

SARC *briefs*



“Just Another Manic Monday” The challenge of working with clients with alcohol and other drug issues in community service organisations.



This study explored the experiences of workers in community service organisations (CSOs) working with clients with problematic alcohol and other drug use. It was undertaken by the Social Action and Research Centre at Anglicare Tasmania. Information was collated through interviews with over 120 workers in a broad range of programs and services. Information was also collected during a snapshot survey of 1,306 client contacts over a two-week period in one community services organisation, Anglicare Tasmania, and from a small sample of Anglicare clients. This summary outlines the main findings and recommendations from the research.

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

Accommodation support worker



Community service organisations in Tasmania respond to a wide range of needs including homelessness, mental health problems, disability, access to employment, financial and relationship counselling and family support. They are often the first port of call for troubled people and can be the gateway into more specialist services. Although it is rarely a presenting problem workers report that they regularly encounter alcohol and drug issues among their clients which become a strong underpinning element in support needs and which workers can struggle to address.

Key Finding 1: A Significant Issue

The research shows that working with people who have problematic alcohol, tobacco and other drug (ATOD) use is a large part of the work of CSOs. The snapshot survey found that in almost half (46%) of all client contacts in a two week period across Anglicare's appointment based services workers were dealing with problematic alcohol and other drug issues which impacted negatively on the service which they could provide and on outcomes for clients. Given the stigma attached to problematic use and dependency these were not issues that clients presented with. Rather they emerged as relationships developed with workers. However they meant that clients' accommodation and employment options were severely compromised, that budgets and family relationships were strained and that mental health problems were exacerbated. It also meant that workers could find dealing with ATOD issues frustrating and that this could generate low levels of job satisfaction.

Key Finding 2: Client Motivation

Among clients identified with problematic ATOD use, 59% were not asking for any assistance with these issues. Either they did not identify that they had a problem, or if they did, were not ready to begin to tackle it. Some clients were caught in the revolving door of crisis precipitated or followed by substance use and relapse. This meant that workers were continually engaged in a struggle to both ameliorate the impact of problematic use and motivate clients to address these issues.



Alcohol, Tobacco and Other Drug Use in Tasmania – The Facts

- Substance use in Tasmania largely tracks national trends and like elsewhere tobacco and alcohol are the most widely used drugs and cause significantly more harm than others, with high rates of mortality and morbidity (AIHW, 2007).
- Tasmania has the second highest rate of daily smoking after the Northern Territory (Cancer Council of Tasmania, 2003) and high rates of risky drinking compared to the national average (AIHW, 2005).
- Overall illicit drug use mirrors the national average but use of pharmaceutical products like painkillers is proportionally higher and use of heroin and cocaine lower than in other jurisdictions. Accidental death due to opioid use is significantly higher (Bruno, 2004).
- The size of the treatment sector in Tasmania is small compared to the national average and there are fewer counsellors, clinical psychologists and psychiatrists per capita than in other jurisdictions (HMA, 2008).
- Shortfalls in treatment services mean that many of those in difficulties cannot access suitable treatment options. This puts strains on the available workforce and additional pressures on non-specialist CSOs.

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

Accommodation support worker

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

Accommodation support worker



Key Finding 3: Interventions

The snapshot survey identified that workers across different programs and services were spending up to one fifth of their contact time with ATOD-affected clients making interventions directly around substance use. These interventions included establishing a positive rapport and stabilising what are often crisis situations, providing information, promoting the motivation to change, harm minimisation and referring on to other services including specialist alcohol and drug services. Workers described having to lower their expectations about what change was possible and aiming for small breakthroughs.



