial questioning and attempts to build rapport, Daniel is asked to outline how his drug dependency has impacted on the lives of the people close to him. He reveals it has caused his family substantial financial difficulties because his dependency is very expensive. He

also reveals it has caused substantial emotional stress to his wife and parents as they struggle to come to terms with how he is living his life, and he becomes embarrassed when he discusses how he has been violent to his wife on occasion while intoxicated. When presented with his own admission of the effects of his dependency on his family he becomes more open to the need for support to improve the quality of his life.



Practice task 7

1. What are some of the social relationships that could be impacted by a person's substance misuse?

2. How can family relationships assist in the success of an assessment and support program?

3. How can a genogram help with understanding family relationships?

Click to complete Practice task 7

2D Assess current status, patterns of use, and levels of dependence using standardised or approved AOD screening and assessment tools

Conducting assessment means assessing a person's current status, patterns of use and levels of dependence using standardised AOD screening and assessment tools. There are a range of tools available to do this. It is important to identify the person's immediate needs first, such as their physical and mental health and their emotional, financial, legal and psychological needs.

AOD screening and assessment tools

There are a number of different screening and assessment tools and your organisation will provide you with the required documentation. These documents need to meet certain standards because they can be used in legal proceedings in court and several other professionals may need to access their information.

Tools used for assessment may be known by several names, such as a 'case history form' or 'drug and alcohol assessment tool'. The purpose of standardised tools is to provide an objective measure of the person's circumstances and highlight issues that may not have been apparent during the first meeting or screening interview. Assessment tools aim to minimise duplication of screening and assessment information, streamline the intake processes, improve the person's experience of intake, and inform support planning, referral and pathways.



Types of assessment tools

The number of AOD assessment tools is extensive and most organisations use their own that they have developed over a number of years. Assessment tools involve interviews or questioning completed in a face-to-face format. Self-assessment allows a person to complete a number of questions to assist them to identify their drug use and dependency.

Assessment tools cover all of the areas listed below and may also offer additional questions regarding physical health, ABIs, mental health, psychiatric checks, quality of life, gambling queries, personal goals, assessment of recovery, strengths, family violence and/or the impact of drug dependency on family.

Common areas covered in assessment tools:

- ▶ Current levels of use
- ▶ Current drug use intoxication, withdrawal and blood alcohol content (BAC)
- ▶ Drug use history and behaviours
- ▶ Medical history – possibly including a physical examination
- ▶ Mental health – including risk of suicide and self-harm and harm to others
- ▶ Psychosocial – including resources and supports, genograms, family, children and relationships, housing, finances, employment training, legal issues
- ▶ Summary – including treatment types required and worker/organisation actions and referrals

Examples of assessment tools can be found at: <http://aspirelr.link/aod-screening-and-assessment>.

Benefits of standardised tools

The benefits of standardising the documents used for assessing people is that there is a shared understanding between the various health professionals who use and access the information when supporting a person. A person's current status can be measured and as the person moves through the assessment and support process, the documentation reflects the changes that have occurred and been recorded as per organisational procedures.

Standardised tools are used to provide an objective measure of the person's current status and patterns of use, and highlights issues that may not have been apparent during the informal part of the interview. These provide a baseline reading for future measurements taken throughout the person's support process. The person's level of dependence must be measured objectively rather than subjectively. You should have the standardised AOD assessment tools readily available to ensure the assessment of the person is completed quickly and efficiently.

These documents provide standardised assessment questions and allow space to record the person's responses as well as your own observations. Consider the following before beginning your screening and assessment.

Face-to-face interviews

It is preferable to use assessment tools during a face-to-face interview, since comprehensive assessment requires time to establish a relationship of trust with a person. Verbal and nonverbal cues are not attainable unless you are able to see the person.

Policies and procedures

Your organisation should have clear processes or protocols for ensuring that data collected during registration or intake assessment is not repeated unnecessarily during the comprehensive assessment process.

Use of tools for different people

Standardised tools will usually be used for most people. However, some tools are used for measuring general drug use and others measure co-existing problems such as mental health conditions. Some assessment tools enable the person to ask questions that determine levels of risk in the context of alcohol and other drug use, but also for other risk-taking behaviours such as self-harm, suicidal ideation, or crime or violence.

You need to consider the age of the person and their level of understanding of the process. For example, additional time or explanation may be needed for an older person or a young person. Young people may have advocates, guardians or parents present during the assessment.

When working with older people it may be necessary to get a complete understanding of their situation via discussions with their home-based support or aged care provider. These people can provide you with information the person may omit, and will notice things that indicate further problems, such as changes in appetite, forgetfulness and loss of bodily functions.

How the assessment tool is used will depend on the setting. Settings may include medical facilities, aged care facilities or AOD organisations.

Assess current AOD status

The early stages of a comprehensive assessment require you to be alert for signs of drug intoxication and withdrawal. Some people can be unreliable or dishonest about their drug use.

Your organisation may have procedures, tests or screens for determining the amount of drug present in the person's body to assess the current status of the person. Drug screens are usually conducted in a residential treatment or withdrawal program. Support or counselling services do not usually screen for alcohol or other drug. By screening a person the level of risk to the person's health can be determined.

Other factors that need to be determined in the assessment process are the immediate needs and risk to the person and their wellbeing. These include determining the person's readiness for change, and their physical, emotional, financial, legal and mental health status.

Intoxication

Intoxication means that the person is currently under the influence of drugs or alcohol. A person who is intoxicated can present additional challenges in an assessment setting, including confusion, aggression and heightened positive or negative attitudes that do not reflect their usual feelings. While intoxication does not provide an ideal assessment situation, you should consult your organisation's policies and procedures as some people are unlikely to ever present to you in a more sober state.

Drug screening

Drug screening can take several forms, and testing has become more simple and accurate over recent years. The following explains the requirements for drug screens and the different tools that can be used for different substances.

AOD workers

Only trained professionals should perform some types of drug screens, such as blood tests. AOD workers can usually perform other types of tests, such as breathalyser tests and collecting saliva, sweat and urine samples, once they have received adequate training in their use and analysis. Workers might also be asked to collect hair samples that are sent to laboratories for testing.

Obtaining consent

Drug screens should be conducted with a clear understanding of your organisation's policies and procedures, including the person's right to privacy and informed consent. Your organisation will also have clear procedures in place for reducing the chance of tampering or cheating on drug screen tests, such as maintaining a clear line of vision while the person performs a urine test.

What different tests screen

- ▶ Urine: amphetamines, benzodiazepines, cocaine, methadone, opiates, cannabis, barbiturates and alcohol
- ▶ Saliva: amphetamines, marijuana and hashish, cocaine, opiates, methamphetamines, ecstasy, benzodiazepines and alcohol
- ▶ Hair: cannabis, cocaine, amphetamines and methedrine
- ▶ Breathalysers: alcohol

Readiness for change

People who attend your service may have been required to seek help as a result of a court order, or there may be financial, social or health pressures that motivate the person to change. These reasons do not always indicate that the person is truly ready to undergo the demands of the service or get by without drugs or alcohol.



Simple questions about the person's motivation can be a good starting point for assessing their readiness to change. For example, 'Why do you want to get into this program?' or 'What would you like to be different in your life?' will help find out what the person's motivation is for seeking help and can provide insights into their readiness for change.

Use open-ended questions and active listening strategies to help obtain this information from a person who is reluctant to talk about their motivations.

The 10-point scale

There are a number of ways to determine a person's stage of readiness for positive action. A simple assessment tool used in some organisations asks the person to indicate their responses regarding their level of motivation to change on a 10-point scale.

At this point, don't focus on motivating the person to change their behaviours but simply to consider the possibilities for change – how would they like their life to be different? The person may have different attitudes towards different drugs that they take and may be prepared to give up one but not others, so the scale could be used for each different drug.

Stages of Change model

The Transtheoretical or the Stages of Change model was first developed by James Prochaska and Carlo DiClemente in the early 1980s as a guide to determine a person's readiness to change their behaviour. The model also proposes strategies that can be adopted to guide the individual through different stages. The questions that appear on a standard comprehensive assessment form are often based around the stages of change that the person has reached within the Stages of Change model.

The following shows characteristics and common examples of these stages within the context of the AOD sector.

Precontemplation

The person is not considering change.

Example statements:

- ▶ 'I was forced to come here. I'm not telling you more than I have to.'
- ▶ 'I can't stop using right now. My life is too complicated.'

Contemplation

The person is ambivalent. There is an awareness of the need for change, but they are not yet ready to invest time, money or energy into the process.

Example statement:

- ▶ 'I know I should give up, but I've tried before and nothing seems to work.'

Preparation

The person is trying to make changes and is planning for change.

Example statements:

- ▶ 'I came here to get help, but I want to know what that involves before I make any decisions.'
- ▶ 'I've moved away from the group of kids who were pressuring me to use, but I still can't seem to kick the habit.'

Action

The person is actively taking steps to change.

Example statements:

- ▶ 'I've seen my doctor and he's given me a lot of information about the methadone program.'
- ▶ 'I've come to get help and I will do whatever is needed to get drugs out of my life.'

Maintenance

The person is committed to sustaining new behaviour.

Example statement:

- ▶ 'I haven't used for six months. It's been tough and I need some more help to get through the difficult times.'

Relapse

The person has relapsed and returned to old patterns of behaviour. The process starts again.

Example statement:

- ▶ 'I tried rehab, but I went straight back to using after I got out.'

Assess immediate needs

Accessing the immediate needs of the person is done at the time of screening or early assessment. There may be immediate needs and risks associated that require action to maintain the person's wellbeing. These include determining the person's readiness for change but also the person's physical, emotional, financial, legal and psychosocial status. Issues must always be explored holistically.

Assess the person's health status

Workers across the AOD sector are encouraged to share information and referrals in order to fully assess a person's health status. Health professionals and front-line workers from various disciplines are given greater freedom to help each other manage the co-dependent conditions of the people they support.

For example, person who suffers from bipolar disorder might use alcohol to help them manage the depressive phase of the disorder. Treating the person's alcohol dependence in isolation might be effective in the short term; however, the person might have increased difficulty dealing with their bipolar disorder without alcohol. One or both of the following might occur: the effects of the disorder could become more severe and debilitating, or the person will begin to use alcohol again very quickly. This is why a holistic approach and collaboration with health professionals and other services are so important.



Health assessments

Medical and nursing staff who work in the AOD sector are often required to enlist the support of frontline workers to collect information and data about a person's health. This may occur during both the assessment phase and support phase of the person's contact with an organisation.

Detailed health assessments are often relevant because the person may be at a higher risk of a range of health conditions related to their substance misuse. In

addition, a thorough health check performed by trained medical personnel enables them to determine the person's appropriateness for various supports and services, including drug substitution programs.

Here are some methods for collecting health assessment information.

Collection methods

- ▶ Questioning the person about their health status; for example, dietary intake, hearing and vision, dental health, sexual health and family health history
- ▶ Collecting reports and referrals from external health professionals
- ▶ Making observations of the person's appearance and behaviour

Emotional status

Often there is a single incident which causes someone to seek or be compelled to seek help. They may still be coming to terms with the incident, whether it was a shock to their health, an arrest or a confrontation with their loved ones. As a result the person could be in a state of shock, terrified, angry, ashamed or any combination of these. Their strong feelings and emotional status need to be acknowledged and dealt with. Showing the person empathy and understanding assists in developing a relationship and encouraging motivation for change.

Employment and finances

Substance misuse places a significant financial strain on a person, and the effects of misuse can often make it difficult for a person to maintain steady employment.

When assessing people it is important to understand their financial state.

Ask the following questions to clarify the effects of misuse:

- ▶ How does your substance misuse affect your current job role?
- ▶ How do you support yourself and your family?
- ▶ How do you support your alcohol or drug use?
- ▶ What sacrifices do you consistently make to support your alcohol or drug use, such as poor diet?
- ▶ Do you need additional support for your family while you seek help?

Legal status

An assessment of the person's current legal status will help you and other workers meet the person's individual needs, such as the need for legal aid or counselling. This includes questioning the person about current offences, charges pending, bail conditions and the circumstances surrounding the charges or offences. The person may also be involved in family court for issues such as child custody arrangements. It is important to determine the person's attitude towards past and current offences, charges and court orders.



Psychological status

Potential mental health conditions can be identified during your comprehensive assessment. This can be done by asking the person questions and using standard assessment tools to determine the person's psychological and emotional state.

The following provides an overview of mental state examinations.

Mental state examination

Assessment forms have questions pertaining to mental health history. This is called a mental state examination. A mental state examination records how the person presents at that point in time and is a tool used to collate information on verbal and nonverbal cues to assist with diagnosis and case formulation. It covers areas such as physical and emotional presentation and cognitive state.

Mental state examination questions

General questions include:

- ▶ 'Have you ever been treated for mental health conditions, such as depression, anxiety or schizophrenia?'
- ▶ 'What support did you receive? Hospitalisation, medication, counselling?'
- ▶ 'Are you on any medication? Can you tell me how much you take and for what condition it is prescribed?'

Assess patterns of use

Assessing the patterns of a person's drug and alcohol use can be a challenging task. People with substance misuse problems can be notoriously unreliable in the information they give about their drug use. Obtaining honest and reliable information will help you assist the person with the best options and supports to meet their needs.

Having friends or family members that also have substance misuse problems is important information to know. Continuing to live or returning to a house where drug and alcohol use is occurring will add another level of complexity to a person's recovery. The risk of relapse whilst in the company of people with substance misuse problems is important information to consider during the assessment process.

There can be several reasons a person is not honest about their patterns of use, as outlined below.

The person might:

- ▶ feel embarrassed to admit the extent of their drug use
- ▶ not want to 'dob in' friends or family who have substance misuse problems
- ▶ be experiencing significant denial about how much they use drugs over a day or a week
- ▶ feel unsure of service criteria and want to fit within presumed guidelines.

Patterns of drug use in Australia

Knowledge of general patterns of alcohol and other drug use in Australia can help you to make inferences about the patterns that may occur within your local area and service demographic.

Below are patterns of drug use and how they impact a person's life.

Patterns

The types of drug use that occur in Australia vary across age groups, cultures and socioeconomic classes. Alcohol, tobacco and prescription drugs represent higher levels of misuse than illicit drugs, and have a higher cost to the community than illicit drug use. Cannabis is the most prevalent illicit drug, and young people are also likely to misuse inhalants.

Poly-drug use, where a person has dependence or uses different types of drugs regularly, is becoming increasingly common. For example, a person may drink alcohol and smoke cannabis, or inject amphetamines and then take cannabis, alcohol or benzodiazepines to relax and get to sleep.

Consequences

Most illicit drug use in Australia is experimental and does not develop into dependency. However, the effects of long-term drug use can have a range of serious social, economic and legal consequences for society.

