Government of Western Australia
Mental Health Commission

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Alcohol and Drug Services

Dr Allan Quigley
Director Clinical Services – Next Step

Presentation Outline

- The alcohol and drug problem
- Prevalence of mental health and alcohol & drug problems
- Some current data
- Death rates
- Suicide prevention
- Alcohol and drug services in WA
- What have we learnt

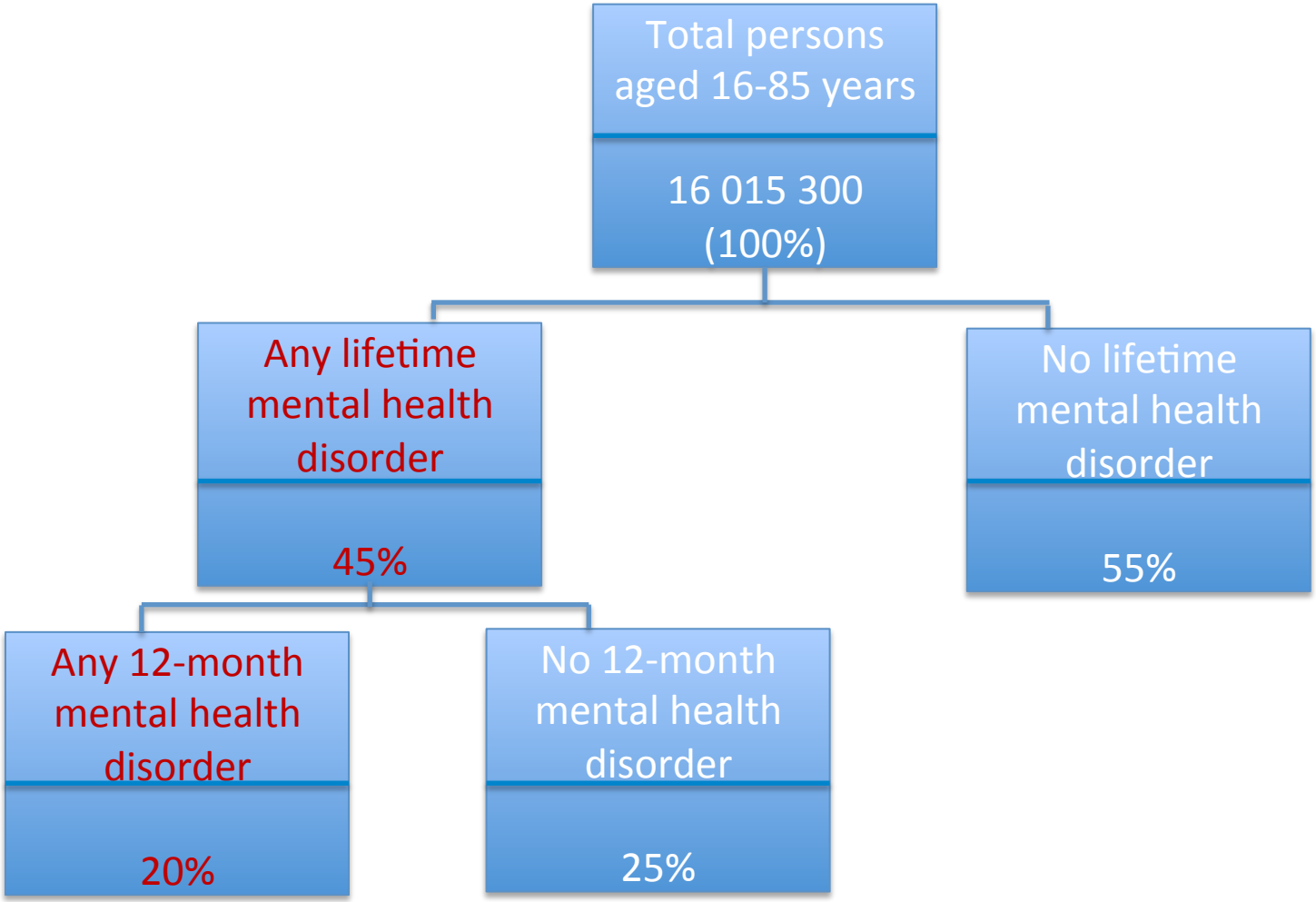
What is the alcohol & drug problem ?