Key Finding 4: Barriers to Providing a More Effective Response

Workers considered that only rarely could they offer the intensive support that many clients required. They were hampered by difficulties in accessing specialist expertise and services, shortfalls in appropriate accommodation options for their clients and a lack of collaborative working with other organisations, particular specialist alcohol and drug services. They did not consider that they necessarily had the training and skill levels to provide effective interventions around ATOD use. This meant that some workers were reluctant to raise ATOD issues because they were unsure about how to ask the questions and fearful of driving the client away. Nevertheless most workers saw themselves as 'in the forefront of the fight against addiction' and that dealing with ATOD issues was an integral and necessary part of their role. They felt they had an important part to play in identifying whether substance use was an issue, raising awareness about its impact, encouraging change, preventing relapse and promoting access to specialist services.

Key Finding 5: The Client Perspective

Clients were asked about their experiences of accessing services and what kind of assistance they would like to see available. They highlighted the difficulties they faced in acquiring the motivation to address ATOD issues, their reluctance to seek help and, if they did, the problems they encountered in trying to access appropriate specialist services in a timely manner. They also highlighted the importance of positive relationships with workers in CSOs and continuity among staff who knew their history and how this could not only assist them to address crisis situations but also to operate as a ‘vehicle for hope’ so that they were able to believe that change was still possible.



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

Family support worker

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

Male, 37,
using employment support services

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Summary

Given the extent of problematic use, its impact on individuals, families and communities and the limitations of the current ATOD sector in Tasmania, addressing these matters effectively is urgent. The experience and expertise of CSOs in engaging with disadvantaged and excluded populations means that they have a unique role to play in working with problematic alcohol and drug use and in constructing a coherent ATOD sector, particularly with those who are not ready or willing to access specialist services. However currently this work is often being undertaken without recourse to specialist ATOD expertise and in an environment where there are shortfalls in the time, resources and skills available to workers who engage in this role. This situation is repeated in CSOs across Tasmania as workers attempt to provide an appropriate response to a large reservoir of need which does not translate into a visible demand for specialist ATOD services.

Anglicare recommends:

- an **acknowledgement** by state and federal governments of the significant role played by non-specialist CSOs and other human services systems in addressing ATOD issues.
- additional resourcing through the Department of Health and Human Services to **support collaborative practice** across the specialist and non-specialist ATOD sector in Tasmania.
- the development of a comprehensive **workforce development** strategy applicable to all non-ATOD funded agencies working with clients with problematic ATOD use. This should include a state wide survey of non-specialist workers' training needs specific to ATOD use and investment in supporting CSOs to access appropriate ATOD training and skill development.
- a mechanism for providing **consultation liaison services** including specialist advice, guidance and on-call support for non-specialist CSOs working with clients with ATOD issues.
- the development of a model of **consumer advocacy** for people with alcohol and drug issues so that their experiences and views are routinely taken into account in the planning, development and delivery of policy and services.



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

Mental health support worker

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References

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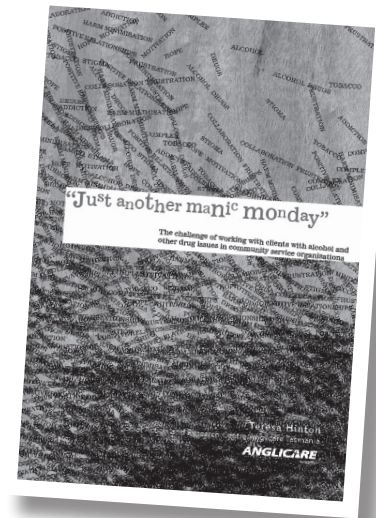
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For more information

The full report, "*Just Another Manic Monday*" *The challenge of working with clients with alcohol and other drug issues in community service organisations* by Teresa Hinton, is published by the Social Action and Research Centre at Anglicare Tasmania.

It is available by calling **6234 3510**. It can be downloaded at **www.anglicare-tas.org.au**.



Social Action and Research Centre (SARC)

Anglicare's SARC team works with low income Tasmanians to identify the structural barriers that impact most severely on their lives. The Centre pursues policy changes on these issues at a State and Federal level.