In 1985 Australia developed its first National Drug Strategy. Regular surveys are conducted by the Australian Institute of Health and Welfare (AIHW) to collect data on drug use as well as attitudes, awareness and support for various drug-related policies. The most recent survey, conducted in 2013, can be found at the Australian Institute of Health and Welfare website.

Lifestyle

Many people begin to use drugs in a recreational setting, where they feel a social bond with other people using drugs. Others turn to alcohol or drugs as a way of coping with problems. The expense of maintaining a drug-dependent lifestyle can place financial strain on people. The person is sometimes led to illegal, antisocial and risk-taking behaviours to pay for their drug use.

The lifestyle of a person with a substance misuse problem can vary from managing to work and live without other people suspecting their dependency, to going through severe lifestyle changes such as poverty and homelessness. Some drugs have the effect of causing the person to focus on the drug above all else. The person might gradually neglect educational and career goals, nutritional needs, hygiene, and other needs and responsibilities.

Gather information on patterns of use

Gathering information about a person's drug and alcohol use gives you an understanding of how pervasive the dependency might be, and can inform the development of the person's support plan. Patterns of use help to determine the baseline of a person's dependency behaviours and make an assessment of their level and length of dependency. Support may involve numerous health professionals and services, and for maximum efficiency it is necessary for all of them to operate to the same standards.

Dose, method, frequency and length of time

The frequency of alcohol or drug use and how much is used during each session (dosage) are important indicators for the person's level of drug or alcohol use. Dose and frequency can vary at different times of the person's life. They also depend on other factors such as the time of day, and triggers or environmental factors such as loneliness or stress.

The length of time a person has been using alcohol or drugs can be linked to their level of dependency. A person who has used drugs or alcohol for a long time may have more health and other social problems related to their long-term use. A person who has not been using drugs or alcohol for as long may have acute and immediate needs because of the intensity and frequency of their dependency. Information on when use first began can determine the age of the person when they first started, or the period of time when they became dependant. Many people will be able to indicate a period of time when they feel their dependency begun. Often this is linked with an event or emotional trauma.

When gathering information about the dose, method, frequency and length of time of use, the following information should be gathered during the assessment process.

Dose, method, frequency and length of time

- ▶ Average daily use, asked in terms that are meaningful to the person such as grams, full glasses or number of injections)
- ▶ The number of days they have used in the past seven days and the past month
- ▶ Average weekly spending on their drug or alcohol use
- ▶ When the person last used the substance
- ▶ Recent and past increases or decreases in amounts taken
- ▶ When they first started and if there have been any breaks since then
- ▶ A particular situation that led to a start-up of use
- ▶ Factors that might trigger increases in use, such as stress, conflict or relationship breakdown

Assess levels of dependence

When a person uses alcohol or drugs, they often develop a physical or psychological reliance on the substance. For support purposes the level of dependence must be measured objectively rather than subjectively.

Dependence is seen when the body and brain are unable to function without signs of withdrawal unless consistent amounts of alcohol or drugs remain in the person's system. Many prescription medications and illicit drugs can lead to severe and distressing physical and psychological symptoms when the drug is withdrawn.

The effects of dependence can become closely interwoven. The types of dependence recognised in the AOD sector are outlined below.

Physical dependence

- ▶ Physical dependence is when a person's body has adapted to a drug and it is used to functioning with the drug present. Decreasing the level of the drug leads to withdrawal symptoms. The severity of withdrawal symptoms will depend on the type of drug taken, frequency and amount taken, and the length of time that the drug has been used.

Psychological dependence

- ▶ Psychological dependence is when a person is compelled to use a drug in order to function effectively or to achieve emotional satisfaction. It is characterised by cravings and thinking about using drugs. Reluctance to stop using the drug and relapsing are more often attributed to this type of dependence than the physical symptoms of withdrawal.

Tools for dependency screening

To help determine the person's level and type of dependence, you might be asked to participate in the use of screening tools like the ones outlined below.

Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT is a commonly used, ten-question test developed by the World Health Organization to determine a person's likely level of dependence and risk from alcohol consumption. The questions consider:

- ▶ the frequency of consumption
- ▶ the amount of standard drinks per day
- ▶ the effect of alcohol on daily functioning and feelings of remorse
- ▶ whether a person has been injured as a result of the consumption.

Some customised tools may ask the person to consider whether they or others close to them think they have a problem with their consumption. The answers are each given a score, which are added up to provide a total. A score of 20 or more is suggestive of alcohol dependence.

Severity of Dependence Screening Instrument (SDS)

This short screening instrument consists of five questions that assess a person's level of dependence on a drug and identify problem areas. It can be used independently by the person or with the assistance of a worker.

The questions are:

1. Did you ever think your use of (drug) was out of control?
2. Did the prospect of missing a shot/snort make you very anxious or worried?
3. How much did you worry about your use of the drug?
4. Did you wish you could stop?
5. How difficult would you find it to stop or go without (drug)?

Observation checklists

Comprehensive assessment forms might include a checklist of common signs that could indicate dependency, intoxication or withdrawal. You are required to tick any signs that you have observed in the person during interview. Checklists may include the following:

- ▶ Pinpoint pupils or dilated pupils
- ▶ Agitation and anxiety
- ▶ Slurred speech
- ▶ Disorientation
- ▶ Tremor

Standard assessment questions

Understanding the person's level of dependence can help you to gain a thorough understanding of their needs. An assessment of the level of dependence includes recording the person's responses to topics such as:

- ▶ withdrawal symptoms that they commonly experience when access to the substance is denied for periods of time
- ▶ how often the person thinks about the substance when they are not using it
- ▶ how much of their life is now dependent on use of the substance (for example, whether they feel they can't get through a day at work without using it)
- ▶ the level of interference in the person's life, such as job loss, relationship breakdown or crime, that can be directly or indirectly attributed to substance misuse.

Past interventions and levels of success

During the assessment, some important information can be gained from asking the person about past attempts to seek help for their substance misuse. This information often provides guidance for future interventions. Information provided from the person can be used to assess what has helped in the past and what areas need to be more supported.

The person may present with a good knowledge of the assessment process and the role of various workers and services because they have been through the process before. They may be able to provide some insights into what was successful in their

last attempt(s). A person that is familiar with the assessment process may already have a file kept by the organisation or that can be sent to workers from another organisation with permission from the person.

Areas to consider regarding past interventions and success:

- ▶ Factors that have motivated the person to reduce their use in the past, such as peer intervention or health scares
- ▶ What has been learnt from previous attempts about drug use, relapse, vulnerabilities and coping strategies
- ▶ Past withdrawal history, including date and type of intervention, and settings such as a rehabilitation or withdrawal clinic
- ▶ Symptoms and complications that occurred during withdrawal
- ▶ Medications used during withdrawal
- ▶ Complementary or alternative treatments
- ▶ Attendance at counselling, self-help groups, and/or methadone or other substitution therapy
- ▶ The person's own efforts at cutting down or abstaining
- ▶ Other types of drugs the person has used

Assess the risk of self-harming behaviours

Some people may present with suicidal or self-harming ideation. Determining the level of risk to a person is a vital first step in the assessment process. The person may believe that self-harm or suicide is a way of solving their current alcohol or drug issues and associated problems.

Asking a person whether they have ever thought about self-harm or suicide, or whether that is something they occasionally or frequently contemplate, is a question that can form part of your organisation's standard assessment tools. If it is not a standard question on your assessment form, you might be given instructions to approach the subject if the person gives you any indication of depression or inability to cope.

Here are some guidelines for conducting an assessment.

Questions

Questions relating to deliberate self-harm can be very difficult to ask, but it is known that when a person is able to talk about this issue with someone who shows concern, empathy and non-judgmental responses, it may reduce the risk of self-harm.

When handled insensitively or without expertise, however, it can be a very dangerous discussion to have, so you should take care to follow your organisation's procedures carefully.

Some people who have decided to follow through with intentions to suicide can experience a sudden reduction in anxiety and pain and appear happy just prior to a suicide attempt, because they believe they have found a solution to their intolerable problems. Treat any unusual positive change in behaviour carefully, especially when you are aware that a person has a history of depression or severe mood disorder.

Assessment

A suicide/self-harm risk assessment involves asking direct questions about ideation such as:

- ▶ 'Do you have a sense of hopelessness/worthlessness?'
- ▶ 'Do you ever think about ending your life or harming yourself?'
- ▶ 'Do you want to end your life or harm yourself?'
- ▶ 'How would you do it?'
- ▶ 'Have you previously tried to end your life or harm yourself?'
- ▶ 'Have you lost a family member or significant person in your life to suicide?'

Any responses of 'yes' to these questions warrant deeper discussion into the issues and may require a referral to mental health services.

Discussion

Discussion could relate to identifying the person's level of risk by assessing the following factors:

- ▶ Previous history of suicidal intent or ideation – if a history exists, the level of risk increases
- ▶ A plan to suicide – if they have thought about how they may attempt suicide, the risk increases
- ▶ Means to carry out the plan – if they have the means to carry out the plan, the risk increases (for example, if they have possession of a gun)
- ▶ Extent of social supports – isolation and a lack of positive social networks such as family or friends increases the risk
- ▶ Triggers/stressors – financial issues, recent loss of employment or relationship breakdown, health issues or a series of disappointments all increases the risk

Assess the risk of harm to others

A person who shows certain patterns of behaviour might be at risk of deliberately or unintentionally harming others. Drug use can exacerbate or even cause this risk.

Risk factors that should be considered include:

- ▶ a history of violence, such as assault or family violence
- ▶ a history of sexual offences, such as rape or indecent exposure
- ▶ if the person is working in a job where their decision-making may put others at risk
- ▶ if the person drives a car or operates machinery under the influence of drugs or alcohol
- ▶ threats of violence towards you or others made during the assessment
- ▶ confessions of recent or ongoing violent behaviour towards family members or others.

High-risk behaviour with AOD use

People who are dependent on alcohol and other drugs are more likely to exhibit high-risk behaviours. For example, people who inject drugs and share needles regularly are at high risk of contracting HIV and hepatitis.

A thorough assessment can identify the level of risk that drug use places on the person's safety and wellbeing by asking the person (or their family) about their participation in these types of behaviours. Sometimes the family also have substance misuse problems and this information is important in determining levels of risk to the person.

Some high-risk behaviours related to drug and alcohol use are outlined below.

High-risk behaviours

Exposure to diseases such as HIV/AIDS and hepatitis due to sharing needles or unprotected sex

Involvement in crime such as theft or prostitution to pay for ongoing supply of the drug

Exposure to criminal and violent elements of society, such as drug suppliers and 'loan sharks'

Risk of drug overdose or acute alcohol poisoning due to high levels of use

Irrational, risk-taking or compulsive behaviour that occurs as a result of the effects of the drug, such as skylarking on high balconies, trains or busy roads

Example

Assess using standardised or approved AOD screening and assessment tools

David has presented to an AOD organisation with alcohol issues. He believes he has a mild problem with drinking and is seeking some assistance. The organisation uses the Alcohol Use Disorders Identification Test (AUDIT) to assess alcohol consumption, drinking behaviours, and alcohol-related problems. David is happy to do the test and it's confirmed he understands what a standard sized drink is so the test will be accurate. David answers all ten questions with a graded score, with zero being the lowest and four being the highest. At the end of the test David has a score of twenty and he is shocked to find out that a score of eight or more indicates he participates in serious or harmful alcohol use. David accepts that his condition is far worse than he realised and is highly motivated to change his behaviour.



Practice task 8

1. What are the benefits of using a standardised assessment tool?

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2. Why is it important to assess the person's current AOD status?

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3. How can a worker determine a person's readiness for change?

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4. How might you determine a person's level of health?

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5. Why gather information on patterns of drug and alcohol use?

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6. What important information can be gathered through questions about previous interventions?

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7. What are some high-risk behaviours associated with alcohol and other drug use?

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Click to complete Practice task 8

2E Collaborate with other health professionals as indicated by assessment

Informing the person about what resources are available to them is an ongoing process involving collaborating with other health professionals on a range of issues. Understanding the referral process, what other professionals do and how to initiate contact with them is an essential component of providing successful support.



Multidisciplinary approach

Working cooperatively with other services and professionals can help you to manage problems using a multidisciplinary or shared approach.

Individual service providers are not equipped to deal with every condition that a person may present with. It is necessary to work in conjunction with other service providers to monitor progress and prevent a relapse.

You should never attempt to diagnose a person's condition yourself, even if you clearly recognise the signs of a common medical problem. Instead, record the information that you can see or that you are told and refer the person to a professional who is trained to assess and diagnose physical and mental health conditions.

Taking a multidisciplinary approach may include:

- ▶ taking note of information provided by other services, such as doctors' reports or referral letters
- ▶ referring people to appropriate services or professionals for expert assessment
- ▶ providing other professionals with the information that you have collected about the person with your referral
- ▶ obtaining the person's consent to discuss information with other services.

Health professionals

Your workplace should have a database of health professionals and service providers they regularly use. You need to have a good understanding of what their eligibility criteria is, the process of referrals and costs involved. A list of health professionals generally includes speech therapists, dietitians, physiotherapists, neurologists, psychologists, psychiatrists, mental health services, GP's and nurses.

Collect reports and results from external health professionals

Your assessment of a person's health needs in collaboration with health professionals might include you following up results from tests and referrals that have been made to external services, including doctors and medical specialists, mental health professionals and pathology laboratories.



While you are not required to interpret the results of these reports or to act on them directly, you should follow your organisation's procedures relating to collecting, reporting and filing these reports, and alerting medical professionals within your organisation to their presence.

Assist medical staff

Your observations of the person during the comprehensive assessment can be valuable to medical staff, as you are likely to spend more time with the person, especially in the initial stages of intake.

Here are some factors to consider.

Making observations

Your observations might include taking note of and reporting potential indicators of poor health. The following signs could indicate a wide range of health and physical problems:

- ▶ Unusual movement, such as unsteady gait, trembling, unusual clumsiness
- ▶ Skin conditions, such as redness, swelling or yellowing of the skin and eyes
- ▶ Slurred or unusual speech, drooling or swallowing problems
- ▶ Odour and unkempt appearance
- ▶ Scratching of the hair or skin
- ▶ Appearance of poor oral care and bad breath
- ▶ Confusion or inappropriate conversation

Providing assistance

Your organisation might require you to assist medical staff to perform certain low-risk procedures, such as:

- ▶ taking the person's blood pressure or temperature
- ▶ measuring the person's blood alcohol concentration with a breathalyser
- ▶ collecting urine samples
- ▶ collecting swabs of areas that show signs of infection.

You may also be required to assist mental health staff to perform cognitive assessments, where a person might have to complete a series of activities. Your role might be to provide the person with physical assistance in using pens and paper where motor skills are compromised by disability.