- 1808 Rum rebellion in NSW
- Late 70s Heroin
- Mid 80s Injecting drug use and HIV/AIDS
- Early 90s Public drunkenness
- Mid 90s Hepatitis C
- Late 90s Heroin overdose deaths
- Mid 00s Comorbidity-AOD & Mental Health
- Late 00s Prescription opioids - a “silent epidemic”
  Methamphetamine - the “Ice epidemic”

Throughout this time the use of alcohol and then volatile substances by aboriginal people.

Population prevalence of mental health disorders

2007 National Survey Mental Health & Wellbeing



Prevalence of mental health & AOD disorders

Any 12-month mental health disorder
20%

Anxiety disorders 14.4%	Affective disorders 6.2%	Any 12 month substance use disorders 5.1%
Panic Disorder 2.8% Agoraphobia 2.8% Social Phobia 4.7% Generalised Anxiety Disorder 1.9% Post-Traumatic Stress Disorder 6.4%	Depressive Episode 4.1% Dysthymia 1.3% Bipolar Affective Disorder 1.8%	Alcohol Harmful Use 2.9% Alcohol Dependence 1.4% Drug Use Disorders 1.4%

Prevalence of AOD problems in a mental health population.

- Studies show that around 30-50% of people with a mental health illness also have a substance use disorder.
- Drug dependence and mental illness are caused by overlapping factors such as genetic vulnerabilities and early exposure to trauma and stress.
- Having a mental health problem increases the risk for developing a substance use problem - tobacco and alcohol.
- Alcohol or drugs are often used to self medicate the symptoms of anxiety, depression or psychosis.

For people experiencing mental health symptoms drugs can help them function.

Comedian Felicity Ward 2016 Age 36yrs

"We smoke and drink more, take more drugs, eat worse and exercise less which is a sneaky way of saying WE'RE HEAPS MORE FUN"

Singer Songwriter Marianne Faithful 1994 Age 50yrs

"It is when things become completely unacceptable to the human spirit that you turn to alcohol, to drugs to help you get through. It's a form of self-medication, an act of self preservation. I've heard so many people who have been addicted, alcoholic, say if I hadn't done this I'd have killed myself. You know you're going to lose it and you do whatever you can to keep from drowning."

Prevalence of mental health problems in an AOD population

- Studies also show that 30-50% of people with a substance use disorder have a mental health disorder
  - Alcohol - anxiety & depression
  - Methamphetamine - depression & psychosis
  - Cannabis - anxiety, depression & psychosis
- Alcohol or drug use can increase the risk of a mental illness.
- Alcohol or drug use can make the symptoms of a mental health illness worse.
- Drug and alcohol dependence increases the risk of:
  - Assault, rape & domestic violence
  - Unprotected sex or sharing injection equipment

Some of the issues for people with AOD and mental health problems

- Stigma - when accessing services experience negative attitudes
- Difficulty accessing services - people with borderline personality disorders
- Difficulty staying in treatment
- High risk of death
  - Accident
  - Suicide
  - Overdose
  - Poor general health (liver, cardiovascular disease, cancer)

Some recent Western Australian AOD data (12 months 2015/16)

- Total number AOD treatment episodes 29,439
  Number of individuals 24,126 (1.2% of population >14yrs)
  (Prevalence of any 12 month substance use disorders 5.1%)
- Episodes closed 18,448
- Sobering up admissions 15,559
- Admissions to Next Step for withdrawal treatment 649
- Admissions to residential rehabilitation 986
- People who received opioid substitution treatment (2015) 4,087

- Nos treatment episodes closed due to death. 55
- Death occurred in around 1 in every 500 episodes

Risk of suicide & drug overdose in an outpatient AOD population

- Cohort of 2627people attending AOD treatment services in WA 1995-2005
- In comparison to a control group (people on the electoral roll)
- The relative risk of suicide:
  - Controls 0.2%
  - Alcohol dependent people 1.2% 6 times the risk
  - Opioid dependent people 1.4% 7 times the risk
  - Patients receiving methadone 0.6% 3 times the risk
- The risk of drug overdose:
  - Controls 0%
  - Alcohol dependent people 0.4% $X^2 = 7.7,\ p < 0.01$
  - Opioid dependent people 3.0% $X^2 = 54.1,\ p < 0.001$
  - Patients receiving methadone 2.5% $X^2 = 45.5,\ p < 0.001$