Example

Collaborate with other health professionals as indicated by assessment



Evelyn has used 'speed' for many years and it has taken a physical toll on her body. Like many people who use this drug, Evelyn has damaged her teeth by grinding and as a result she has lost a number of them. She also shows signs of mild depression and anxiety but, more seriously, paranoia. After meeting with Evelyn, the AOD worker recommends she visit a GP for a general check-up and a dentist to arrest her loss of teeth. Evelyn agrees and consents to her information to be passed on to these professionals. Appointments for the GP and dentist are organised and confidential letters are sent to them advising of the results of the assessment. The GP can appraise the situation further and decide what medication, if any, is appropriate before sending Evelyn to either a psychiatrist or a psychologist. Evelyn needs ongoing monitoring and therapy, and the dentist advises that treatment for her teeth will be expensive and she may struggle to afford it. Meanwhile the GP connects Evelyn with a psychiatrist and her progress is positive.

Practice task 9

1. Why is it important to take a multidisciplinary approach?

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2. What are some observations you may make about a person that could indicate poor health?

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3. Give an example of a low-risk medical procedure.

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Click to complete Practice task 9

Summary

1. Engaging the person in a discussion to identify their history and pattern of drug use is a key skill needed to provide support.
2. A comprehensive assessment helps you to gather a detailed picture of the person’s issues. This is sometimes called a drug use history.
3. Issues cannot be viewed in isolation. They must be explored within the context of someone’s entire life as certain elements may either be caused by drug use or exacerbate drug use.
4. There may be legal and ethical obligations placed on organisations to report real or suspected risk of a person harming themselves or others.
5. Self-harm, suicidal ideation or intent and mental health conditions should be considered in the risk assessment process.
6. It is now recognised that substance misuse and co-existing problems are very closely interrelated.
7. Gaining an understanding of any co-existing issues and their connection to alcohol and other drugs is a key objective of assessment.
8. It is necessary to develop relationships with a range of local services to understand their role and function in the support of people with alcohol or drug dependency.
9. The number of AOD assessment tools is extensive and most organisations use their own that they have developed over a number of years.
10. Other factors that need to be determined in the assessment process are the immediate needs and risk to the person and their wellbeing. These include determining the person’s readiness for change, and their physical, emotional, financial, legal and mental health status.
11. Assessing the patterns of a person’s drug and alcohol use can be a challenging task.
12. When a person uses alcohol or drugs, they often develop a physical or psychological reliance on the substance.
13. People who are dependent on alcohol and other drugs are more likely to exhibit high-risk behaviours.
14. Working cooperatively with other services and professionals can help you to manage problems using a multidisciplinary or shared approach.

Learning checkpoint 2

Conduct assessment

This learning checkpoint allows you to review your skills and knowledge in conducting an assessment.

Part A

1. What type of information needs to be collected in a drug use history?

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2. What is the relationship between abuse and alcohol and other drugs?

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3. What is the difference between suicidal ideation and suicidal intent?

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4. Why might a person with an alcohol or drug dependency require legal assistance?

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5. What is the relationship between AOD and dual diagnosis?

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6. Give an example of where a co-existing issue can impact negatively on a person.

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Part B

Read the case study, then answer the questions that follow.

Case study

Elena is 75 years of age and has recently moved into at an aged care facility. Her carers and support workers are worried about her dependency on medication and have requested some counselling from an AOD worker.

1. What are the various ways the worker can gather information about Elena's dependency?

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2. What further information does the worker need to find out about the medication being taken by Elena?

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3. What might be some signs that Elena has become dependent on her medication?

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4. How is a multidisciplinary approach going to assist Elena's health and type of support?

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5. How could Elena's family assist in her support options?

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6. What is the main purpose of using assessment tools when interviewing Elena?

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Topic 3

In this topic you will learn how to:

- 3A Accurately record assessment results according to defined guidelines**

- 3B Apply organisation criteria to determine entry to, or exclusion from, services**

- 3C Prepare clear and comprehensive client assessment report**

- 3D Provide feedback to the client**

Record assessment and provide feedback

Information about a person forms the basis of assessment. This information will only be useful to other staff, professionals and external services if it is presented in a clear and logical way. The type of procedure that you follow depends on the complexity or reason for the assessment as well as your organisation's own procedures. Recording your results might vary from completing the fields in a standard intake form to analysing information and writing a professional report.

3A Accurately record assessment results according to defined guidelines

There are standard principles that guide what records you keep. In most cases, the record of information about a person automatically becomes a legal document that could potentially be subpoenaed by the police or the courts, and as people have access to their files under Freedom of Information Acts they can be read by the person or a member of their family. Your organisation has policies and procedures that guide processes for recording the results of assessments.



Where possible and appropriate, avoid naming other people to protect confidentiality, and if a person expresses suicidal ideation or self-harm ensure appropriate steps are taken and recorded.

It is important to explain to people the reason for keeping records, as well as who can access them and how they will be used. All workers in AOD organisations need to be aware of the importance of recording information using strict guidelines. These guidelines might vary slightly between organisations and services.

Accuracy is extremely important when completing an assessment, as the information may be used by numerous people and will specify how the person is dealt with.

Record information according to defined guidelines

Your organisation's procedures are likely to require your writing to be clear, neat and legible. You will be required to write down information using a black or blue pen rather than a pencil, so that additions or erasures cannot be made at a later time.

If you have made an error at the time of writing, most organisations require you to place a single line through the error and then sign and date the document next to the word that has been deleted. Avoid the use of ink erasers or correction fluids, as it may look as though the evidence about a person's substance misuse or criminal activity has deliberately been erased or altered.

Once the assessment has been completed the paper version may be scanned and filed in your organisation's document storage system, which keeps documents safe and private with access only granted to those with permission. Explain to people the reason for keeping records, as well as who can access them, how they are stored securely and how they will be used.

Legal and ethical considerations

Always make sure you are working within your job role and do not extent your responsibilities outside of the boundaries of that role. A number of health professionals will work together to support and assess a person, so only complete the parts of the assessment that relate to you and your responsibilities.

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. Maintaining confidentiality is part of respecting a person's privacy and individual rights.

Maintaining confidentiality extends to protecting the information collected from a person you support. Completed records should be filed according to your organisation's procedures, such as in a locked filing cabinet or a password-protected computer file. Records should be clearly labelled with the person's full name and stored in the file belonging to the person.

In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. You always need the person's consent if you wish to communicate (disclose) their personal circumstances with another colleague or service. Privacy also refers to the secure storage of both electronic and paper based documentation. The *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APPs) provide information to organisations about the collection, use and storage of people's information.

Defined guidelines for using assessment forms

Assessment records completed on standard intake forms should be brief and direct. Generally, the amount of space provided on an assessment form can be used as a guide to the amount of information that is expected. Avoid abbreviations unless they are universally recognised. You also need to consider the following information.

Record details

Most intake assessment forms are designed to be completed while you are talking to the person. Your organisation might prefer that you do not make notes on a separate sheet of paper with the intention of transcribing this information later to the form. It may be deemed that this transcription can result in inaccuracies and incomplete information.

Make and provide additional notes

Additional notes that do not seem to fit with standard questions on the form can be written on a separate piece of paper and attached, or recorded in sections designed for miscellaneous observations, such as 'additional comments' or 'other information'. In some cases, this additional information might be recorded separately in the person's file notes or in their final assessment report.

Ensure accuracy and date records

Allow time between appointments to look over the assessment form to ensure that the entries are complete and accurate. Leaving too much time, however, can result in gaps in your memory and less accurate recording of information. You also need to make sure records are signed and dated (including the time) on the day that the assessment was undertaken. Your name and role should be printed legibly beneath your signature.

Complete records within the scope of your role

Some sections are set aside for health and allied health professionals. Remember, your role is not to make a diagnosis or to form theories about the person's situation or condition. The consequences of completing entries on behalf of other workers can be serious. This practice can lead to disciplinary procedures for yourself, as well as resulting in missed, incorrect or inappropriate assessment conclusions being made about the person.

Store records

Maintaining a person’s confidentiality extends to protecting the information collected from them. Completed records should be filed according to your organisation’s procedures, such as in a locked filing cabinet or a password-protected computer file. Records should be clearly labelled with the person’s full name and stored in the file belonging to them.

Example

Record assessment results according to guidelines

Debbie recently obtained employment as a counsellor at a Department of Health funded AOD assessment centre in Victoria. Her centre provides ongoing case management and organises a range of support options like detox, counselling, outreach, supported accommodation and residential rehabilitation. Victorian department funded centres have to complete an Adult AOD Screening and Assessment Tool for the people they support. Debbie is new to this tool so she accesses the Frequently Asked Questions document in regard to filling out the paperwork.



She discovers that the tool is made up of three steps:

- ▶ Step 1: Self-assessment
- ▶ Step 2: Comprehensive assessment
- ▶ Step 3: Review and summary

Included in the tool are other optional modules that can be used depending on the circumstances of the person she supports. The FAQs also state ‘All Department of Health funded agencies delivering AOD services or programs will be required to use the new tool under new service agreements following the recommissioning process’. This means it is imperative that all paperwork is filled out correctly or there would be ramifications in regard to funding for her centre.

Practice task 10

1. When storing a person’s records, how do you fulfil your legal and ethical obligation of ensuring their privacy?

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2. How can you ensure accuracy when filling out the assessment form?

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Click to complete Practice task 10

3B Apply organisation criteria to determine entry to, or exclusion from, services

Predetermined eligibility criteria may apply to certain services, treatment options and support, such as residential services and withdrawal programs. In some cases, a comprehensive assessment must be undertaken before the person can be deemed either eligible or ineligible.

Eligibility criteria

To ensure a service is appropriate for a specific person it is necessary to ascertain whether they qualify for a particular service by meeting specific criteria. If they don't meet the criteria it's because there is a better-suited service available elsewhere.



Below are some things to consider regarding eligibility criteria.

Eligibility criteria considerations

- ▶ Funding allocation necessitates the need to limit services to those with the highest or most immediate needs.
- ▶ The service might have been set up specifically to provide focused and streamlined support to certain groups only.
- ▶ People might need specific skills and abilities to participate in programs, such as language and literacy or social skills.
- ▶ Programs might require a certain level of commitment and motivation to be demonstrated, such as the motivation to cut out substance use entirely.
- ▶ Some behaviours and characteristics can be counterproductive to other people participating in programs or can pose an unacceptable risk.

Basic criteria

Eligibility for services is usually matched with the person's circumstances at the first point of contact with the organisation. Some of these criteria might require that the person shows proof of eligibility, such as presenting a birth certificate, Healthcare card or a Centrelink statement.

If eligibility criteria are inflexible, it is important to give honest, clear explanations to excluded people who ask about the possibility of entering certain programs. This should be done to avoid raised hopes and disappointment.

Examples of basic eligibility criteria include:

- ▶ men and women aged 18 to 30 years
- ▶ male youths between 15 and 18 years of age
- ▶ female youths between 15 and 18 years of age

- ▶ people living in a certain area or shire
- ▶ people from a particular nationality or culture
- ▶ people who use no more than 20 mg methadone daily and agree to decreasing schedule
- ▶ people who are homeless or unemployed
- ▶ people who earn less than a certain annual or weekly income
- ▶ people who have private health insurance.

Complex criteria

Eligibility is not always determined by a simple screening process. Intake or comprehensive assessment tools may need to be used.

Here are examples of complex criteria, along with some methods for assessing eligibility for services accordingly.

Housing assistance

Program criteria – housing assistance program run by a community organisation:

- ▶ History of prolonged or frequent homelessness
- ▶ Motivated to find and keep accommodation
- ▶ Assessed as being able to sustain low-rental tenancy with support
- ▶ Meets eligibility criteria for priority housing from the Department of Housing

Assessing eligibility:

- ▶ Evidence of homelessness from refuges, charitable organisations or police
- ▶ Comprehensive assessment report detailing accommodation history
- ▶ Income statements
- ▶ Reports from social workers
- ▶ Reports from a psychologist or counsellor
- ▶ Statement from the Department of Housing

Residential rehabilitation

Program criteria – six-week residential drug rehabilitation program:

- ▶ Must have been assessed as drug dependent
- ▶ Willing to withdraw from the drug prior to the program
- ▶ Basic literacy and life skills such as hygiene and meal preparation
- ▶ Stable on psychiatric and replacement medications or prescription medications
- ▶ Willing to commit to the six-week program
- ▶ Support and accommodation to return to on completion of the program

Assessing eligibility:

- ▶ Agreement to participate from GP, AOD centre doctor or psychiatrist
- ▶ Assessment of life skills undertaken by AOD worker or social worker
- ▶ Assessment of literacy skills using observation during comprehensive assessment
- ▶ Proof of accommodation such as a rental statement
- ▶ Consistently negative drug screen results collected following withdrawal

Exclusion criteria

A referral to certain programs might not be accepted if the person is assessed as showing certain behaviours or characteristics. These exclusion criteria are usually set for reasons relating to the type of program and the conditions and limitations under which it is run, such as protecting the safety of staff and other people, or to maintain the integrity of the program's goals. In some cases, people who have been excluded from programs based on these criteria are able to reapply after appropriate support or interventions.

Reasons a person may be excluded from a service include:

- ▶ being previously banned from the service
- ▶ court orders in place
- ▶ an inability to manage medication
- ▶ unstable (poorly managed) comorbidity or dual diagnosis
- ▶ potential risk of suicide
- ▶ a history of certain crimes; for example, arson or sex offences
- ▶ violent or aggressive tendencies.

Example

Determine entry to, or exclusion from, services

The last time Barry sought support from a particular AOD organisation he hit one of the counsellors and has not been allowed to return since. However, Barry returns to the organisation as he is desperate to get help and is hoping he will be able to this time. No one knows about Barry's history with the organisation as the staff are new.

Tracey helps Barry when he first arrives and takes his personal details down. As part of the organisation's policies and procedures, Tracey takes all Barry's details including his licence number and address. When Tracey looks at his history in the organisation's database, it is flagged with comments that he has a violent history and a supervisor should be called. Tracey excuses herself from the room and consults with her supervisor. They both return to the room and advise Barry that he has been excluded from being able to use the services of this organisation due to past dealings with staff. The supervisor suggests other options for him and makes some calls on his behalf.



Practice task 11

1. Give two reasons a person might be excluded from using services.

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2. List two criteria that could be used to assess entry into a program.

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Click to complete Practice task 11

3C Prepare clear and comprehensive client assessment report

An assessment report is a summary of your communication with a person during the process of a comprehensive assessment. It includes factual information of the person's expectations, problems and needs, and any decisions that have been made in consultation with them.



Prepare assessment report

Assessment reports are a tool to help other workers and professionals to determine the person's referral needs. For other organisations, services and programs, a comprehensive assessment report summarises the person's presenting and past issues, so that accessing new services can be coordinated. In this way, the person does not need to undergo numerous intensive comprehensive assessments or interviews with each new service they access.

Assessment reports can be used in the following specific ways:

- ▶ In court for a person who is facing criminal charges
- ▶ Attached to a referral (with the person's consent) to recommend or introduce the person to another service
- ▶ Gathered by case managers to assist in a more seamless provision of services
- ▶ Used by service and program managers to predict risks to the safety of the person or others
- ▶ Used to determine the wider needs, common problems and demographics of groups who access the service to improve the focus of services

Check and finalise reports

Reports should be made as soon as possible after contact with the person to ensure accuracy and to maintain the currency of the person's records.

Here are some guidelines for making a report.

Consider the audience

- ▶ When writing reports, it is important to think about your audience. In most cases, this will be AOD professionals internal and external to your organisation. When using word processing software, perform a final spell check before saving the final version.

Check grammar and punctuation

- ▶ Your reports will be clearer and easier to read if you write in a direct, concise way, rather than using complex words and long sentences. One of the most common errors is to run two sentences together with a comma rather than a full stop. Your expression will be clearer and more professional if you check grammar and punctuation carefully.

Avoid jargon and unprofessional terms

- ▶ Avoid jargon or unprofessional terms such as 'drunk' or 'tripping' at all times, unless you are directly quoting a person. However, it is preferable to avoid the use of direct speech where possible, since an assessment report is a summary rather than a detailed document.

Check for accuracy

- ▶ Good practice entails workers reading through the report with the person to ensure all information is correct and agreed to by them. It provides the person the opportunity to hear a summary of their situation and to clarify some of the information. Any changes at the person's request should also be noted in the report.

Record information logically

When writing a report use headings to break your report into sections that flow in a logical way. Focus on the most important information that needs to be placed under each category. Explain how you have collected information so that your conclusions are backed up by solid evidence. For example, Mr Tran shows signs of high level of dependence, indicated by a current breathalyser reading of 0.15 per cent, and an admission that he drinks constantly throughout the day. He claims that he is not able to go for an hour or two during the day without a drink.

Points to include in a report:

- ▶ The person's reason for presentation
- ▶ Current health status
- ▶ Past medical and mental health history
- ▶ Past and current AOD use
- ▶ Current living arrangements, family and social support
- ▶ Past AOD support accessed
- ▶ Support goals and stage of change
- ▶ Decisions made

Write objectively

There is no place for judgments, guesses or assumptions in an assessment report. It is therefore important to record only what you see or hear (the facts), rather than what you think (your opinion).

The following illustrates objective and subjective report entries.

Example 1

Report entry: The person has been arrogant and rude towards the staff and other people at the centre. He is constantly complaining about everything and is always asking for special treatment. He is making unfair demands on the organisation’s time and doesn’t seem to care who is upset by his behaviour.

Example 2

Report entry: The person began to use obscenities during the assessment. He made threats to report a worker for asking personal questions and insisted on being interviewed by a different worker. Later, the person was seen arguing loudly with others in the waiting room. These people were very upset by his behaviour.

Explanation of styles

Example 1 illustrates a subjective entry, in which the worker has inserted their own opinion. It uses words and descriptions that are vague and judgmental. Example 2 is objective and factual and records only what the worker has seen or heard. It describes the behaviour more specifically and allows the reader to obtain an objective picture of the events that unfolded prior to or during the assessment.

Example

Prepare client assessment report

A training and employment service is running a retraining program for unemployed people who have been dependent on alcohol or other drugs. The program focuses on people ready to commit to long-term employment.

Ted has recently had a comprehensive assessment completed on his alcohol use and dependence. The worker has written a report recommending he be registered for the retraining program. The worker has recorded all information logically, and carefully edited the report before submitting it to her supervisor.



Practice task 12

- 1. What is an assessment report?

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- 2. What is included in an assessment report?

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Click to complete Practice task 12

3D Provide feedback to the client

Assessment information can be used within your organisation to direct the person to appropriate services and programs, and inform staff about the person's status and needs. In many situations, information can also be helpful to others, including the person accessing services. Providing feedback about results and outcomes of an assessment is useful for the person to gain perspective about how their substance misuse affects their life.



Feedback can motivate the person to seek help through the various channels offered or suggested. Multiple services accessed by the person can benefit from sharing assessment information, saving time and avoiding the need for complete reassessment when the person accesses a new service. This process encourages streamlined support between services, improving the person's access to the range of services that suits their individual needs.

Feedback sessions

A feedback session is commonly held with the person after an assessment has been interpreted and documented. A feedback session involves talking to the person about the types of options and considerations arising from your assessment interpretation. This is a crucial time for talking about change with the person.

The person is central to the feedback session. The aim is to discuss the assessment and make decisions about how the person wants to move forward. The person also needs to consider what aspects of their family and social support require strengthening before they can facilitate and undergo change.

Conduct sessions

The feedback session provides the person with a summary of your assessment. After you discuss the results and draw the person's attention to any need for specialist intervention, the session can also be a time for you to assist the person with making specialist appointments. Your role is to encourage the person to seek further information from appropriate specialists, rather than attempting to interpret medical results yourself. Motivational interviewing can be particularly useful during feedback sessions because its techniques encourage the person to consciously explore their substance use.

Consider the following discussion points and example prompts from an AOD worker for conducting feedback sessions.

Perception

The person's own perceptions of the problems:

'Can you tell me how you feel about these issues?'

Risk

Evidence of the presence of risks and problems:

'We've discussed that sharing needles is a high-risk activity. There are alternatives. Would you like me to discuss some options with you?'

Change

Any indications the person desires change:

'Even though you told me you enjoy being "high", you also said there are times you think about giving up so that you can start a family.'

Referrals

Actions or referrals you researched or looked into on the person's behalf:

'I've collected some written brochures about employment services that might suit your needs.'

Ambivalence

Confronting ambivalent people with too much urgency or forcefulness can lead to further resistance. Some people can see both the advantages and disadvantages of reducing or eliminating their substance use, but may not be highly motivated to change.

A feedback session is a crucial time for talking about change with the person, as outlined below.

Work towards motivation to change

Ambivalence is more likely to be slowly redirected towards motivation to change if you acknowledge the benefits of substance use in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of substance use, discussing the negative aspects allows the person to see how their positive perception may be flawed.

It can be useful to encourage the person to create a list of the good and not so good aspects and effects of their substance use. This can allow the person to compare and consider their reasons for wanting to continue with their alcohol or other drug use and wanting to change their behaviours.

Use assessment feedback

The aim is to help the person to develop a greater awareness concerning their substance use and to make decisions about it. Always seek responses using active listening techniques. Guide the person towards talking and thinking about the issues, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint.

Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.

Example

Provide feedback

Delal is a heavy user of cannabis. She seeks help from Ramona’s service because it is causing problems in her relationship. Her husband feels that her personality has changed, and Delal says she can become aggressive and paranoid. During the feedback session, Ramona asks the following questions to gather more information and encourage Delal to consider the effects of her drug use on herself and her relationship:



- ▶ ‘During the assessment, you mentioned your use of cannabis is impacting on your relationship with your husband as he believes it is causing personality changes in you. How do you feel about that?’
- ▶ ‘How important is your relationship with your husband to you?’
- ▶ ‘Do you think that the relationship is at risk because of your cannabis use?’
- ▶ ‘If it’s at risk, how does that make you feel about your cannabis use?’
- ▶ ‘Can you see both your marriage and continued cannabis use in your future?’

Practice task 13

1. When would you talk with the person about the types of options and considerations arising from your assessment interpretation?

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2. What technique would you employ to encourage the person to consciously explore their substance use?

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3. What type of feedback will not be effective with an ambivalent person?

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Click to complete Practice task 13

Summary

1. There are standard principles that guide what records you keep.
2. Your organisation has policies and procedures that guide processes for recording the results of assessments.
3. Predetermined eligibility criteria may apply to certain services, treatment options and support.
4. Eligibility is not always determined by a simple screening process. Intake or comprehensive assessment tools may need to be used.
5. An assessment report is a summary of your communication with a person during the process of a comprehensive assessment.
6. For other organisations, services and programs, a comprehensive assessment report summarises the person's presenting and past issues, so that accessing new services can be coordinated.
7. There is no place for judgments, guesses or assumptions in an assessment report.
8. A feedback session is commonly held with the person after an assessment has been interpreted and documented.
9. A feedback session involves talking to the person about the types of options and considerations arising from your assessment interpretation. This is a crucial time for talking about change with the person.

Learning checkpoint 3

Record assessment and provide feedback

This learning checkpoint allows you to review your skills and knowledge in recording assessments and providing feedback.

1. Why is it important to work within the guidelines of your organisation when recording assessment reports?

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2. Outline one legal and one ethical reason to accurately record and manage files.

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3. What are some examples of organisational criteria used to determine eligibility for a service?

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4. What are some examples of organisational criteria used to determine exclusion of a service?

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5. What are the benefits of a person getting feedback?

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Topic 4

In this topic you will learn how to:

- 4A Identify client issues that are outside the scope of the service and/or worker**

- 4B Identify appropriate service and support options for the client and their family members**

- 4C Inform the client of possible options and reasons for seeking other services and support and confirm understanding**

- 4D Work with the client to determine referral options and responsibilities and make referral with client consent**

- 4E Provide assessment information to others according to consent requirements**

Identify and respond to need for referral

Referring people to other services can help them receive the assistance that is the best possible fit for their individual circumstances. Referrals should not be undertaken without the active participation and understanding of the person. Encouraging them to become involved in determining what services best suit their needs can help them to feel empowered and can lead to a more thorough and targeted assistance.

4A Identify client issues that are outside the scope of the service and/or worker

Once the person's needs have been assessed and an assessment has been conducted, there will be records taken and recommendations made in consultation with the person regarding support. Sometimes issues identified fall outside of the scope of practice of the AOD worker and beyond the skills and knowledge of the organisation. This is when referral agencies need to be identified and more appropriate services or other options need to be explored.



The person is always at the centre of any discussions regarding their options and consent is always required, as well as an explanation as to why the recommendations for referral have been made. Referrals must be made with the person's consent and referral options and responsibilities should be discussed with the person and their family as required.

Scope of service

Some organisations aim to provide services and assistance to as wide a range of people as possible. Other organisations choose to specialise and may focus on providing support and directing resources to a particular group of people.

Specific groups may include:

- ▶ people with dual diagnosis
- ▶ pharmacotherapies (therapies using pharmaceutical drugs)
- ▶ certain age groups, such as young people or older people
- ▶ different cultures, such as Aboriginal and Torres Strait Islander people.

Organisational limitations

Understanding the services that an organisation provides should form part of the initial employment induction process. Speaking to other professionals and program managers about their services can provide valuable information, as can the organisation's website and mission statement.

In larger organisations, some specific AOD services might be available from staff with particular qualifications or seniority. For example, your organisation might employ mental health professionals who are able to counsel people with serious mental illnesses. Smaller organisations may only provide one type of service and referral to other professionals (such as mental health professionals) is needed.

Support is often complex and incorporates a network of services to provide a holistic support framework. Issues such as accommodation, employment, legal and financial issues need to be attended to along with the person's substance misuse.

Some of the people and professions a worker might interact with or refer people to include those listed below. These services may be found within your organisation or in other organisations.

Possible referral specialists and professions:

- ▶ Psychologists
- ▶ Psychiatrists
- ▶ Social/welfare services
- ▶ Translation/culture specific agencies
- ▶ General practitioners
- ▶ Housing services
- ▶ Criminal justice services
- ▶ Medical services
- ▶ Employment services
- ▶ Mental health services

Issues outside of scope

People will present with a variety of complex issues that need to be addressed. Some issues require the skills and knowledge of specialised and experienced staff who are experts in their area of support.

Here are some issues that may fall outside the scope of AOD organisations.

Issues outside of the AOD scope
▶ Assisting people to access welfare payments
▶ Giving the person legal or financial advice
▶ Assisting with other lifestyle concerns, such as gambling
▶ Addressing health concerns
▶ Seeking housing and employment
▶ Supporting people who are aggressive or violent

Scope of job role

The scope of your job role refers to the responsibilities that you are permitted to perform within the limits of your training, qualifications and job description. Sources of information about the scope of your role are available to you in various formats, including job descriptions and your organisation's policy and procedure documents.

Supervisors can advise you of limitations that are placed on your position. They can also provide advice on how you might seek help for a person from an appropriate professional either internal or external to your organisation.

There are some tasks that may fall outside the scope of your role.

Tasks include:

- ▶ administering medications, particularly intravenous injections that should always be performed by suitably qualified health professionals
- ▶ counselling a person who has depression or has admitted self-harm or suicidal intentions
- ▶ giving legal or financial advice to people, regardless of how much experience you have in these areas outside of your current work role

- ▶ performing certain health and mental health screens that require specific training or qualifications, or attempting to diagnose medical or mental health conditions
- ▶ lecturing or preaching to people about your own religious or moral beliefs in an attempt to solve their problems
- ▶ helping people with cultural needs that are better addressed by culturally specific services, such as Indigenous drug and alcohol services.

Role of a case manager

The case management model is practised in Australia when a person has multiple issues. A case manager might be an AOD worker, a social worker or a nurse involved in community AOD support, and has the following roles.

The role of a case manager

- ▶ The case manager acts as an advocate for the person, liaising with appropriate support services to ensure the person has a smooth and effective transition between agencies.
- ▶ The case manager forms a point of contact for all services.
- ▶ The case manager can be involved in making referrals and liaising with different services and professionals.

Example

Identify issues outside of scope

Lewis is attending Jessica's AOD organisation for an assessment. As the assessment progresses, Jessica can see that Lewis is clearly under the influence of cocaine. When he is due to leave, Lewis says he is driving home. Jessica is concerned that Lewis's condition will put his own life and those of others at risk if he were to get behind the wheel of a car.

Jessica talks to Lewis about her concerns, but he refuses to listen and insists he will drive. Jessica feels that this situation has extended beyond the scope of her role and calls her supervisor.



Practice task 14

1. Give two examples of specific groups that AOD organisations might focus on.

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2. Your previous job as an accountant gives you an advantage in being able to give financial advice to people accessing your organisation's service – is this appropriate and correct?

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3. Give an example of a task that might be outside the role of an AOD worker.

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Click to complete Practice task 14

4B Identify appropriate service and support options for the client and their family members

Part of your role is to consider factors that affect different types of people, including knowledge of the pharmacological aspects in particular drugs. This involves understanding the actions and effects of drugs on the body and how they are administered in people with drug dependency.