Case note review of AOD outpatient deaths

30 deaths 2012-16

- Suicide 30%
- Overdose 30%
- All other causes 40%

Deaths reviewed by CPOP mortality review committee

Coroners Verdict by Year of Death								
		Year of Death					Total	
		2010	2011	2012	2013	2014		
Coroners Verdict	Accidental	24	23	26	19	31	123	71.5%
	Homicide	1	0	0	0	0	1	0.6%
	Open finding	0	3	4	4	1	12	7%
	Natural causes	0	1	0	9	3	13	7.5%
	Suicide	5	5	7	2	3	22	12.8%
	Misadventure	0	0	0	0	1	1	0.6%
	Total	30	32	37	34	39	172	

People engage in suicidal behaviour for a number of reasons

- Stop emotional pain
- Depressed
- Communicate distress
- Shame
- Punish themselves
- Punish others
- Belief that others better off without them
- Psychotic thoughts

What do we find when we look at these suicides

- Background risk
  - Chronic low risk
  - Chronic high risk
  - Acute high risk
  - New emerging risk
- When suicide occurs it can seem like an impulsive act
  - Triggers
- Intoxication is common

Common findings at clinical review

- Family conflict (AOD problems, violence)
- History of abuse and trauma and problems with emotional regulation
- Relationship/attachment problems
- Borderline personality disorder
- Chronic depression
- Hospital admissions for previous suicide attempts
  - recent discharge
- Involvement of multiple agencies (poor communication)
- Family concern about the mental health of the person
- Chaotic lifestyle & missed appointments

How do we reduce these deaths?

Prevention works

- Identification and support for at risk families
- Pre school programs for at risk children
- Evidence based school programs
  - Climate Schools Combined (MHD & AOD)

  An Innovative, computer based harm reduction education involving cartoon scenarios and activities.
- Early identification of at risk people & referral
- Easily accessible support
  - telephone
  - online
  - reduced waiting times

How do we reduce these deaths?

AOD treatment works & is dose dependent.

Improved clinical care

- Clear referral pathways
- Accessible and engaging services
- Evidence based treatment
- Skilled, motivated and caring staff
- Identification of high risk people in treatment
- Monitoring for changes in risk - better risk assessment
  - Life events, change in drug use or mental state
- Interagency communication and shared care
- Assertive follow-up
- Sharing lessons learned from clinical incident reviews

Services in WA for people with AOD problems

- Pre 1974 Services provided through GPs, public hospitals, mental health services and NGOs (Salvation Army). No specialist AOD services, Inebriates Act.
- 1974 WA Alcohol and Drug Authority established and a comprehensive range of public sector outpatient, inpatient and residential rehabilitation services developed.
- From mid 1980s service expansion in the AOD NGO sector.
- 2001 Drug and Alcohol Office (DAO)
- 2015 Mental Health Commission and DAO merge
- The MHC is both a purchaser and provider (Next Step) of AOD services.
- 2016 ? Act for Compulsory Treatment