Underpinning knowledge on the classes of drugs and patterns of drug use all influence the options and referrals that may be required to support a person's needs. Once this information is gathered an appropriate service or other support option can be identified for the person and their family.



Identify situations of risk for referral

If a person is at risk to themselves or to others, then referral needs to be responsive and immediate. There may be legal and ethical obligations to report real or suspected risk as a result of the person's behaviour, such as sexual assault or family violence. You have an obligation to act in a way that reduces this risk as much as possible. In some cases, this means that you must call the police to prevent the person from carrying out dangerous, illegal or violent behaviour. Your organisation will have policies relating to situations in which you are required to call the police. These include when threats or violence are directed at staff. Always work within organisational policies and procedures and check with a supervisor if you are not clear.

In a health emergency, your first response should be to call an ambulance. In situations where the person is unwell but not in immediate danger, referral to a doctor or emergency room at the local hospital is usually appropriate.

Facilities known as 'sobering up units' can sometimes be used to help reduce alcohol-related violence and anti-social behaviour by placing intoxicated people in a safe environment to overcome the immediate effects of alcohol or other drugs. If police deem the intoxicated person is putting themselves or others at risk, the person will be mandated to use a unit. However, if using a unit is non-mandatory you will need the person to consent to be admitted.

Mandatory reporting

In your role you may be bound by mandatory reporting laws to report known or suspected cases of child abuse or neglect. What must be reported and the groups of people classified as mandated reporters varies across states and territories. It is important for you to be familiar with the mandatory reporting requirements for your work location and job role.

In areas where reporting is not mandated (compulsory), there are ethical grounds for you to report child abuse to supervisors or to the relevant department in your state or territory. It is not necessary to inform the person that you will be making a report, and it can sometimes be made anonymously. However, most services will encourage the issue to be brought up and worked through with the person.

For information on how to report abuse, what needs to be reported and who is mandated to report, visit the Australian Institute of Family Studies at: <http://aspirelr.link/mandatory-reporting-child-abuse>.

Identify people at risk of self-harm

People presenting with a risk of self-harm or suicide ideation or intention may present as stressed, anxious, scared or even calm. The effect on workers in these cases is often an increase in stress and anxiety, and fear of saying the wrong thing.

By identifying the risk and ensuring continued support, the person is likely to appreciate the on-going nature of your work. Even though you may need to refer or ask for consultation or support from other workers or services, by keeping the person informed of your actions and concerns and by following up on referrals you will maintain your rapport with the person.

Here are some points to consider.

Options for seeking help

Ask your supervisor for assistance.

Call a mental health professional who works within your organisation to urgently assess and counsel the person.

Refer the person to an external service or professional such as a psychologist or psychiatrist.

Arrange for a visit from the Crisis Assessment and Treatment Team (CATT).

Identify people with other issues

People might have issues such as financial and accommodation problems linked to chronic dependency. Emergency relief and assistance is available in several forms for when the person does not have enough money to cover living expenses.

People with drug dependency are more likely than the general population to be involved in the justice system, facing charges such as drug possession or other crimes related to their drug use. Legal assistance might be required for a range of issues.

Your knowledge of the services available in your area of work will develop over time as you network and have contact with different people. Service directories are available in hard copy and online to assist with getting to know types of services and their criteria for entry.

Here are some examples of available services and what they can offer.

Available services and support options

- ▶ Charities and other community organisations that can provide food or transport vouchers, clothing or bedding, and other forms of material aid
- ▶ Government departments such as Centrelink
- ▶ Information services provided by community service and AOD agencies
- ▶ Gambling helplines and counselling services funded by state and federal governments
- ▶ Banks or financial services that might provide short-term relief from mortgage payments in exceptional circumstances
- ▶ Financial services that negotiate debts or recommend consolidation of loans
- ▶ Employment agencies that provide training and job skills for people who are recovering from drug dependency
- ▶ Low-cost legal advice and advocacy provided through legal aid centres

Refer non-urgent health issues

When providing coordinated services to people with comorbidity and dual diagnosis, many organisations have links with health and mental health services. Some employ mental health professionals and other allied health workers within the service itself.

If your organisation offers an in-house health professional, you are likely to have established procedures for accessing professional assessment. Some services, including specialist doctors and psychiatrists, might require a referral from a primary health professional before the person can access the service.

Services and professionals who can assist include:

- ▶ community health centres that provide low-cost medical, dental, mental health and allied health services
- ▶ women's health services
- ▶ private general practice clinics
- ▶ allied health practices, such as physiotherapists and dentists
- ▶ natural therapies clinics that employ naturopaths and remedial massage therapists
- ▶ private mental health practices that employ psychologists
- ▶ health and mental health information services
- ▶ emergency telephone counselling services, such as Lifeline
- ▶ networks such as the Dual Diagnosis Recovery Network.

Culturally specific services

Community initiated solutions can sometimes be more effective than government interventions and services because some communities feel they have more input towards the solution and more interest in making it work.

Consider the following culturally specific services.

Indigenous community programs and services

- ▶ Some community programs are very successful in reducing the intake of alcohol and other drugs, but there are known disadvantages that need to be discussed with communities as well, such as overloaded health services. Many Aboriginal Community Controlled Health Services (ACCHS) provide ongoing care and support for Indigenous Australians with alcohol and other drugs issues.

Indigenous community strategies

- ▶ Strategies that Indigenous communities use to help people in remote areas to avoid substance misuse include community-led declaration of 'dry zones', and prohibition and restriction in shops and supermarkets. In some cases they can request that no alcohol be allowed in the community at all. Individuals in some communities can apply through the courts to have their own house declared a 'dry place'.

Services for intervention and relapse prevention

As part of your role you require knowledge of how to apply pharmacological factors to the assessment process in order to understand intervention and relapse prevention strategies relevant to particular drugs.

There are several support options that can be outlined to people during the assessment process. Some supports can be provided at the same time rather than sequentially, and a combination of options can also improve the chances of success.

For example, relapse prevention counselling involves developing strategies to help maintain abstinence or reduce substance use following the withdrawal period. People are provided with strategies for coping and managing relapses, and for dealing with cravings and thoughts about the drug.

Relapse prevention counselling encourages the person to recognise high-risk situations and also provides strategies for coping in these situations.

High-risk situations may include:

- ▶ participating in events or attending parties where people are likely to drink heavily or use drugs
- ▶ being with friends in familiar environments where alcohol or other drugs are used
- ▶ times of stress, such as arguments with family members
- ▶ payday or the payment of pensions or allowances (when the person has money to spend)
- ▶ worsening symptoms of health problems or mental illness.

Withdrawal programs

The goal of withdrawal programs is to address the biopsychosocial elements of withdrawal. This means that several aspects of the person's health are considered. It is recognised that several factors play a significant role in the context of a disease or illness, and the person's physical, psychological and social factors are managed and concurrent illnesses and psychological, social and emotional issues are examined. Pharmacotherapy reduction or maintenance (replacement of a person's drug of choice with a legally prescribed and dispensed substitute) is usually a part of the support program.

People in withdrawal programs are offered support and counselling to encourage them through the difficult symptoms, and to motivate them to continue changing their behaviour. They should also be given a clear plan for the provision of further support or intervention once the withdrawal program has finished.

Here is some further information.

Common types of programs

Common types of detoxification or withdrawal programs can include:

- ▶ residential or in-patient, where the person is cared for within the service for the duration of the program
- ▶ out-patient, where the person attends a clinic each day, collects medication and is counselled about their progress
- ▶ home-based, where a nurse or counsellor attends the person's home each day.

Effects of medications

Medications that are provided to people for different types of withdrawal programs can have a number of aims, including:

- ▶ helping them to relax and sleep
- ▶ reducing the risk of seizures and other serious effects of withdrawal
- ▶ reducing other symptoms, such as diarrhoea and nausea
- ▶ mimicking the drug so that withdrawal is slower and less severe.

Counselling interventions

Counselling is usually focused on empowering the person to make decisions about their drug-using behaviour and to understand the harm associated with their AOD use.

For long-term recovery, in-patient and out-patient counselling is an essential part of care. In-patient counselling involves the person being admitted to a facility to gain vital support at the beginning of their recovery. Normally people voluntarily admit themselves to a residential facility that provides a safe environment and involves intensive support.

Out-patient counselling has much more freedom and allows the person to go about their lives in a normal manner. They are able to maintain their work and family commitments but still enter a program of recovery. It is not uncommon for people with alcohol dependency to relapse using out-patient support. The use of a 28 day program gives them the opportunity to stay sober and obtain support in a controlled environment.

The counselling types are similar, except out-patient counselling can't guarantee a safe environment uninfluenced by the negative behaviours of others.

The following outlines counselling methods and types of self-help programs.

Counselling methods

The methods of counselling that you may recommend to a person include:

- ▶ self-help
- ▶ motivational interviewing
- ▶ brief interventions
- ▶ intensive counselling (this often includes cognitive behaviour therapy)
- ▶ relapse prevention.

Self-help programs

Examples of self-help programs available in Australia include Alcoholics Anonymous, Narcotics Anonymous, Nar-Anon, and SMART (Self Management and Recovery Training). Meetings are free and held in metropolitan and rural areas. Self-help groups are managed and run by people with AOD issues. They encourage members to understand and support each other. Self-help approaches vary, but usually focus on the person taking responsibility for their own support options. Other self-help options include books, videos, and telephone and online support. Self-help is commonly included in other forms of AOD support.

Rehabilitation services

Rehabilitation is the process of medical or psychotherapeutic support for drug dependency. Drug dependency changes a person's behaviour which can, in turn, affect all aspects of that person's life, including work and relationships. Rehabilitation enables people to have the best opportunity to regain their normal life in a safe and healthy way. This type of intervention is suitable for several types of dependency, including stimulants and opioids.

Rehabilitation involves a number of elements and processes, which often include medication, counselling and group therapy. Depending on the person's needs, they can either attend in-patient or out-patient facilities. Some people may need to maintain normal work, school or home life, in which case out-patient rehabilitation is most suitable for them. If a person has long term AOD issues then in-patient rehabilitation is recommended as it removes them from negative or dangerous environments.



Services for consumables and drug substitution

There are a number of services that provide consumables to assist people to take drugs to reduce the damage their misuse is doing to themselves and society. These services offer a preventative approach but also information and education.

Needle exchange programs provide thiamine (vitamin B1 tablets), needles, syringes, swabs, vials of sterile water and 'sharps bins' for the safe disposal of used needles and syringes. However they also provide a range of services such as education on

reducing drug use, health information, referrals for drug dependency support, medical care and legal and social services. Needle exchange programs reduce the spread of blood transmitted diseases such as Hepatitis B and C and HIV, which in turn prevents the spread of these diseases throughout the wider community.

Drug substitution/replacement services that provide methadone for people dependent on heroin aim to prevent people from going through physical withdrawal.

Additional positive effects of drug substitution services:

- ▶ Using methadone is unlikely to result in an overdose.
- ▶ Services keep the person stable while they make positive changes in their life.
- ▶ Health problems are reduced or avoided.
- ▶ Doses are required less often because methadone's effects are long lasting.
- ▶ Methadone is much cheaper than heroin.

Therapeutic communities

A therapeutic community is a support facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change. In a therapeutic community residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur. In a therapeutic community there is a focus on social, psychological and behavioural dimensions of substance use, with the use of the community to heal individuals emotionally, and support the development of behaviours, attitudes and values of healthy living.



Government support

The government provides a number of payments and services which may assist people with AOD associated issues. It provides social and health-related payments and services to people who are eligible. This is a federally funded service and every state and territory has a list of support services and organisations that can provide specialised support and information.

Topics of support and services include:

- | | |
|-------------------|----------------------|
| ▶ disability | ▶ legal |
| ▶ education | ▶ mental health |
| ▶ employment | ▶ money |
| ▶ family violence | ▶ raising children |
| ▶ health | ▶ relationships |
| ▶ housing | ▶ separated parents. |

Supported accommodation

Supported accommodation programs aim to provide people who have completed a withdrawal or a rehabilitation program with safe accommodation in the community. Often residents are required to take part in self-help groups and maintain links with support workers from the service providing accommodation or their AOD workers. This allows them the opportunity to maintain stable accommodation while accessing employment, education, recreation and other support services to enable a change in lifestyle. These programs require abstinence and will have different policies on how to handle relapse.



Mental health services

There are a number of mental health services available in Australia. These may be found in local areas such as in a general practice or emergency department, or through Medicare, public and private hospitals, residential care, and private psychiatric and psychological services.

Some of the better known support agencies include the following.

Beyond blue

Raises awareness and understanding about depression and anxiety

Head space

National youth mental health foundation helping young people who are going through a tough time

Kids Helpline

Free, private and confidential telephone and online counselling service for young people aged between 5 and 25 years

Lifeline

Access to online, phone and face-to-face crisis support 24 hours a day, seven days a week

Mind Health Connect

Mental health and wellbeing information, online programs, helplines and news

On the Line

Services ranging from telephone helplines to call back services, video counselling, moderated forums and real-time online counselling

Pharmacotherapy

Pharmacotherapy is a support option for people with drug dependency. Pharmacotherapies use a range of prescription drugs to assist people in withdrawal programs in order to obtain some control over their drug use. They are therapies using pharmaceutical drugs where a legally prescribed and dispensed substitute replaces the person's drug of choice. These therapies are usually recommended in combination with counselling and other support services. The effects of these therapies require close supervision as the side effects can be painful. Often friends or family members will help support the person and the therapy may occur in a residential setting with 24 hour support.

Some examples of prescription drugs used include methadone, buprenorphine and naltrexone for opioid dependence. Another is acamprosate, a medication used along with counselling for alcohol dependence. It can stabilize the chemical balance in the brain that would otherwise be disrupted by alcohol withdrawal. Another example of pharmacotherapy more widely used is nicotine patches for smokers wishing to quit.

The objectives of pharmacotherapy is to:

- ▶ bring to an end or significantly reduce a person's alcohol or drug use
- ▶ reduce the risk of overdose
- ▶ reduce the transmission of blood borne diseases
- ▶ improve general health and social functioning, including a reduction in crime.

Actions and effects of drugs

Your knowledge of the actions of drugs and their effects on the body are essential knowledge in your assessment and referrals. Over time, there has been an increase in the number of drugs illegally chemically manufactured and so the knowledge of AOD workers needs to keep up with the current and emerging trends in drug types and their effects on the body.

As you work with people in a face-to-face situation, you will get to know the visible signs and symptoms of particular drug use. This will vary amongst people according to the following factors indicated by the Department of Health.

Factors that influence the effect on the person:

- ▶ The type of drug
- ▶ Quantity used
- ▶ The time taken to consume the drug (e.g. 10 minutes versus 10 hours)
- ▶ The person's tolerance (e.g. regular cannabis smoker versus a new smoker)
- ▶ The person's gender, size and amount of muscle
- ▶ Other psychoactive drugs in the person's bloodstream (poly drug use)
- ▶ The mood or attitude of the person (e.g. angry, calm, confident or fearful)
- ▶ The person's expectation of the drug effect (e.g. expecting a powerful drug effect versus expecting a modest drug effect)
- ▶ The setting or environment in which the drug was consumed (e.g. large party versus a quiet night at home)

Classify drugs

The Department of Health suggests there are several ways to classify drugs in the AOD sector. One of the most common and useful ways of classifying a drug is according to the type of psychoactive effect that it has on a person's central nervous system (CNS). The brain is the major part of the central nervous system, and this is where psychoactive drugs have their main effect.

Drugs can be classified according to:

- ▶ the uses of the substance (medicinal or recreational)
- ▶ the effect of the substance on the body according to the specific effect on the central nervous system
- ▶ the source of the substance (i.e. synthetic or plant)
- ▶ the legal status of the drug
- ▶ the safety status of the drug (dangerous/safe).

Major drugs groups

There are a large number of drug types and they have numerous effects on the body. The signs and symptoms of AOD intoxication vary according to the substance taken and in what quantity. It is useful to understand and have some knowledge about particular drugs, their primary properties and to understand something about the effects they have on a person and their body. With this information you are better placed to recommend the correct support or refer the person to the most appropriate service.

Here is a list of some major drug groups and their primary effects on the body.

Stimulants

Effect on CNS: Stimulants tend to speed up the activity of a person's central nervous system. These drugs often result in the person feeling more alert and energetic.

Examples: Amphetamines, cocaine, pseudoephedrine (found in medications such as Sudafed and Codral Cold and Flu), nicotine and caffeine.

Depressants

Effect on CNS: Depressants (or relaxants) tend to slow down the activity of the CNS, which often results in the person feeling less pain, more relaxed, and sleepy. These symptoms may be noticeable when a drug is taken in large amounts. It is important to note that the term 'depressant' is used to describe the effect on the CNS, not the effect on the person's mood. Depressants are more likely to result in euphoria than depression, especially in moderate use.

Examples: Alcohol, major tranquillisers, benzodiazepines (such as Valium and Temazepam), opioids (heroin and morphine) and volatile substances (also classified as 'other'; these include glue, petrol and paint).

Hallucinogens

Effect on CNS: Hallucinogens have the ability to alter a person's sensory perceptions by distorting the messages carried in the CNS. A common example is LSD.

Hallucinogens alter one's perceptions and state of consciousness.

Examples: LSD, psilocybin ('magic mushrooms'), mescaline (peyote cactus) and kava.

Others

This category includes psychoactive drugs that do not fit neatly into one of the other categories but which are clearly psychoactive, such as antidepressants (such as Zoloft) and mood stabilisers (such as Lithium).

Examples: Ecstasy (MDMA), cannabis and volatile substances.

Types of drugs and effects on the body

Here is some more detailed information on the effects some of the major drug groups have on the body, as well as how they are administered.

Depressants

Alcohol is almost always administered by drinking but can be inhaled or injected.

Benzodiazepines, including Valium and Temazepam are ingested in tablet form or injected. They are commonly prescribed by doctors to relieve stress and anxiety and to help people sleep.

Cannabis is administered via smoking but can also be eaten, brewed as a tea or inhaled through a vapouriser.

GHB (Gamma Hydroxybutyrate) is ingested, and also injected and inserted anally.

Heroin and morphine are administered via injection, snorted and smoked (inhaled).

Codeine is ingested or administered as a suppository (anally).

Inhalants such as glues, paints and aerosols are administered via inhaling.

General effects of depressants:

In the short term, these substances can make a person feel relaxed and uninhibited. They can reduce pain and anxiety, promote feelings of wellbeing, lower inhibitions, slow the pulse and breathing, lower blood pressure and create poor concentration and dizziness. They can affect response times and motor coordination, and cause slurred speech and unsteady gait.

Overdoses can result in drowsiness, vomiting, confusion, fatigue, impaired coordination and judgement, memory loss, respiratory depression and arrest, unconsciousness and death.

Stimulants

Caffeine is administered via drinking and eating (ingesting).

Nicotine is administered via inhaling or transdermal absorption (patch).

Amphetamines are administered via ingesting, smoking (inhaling) or injection.

Cocaine is administered via snorting, injection, being rubbed on gums and ingestion (added to food and drink).

Ecstasy (MDMA) is ingested via tablet.

Methamphetamine (or 'ice') is administered via smoking, injecting, swallowing, and snorting.

General effects of stimulant drugs:

These substances make the person feel creative, confident and energetic. They increase heart rate, blood pressure and metabolism. The person may experience feelings of exhilaration, increased mental alertness, dilated pupils, agitation, sweating and tremors. Large doses of stimulants can cause anxiety, panic, headaches, aggression and paranoia. Nicotine releases adrenaline which gives a rush but also has a sedative effect of feeling calm and relaxed.

Methamphetamine can give feelings of pleasure and confidence, and increases alertness and energy. It creates repetitive actions like itching and scratching. The person will have enlarged pupils and a dry mouth, and experience reduced appetite, teeth grinding, excessive sweating, and fast heart rate and breathing.

Effects of overdose include rapid or irregular heartbeat, reduced appetite, weight loss, heart failure, dependence, panic, paranoid psychosis, seizures and dehydration.

Hallucinogens

LSD (Lysergic acid diethylamide) is ingested, snorted, injected and inhaled (smoked).

Psilocybin or 'magic mushrooms' are ingested.

Cannabis is administered via smoking but can be eaten, brewed as a tea or inhaled through a vaporiser.

Ecstasy (MDMA) is ingested via tablet.

Ketamine is ingested, snorted or injected.

PCP (Phencyclidine or 'angel dust') is inhaled, injected, snorted, swallowed or administered through transdermal absorption.

Steroids are ingested via tablet or injected.

General effects of hallucinogens:

Hallucinogens cause a distortion of sense of reality, with illusions of seeing or hearing things that are not real. People experience feelings of euphoria or intensification of feelings. Negative effects include mood swings, feelings of doom, vomiting and nausea.

Opioids

Heroin and morphine are administered via injection, snorted and smoked (inhaled).

Codeine is ingested or administered as a suppository (anally).

Oxycodone is administered via ingestion, injection or anal suppository.

Methadone is administered via injection and ingestion (tablets).

Buprenorphine is administered sublingually (under the tongue) or ingested.

Pethidine is administered via injection.

General effects of opioids:

General effects include feelings of euphoria, drowsiness, dreaminess, pain relief, pinpointed pupils, sedation, itching, scratching, slowed pulse and impaired judgment.

Effects of overdose include respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness and coma.

Cannabinoids

These are naturally occurring compounds found in the Cannabis Sativa plant, with products including marijuana and hashish. Cannabis is administered via smoking but can be eaten, brewed as a tea or inhaled through a vaporiser.

General effects of cannabinoids:

General effects include euphoria, increased appetite, slowed thinking and reaction time, relaxation, confusion, and impaired balance and coordination.

Effects of overdose include cough, frequent respiratory infections, impaired memory and learning, increased heart rate, anxiety, panic attacks, paranoid psychosis and hallucinations.

Methods of administration

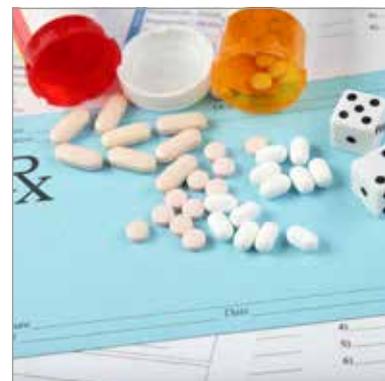
You need to ask about the methods of administration a person uses to take drugs. This information should be included on the assessment tool.

Methods used to take drugs include:

- ▶ orally (swallowed)
- ▶ orally (sublingual)
- ▶ injected
- ▶ inhaled and smoked
- ▶ snorted
- ▶ inserted anally
- ▶ transdermal absorption; for example, patches.

Current and emerging trends

Knowledge of current and emerging trends in drug types and their use will be part of your on-going research and professional development. To ensure AOD services are adequately prepared for the rapid shifts in drug trends, knowledge of trends is vital. General patterns and prevalence of alcohol and other drug use in Australia and in your local area can help you to make inferences about the substance misuse patterns that may occur with the people you support.



The type of drug use that occurs in Australia varies across age groups, cultures and socio-economic classes. Alcohol, tobacco and prescription drugs represent higher levels of misuse than illicit drugs, and cost the community more than illicit drug use. Cannabis is the most prevalent illicit drug, and young people are also likely to misuse inhalants. Poly drug use, where a person has dependence or uses different types of drugs regularly, is becoming increasingly common. For example, a person may drink alcohol and smoke cannabis, or inject amphetamines and then take cannabis, alcohol or benzodiazepines to relax and get to sleep.

Most illicit drug use in Australia is experimental and does not develop into dependency. However, the effects of long-term drug use can have a range of serious social, economic and legal consequences for society. In 1985 Australia developed its first National Drug Strategy and every few years the government develops, updates and reviews funding on strategies to curb and prevent drug use in Australia.

Regular surveys are conducted to collect data on alcohol and other drug use as well as attitudes, awareness and support for various drug-related policies. According to the most recent survey (the National Drug Strategy Household Survey 2013), the majority of people in Australia drink alcohol (78.3%) and 12% of the population use illicit drugs. Cannabis is the most commonly-used illicit drug (10.2%). A much smaller proportion of the population (2%) use other illegal drugs, such as methamphetamines, cocaine and ecstasy, and an even smaller proportion use inhalants (0.8%).

The National Drug Strategy Household Survey 2013 can be found here:

- ▶ <http://aspirelr.link/national-drug-household-survey>

Tolerance and dose

A person who has become dependent on a drug often becomes less responsive to the drug's effects over time. This is called tolerance. Tolerance leads to the person needing to take larger amounts of the drug to obtain the same effect. People with drug dependency who have developed tolerance often no longer experience the positive effects of the drug, such as the euphoria of heroin use, and will instead need the drug merely to function normally. Tolerance often drives the person into an increasing cycle of use and dependence.



The frequency of alcohol or drug ingestion and how much is used during each session (dosage) are important indicators for you to assess the person's level of drug or alcohol use. Dose and frequency can vary at different times of the person's life. They also depend on other factors, such as the time of day and triggers or environmental factors such as loneliness or stress.

Withdrawal symptoms

When a person with drug dependency suddenly stops using drugs, they will often experience withdrawal symptoms. Carefully prepared support plans rely on a thorough assessment of the person's level of dependence and an understanding of the effects of withdrawal from various drugs. The signs of withdrawal vary depending on the individual person, the types of drugs used and the level of dependency. Withdrawal symptoms can be extremely unpleasant and can last anywhere from a few days to a few weeks. Observing the person and asking questions during the assessment will help you determine if they are experiencing withdrawal symptoms, and this provides information to ascertain the person's current status.

Here are some common types of dependence and associated withdrawal symptoms for different types of drugs.

Alcohol

Alcohol use can cause strong physical and psychological dependence.

Symptoms of alcohol withdrawal can continue for any period between two and seven days. Recurring symptoms sometimes last for several months. Severe symptoms are sometimes called 'delirium tremens' or DTs. Other common withdrawal symptoms include:

- ▶ nervousness, shaking and tremors
- ▶ anxiety, irritability and depression
- ▶ excessive sweating, especially the hands and face
- ▶ nausea and/or vomiting
- ▶ fatigue and insomnia
- ▶ palpitations, rapid heartbeat or an abnormal awareness of the heart beating in the chest
- ▶ headache, hallucinations or trouble concentrating
- ▶ seizures.

Cocaine

Strong psychological dependence is common, even after prolonged periods of abstinence. Withdrawal can last for up to 10 weeks.

Common withdrawal symptoms include:

- ▶ agitation
- ▶ depression
- ▶ intense cravings
- ▶ fatigue
- ▶ anxiety
- ▶ anger
- ▶ hypersomnia
- ▶ increased appetite
- ▶ irritability
- ▶ dysphoria.

Amphetamines

Amphetamine use can cause physical and psychological dependence.

Common withdrawal symptoms include:

- ▶ hunger
- ▶ extreme fatigue
- ▶ anxiety
- ▶ irritability
- ▶ depression
- ▶ sleep disturbances
- ▶ panic attacks
- ▶ shaking
- ▶ seizures
- ▶ dehydration
- ▶ tachycardia
- ▶ arrhythmia
- ▶ poor coordination.

Hallucinogens

Hallucinogens, also known as psychedelic drugs, distort interpretation of surroundings. Tolerance is common, but physical and psychological dependence is unlikely. Tolerance reduces when the drug is no longer taken regularly.

Ecstasy is both a stimulant and hallucinogen. There is some evidence of psychological dependence. Common withdrawal symptoms include:

- ▶ the strong desire to continue using the drug
- ▶ depression
- ▶ sleeplessness
- ▶ agitation and difficulty in concentrating.

Heroin

Heroin use can cause physical and psychological dependence. Withdrawal symptoms commonly subside after six to seven days, but some symptoms may last for months or years.

Common withdrawal symptoms include:

- ▶ strong cravings
- ▶ restlessness and loss of appetite
- ▶ low blood pressure
- ▶ stomach and leg cramps
- ▶ vomiting or diarrhoea
- ▶ runny nose
- ▶ irritability or insomnia
- ▶ muscle spasms
- ▶ depression.

Cannabis

Cannabis use can cause physical and psychological dependence. Frequent cannabis use can result in a strong tolerance of the drug, and strong symptoms of withdrawal.

Common withdrawal symptoms include:

- ▶ irritability
- ▶ difficulty sleeping
- ▶ anxiety
- ▶ restlessness
- ▶ depression
- ▶ abdominal pain and nausea
- ▶ poor appetite and weight loss
- ▶ headache and tremors.

Benzodiazepine

Benzodiazepine use can cause physical and psychological dependence.

Common withdrawal symptoms include:

- ▶ anxiety
- ▶ sleeplessness
- ▶ panic attacks
- ▶ delirium
- ▶ depression
- ▶ seizures
- ▶ abdominal pain and nausea
- ▶ headaches
- ▶ loss of memory
- ▶ shaking.

Stages of withdrawal

Just as a person's withdrawal symptoms vary depending on the drug and level of dependence, there are various stages that a person withdrawing from different drugs might experience. Replacement of a person's drug of choice with a legally prescribed and dispensed substitute used as a part of withdrawal intervention will bring on the effects of withdrawal but in a slower and less severe way. The consequences of using such pharmacotherapy reduction interventions are that the person may be more successful because of the control of symptoms and because they are teamed with counselling and other support to encourage and motivate them through the process.