Current AOD services

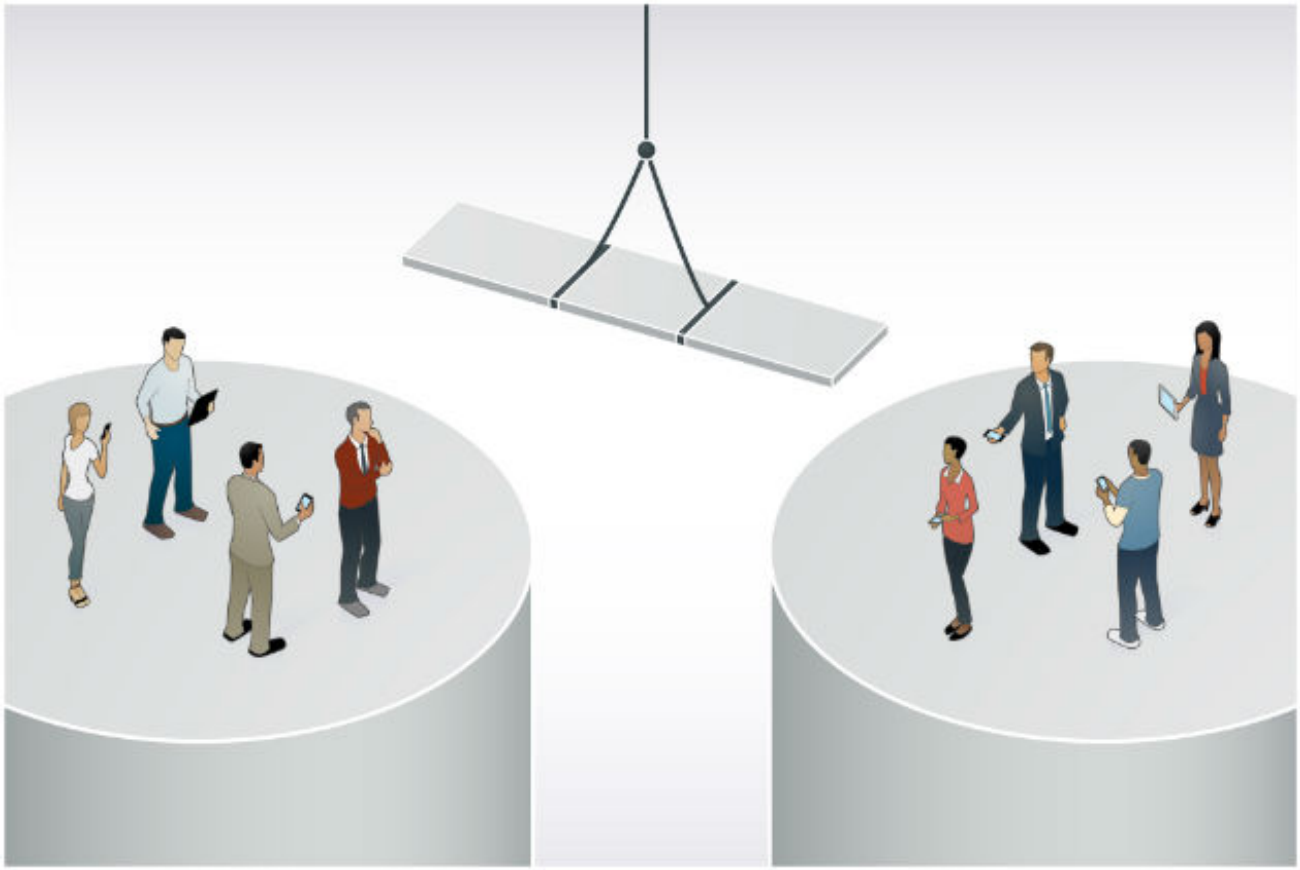
- Public sector outpatient & inpatient services (Next Step)
- Integrated public sector & NGO services (Metro CADS)
- NGO counselling and residential rehabilitation services
- Private sector - general practice & psychiatry

- Very limited presence in the public hospitals

Alcohol and Drug Services

Mental Health & AOD

Working it out



What have we learnt?

- Priorities change as patterns of drug use and harm change.
- There is a need for central policy, planning and coordination.
- Services need to locally accessible.
- Services need to be in the public, private and not for profit sector.
- Treatment often involves AOD, mental health and specialist health services.
- Primary health care and public hospitals are important providers.
- Co-location and integration facilitates service delivery.
- Ultimately it's people that make it work.
  - attitudes and values
  - training and skills
  - learning from mistakes

Priorities

- Better treatment
  - Translation of research into practice
  - Up scaling of what we know works
- Better linkages between AOD, mental health services & hospitals
  - Clear referral pathways, MOUs
  - Outreach & inreach services
  - Co-location of services
  - Clinical reviews & case conferencing
  - Improved communication between clinicians
- Workforce development starting with undergraduates
  - Stigma
- Consultation & engagement with consumers & families
  - Service design
  - Feedback on existing services

And finally

- Building our relationship with the Coroner's Office
- Providing useful information and reports
- Getting early access to information from the Coroner
  - National Coronial Information System
- Identifying one off problems
- Analysis to reveal common factors and trends

- Staying ahead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