There is some disagreement about the stages of withdrawal in some drugs. However, many types of drug and alcohol withdrawal are known to move through at least two stages, which are outlined below.

Acute stage

The first stage is the acute stage, which can last for a few days to a few weeks. In this time, the person experiences anything from mild to extreme physical symptoms, depending on the drug and the degree of dependence.

PAWS

The second stage is called post-acute withdrawal syndrome (PAWS), and can last from weeks to months. During this stage the person's physical symptoms subside, but cravings for the drug, along with emotional symptoms such as anxiety and depression, can continue. The intensity of cravings for certain drugs can make this stage an especially vulnerable time for relapse.

Health issues

For non-medical staff, a physical status assessment will follow a standard set of questions about the person's general health, diet and disabilities. In this way, physical needs can be determined, including the need for referral to a doctor. It can also include baseline measurements of the person's weight which can be used to determine fluctuations that occur later, such as during rehabilitation.

Complex health assessments are tasks for trained medical professionals, but you might be required to ask basic screening questions that can alert you to the need for follow up care by a doctor or allied health professional.

The following shows areas of health you may ask questions about.

Dietary intake/malnutrition

Poor diet can help point to nutritional deficiencies and risk factors for conditions such as diabetes and obesity. Many drugs affect appetite and cause nausea, thereby impacting on nutritional intake. Alcohol consumption can cause vitamin B1 deficiency.

Gastro-intestinal problems

Gastro-intestinal problems can indicate gastric ulcers or hepatitis caused by excessive drinking, toxicity, and symptoms of withdrawal. Problems include nausea, vomiting, diarrhoea, constipation, difficulty swallowing, indigestion, bowel bleeding or coughing up blood.

Skin conditions

Skin conditions can include injection sites, cuts, itching or rashes. The appearance of rashes can indicate infections, allergies or nutritional deficiencies. Itching can indicate a range of problems including liver disease or parasite infestations such as lice or scabies. People who inject can be more prone to skin infections and scabbing that doesn't heal due to poor immune systems and nutrition.

Weakness and fatigue

Weakness is a lack of physical or muscle strength. Fatigue is the feeling of constant tiredness and exhaustion. Weakness and fatigue can indicate a wide range of conditions.

Pain, tingling and numbness

The presence of ongoing pain or related sensations anywhere in the body needs to be reported immediately, as it can be an indicator for a number of serious medical conditions.

Lack of feeling or sensation (such as in the fingers or toes) can indicate peripheral neuropathy, a side effect of long-term alcohol misuse, as well as a range of other serious neurological conditions.

Hearing and vision

Sensory difficulties due to ageing or other reasons can present additional risks to people and should be followed up by specialists.

Dental health

People who take certain types of drugs intravenously can suffer long-term dental problems, including decay and loss of teeth. Dental problems can also indicate nutritional deficiencies, and can lead to further dietary problems through the inability to chew.

Sexual health

The presence of sexual dysfunction and menstrual dysfunction, pain or discharge can indicate a range of health conditions, such as sexually transmitted infections (STIs). The existence of actual or possible pregnancy will affect the types of support that are offered to the person.

Urinary habits

Difficulties or changes in urination can be related to prostate cancer, infections, STIs, dehydration and a range of other medical conditions.

Cognitive abilities and speech patterns

Reduced ability to understand reason and organise information, along with confused speech, can indicate problems such as alcohol-related brain injury or dementia.

Family health history

Understanding the medical background of parents and siblings can help professionals to establish risk factors for a range of hereditary conditions, such as heart disease, some types of cancers, diabetes and alcoholism.

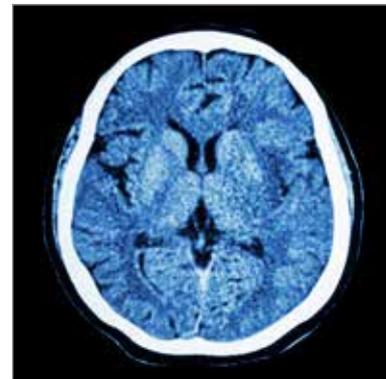
Blood borne diseases

People who inject drugs and share needles regularly are at high risk of HIV and Hepatitis C, which is contracted through blood of other people that remains on the needle and syringe. Hepatitis C can also be contracted through prolonged alcohol misuse and results in permanent damage to the liver.

Effects of drugs on development

The physical health issues surrounding drug use are well documented. The long-term effects on other aspects of health – such as social, cognitive and emotional development – are less known and understood.

The social consequences of drug use can include withdrawal from peers and family, and the higher likelihood of having problems with the law. This may also include difficulties interacting and maintaining education, employment and accommodation. The person might gradually neglect educational and career goals, nutritional needs, hygiene, and other needs and responsibilities. This is likely to affect their social networks and interaction within the community, resulting in social isolation.



Changes in mood or behaviour caused by alcohol and other drugs are the result of changes to the brain. This can have long term effects on cognitive functioning and may lead to brain damage in the case of alcohol caused acquired brain injuries (ABIs). Emotional development can be affected by drug use and emotional issues not dealt with can cause AOD issues. For example, mental health issues like depression and anxiety resulting from prolonged substance misuse can disrupt an adolescent's ability to function and develop in a constructive manner.

Impact of drug use on others

Many people begin to use drugs in a recreational setting, where they feel a social bond with other people using drugs. Others turn to alcohol or drugs as a way of coping with problems such as difficult relationships, grief, depression or long-term abuse. The expense of maintaining a drug-dependent lifestyle can place financial strain on the person. The person is sometimes led to illegal, anti-social and risk-taking behaviours to pay for their drug use.



The lifestyle of a person with a drug dependency can vary from managing to work and live without other people suspecting their dependency, to going through severe lifestyle changes such as poverty and homelessness. Some drugs have the effect of causing the person to focus on the drug above all else.

All of these can have a huge impact on family and the way a family operates. Support for family is very important. It may be necessary to offer support services and referrals for family members of people accessing your service. This may include reminding them they need to take care of themselves and consider other children or family members. Appropriate support might be talking with a friend or with a professional. Joining a self-help group is often a good option where the family can share their thoughts and experiences with other people who are facing, or have faced, similar problems.

Poly drug use

As discussed, patterns of drug use vary significantly. The scale ranges from occasional use to dependent use, with variations of recreational, situation and intensive use in between.

Poly drug use occurs when two or more drugs are used at the same time or on the same occasion. This is becoming increasingly common in Australia.

Some people combine different kinds of alcohol and other drugs to increase the intensity of the experience. They may also combine substances such as alcohol with prescription drugs without thinking about the side effects. They may not be aware of the harm that may be caused when the different drugs interact with each other.

People may also use some drugs to counteract the effects of another drug. For example, people may smoke cannabis to 'come down' from the stimulating effects of amphetamines.

For more information visit the Australian Drug Foundation at:

- ▶ <http://aspirelr.link/alcohol-drug-use>.

Common drug interactions

Using one drug after another means a person can experience the side effects of all drugs taken.

Here are some examples.

Using alcohol with other drugs

The effects of drinking and taking other drugs – including over-the-counter or prescribed medications – can be unpredictable and dangerous, and could cause the following:

- ▶ Alcohol + cannabis: nausea, vomiting, panic, anxiety and paranoia
- ▶ Alcohol + energy drinks (with caffeine), methamphetamines, amphetamines or ecstasy: more risky behaviour, body under great stress, overdose more likely
- ▶ Alcohol + GHB or benzodiazepines: decreased heart rate, overdose more likely

Using codeine with other drugs

The effects of taking codeine with other drugs, including alcohol, prescription medications and other over-the-counter medicines, are often unpredictable.

Codeine taken with alcohol can cause mental clouding, reduced coordination and slow breathing.

For more information about the combined effects of drugs visit the Australian Drug foundation at: <http://aspirelr.link/drug-use-effects>.

Effects of prescribed drugs

Use of prescription and over-the-counter medications might not be considered important to the person in their assessment. However, it is important to list any medications that fall into this category, even vitamins, herbs and cold and flu medications. When taken together, all types of drugs, both prescription and non-prescription, can interact in unintended and unexpected ways. Some examples include when alcohol is combined with antidepressants and impairs thinking skills and alertness because they both slow down the nervous system; or when sleeping pills and alcohol are taken together and reduce blood pressure to extremely low levels and cause breathing difficulties.

These interactions might have serious side effects that can be dangerous to the person's health. A doctor or health professional will be the best person to determine the possible effects.

Here is further information regarding prescribed medications.

Medications and support

Prescription medications that can be especially important to understand in terms of future support and interventions include methadone, antidepressants and benzodiazepines such as Valium. Prescription medications may affect support options because they may interfere with the way the person operates.

Information required

Once it has been revealed to you that a person is using prescription medications, you will need to find out more details about:

- ▶ whether the person is taking these medications as prescribed and as directed
- ▶ how long they have been taking them
- ▶ the reason for the prescription
- ▶ the prescribing doctor.

Misuse

Misuse of prescription medications is increasing, particularly the benzodiazepine (for example, Valium, Xanax) and opioids (for example, oxycodone, panadeine forte, codeine) groups.

People may not have prescriptions for these drugs, but be accessing them through illegal channels. There is also the risk of misusing medications that are available over the counter, such as painkillers.

Example

Identify appropriate service and support options

Rosanna has been using cocaine for many years and has recently been through a rehabilitation program. AOD worker John knows that Rosanna is at high risk of relapse, because she spends a great deal of time with a group of people who continue to use cocaine. Rosanna is unemployed and has mentioned that she would like to get a job. John feels that obtaining full-time work would help Rosanna avoid falling back into her old lifestyle. John believes that Rosanna lacks confidence. He feels that she dresses and speaks in a way that would detract potential employers. John refers Rosanna to Mission Australia’s employment services, which provides training in job search techniques and specialises in helping people to develop new skills and prepare résumés.

Practice task 15

1. What are sobering up units used for when a person is at risk?

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2. Name two common drugs treated with pharmacotherapy or drug substitution therapy.

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3. What does relapse prevention aim to achieve?

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4. What is pharmacotherapy?

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5. What are common methods of administration for drugs?

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6. What is poly drug use?

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Click to complete Practice task 15

4C Inform the client of possible options and reasons for seeking other services and support and confirm understanding

AOD support options can be selected from a number of services. No matter what options are chosen it is vital that the person is informed in the decisions they are making and understand all possible options available to them, as well as the reasons certain services or programs might be better suited to their needs.



Understand demotivation

Encouraging a person to participate in AOD programs and other forms of support can be challenging, particularly if the person's lifestyle is centred on their drug use. Understanding the demotivating factors in the person's life can assist you to determine approaches that provide valid reasons for seeking support.

Here are some possible reasons for ambivalence or demotivation.

Demotivation causes

Fear of losing social groups or lack of family and peer support

Previous unsuccessful attempts

Concern about how they will cope physically and emotionally without the drug

Lack of confidence in their ability to change, often brought on by strong, deep-seated feelings of failure and self-doubt

Ambivalence about their physical and mental health

Dread of the symptoms of withdrawal

Motivational interviews

Motivational interviewing uses open questions, affirmations, reflections and summaries, and focuses on increasing the person's motivation to change, even if they have not yet made a decision to change or are not sure that they can or even want to.

Motivational interviewing encourages the person to explore their reasons for drug use and reasons for changing it. It accepts that ambivalence is normal when changing any entrenched behaviour and works with the person at their current stage to explore their barriers to change.



Brief interventions

Brief interventions are between one to four sessions of 5 to 30 minutes, usually in an opportunistic fashion where the person has not sought out support but an issue has been identified during screening. Evidence-based research has found that motivational interviewing techniques make this a very effective method of instigating behavioural change. It is important to use this technique in a manner that is supportive and non-judgmental of the person or their choices.

The interventions may follow the FLAGS structure, as shown below. The following has been adapted from *Guidelines for the treatment of alcohol problems*, Department of Health and Ageing, 2009.

Feedback	<p>Provide individualised feedback about the screening results.</p> <p>Discuss the potential health issues and problems that can arise from alcohol and other drug use.</p>
Listen	<p>Listen to the person's response.</p> <p>This should spark a discussion of the person's consumption level and how it relates to the values held by them.</p>
Advice	<p>Ask permission to give information to other services.</p> <p>Give clear information about the harms associated with current alcohol and other drug use patterns and the options available.</p> <p>A brief intervention should involve a non-judgmental attitude.</p>
Goals	<p>Discuss the limits of safe use and assist the person to set specific goals.</p> <p>Instil optimism in the person that their chosen goals can be achieved.</p> <p>Encourage the person to develop, implement and commit to a plan to change their drug use behaviour.</p> <p>Ensure the person is aware that the choice is solely theirs to make.</p>
Strategies	<p>Ask the person to suggest some strategies for achieving these goals.</p> <p>This approach emphasises the person's choice to reduce drug use and allows them to choose the approach best suited to their own situation.</p>

Intensive counselling

The aim of intensive counselling is to support and assist the person to achieve their goals, which often includes changing behaviour. In these types of sessions, the therapist will work with the person to improve awareness of their thinking, feelings and behaviour, and to develop alternative coping strategies for difficult situations. Cognitive behaviour therapy (CBT) is an example of intensive counselling and is provided by professionals such as psychologists, counsellors and AOD workers with training.



Other intensive counselling programs are used to focus on the person's relationships and family, with the understanding that empowering and involving other significant people in the person's life can have a positive effect on the person's drug use.

Relapse prevention

Relapse prevention counselling involves developing strategies to help maintain abstinence or reduce drug-using behaviours following the withdrawal period. People are provided with instructions and strategies for coping with relapse and dealing with cravings.

People might be assisted to develop relapse prevention plans that identify the behaviours they intend to use when faced with situations that could trigger relapse. Back-up support, such as phone calls or visits from workers, is important. Relapse prevention encourages the person to recognise high-risk situations and help them cope in these situations.

Reasons a person may seek support

When describing the different support options available, it is important that the person understands that there is no one option that will be effective for all people. At times, effective support can be a process of trial and error. It is a good idea to emphasise to the person that the more attempts they make to seek help, the more likely it is that they will be successful. More than one attempt might be required. Relapse is a normal part of changing behaviour, and normalising it may help the person not feel like they are failing.

Some reasons a person may give for seeking support are outlined below.

The person's lifestyle is affected by AOD use

Reasons a person might seek support include the following:

- ▶ To avoid spiralling into further dependence and deterioration in lifestyle and wellbeing
- ▶ To reduce the heavy financial burden of drug use
- ▶ To focus on long-term goals for their life

The person's ability to seek/maintain employment is at risk

Reasons a person might seek support include the following:

- ▶ To improve prospects of obtaining and keeping employment
- ▶ Wanting to plan for new goals, such as retraining and employment

The person has health problems related to their AOD use

Reasons a person might seek support include the following:

- ▶ To improve physical health and avoid long-term health problems or drug-related death
- ▶ If the person has a dual diagnosis, the reason may be to reduce the impact of alcohol and other drugs on mental health symptoms, such as the frequency of psychotic episodes

The person has relationship or family problems

Reasons a person might seek support include the following:

- ▶ To improve the wellbeing of dependants
- ▶ To reduce problems with anger and family violence
- ▶ To help maintain custody of children when this is in jeopardy

Actual or potential involvement in criminal activities

Reasons a person might seek support include the following:

- ▶ To reduce criminal activity and involvement in the legal and correctional systems
- ▶ To avoid committing a crime to fund drug use

Inform the person

People are less likely to follow up on referrals or support options if you do not clearly explain why and how the service might assist them. Make it clear to the person that the referral or other support may help them to develop a sense of control over their problems. Try to address any fears or concerns as they arise. Provide as much reassurance as possible that the referral or other support will potentially provide a positive outcome to address the person's identified needs and goals.

Understanding the reasons for referral and other support also helps the person to maximise the extended services that are available to them. When they know why they are being referred to a particular service they can feel empowered to approach that service with a sense of ownership. You may need to employ negotiation skills with the person.



Confirm the person's understanding of referrals

Encourage the person to share questions or concerns that they might have about the potential referral. Some people might feel that simply pretending to agree with you is the easiest way to avoid further discussion about a referral that they do not wish to pursue. If you sense that the person might be holding back negative feelings about seeking support or following up a referral, you can often discover the reasons for this by asking open questions and encouraging an honest response.

Example

Inform of possible service and support options and confirm understanding

Martin is an AOD worker and has frequent contact with 20-year-old Lindsay, who has been using heroin for many years. Lindsay frequently seeks assistance at the local community health centre for health problems such as skin infections around his injection sites. Martin works with Lindsay while he takes part in a methadone program. During today's assessment, Martin discovers that Lindsay continues to inject heroin at least weekly. He knows that Lindsay is at risk of developing more serious health problems such as hepatitis and AIDS through sharing and re-using needles.



Although it has been suggested before, Martin explains the benefits of using needle exchange services. He reassures Lindsay that the service is free, and that it provides a respectful and non-judgmental environment, with 'no-questions-asked' access to new needles and syringes. He also provides Lindsay with some written information about the high incidence of blood borne diseases among people who share needles. Lindsay agrees to take the information and read it. The next time they meet Lindsay tells Martin that he has been using the needle exchange service he suggested and agrees that it will be better for him in the long run.

Practice task 16

1. If you sense the person has negative feelings about a referral but isn't expressing it, what is something you could do?

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2. What is the intervention structure described as FLAGS?

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3. What are the aims of relapse prevention interventions?

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4. Give two reasons why a person may seek help for their substance misuse.

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5. Why is it important to inform the person about referral and support options?

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Click to complete Practice task 16

4D Work with the client to determine referral options and responsibilities and make referral with client consent

People have the right to make their own decisions about support and can refuse any assistance or referrals offered to them. People have the right to remain in control of their decisions and this can provide them with a sense of empowerment and control over their drug use. People are required to make commitments in terms of time and effort in order to successfully take part in support options, so they should be made aware of these factors.



The choice of referral destination should be selected in consultation with the person. You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into the person's past experiences with these or other services and ask them to determine which service they want to be referred to. They should feel that you are available to provide information and support during the time that they access other services, and that the referral is appropriate for their needs.

Provide information about referral options

People should be given as much information as possible so that they can make informed decisions about their preferred options for support. Reasons for the referral, the likelihood of each program's success and practical factors such as waiting lists and costs are all examples of information that you can provide.

Many available services for referral provide literature about:

- ▶ the support options offered, procedures for accessing the service and costs to the person
- ▶ contacts for self-help groups
- ▶ AOD issues regarding the person's family or personal network
- ▶ advocacy groups, who can help the person to make decisions, particularly when they have a reduced decision-making ability
- ▶ mental health and self-harm
- ▶ crisis and emergency contacts.

The person's responsibilities

People should be informed about the eligibility criteria for entering a program or service so as to avoid disappointment if they do not qualify for entry. For example, some services are offered on a regional basis, and only people who live in that region can access them.

Encourage the person to phone ahead to check their eligibility for their chosen program, make an appointment or place themselves on a waiting list if necessary.

Many services require the person to commit to certain responsibilities in terms of withdrawal and drug use. The person's expectations should also be discussed and their questions fully and openly explained.

Here is more information on responsibilities and expectations.

The person's responsibilities

It is also important to outline any responsibilities that might need to be considered to access the program, such as committing to change or undertaking a withdrawal program prior to accessing an employment service.

There are often specific requirements for applying for financial assistance; people are usually asked to take an original copy of the bill or receipt with them to the service.

Expectations

The person needs to understand what to expect from different service options. Being unrealistic about the types of support that might be offered can be counterproductive and demotivating, since frustration and resentment can occur when expectations are not met.

Informed choice comes from understanding not just the advantages, but also the disadvantages of individual options. For example, if the person is considering a methadone program, you need to explain the side effects.

Support the person to make contact with other services

Some people may require and ask for assistance in the process of making contact and initiating the first step in their support options. You should always confirm with the person that they give permission for you or other workers to make contact on their behalf. Some organisations will require that the person make contact themselves but you can accompany them as required.

AOD workers can assist the person by:

- ▶ making an appointment for the person
- ▶ accompanying the person to their first appointment
- ▶ organising for another appropriate person to accompany the person to an appointment
- ▶ organising interpreter services for the person.

Make referrals with consent

It is essential that you are familiar with your organisation's policies and procedures relating to referrals before making a referral on a person's behalf or assisting them to do so. Investigate the rules and processes relating to whether you are qualified to make a referral.

Processes for referrals vary greatly, and you will find that referral processes are determined not only by your own service, but by the individual referral policies of the external organisations. The steps involved in making a referral for a person are outlined here.

Collect information

Collecting information about the referral process of the organisation that you will be referring the person to usually involves making a phone call, visiting the organisation's website, reading literature published by the organisation or requesting copies of the organisation's referral forms.

At this point, you should also confirm the admission or entry criteria, such as the type and severity of the drug dependency, the person's citizenship, location, age and gender, and other relevant information that might exclude the person from using the service. Your organisation may have a folder or index of local organisations and relevant referral information that is updated regularly for ongoing reference.

Gain the person's consent and arrange the referral

Confidentiality is especially important when you are sharing a person's information with external services. Gaining consent might include asking the person to sign referral requests. In most referrals, you are required to provide personal details about the person in a written report or via a phone call. The person must first sign a written release to allow you to do this. Consent can only be obtained after you have explained the types of information that you will need to provide to the external organisation and the reasons why this is important.

Arrange the referral and make phone calls in the presence of the person. You can make the initial call but the referring service might prefer to speak directly to the person.

Write a referral letter

Electronic templates or written forms need to be completed to undertake a referral. Your referral letter might include information such as:

- ▶ the person's name, address, contact details, date of birth and reason for the referral
- ▶ an outline of the person's relevant medical, social and drug use history
- ▶ previous access the person has had with the service
- ▶ additional details relevant to the person's ability to access the service, such as cultural background, language barriers, the need for interpreters or any disabilities.

In some instances, you might also be required to include a copy of the comprehensive assessment.

Referral guidelines

Some people require further support if they are nervous, or if they are unreliable in regards to attending an appointment. Solutions could include making a reminder call on the morning of the appointment, or in some cases even attending the initial appointment with the person, depending on the practices of your service and your job role responsibilities. When making referrals, the person's information should only be seen by the intended recipient.

The following guidelines apply to sending the person's information from your organisation to other services and professionals.

Letter	<p>Letters must be sealed and addressed to the appropriate person.</p> <p>They can be given to the person to hand directly to the external service or posted directly to the intended recipient.</p>
Phone	<p>Confirm the identity of the person that you are speaking to before providing the person's details over the phone (remember, however, that your organisation might have policies that prevent this type of information exchange).</p>
Email	<p>Confirm the email address of the recipient and include the confidential nature of the information in the subject line – your email should include a statement that the email should only be read by the intended recipient.</p>
Fax	<p>Faxes should include a cover letter that identifies the recipient and that labels the contents as confidential. The cover letter should include a statement that the fax should only be read by the intended recipient.</p>

Example

Determine referral options and responsibilities and make referral with consent

Harry is an AOD worker who has gained Carly's consent to make a referral to a woman's residential withdrawal and rehabilitation centre. He makes a phone call to a local centre and asks to speak to the person responsible for accepting referrals. He introduces himself and outlines his position at his service. Harry then provides a brief explanation of the reason for his call and the type of support that Carly is seeking. He determines the process that he should follow according to the centre's practices, including the need for a referral letter and the process of making an appointment for an interview with Carly.



Harry requests further information about waiting lists and what Carly should bring with her to her first appointment. He thanks the worker at the centre and then consults with Carly about the appropriateness of the service and their criteria. If Carly agrees to the referral going ahead, he will proceed to write a referral letter using his organisation's official referral form.

Practice task 17

1. If a person has given oral consent to a referral but not written consent, is it still okay to make the referral?

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2. Name three items you would include in a referral letter.

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3. Why is it important to discuss the person's responsibilities in regards to a program or support option?

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Click to complete Practice task 17

4E Provide assessment information to others according to consent requirements

Sharing assessment information is an important handover requirement. Always consider your organisational policies and procedures regarding privacy and confidentiality of the person's information and the handover requirements. There are several methods for sharing information that follow the procedures and best practice methods for the AOD sector, including working with the person's consent.



Share assessment information

Sharing assessment information with other professionals within and outside of your organisation does not only occur when you make a referral. You may be asked for information by other workers or case managers involved in the person's support. Legal bodies such as the police or the courts may require information when there is an incident relating to the person. Your organisation may also require a copy of documents to be held and the supervisor informed of any actions taken.

Possible referral specialists and professions you may work with include:

- ▶ psychologists
- ▶ psychiatrists
- ▶ social/welfare services
- ▶ intervention and AOD organisations
- ▶ translation/culture specific agencies
- ▶ general practitioners
- ▶ housing services
- ▶ criminal justice services, including police
- ▶ medical services
- ▶ employment services
- ▶ mental health services.

Privacy, consent and authorisation

When providing assessment information to others, consent from the person is an essential first step. This provides authorisation for you to forward information as requested to other professionals or services.

The Australian Privacy Principles (APPs) outline an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation. The main point is that consent has been given and that the person understands and has been explained the reason for the information request. This is part of the responsibility of all AOD workers.

Verify authorisation

Not all of a person's information should be shared, even if they have given consent to release all information. Always verify whether the other party is authorised to gain access and determine what the other party needs to know about the person and why.

Privacy requirements

Some organisations do not allow people's information to be shared over the phone. If you must talk to co-workers about the results of an assessment, do so in private. Follow your organisation's policies and procedures relating to privacy at all times.

Methods of sharing information

No matter the organisation's procedures for sharing information, the confidentiality and privacy of the person must remain at the centre of the decision-making process. Remember some services do not allow for people's information to be shared over the phone so electronic forms of information sharing may be required. However, there may be protocols about online security, such as who should be cc'd into emails and logging on and off procedures.

Here are common methods of sharing information.

Letter	Letters must be sealed and addressed to the appropriate person.
Phone	You must confirm the identity of the person that you are speaking to before providing details.
Email	You must confirm the email address of the recipient and include the confidential nature of the information in the subject line – your email should include a statement that the email should only be read by the intended recipient. The document may be scanned and attached to the email.

Example

Provide assessment information to others

AOD worker Oliver receives a letter from a local medical clinic, asking for information about a person’s recent assessment at the withdrawal and rehabilitation service where he works.

Oliver phones the clinic and asks the receptionist about the information request. The receptionist tells him that the general practitioner needs to find out whether the person has agreed to undergo treatment, and if so, to make sure the person’s temporary contact details are included in their file.

Oliver discusses the request with the person later that day and obtains their consent in writing. He then phones the clinic to provide the requested information.



Practice task 18

1. Name two organisations outside of the medical profession that may ask for information about a person you support.

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2. Before giving someone access to a person’s information, what are two things you need to confirm about them?

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Click to complete Practice task 18

Summary

1. Sometimes issues identified fall outside of the scope of practice of AOD workers and beyond the skills and knowledge of the organisation.
2. When issues fall outside of the scope of practice, referral agencies need to be identified and more appropriate services or other options need to be explored.
3. The person receiving care is always at the centre of any discussions regarding their options, and consent is required and the reasons for referral have to be explained.
4. If a person is at risk to themselves or to others, then referral needs to be responsive and immediate.
5. There are several AOD support options that can be outlined to people during the assessment process.
6. Underpinning knowledge on the classes of drugs and patterns of drug use all influence the options and referrals that may be required to support the needs of the person.
7. Support options can be selected from a number of services. No matter what options are chosen it is vital that the person is informed in the decisions they are making and that they understand the possible options available to them.
8. The choice of referral destination should be selected in consultation with the person.
9. Some people may require and ask for assistance in the process of making contact and initiating the first step in their support options.
10. You may be asked for information by other workers or case managers involved in the person's support.
11. No matter the organisation's procedures for sharing information, the confidentiality and privacy of the person must remain at the centre of the decision-making process.

Learning checkpoint 4

Identify and respond to need for referral

This learning checkpoint allows you to review your skills and knowledge in identifying and responding to the need for referrals.

Part A

1. When does a referral need to take place?

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2. What does 'scope of job role' mean?

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3. What options are there for referring a person with self-harm ideation?

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4. What is relapse prevention counselling?

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5. What are the benefits of counselling as a support option?

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6. What are the aims of supported accommodation?

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7. What is a common method for classifying drugs?

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8. How can the effects of drug impact on others?

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9. What is an example of an interaction that can occur between drugs?

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Part B

Read the case study, then answer the questions that follow.

Case study

Sally is an AOD worker who works with case managers to refer people to appropriate interventions and support options. Amy, a person she supports, uses cannabis heavily and also occasionally injects heroin when socialising with her friends. Sally will work with Amy to determine possible options for referral.

1. Outline the general effects of cannabis and how it is administered.

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2. Outline the general effects of heroin and how it is administered.

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3. What are the current trends of cannabis use in Australia?

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4. What does tolerance mean in terms of drug use?

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5. What health issues should be considered regarding heroin injection?

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6. What type of drug use is Amy participating in if she takes heroin when socialising?

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7. Why is it important for Sally to confirm that Amy understands her options?

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8. Why must Sally get Amy's consent for referral?

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